

Precious Care Homes Ltd

Marwood Residential Home

Inspection report

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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

Marwood Residential Home is a residential care home providing accommodation and personal care for up to 24 people in one adapted building. At the time of our inspection there were 21 people using the service.

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

People were placed at the centre of the service and received good quality person centred care. People's preferences and wishes were respected, and care was delivered by kind and compassionate care workers.

People's needs were assessed and risks to their health and wellbeing were managed safely. People were safe and protected from harm and abuse. Medicines were administered as prescribed and food and fluids ensured people were well nourished.

Every person, relative, staff member and health professional who provided feedback spoke positively about all aspects of the service. The service had proactive relationships with any person who was involved with people's care and treatment.

Staffing levels ensured people received timely care. Staff were recruited safely and were competently trained and experienced to carry out their roles to provide safe care.

The provider and registered manager had full oversight of the service and took their roles and responsibilities seriously. They were present at the service daily to ensure the managers and staff received appropriate support.

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 the service under the previous provider was good, published on 12 October 2017.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Marwood Residential Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective findings below.

Good ●

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 well-led.

Details are in our well-Led findings below.

Good ●

Marwood Residential Home

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector 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

Marwood Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Marwood Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before 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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and five relatives. We spoke with eight members of staff including the provider, registered manager, deputy manager, senior care workers, care workers, housekeeping and kitchen staff. We reviewed a range of records including three people's care records. We looked at three staff files and a variety of records relating to the management of the service and policies and procedures in place.

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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Every person and relative we spoke with were assured the service was safe. One person told us, "Yes, I feel safe here." A relative told us, "Yes, I feel it is safe there. [name] tells me they feel safe all the time."
- Care workers and professional visitors told us people were cared for safely. One care worker said, "We take care of everyone very well here, it's a safe place for people to live. Concerns? No, I don't. If I did, they [management], would sort it out straight away." A visiting professional told us, "I have no concerns over the treatment and welfare of people in this home whatsoever."
- The provider had systems in place to safeguard people from abuse and care workers followed local safeguarding protocols when required.
- Care workers were trained to recognise the signs of abuse. They knew how to report any concerns, following the provider's safeguarding or whistleblowing procedures. Care workers told us they were confident any reported incidents would be taken seriously. One care worker told us, "If we [care workers] take a concern to the managers they listen and do something about it. I have absolute confidence in them. Staff are good at reporting incidents."

Staffing and recruitment

- All of the people, relatives and care workers we spoke with said the number of care workers deployed was sufficient to ensure care and support needs were met in a timely way. One person told us, "There is always plenty of staff around and if we need anything don't have to sit around and wait." A relative said, "There are plenty of staff. [Name] has a buzzer and doesn't have to wait long at all for it to be answered." A visiting professional told us, "There are plenty of them [care workers] around." A care worker said, "There are never any issues with staff numbers here."
- Our observations confirmed the feedback we received. We saw care workers had time to sit and talk with people prior to and following the care they delivered. People were not left waiting when they required assistance.
- There was appropriate staff skill mix during every shift. Rotas were consistent with the number of staff deployed and were planned to ensure continuity of care was provided.
- The provider followed safe recruitment practices. Disclosure and Barring Service (DBS) checks were undertaken which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Assessing risk, safety monitoring and management

- Risks to people's health were assessed, safely managed and appropriate measures put in place to monitor people's health and well-being. For example, one person who was at risk of falls was assessed to need two

care workers and specific mobility equipment to support them safely. We found both measures in place.

- Another person who was at risk of developing pressure sores had been assessed to require an airflow mattress and be repositioned every four hours. The mattress was in place, at the correct setting for the person's weight, and records confirmed they were repositioned at the appropriate intervals.
- Records confirmed safety checks and maintenance work was carried out to make sure the premises and equipment were in safe working order. Personal emergency evacuation plans (PEEP's) were in place to ensure people could be safely evacuated in the event of an emergency.

Using medicines safely

- People received their prescribed medicines as planned. One person told us, "I get my medicine on time." A relative told us, "I see the staff give [Name] their medicines. Staff wait until they have taken it. It's given when it should be, and they are not left waiting in pain."
- Protocols were in place for people who were prescribed medicines 'as and when required'. People who required their medicines at specific times of the day care workers administered these as directed.
- Staff were trained in medicines administration, and their competency checked frequently. Records we reviewed confirmed this.
- Regular audits of medicines took place, and action taken where any discrepancies were identified.

