

Barchester Healthcare Homes Limited

Marple Dale Hall - The New Windsor

Inspection report

Dale Road
Marple
Stockport
Greater Manchester
SK6 6NL

Tel: 01614490771
Website: www.barchester.com

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Ratings

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

Summary of findings

Overall summary

About the service

Marple Dale Hall – The New Windsor is a care home providing personal and nursing care for 61 people at the time of the inspection. The service can support up to 63 people. The service provides care to people living with dementia, physical disabilities and/or an acquired brain injury.

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

We identified concerns about safety, oral healthcare and governance. These amounted to breaches of legislation. The provider and registered manager commenced immediate action to resolve the issues identified.

Staff did not always administer topical medicines as prescribed and some medication care plans were out of date. People cared for in their bedrooms did not always have access to a call bell in case of emergency. Staff were recruited safely and people said staffing levels were sufficient to meet their needs. Monitoring documentation was not completed consistently. We have made a recommendation about documentation that monitors wellbeing and safety.

People did not always receive appropriate support with their oral healthcare. People's food preferences were not always available to staff. People were complimentary about the range of food available and people who needed assistance to eat and drink were supported with sensitivity and patience. We have made a recommendation about improving quality for people cared for in their bedrooms.

Staff were caring. People told us they were happy and regarded the service as their home. People's privacy and dignity were maintained, and they were treated with respect, kindness and compassion. People were involved in discussions and decisions about their care.

Staff cared for people the way they preferred. However, these details were not always captured in people's care plans. Formal complaints were recorded and responded to appropriately. People were supported with compassion as they came to the end of their lives.

Quality assurance systems were in place to assess, monitor and improve the quality and safety of the services provided. However, audits had not identified risks to people's safety and wellbeing. The management team were receptive to our feedback and started to make the required improvements immediately. They were committed to making improvements and ensuring effective systems were in place.

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.

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

Rating at last inspection

The last rating for this service was good (published 04 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to safety, healthcare and governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work with the local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Marple Dale Hall - The New Windsor

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, one inspection manager and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Notice of inspection

The first and third day of this inspection were unannounced. The provider knew we were visiting on the second day.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report. We also contacted Healthwatch to see if they had information to share about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with 12 people who used the service and nine relatives about their experience of the care provided. We spoke with 11 members of staff including the area director, registered manager, deputy manager, nurses, senior care workers, care workers, a domestic, the maintenance lead and the chef.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Topical medications and medicated toothpastes were not always administered as prescribed or recorded accurately.
- The expiration date of some medicines was not monitored. For example, we found a medicated toothpaste in one person's bathroom that had expired five months previously. This meant the person could have been administered an out of date medicine.
- Care plans that directed staff how to administer medicines had not always been updated to reflect the person's current needs. For example, one person's prescription had changed five months before the inspection. However, their medical care plan had not been updated and included a medicine that was no longer prescribed or stocked at the home.

We found no evidence people had been harmed. However, the registered manager failed to ensure they managed people's medicines safely. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider was responsive to our findings and immediately took steps to ensure these areas were improved.

Assessing risk, safety monitoring and management

- There was an unsecured access point to the building. We asked the registered manager to keep this door locked from the inside. They arranged to do this immediately and fix a new keypad to the outside so unauthorised visitors could not gain entry.
- People in their bedrooms did not always have access to their nurse call bell so were unable to summon help in an emergency. For example, one person's call bell was left out of reach several times during our inspection. This was despite staff visiting the room regularly and signing documentation to show the person had access to their call bell.
- Checks to monitor safety and wellbeing were carried out. However, documentation to evidence this was not always completed conscientiously by staff. For example, one person's documentation had been signed at least five minutes ahead of their wellbeing check which did not accurately reflect the time they had received support.

We recommend the provider reviews how they monitor people's safety and how this is documented.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe at the home. One person said, "I feel safe here. I trust the staff." A relative told us, "I am happy when I leave. I know [person] is in good hands"
- Staff received training and were aware of what action to take should they suspect abuse was occurring. Comments included, "I would always share any concerns with the management team" and "There is certainly a culture of care here where we would report any safeguarding concerns."
- Staff could describe signs and symptoms of abuse and they were aware of the whistleblowing policy to protect them should they need to raise concerns. All people, relatives and staff were confident they would be listened to.

Staffing and recruitment

- The registered manager and provider were fully aware of their responsibilities to ensure new staff were recruited safely.
- The management team and staff told us there were always enough staff on duty. Only one relative said there was an occasional shortage of staff and a reliance on agency staff. One person who was usually cared for in bed told us they sometimes had to wait thirty to sixty minutes for support and this left them in discomfort. We passed this on to the management team who said this would be looked into.

