



## Inspection Report on

**Marleyfield House**

**MARLEYFIELD HOUSE  
NANT MAWR ROAD  
BUCKLEY  
CH7 2BL**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

**Date Inspection Completed**

26/11/2019

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## **Description of the service**

Flintshire County Council is registered with Care Inspectorate Wales (CIW) to provide a service 'Marleyfield House' to accommodate 32 people.

Mr Mark Holt is the responsible individual and they oversee the service.

A manager is appointed and they are registered with Social Care Wales to manage the service.

The service is located in Buckley near to the town centre and local amenities.

## **Summary of our findings**

### **1. Overall assessment**

People are happy and comments about care and support were positive – all would recommend the service to family and friends. Care planning requires development to ensure staff have the information they need to provide anticipated, responsive and person centred care to promote positive outcomes. Associated record-keeping requires improvement to reflect the actual care and support provided so timely action can be taken if needed to meet people's changing needs.

Staff have received training and feel supported. Staff were kind and caring in their approach to care and support but some staff lacked skills to confidently communicate with people living with dementia to ensure people always felt valued and had choice and control about matters which were important to them.

Quality assurance systems are in place but require development to assist the manager in celebrating what the service does well and driving improvements in line with best care practices.

The environment is enabling and promotes people's independence. It is well maintained and so people feel valued.

### **2. Improvements**

This was the services first inspection following re-registration under RISCA (Regulation and Inspection of Social Care (Wales) Act). Improvements were not a focus of this inspection but these will be explored at subsequent inspections.

### **3. Requirements and recommendations**

Section five of this report sets out our recommendations. These include the following:

- Care planning and risk management.
- Staffing.
- Staff skills and knowledge to care for people living with dementia.
- Record-keeping.
- Welsh language and the 'Active Offer'.
- Environment and staff signage.

# 1. Well-being

## Our findings

People generally have choice and control over their daily lives. Care planning records showed people's preferences were sought and staff had the information they needed to know what mattered most to the people in their care. Where required a Deprivation of Liberty Safeguards application was made and a multi-disciplinary team approach was adopted to ensure decisions were made in the person's best interests. Meetings were held so people could come together to have a 'collective voice' to put forward their views about the care and services they received. As part of quality assurance systems people were asked for their views to help shape the service. Staff have received training so have the skills to support people to make decisions which affect their lives but some staff lacked skills to effectively communicate with people living with dementia. Signage, memory boxes and other approaches were used to aid people's orientation and promote independence. Overall, people are supported to have a voice and are involved in decisions which affect their daily life, which helps people to experience enhanced well-being.

People's physical, mental health and emotional well-being needs are met. Records showed advice and guidance from healthcare professionals was generally sought to ensure people's needs were reviewed and met. Record-keeping was inconsistent so it was not always clear whether people had received the care and support they needed when they needed it. Comments were positive about the care and support provided / received and people felt their needs were met. Activities were provided to help people to pass their time, views about activities varied with some people feeling more outings would be beneficial. Overall, positive stimulation, advice and guidance is generally sought and provided when it is needed to help keep people healthy and well.

People are protected from abuse. Staff have received training so could recognise and report abuse should it occur. Records showed people using the service felt safe and comments were positive about people's safety. There was a visitor's book which visitors to the service signed as part of the home's security measures. There was a secure safe outside space which people could freely access. Safeguarding records were not kept to show the outcomes and the learning as part of driving improvements. Feedback was positive about management and relatives felt confident if they had cause to raise concern, it would be taken seriously and addressed. Quality assurance systems were in place and this area required development to ensure achievements were celebrated and improvements were identified to drive good care practices. Overall, systems are in place to help keep people safe.