Learning lessons when things go wrong

- Care workers reported accidents and incidents appropriately and the registered manager reviewed information from these. This enabled any themes and trends to be identified and ensured any actions required to reduce the risk of recurrence were implemented.
- Care workers received feedback about changes to people's care following incidents. These were provided at shift handover meetings and they told us they had opportunity to contribute their views as part of lessons learnt from any incident. One care worker member told us, "Managers inform us of changes, so we know what we need to do if anything changes so the same thing doesn't happen again."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

There were no restrictions on people welcoming visitors and the provider was following currently published government visiting guidance.

Is the service effective?

Our findings

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 newly registered service. 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

- People's needs and risks were assessed. Detailed assessments supported detailed care plans and risk to be assessments to be put in place. These included, but were not limited to, moving and handling, environmental risks and medicines and people's choices and preferences.
- People and relatives told us all the care needs their relatives were assessed for were provided and updated when there was any change in people's support requirements.
- Care workers told us they knew people's needs and preferences because people's care plans were detailed, updated when required and reviewed regularly. One care worker told us, "We can contribute to people's reviews and this makes sense because we are the ones who provide the care and notice any differences."

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

Staff working with other agencies to provide consistent, effective, timely care

- People were supported and encouraged to have a varied diet that gave them enough to eat and drink. People's weight was monitored frequently or as recommended by health professionals to ensure any sign of loss or weight gain would be promptly identified.
- Care workers told us, and our observations records confirmed a varied menu was in place with people's specific dietary needs were met.
- The chef was aware of the risks people would be exposed to if their dietary requirements were not safely met. They had access to each person's records to confirm their dietary needs. They said, "I always check every person's meal is correct according to their diet. When new people come and those [people] who are already here have changes made I am always informed."
- Care workers used pictures to help people make choices about food and drinks. Where people wanted an alternative, this was provided.
- Care workers knew and understood the importance of meeting people's specific dietary requirements. The chef knew each person's specific dietary requirements, and these were checked before people were served their meals. diet." The chef told us, "I am told of people's dietary needs and when any changes are made."
- The service worked well with other agencies to ensure people's changing needs were monitored and where required changes made to their support to ensure they received effective care. A relative told us, "A year ago [Name] was diagnosed with Type 2 diabetes. Their diet is now monitored all the time. Staff contact the doctor straight away if needed."

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge required to safely meet their needs. New staff were inducted to the service and worked alongside experienced staff until they were competent to work alone.
- Staff were provided with training relevant to their role and this was regularly reviewed. One staff member told us, "I've had more training here than anywhere else I have worked."
- Staff told us they felt supported. Staff meetings and regular supervisions took place. One staff member said, "The senior staff and managers are really helpful. I go to them if I have a problem or if I'm worried about anything."

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

- Every person was able to access all areas of the service where it was safe for them to do so. A relative said, "[Name] is free to get around the home. It's safe as well."
- People's rooms were personalised with their possessions and those items of significance to them. They were decorated to their individual preferences and had photos and mementos on display.

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.

- Care workers gained permission before offering personal care or support. Throughout the inspection, we heard them ask people for their consent when offering care and support and encouraging people to make their own decisions about their daily lives.
- Staff understood the principles of the MCA, including how to support people to make their own decisions, and how to proceed if the person lacked capacity for a particular decision. One care worker said, "We don't do things for people if they do not wish for them to be done. We try and come back later and offer support if it is initially declined."
- The provider had assessed people to see if they were at risk of being deprived of their liberty and had made DoLS applications where appropriate. Conditions associated with people's DoLS authorisations were met and reviewed regularly to ensure they met the principles of the MCA.

