

Marley Court Care Home Limited

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Inspection report

Bolton Road
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Marley Court Care Home Limited is a care home providing nursing and personal care for up to 49 people who live with dementia and physical health conditions. At the time of our inspection there were 40 people using the service. Marley Court Care Home Limited will be referred to as Marley Court within this report.

People's experience of using this service and what we found

The manager ensured people's medicines were administered safely through staff training, good oversight and clear recordkeeping. Since commencing in post, they reviewed multiple processes and implemented a range of developments to enhance people's safety. A relative explained, "It's that sort of forward thinking I'm impressed with." Everyone we spoke with confirmed there were sufficient staffing levels to meet people's needs.

The manager and staff team engaged closely together to maintain people's independence. A relative said, "The communication is excellent, it's like a well-oiled machine here." The manager and nurses assessed people's nutritional needs and involved them and relatives in creating care plans to meet their preferences. Staff confirmed they were supported to access training to underpin their roles.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. A visiting professional stated, "Without fail, the staff explain why we are here and what we are going to do. They check if that's ok and gain their consent before we proceed."

The manager and staff created an ethos of compassion and respect for people's dignity, individuality and independence. Staff spoke consistently about a loving approach to care delivery and perceived people as their extended family. One staff member told us, "We have a lot of fun and laughter. I never forget how hard it must be for someone coming into a nursing home." The management team ensured each person and their relatives were at the centre of their care planning.

The manager was enthusiastic about developing Marley Court as a safe, open and inclusive place to live. They had good oversight of quality assurance to ensure everyone's safety. Everyone we spoke with talked about positive changes being implemented and that the home had strong leadership.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 10 October 2020 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 09 October 2020.

Why we inspected

This was a planned inspection based on the service's registration date.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Marley Court Care Home Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Marley Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a new manager in post who was registering with CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we held about the service. We sought feedback from the local authority commissioning team. We used the information the provider sent us in the provider information return. This

is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected Marley Court and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke about Marley Court with three people, five relatives, two visiting professionals, six staff and two members of the management team. We walked around the building to carry out a visual check. We did this to ensure Marley Court was clean, hygienic and a safe place for people to live. We looked at records related to the management of the service. We checked care and medication records, staffing and recruitment files and quality and leadership oversight systems.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this service registered under a new provider. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Using medicines safely

- The manager ensured people's medicines were administered safely through staff training, good oversight and clear recordkeeping. They underpinned this with competency checks of staff skills and a range of audits to check all aspects of the process. Staff administered medicines with a patient approach, explaining procedures to people and giving them time and reassurance.
- Records included medication specific care plans, risk assessments and protocols personalised to each individual's needs. People confirmed they received their medicines as prescribed. One person told us, "They're never late with my tablets."

Systems and processes to safeguard people from the risk of abuse

- Staff demonstrated a clear understanding of protecting people from unsafe or inappropriate care. They had training to strengthen their skills. Policies also guided staff about whistleblowing procedures. A staff member stated, "I've had safeguarding training, so I know what to do and who to report to."

Staffing and recruitment

- The manager regularly checked staffing levels were sufficient to meet people's individual needs. A relative said, "I like that the staff take their time, they never seem to be rushing around mad busy. It tells me they have enough staff." A staff member added, "Yes, I think we have enough staff. Some days are busy, but we work so well together and get everything done."
- The manager completed criminal record and reference checks before new employees commenced in post. Recruitment procedures included robust oversight of all processes, which alerted the manager to any issues. For instance, this identified gaps in employment, which they were addressing.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The manager retained good oversight of the environment and ensured people were safe through person-centred care planning and risk assessment. For example, documentation included best practice assessments to guide staff to reduce the risk of pain, depression, mobility, falls and skin integrity.
- People told us they felt safe and their relatives said they went home reassured about their comfort. One person stated, "I came here because I wasn't safe anymore at home. I am really unsteady on my feet, so a staff member will always be close by to make sure I don't have a fall." A relative added, "My relative is safe here, you don't know how much of a relief that gives me."
- Since commencing in post, the manager reviewed multiple processes and implemented a range of developments to enhance people's safety. Staff, people and relatives felt involved in this and identified how improvements had increased their wellbeing. A relative commented "[The manager]'s all for the residents and improvements are aimed at making sure they have a high quality of life."

- The manager was aware of outstanding fire safety issues and evidenced their ongoing work to address them. Although everyone at the home remained safe, we will continue to monitor this closely.

Preventing and controlling infection

- The manager ensured staff had good infection control training levels and updates to the latest guidance to strengthen their skills and knowledge. Stations available throughout the home were well stocked with PPE. The manager also completed various audits to maintain a hygienic environment. A relative told us, "It's always clean and fresh-smelling here...They have a lot of stuff and PPE to protect the residents. They've been fantastic with that right through the pandemic."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this service registered under a new provider. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The manager and staff team worked and engaged closely together with a person-centred approach focused on maintaining people's independence. A relative told us, "The care is never about making life easier for the staff. I mean they go out of their way to make sure they help [my relative] to keep her independence." The manager and nurses assessed each person and created support plans to guide staff to meet their needs.
- Staff understood the importance of a multi-disciplinary approach to each person's healthy living. A visiting professional commented, "I leave after reviewing people completely assured that when I next visit the staff will have followed our advice extremely well. We have to work quickly and collaboratively to improve people's independence levels and this home achieves that very well."