Preventing and controlling infection

- The home was clean and well maintained.
- There was personal protective equipment such as aprons and gloves available across the home. We saw staff use them as required.
- Cleaning staff worked across the home each day. Staff were aware of their responsibilities to report any concerns with cleanliness or infection control.

Learning lessons when things go wrong

- Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring. For example, seeking advice from external healthcare professionals such as occupational therapists or physiotherapists, after incidents where people had fallen.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People did not always receive effective oral healthcare. For example, we found that three people who required full support from staff had unclean teeth and evidence suggested their toothbrushes were not used regularly.
- Records were not always kept around people's dental care and treatment. Many people at the service had not had an oral health care assessment in line with latest best practice.
- People were not appropriately supported to use medicated toothpastes or mouth sprays. For example, one person was prescribed a medicated mouth spray because they routinely refused support with tooth brushing. The mouth spray we found in their bathroom was out of date. There was no guidance for staff on how to encourage the person to brush their teeth or a contingency plan to monitor oral care.

Due to poor oral healthcare people were placed at risk of harm. This was a breach of regulation 12 (Safe Care and treatment) of the health and Social care Act 2008 (Regulated Activities) Regulations 2014.

The provider was responsive to our findings and immediately took steps to ensure that these areas were improved.

- People and their relatives told us they could see a GP when they needed to. We saw the home worked with other professionals including dieticians, opticians, speech and language therapists and physiotherapists to improve people's health and wellbeing. Intervention from these professionals was recorded in care files.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received a thorough assessment of their needs prior to using the service. Relatives told us they were able to give key information as part of the assessment process such as likes and dislikes and personal preferences.
- The assessment process highlighted the needs of individuals and the home was realistic about meeting them. The compatibility of current residents was considered.
- People cared for in their bedrooms did not always receive simple aspects of care that could be important to them. For example, one person's care plan said that their reading glasses should be cleaned and left in front of them. On each day of the inspection their reading glasses were unclean and kept out of reach despite the person having access to reading material. In another example, staff did not consistently utilise an item recommended for a person's comfort despite this being in one person's care plan.

We recommend that the provider reviews the quality and experience for people cared for in their bedrooms to ensure that all care needs are met by staff, no matter how small.

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

- Most people and relatives told us they were happy with the menu options and the quality of the food at Marple Dale Hall.
- People with specific dietary needs were catered for and the chef had good knowledge of people's needs and preferences. However, we saw one person offered food that their care plan specifically stated they disliked. We asked the management team to review care plans around people's preferences to ensure staff were well informed.
- Where people were at risk of weight loss or dehydration, medical advice was taken, and food and fluid intake were monitored and recorded. People's weights were regularly recorded.
- People who required assistance with eating and drinking were helped with patience and dignity.

Staff support: induction, training, skills and experience

- Staff received an induction when they began working at the home. Staff we spoke with confirmed this and a copy of the induction record was stored in staff personnel files.
- Staff received training suitable for their job role which was regularly updated. Staff told us the training was effective and equipped them to carry out their role.
- Many members of the staff team had worked at the home over many years. They told us the people and their relatives were like family, although staff were aware of the professional boundaries between them.

Adapting service, design, decoration to meet people's needs

- Corridors were wide and clear for people with mobility difficulties to access. The lounge, dining area and gardens were fully accessible.
- People chose how they spent their time at the home utilising several communal and quiet areas which were easily accessible.
- The needs of people who lived with dementia had been considered and were further supported with objects of interest and the development of easily accessible gardens.

Ensuring consent to care and treatment in line with law and guidance

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People who were being deprived of their liberty were supported appropriately under the mental capacity act.
- People had their capacity assessed and appropriate referrals were made to the local authority to deprive the person of the liberty.

- People and the families were included as far as possible in decisions about people's care and support and decisions to deprive people of their liberty were made in their best interests.
- All decisions and any restrictions placed on people were recorded in care plans and staff could describe if people had any restrictions in place.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives praised the care at Marple Dale Hall. Comments included; "The care is good. Staff are very nice"; "I am very happy about the care. Staff are friendly and mostly very helpful. [person] gets good care "and "Staff are very welcoming. We have access to the kitchen to help ourselves to drinks. They are all nice people."
- Staff spoke to people respectfully and we observed pleasant conversations and high spirits throughout our visit.
- People were encouraged to maintain relationships with their family and friends and were given the opportunity to meet in privacy. Birthdays were celebrated within the home.
- Staff described how they supported equality and diversity. This included calling people by their preferred name, supporting people to be themselves and giving them choice and control about how they spent their time. Staff told us they did not discriminate, and everyone was equal.