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 newly registered service. 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.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People received kind, caring and compassionate care. People and relatives told us staff respected choice and preference. One person told us, "I am looked after really well, and the staff are lovely." A relative said, "Staff are kind and respectful. All of them [staff] know [Name] well. Another relative said, "Staff are caring and respectful and know my [family member] well."
- We observed care workers having warm and jovial conversations with people. There was a clear connection between people and staff. One care worker said, "We are like one big family here, it's a great place to work. Every person is an individual and that is how we treat them."
- People and relatives were involved in their care, and decisions and preferences were clearly documented and followed when care was delivered.
- People told us they were treated as individuals. Care records we reviewed considered people's religious and spiritual needs.
- Care workers were afforded enough time to support people. They were relaxed throughout the inspection and able to calmly go about their duties in a relaxed manner without having to rush people.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. We observed one care worker offering discreet support when one person required personal care. They spoke to the person quietly to ensure other people were not aware of their need to be supported.
- Relatives said their family members were encouraged to be as independent as possible whilst recognising their abilities and considering any risk this presented to their safety. A relative said, "Staff encourage [Name] to be as independent as possible. It's not easy for them but they try ever so hard."

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 newly registered service. 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

- People had choice and control in their care decisions which involved those people important to them. Records showed those people were involved prior to care commencing and at care reviews. One relative told us, "I'm involved in all aspects of the care arrangements which works well. I feel I am part of it." One person told us, "My [family member] is included in my care at the home."
- People's plans of care were person centred. They recorded how people would like their care to be delivered and how they wished to spend their day.
- Care workers had a person-centred approach. They delivered care in line with people's choices. One care worker told us, "They [people] should have their care how they want it and that is what we do here."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager was aware of the AIS. They were able to explain this and their legal responsibility to comply with this standard.
- Care plans identified any communication needs. Where people required, for example, hearing aids and glasses to be worn to enable them to communicate we found them to be in use. Picture cards and large print was available which was used to enable people to choose meals from the menu.

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 and encouraged to maintain relationships important to them and recorded in their care files. Relatives were kept continually updated regarding their family members daily lives.
- Feedback we received confirmed this. One relative said, "Family relationships are important to us and the staff actively encourage these and welcome us into the home." Another relative said, "Family relationships are encouraged. They help us to retain our relationships. More than I expected them to."

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which was conspicuously displayed around the service.
- No complaints had been made in the previous 12 months to our inspection. Where people or relatives had raised a minor concern, these were addressed promptly. One relative said, "I did raise an issue to the

manager a while ago. This was resolved immediately."

End of life care and support

- People had their end of life wishes recorded and in care plans and how they were adhered to.
- Care workers who were supporting a person who was receiving end of life care during the inspection had their curtains closed, soft lighting in the room, and their door open as they had asked for.

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 newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was well-led. People received person centred care which enabled them to live their lives according to their choices and wishes.
- People, relatives, staff and external agencies all held the service in high regard. One person told us, "I love it here. I am very happy with how they care for everyone." A relative said, "It's managed well. Managers and staff are approachable, and they listen." A further relative told us, "It's the care and relationship between carers and residents that's so nice to see."
- There was a positive culture in the service. Managers and staff were open and transparent throughout the inspection.
- The provider and registered manager were committed to improving the service. They shared their vision on future aspirations they for the service following their recent takeover. The provider told us, "Since we took over the service, we want to develop it further, so people receive the best care possible." This told us they recognised the importance of enhancing the care and treatment for people in their care and endeavoured to do so.
- Staff told us they were supported with their personal development requests during supervisions and appraisals. The registered manager recognised the importance for staff develop their skills and knowledge.

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

- People and relatives told us they felt involved in the service, listened to and respected. People were consulted with, kept up to date and responded to where any concern was raised.
- Staff told us they felt part of the service and were actively encouraged to give their thoughts and feedback. One told us, "The managers listen to us and take our thoughts and views of the service seriously."

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

- The registered manager notified CQC of incidents and accidents as required to meet regulatory requirements.
- A range of regular audits took place to maintain oversight of quality and safety of the service. These included checks on medicines management, falls, complaints and environmental safety. Where shortfalls were identified action was taken to bring about improvement.

Working in partnership with others

- The service had developed strong working relationships with other agencies. Three visiting health professionals who were present at the service on the day of the inspection confirmed this. One told us, "They are really good here. They follow our guidance and recommendations and contact us when they should for input and support."
- Detailed records of when other agencies were involved were kept. The management team ensured staff knew when and who to contact for care and treatment by other agencies.

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 provider had a 'duty of candour' policy in place to ensure they would meet their legal responsibility to be honest should anything go wrong.
- The provider and registered manager were open and transparent during the inspection.