People live in accommodation which is suitable to meet their needs. The service has three separate units, each with its own communal areas, bathroom facilities and kitchenette for people to use. Colour, bi-lingual pictorial signage and other aids were used to help orientate

people to their surroundings and promote independence. There were areas of interest for people to enjoy, with large feature wall murals and memorabilia. There was a secure garden with themed areas of interest for people to freely access and enjoy. The entrance to the home was secure, inviting and offered an additional space for people to socialise. Risk assessments were in place to reduce and manage risks. Overall, the service creates an enabling environment to promote autonomy and individual well-being.

## 2. Care and Support

### Our findings

People's needs and preferences are identified as part of the care planning process but this aspect of care and support requires development. We (CIW) spoke with the manager who told us they were part of a scheme to improve care planning and that they had achieved the bronze award and were working towards the silver award. An external quality of care review report identified areas of good practice and areas for improvement, which were consistent with our findings. Care records were indexed and important information staff needed to know was filed at the front which meant information was easy to find. People's preferences were sought but information did not always reflect what people could do for themselves or what support they required from staff to ensure staff supported people to maintain life skills and promoted independence where possible. A visitor told us they were "*Originally asked for views but not now*". Information was not clear regarding people's changing needs which meant staff did not have up-to-date information to meet individual needs appropriately and one person's needs had significantly changed. There was no information to assist staff in providing appropriate coping and distraction strategies at times when people experienced distress responses.

We also looked at associated care records but there were inconsistencies in the records so it was not clear if people had received prescribed creams, sufficient fluids or pressure relieving care. The information in terms of weight management was not clear a person had lost weight but there was no information to show whether this was a concern or not. Oral hygiene care was frequently declined by a person, but there was no information to support staff to manage this need and their dental hygiene was described by a healthcare professional as 'Very poor'. We spoke with the manager about our concerns who agreed to address these matters. Relative questionnaire feedback rated the quality of care as 'Excellent'. Overall, people's preferences are sought as part of the care planning process but further development is required to evidence people receive person centred care and support to achieve positive outcomes in line with their actual needs and wishes and so experience enhanced well-being.

People are treated with dignity and respect. Care records showed how people wished to be addressed and we observed staff used people's preferred name. This is considered good practice because it shows respect and helps people living with dementia to retain their identity. We observed staff were kind and caring in their approach to care and support. Staff used appropriate touch to comfort and reassure people. Staff supported people to mobilise, explained what they were doing and reassured people throughout the manoeuvre. Observations identified some staff outpaced people as they did not always give people time to process information or respond, this can cause confusion and make people feel frustrated and insignificant. One person wanted to eat their lunch in the lounge but they were not supported to do so. The following day this same person again wanted to eat their lunch in the lounge and staff offered to accommodate their need; there was inconsistency in

staff approach which meant the person's choice was not always upheld. We spoke with the manager about our observations who said *"It was a learning curve"* and explained people could eat where they chose to. Staff training records showed staff had completed training in manual handling and caring for people living with dementia and staff who felt they had the training they needed to care for people with complex needs. A visitor felt staff had the training and skills to care for people. Feedback from an external quality of care report included *"Manager and staff are wonderful, listen to me and give me choices"*, *"Staff are marvellous, very caring..."*, and *"Staff listen to what you want and act if they can"*. We looked at minutes from meetings held for people using the service with regards to care. Comments included the *"Care is wonderful"* and *"Everyone (staff) is very kind and patient"*. All would recommend the service to family and friends. Overall, staff approach is kind and caring and feedback was positive but some staff lacked the skills to effectively communicate with people living with dementia to ensure people always had choice and control about their daily lives.

People are involved in decisions which affect their life. We saw where a Deprivation of Liberty Safeguard was required people's views and the views of important others were sought to ensure decisions were made with people in their best interests. An external quality of care report reflected comments from people using the service such as *"You can do what you want....."* and *"Staff are always nice with you, helpful, listen and give you choices"*. A staff training record showed some staff have completed training in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards so staff have the knowledge they need to uphold people's human rights. Overall, staff have skills to support people to make informed decisions about matters which affect them.