Respecting and promoting people's privacy, dignity and independence

- We observed staff knocking on doors and gaining permission to enter people's rooms. Staff attended to people quickly when they needed assistance and used appropriate personal protective equipment when assisting people to eat and drink. Doors were closed when people were in the bathroom or having personal care delivered in their rooms.
- People were encouraged to remain as independent as possible. We saw staff encouraging people to remain mobile with equipment and offering encouragement when eating and drinking. Care plans detailed which tasks people could do independently and identified where they needed support from staff.

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

- People and relatives told us they were involved in planning their care.
- People and relatives were able to attend regular meetings with the manager to share information and raise ideas.
- Decisions were made about care and support when people's needs changed. People and relatives were consulted as much as possible. Relatives told us there were always open lines of communication and had been involved in reviews of people's care.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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

- People had care plans in place which captured their needs and preferences.
- People had a personal profile in place which gave key information to staff on the person's preferences, potential risks around allergies and how to support their mobility.

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.

- People's communication needs were identified during their initial assessment before moving into the service.
- Information was presented to people in alternative format such as large print.
- There was signage used around the to identify rooms and areas.
- There was pictorial information displayed in communal areas showing the menu and activities available each day.

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

- People were supported to take part in activities. An activities coordinator developed activities based on what people wanted to do.
- We saw people went to visit local amenities and were able to join in a range of activities at the home including. For example, people told us they had enjoyed a recent trip to Blackpool on the home's minibus.
- Regular visitors to the home included singers and dancers. A newsletter and an activity board displayed the activities on offer.

Improving care quality in response to complaints or concerns

- People and their relatives were given information on ways to complain. People told us they could speak to the manager and were confident they would be taken seriously.
- There had been three formal complaints made since the last inspection. These had been dealt with in line with the complaints policy.

End of life care and support

- People were supported at the end of their life if they wished to remain at Marple Dale Hall.
- Families were invited to discuss planning with staff and the person, should the person be at the end of their life. This was not compulsory, and some relatives and people chose not to take part.
- Some people had 'do not attempt cardio-pulmonary resuscitation' (DNACPR) records within in their care file. The DNACPR is a form completed by health professionals, usually a doctor and in agreement with the person and their family when resuscitation is unlikely to be successful. Staff were clear on which people were for resuscitation.
- Staff who cared for people coming to the end of their lives told us they received effective support from the management team.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant management oversight was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, health and person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems to monitor quality of care failed to identify the issues we found during the inspection. For example, audits and manager's twice daily 'walk-a-rounds' did not alert the management team of issues around topical medicines, poor oral healthcare, an unsecured entry point or inaccurate monitoring and documentation.

Due to poor governance of the service people were placed at risk of harm. This was a breach of Regulation 17 (Good Governance) of the health and Social care Act 2008 (Regulated Activities) Regulations 2014.

The management team took immediate steps to ensure that these areas were improved.

- The home had a registered manager in post who was registered with the Care Quality Commission. The registered manager understood the responsibilities of their registration.
- The staff team felt well supported by the management team.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The home had a pleasant, relaxed atmosphere and relatives told us, they enjoyed the ambience of the home and how everyone was made to feel welcome. Every relative we spoke with told us they were confident the culture of the home and the support from the staff team had enhanced this.
- The management team were available to speak with people, relatives, staff and professional visitors daily. A staff member told us, "The registered manager and deputy are always available to speak to."

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

- The registered manager understood their responsibilities under duty of candour and had sent all notifiable incidents to the Care Quality Commission (CQC). They had an open-door policy and we frequently saw people and families pop in to see them throughout our visit.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff told us they were involved in regular meetings to share ideas and plans for the

home. Surveys were completed and findings analysed to support quality improvement.

Continuous learning and improving care; Working in partnership with others

- The registered manager worked with the local authority as part of a monitoring process and attended various quality workshops.
- Staff were encouraged to attend training and gain further qualifications to offer a high standard of care. An external assessor was working with staff on the day of the inspection.
- The registered manager told us they were well supported by and shared learning with other managers within their provider group.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>The provider did not ensure that medicines were administered as prescribed and that care plans were updated. Regulation 12 (2) (g)</p> <p>The provider did not do all that is reasonably practicable to mitigate the risks to the health and safety of service users receiving care or treatment. Regulation 12 (2) (b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider did not have effective systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. Regulation 17 (2) (b)