Supporting people to eat and drink enough to maintain a balanced diet

- On admission, the manager and nurses assessed people's nutritional needs and involved them and relatives in creating care plans to meet their preferences. Staff reviewed their requirements on a regular basis and ensured food preparation areas were clean and hygienic. People said they enjoyed their meals and were offered a choice of what to eat. A relative stated, "The food is lovely and they don't scrimp on the portions. It's been wonderful seeing [my relative] put weight on."

Ensuring consent to care and treatment in line with law and guidance; Adapting service, design, decoration to meet people's needs

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- The manager sought and documented each person's consent to care. This covered a range of areas, including vaccination, information sharing and use of equipment. Staff were patient and consistently offered

people choice. One person told us, "They have never done anything without my permission. They really do respect me."

- Marley Court had multiple adaptations geared towards maintaining people's independence, including movement and handling equipment and spacious communal areas and corridors. People were enabled to move about the home freely.

Staff support: induction, training, skills and experience

- Staff had a range of training, including refresher courses, to underpin their skills and knowledge. Staff confirmed they were supported to access training to underpin their roles. A relative said, "The staff are well trained, they certainly know what they're doing. I see them spending a lot of time with new staff explaining how things are done here."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this service registered under a new provider. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity;

- The manager and staff created an ethos of compassion and respect for people's dignity, individuality and independence. Care planning was person-centred and guided staff to assist people in the way they preferred. One person stated, "Nothing's too much trouble, I never feel like a burden. They are very kind." A relative added, "The staff are fab. It is clear they respect my [relative] and hold him in high esteem."
- Staff completed equality and diversity training to ensure they protect people's human rights and their individuality. Staff spoke consistently about a loving approach to care delivery and perceiving people as their extended family. A visiting professional told us, "Every time I've been here, I see the residents and staff interacting so well and having fun. It is clear the staff love the residents and know how to support them."

Supporting people to express their views and be involved in making decisions about their care

- The manager and staff ensured care was delivered by following people's preferences. They achieved this by discussing and agreeing care planning with the person and their families. People consistently spoke about being in control of their care and making their day-to-day decisions.
- Relatives explained care planning was discussed with them at length and that their views mattered. Staff recognised the importance of supporting and involving the whole family in the person's care. A staff member commented, "I never forget that the residents are like my mum and dad. I would never take away their independence, so why would I do it to any of the residents?"

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this service registered under a new provider. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The management team ensured each person and their relatives were at the centre of their care. They achieved this by discussing and agreeing care planning with them. It was clear staff supported people with a person-centred approach and had a good understanding of their backgrounds and life histories.
- People and their relatives confirmed staff supported them in ways that followed their wishes and needs. One person stated, "The staff don't ever rush me and really encourage me to take my time."
- The activity co-ordinator provided activities throughout the day and whenever staff entered the main lounge they consistently joined in to increase the fun. A relative told us, "[My family member] has a community here and much more to do." Care plans detailed information about people's backgrounds and interests to guide staff about their social needs.

End of life care and support

- The management team developed end of life care planning with the person and their family. This meant staff were fully guided to people's individual wishes and preferences. A staff member was designated as end-of-life champion to disseminate good practice to staff. The manager has developed good working relationships with the local hospice for advice and support.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The manager assessed people's communication needs. They told us, if required, they would ensure each person was fully able to engage with staff through appropriate, effective equipment and communication tools. A visiting professional commented, "They're really effective and communicate so well."

Improving care quality in response to complaints or concerns

- The registered manager provided information at the entrance to the home to guide people and their relatives about raising any concerns they may have. There had been six complaints raised in the last 12 months, all of which had positive outcomes. One person said, "I don't have any complaints, but I would feel very comfortable talking with the staff or the manager if I wasn't happy about something."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this service registered under a new provider. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager was enthusiastic about developing Marley Court as a safe, open and inclusive place to live. They engaged with people, relatives, staff and visiting professionals in the ongoing improvement of the home. Staff confirmed the management team was supportive and valued them in their roles. One staff member said, "[The manager] is very approachable. She talks a lot with us and the residents to make sure we are happy."
- Without exception, people and relatives told us they were consulted about their care and the ongoing development of the home. A relative stated, "The manager has been a breath of fresh air. She...always has a chat with me when I come. The first thing she asks is 'how is everything; is there anything we can do better to improve [my relative]'s care?'"

Working in partnership with others

- The manager and staff team used a multi-disciplinary approach in the holistic delivery of people's care. They understood the importance of focusing care planning on partnership working to improve treatment outcomes.
- This was confirmed when we spoke with external professionals. One individual said, "This place is definitely at the higher end of homes that engage with us and follow our advice. They seem to understand good practice and how we can only achieve this by working together."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The manager had good oversight of quality assurance to ensure everyone's safety, which was closely monitored by the area manager. They completed various audits and introduced change to address identified issues.
- The manager implemented a programme of ongoing learning and development. A relative talked about positive change in seeking people's meal choice 15 minutes before mealtimes, rather than in the morning or the day before. A resident added, "It's better now...I don't know what I want when they used to ask the day before. Now, I can change my mind anytime I want."