People are supported to be active and healthy but this aspect of care and support requires development. An external quality of care report reflected comments from people using the service and their relatives which included, *"My physical and mental health is good and I write poetry and keep mentally active which I am helped to do"* and *"Their (people using the service) health is promoted"*. Care records showed advice and guidance was generally sought. People's healthcare needs were reviewed by the GP (General Practitioner) and other healthcare professionals. Staff offered people refreshments and snacks. A relative felt more drinks could be offered throughout the day and another relative felt staff were good supporting their family member to drink. Comments about the quality of the food were positive and included *"The food is amazing, nutritious and quality food..."* and *"Catering staff are very good"*. We observed staff positively engaged people in reminiscence and people enjoyed the engagement. Views about activities varied but feedback indicated more activities, trips and outings would be beneficial for people. We observed staff complimented people on their appearance. Feedback from relatives expressed care staff were *"Very caring, always very helpful and the medication was on time"*, Staff questionnaire feedback included *"High standards of care, top priority is happiness and safety of service users"* and *"Personal care - sense of pride and what's important to the person"*. Overall, feedback was positive, people are happy and records evidenced advice and guidance was generally sought to ensure people's needs were reviewed and met.



### 3. Environment

#### Our findings

People live in an environment which meets their needs. The home was warm and clean with a welcoming and homely ambience. The entrance to the home provided a lounge area for people to use, there were reading materials available and we saw people using this space. The home was comprised of three units, each unit contained their own lounge, dining area and bathroom facilities. We saw memory boxes, photographs and personal items which were important to people were used to aid orientation and promote independence so people could find their own bedroom. Other aids to orientate people to facilities, time and show the day's weather were also used. Seating arrangements promoted sociable areas for people to come together and chat. Aids were used to promote people's independence during mealtimes but we saw plastic mugs were used. We discussed this with the manager who explained it was difficult to obtain mugs which were light enough for people's use, however, such items are for picnic / outdoor use and are not considered good practice in dementia care. Areas of the home helped to create visual stimulation and conversation as murals were painted to make feature walls. A secure outside space was available for people to freely use and painted murals created themed areas and interest. We saw visitors to the home were asked to sign in the visitors' book as part of security measures to help keep people safe. We looked at an external quality of care report which reflected people felt safe. Comments received included *"I feel very safe and I have to say if I didn't feel safe I wouldn't stay"*, *"Staff go out of their way to make residents feel safe and this leads to it being a happy home"*, *"XXX enjoys the food and feels safe and well cared for"* and *"I feel absolutely safe and this feels like a home not an institution"*. There was a pet cat, budgerigar and fish which promoted a homely feel and provided therapy for people who wished to engage. These approaches are considered good practice and help to promote a dementia care friendly environment.

We also viewed some people's bedrooms, these were personalised with photographs, pictures and ornaments. We looked at bathroom facilities and saw signage which provided instruction for staff which were not appropriate and which compromised the welcoming feel. A staff notice board was displayed so people using the service and visitors to the home could identify staff who were on duty. There was information displayed around the home to let people know what was going on. As part of good practice we saw there were bowls of fruit and juices available for people to help themselves and each unit had a kitchenette area which people and their visitors could use to make their own refreshments, we did not observe this facility being used. In June 2019, the Food Standards Agency awarded the kitchen facility the highest rating of five which equated to very good. We observed a fire alarm test was undertaken to test fire safety as part of routine safety measures. We looked at staff training records which showed some staff had completed this fire safety training and so would know what to do in the event of an emergency. We looked at minutes from meetings held for people using the service no one raised concern about the cleanliness of the home or the laundry service. Feedback showed people felt the laundry service was

*“Very good”* and *“Excellent”* and the home was *“Always clean and tidy”*, *“Spotlessly clean”* and *“Bedroom is lovely and clean”*. One member of staff felt décor could be improved. The manager told us there were plans to develop and extend the service to increase occupancy. Overall, the service is welcoming and provides a ‘dementia friendly care environment’ which helps to promote positive outcomes and so people experience enhanced well-being.

## 4. Leadership and Management

### Our findings

People benefit from a service where the well-being of staff is given priority, and staff are supported and trained. Staff training records showed staff had completed training in caring for people living with dementia, safeguarding, whistle blowing and falls prevention amongst others. Staff questionnaire feedback confirmed they had the training they needed to care for people living with dementia and described the training as 'Excellent' and their understanding of caring for people living with dementia as "Very well" and "Well". Relative questionnaire responses felt staff had the training they needed to meet people's needs. We looked at a staff supervision record which showed staff had received regular supervision, this provides staff with an opportunity to discuss their work, any concerns they may have and the care ethos of the home. We looked at minutes from staff meetings which showed matters relating to Health and Safety and dementia care were some topics of discussion. Staff felt supported and valued by the manager. Relatives feedback confirmed they knew who the manager and responsible individual were and staff and relatives rated management as 'Excellent'. Overall, investment is made to develop the staff team, staff feel supported and valued in their role which ultimately has a positive impact on the care people receive.

People cannot always receive services in the language of their need but the service is working towards improving this. A one-page profile and a relationship record were completed. This is considered good practice because it provides staff with succinct information about the person as a unique individual so staff know what matters most to the people in their care. We looked at the 'provider return' record which told us Marleyfield House was a bi-lingual service and that currently no one using the service was first language Welsh. The record stated all staff were offered Welsh language courses and some staff had undertaken a 'creative conversations' course, which 'Aided them in carrying out various activities in the residents first language'. We looked at staff training records but Welsh language training was not reflected. We looked at the Statement of Purpose (SoP), this is a legally binding document which sets out the care and services people can expect to receive. The document showed the service was currently working towards Welsh Governments initiative, in relation to the Welsh language and the 'Active Offer'. The care records did not reflect people's preferred communication. Overall, the information provided was conflicting and so people are not clear about whether or not they can receive their care and support in their preferred language.

People are able to contribute to the development of the service. The SoP reflected feedback was welcomed 'From our residents and their families and friends as this assists us to improve our service' and this was the approach adopted. Minutes from meetings held for people using the service showed people were asked for their views but they did not show what action if any was taken in respect of any issues raised. Subsequent minutes showed some issues people had raised had improved. We looked at a report produced by

the responsible individual, the purpose of which was to reflect the quality and performance of the service provided. The report showed views from people using the service had been sought as part of quality assurance measures to improve the service. Relative and staff consensus felt they were able to contribute their views and felt listened to. Overall, systems are in place to obtain people's views to shape the service they receive.

People receive a quality service but this area requires development. We looked at the management of medication and falls. A communication book was used to monitor the effects of medication, no tools were used to gather relevant information and care plans did not detail coping and distraction strategies staff should employ to support a person before resorting to the use of medication. We saw a letter from a healthcare professional which showed a medication dosage had been reviewed and reduced due to sedative side effects, this is considered good practice to ensure people are not given medication unnecessarily. We looked at MARs (Medication Administration Records) which showed people were receiving prescribed medications.

A falls pathway was in place, this is considered good practice as it helps staff to manage falls and incident reports were completed. A person had experienced a significant number of falls, most were unobserved and this person was using specialist equipment which they had not been assessed for. There was no information to identify trends such as whether staffing levels were adequate given a significant number of falls were unobserved. The SoP stipulated six staff worked across the three units and this was supported by the staff rota and the staff on duty. Falls audits showed there had been 97 falls since January 2019 but the information was limited so they did not assist the manager in reducing and managing falls. We requested the falls / head injury protocol but this was not provided. Following the inspection, the manager explained "*We follow first aid guidance if anybody falls and bangs their head we call paramedic's for them to check injur(y)ie and decide if the person needs hospital, if the head injur(y)ie is treated in hospital we follow the discharge letter (from) off the hospital*". Staff felt they had the equipment they needed to do their work when supporting people to mobilise. We discussed safeguarding matters with the manager but records were not kept to show outcomes and inform learning. Overall, quality assurance systems are in place but these require development to assist the manager in identifying what the service does well, where improvement is required and the action to make the necessary improvements within a given timeframe so people can benefit from a proactive service informed by best care practices.

## **5. Improvements required and recommended following this inspection**

### **5.1 Areas of non-compliance from previous inspections**

This was the services first inspection following re-registration under RISCA (Regulation and Inspection of Social Care (Wales) Act).

### **5.2 Recommendations for improvement**

We have advised the service provider that improvements are needed in relation to care planning and risk management - Regulation 15 in order to fully meet legal requirements. A notice has not been issued on this occasion, as there was no immediate impact or significant impact at the time of the inspection for people using the service and the manager assured CIW this area was currently being developed. We will review this area at the next inspection.

We also recommend:

- The service provider should ensure staff are employed / deployed effectively to ensure people are properly supervised to help reduce and manage falls and to ensure people always have choice and control over their daily lives.
- The service provider should ensure staff have the training they need and competencies are tested to ensure staff can effectively care and support people living with dementia.
- The service provider should ensure care records are accurately completed to reflect the actual care and support people have received. This will assist staff in taking timely action if required to meet individual needs and the manager in making timely referrals to healthcare professionals for advice and guidance.
- The service provider should continue to work towards Welsh Governments initiative in terms of the Welsh language and the 'Active Offer'.
- The service provider should ensure unnecessary signage providing staff instruction is removed to maintain people's dignity and further promote a homely ambience.

## 6. How we undertook this inspection

This inspection was part of the Care Inspectorate Wales (CIW) review of outcomes for people living with dementia in care homes.

We undertook an unannounced inspection on 26 November 2019 between 09:25 and 15:45 and an announced inspection on 27 November 2019 between 09:15 and 15:40. One inspector undertook the inspection.

The following regulations were considered as part of this inspection:

- The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.

The following methods were used:

- We looked at a random sample of care plans, risk assessments and associated care records.
- We looked at records held by the service which included minutes from meetings held for people using the service, minutes from staff meetings, staff records, policies and procedures and quality assurance records.
- We spoke with three people using the service, visitors to the home, three members of staff and the manager.
- We issued questionnaires to obtain staff and relative feedback and we received two responses from staff and five responses from relatives.
- We viewed the premises which included the Gwynydd, Elizabeth and Diana units, communal areas, bathroom facilities and some people's bedrooms.
- We used the Short Observational Framework for Inspection 2 (SOFI 2). The SOFI 2 tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us.
- We viewed the Statement of Purpose (SoP) and compared it to the service we observed. The SoP sets out the vision of the service and demonstrates how, particularly through the levels and training of staff, and so on, the service will promote the best possible outcomes for the people they care for.

We considered an anonymous concern which was raised with CIW prior to the inspection in relation to falls management. We have reported our findings in the main body of the report.

Further information about what we do can be found on our website:

[www.careinspectorate.wales](http://www.careinspectorate.wales)

## About the service

<b>Type of care provided</b>	<b>Care Home Service</b>
<b>Service Provider</b>	<b>Flintshire County Council</b>
<b>Responsible individual</b>	<b>Mark Holt</b>
<b>Registered maximum number of places</b>	<b>32</b>
<b>Date of previous Care Inspectorate Wales inspection</b>	<b>16 November 2017</b>
<b>Dates of this Inspection visit(s)</b>	<b>26 and 27 November 2019</b>
<b>Operating Language of the service</b>	<b>English</b>
<b>Does this service provide the Welsh Language active offer?</b>	<b>This is a service that is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.</b>
<b>Additional Information:</b>	

**Date Published 26/02/2020**