



## 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**

3 February 2023

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## About Marleyfield House

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Flintshire County Council
Registered places	64
Language of the service	Both
Previous Care Inspectorate Wales inspection	23 August 2022
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

People are very happy with the care they receive and have positive relationships with the care staff who support them. Care documentation has improved, is detailed, reflective of the person, and reviewed regularly to ensure it is kept up to date. Care staff have a good understanding of the needs of the people they care for and are dedicated to the quality of the service they provide. People have their own personal routines and do the things that matter to them. The Responsible Individual (RI) has good oversight of the service and quality assurance monitoring takes place in accordance with regulations. The manager is organised and responsive. There are policies and procedures in place for the running of the service in line with legal requirements. Care staff are recruited safely and receive training and supervision. Care staff like working at the service and speak positively about the management. People live in a suitable environment which is warm, clean, and safe. People have their own bedrooms which are personal and contain personal belongings.

## Well-being

People are treated with dignity and respect. Care documentation is person centred and focuses on individual needs and how they are best met. People's voice is evident throughout documentation with likes and dislikes clearly outlined and people are part of care planning where possible. Care staff have good relationships with the people they care for and strive to promote people's independence and encourage people to make their own choices. Care staff treat people as individuals and have good knowledge of people's needs. People choose how they spend their time and have access to personal space and privacy in their own bedrooms. Staffing levels at the service are good and ensure that people's needs are met without delay. The RI completes his visits as required and engages with people during visits to the service and people's and care staff's views are sought and used as part of quality assurance processes.

People are protected from abuse and harm. There is a safeguarding policy in place and all staff attend training in the safeguarding of adults at risk of abuse as well as other courses relevant to their roles. The manager understands legal requirements regarding caring for vulnerable people and makes referrals to external bodies such as the Local Authority safeguarding team when required. Staff recruitment is safe with pre-employment checks completed prior to employment commencing. There is a system in place to ensure Disclosure and Baring Service (DBS) certificates are renewed every three years. Staff feel supported and valued working and have supervision provided regularly. Medication is stored correctly, administered in line with prescription instructions and audited for any discrepancies. Staff receive training in administering medication safely.

The layout of the accommodation allows space for a variety of needs. Situated close to the countryside, people can enjoy the views from inside or outside in the well-maintained gardens. The provider has invested in the environment and increased the capacity of the home. The home is well maintained throughout and tastefully decorated. Safety checks of the building are completed as legally required. There is a fire risk assessment in place and environmental risks have been reduced as far as possible. Food hygiene score is the highest possible.

## Care and Support

At the last inspection we issued a priority action notice in relation to personal plans. At this inspection we found people can feel confident that service provider has an accurate and up to date plan for how their care is to be provided to meet their needs. The plans have been enhanced and are now straightforward and therefore easy for staff to follow. Part of this change is due to the provider working with “*Progress for providers*” silver award; an accreditation programme that sets out clear expectations about the delivery of individualised care and support, facilitated by Flintshire local authority. Staff told us this has made a difference and “*plans are improving*” as a result. People, the placing authority (if applicable) and any representatives contribute, and some have signed to agree to the personal plans. Where required, there are risk assessments and additional information in place to further guide staff. We saw evidence of referrals being made to external professionals. Personal plans are reviewed regularly to ensure they are kept up to date and accurate. Medication is stored safely and administered correctly. The provider has sufficient policies to guide staff in place. We saw consistency in writing and terms used using dignified language to describe what is often termed as challenging behaviour.

People are supported to have choice and control as far as practically possible. People have complete autonomy over their lives and are supported with their own personal routines, choosing how they spend their time and do the things that matter to them. People told us they access the community regularly as they choose and take part in activities which are regular. People told us how much they like living in Marleyfield and one person commented how living in a care home is “*never the same as your own home but as close as you can get*” telling us it is “*like one family*”, they are listened to, and people told us they are happy with the service they receive. We saw this in the most recent Responsible Individual (RI) quality of care report as this identified; from verbal feedback; that people were not happy with the quality of the food. The RI told us of the actions taken and on the day of inspection people told us the “*food is so nice; too nice really as I’ve put on weight*”: “*can’t fault it*”: “*excellent choice*” and “*always clean plates*”. A weight monitoring system is in place; however we discussed if this was required where there were no nutrition concerns which is reflected in a RI visit report as an area already considered.

People are protected from abuse and neglect as care staff know what to look out for and how to raise concerns if they suspect someone’s well-being is compromised. Staff have access to policies and procedures that are aligned with national guidance. One member of staff told us; “*concerns are immediately addressed, the management listen*”. Staff receive training appropriate to their role. People told us staff are “*all nice*”, they felt safe, and everyone we spoke with told us they “*Feel happy to raise concerns*” People and staff have the information they need to raise concerns.

## Environment

People live in a suitable environment. There are ample bathroom facilities and the recent extension complies with new requirements for shower and toilet facilities. The home is very well maintained, cleaned to a high standard and has plenty of space for people to choose how to spend their time. The garden is thoughtfully themed, accessible, spacious, and contains sufficient furniture for people to enjoy spending time outdoors as they wish. People have individual bedrooms and we saw that they are personal, warm, clean and offer people an opportunity for privacy and their own personal space. People we spoke with told us they are happy with their bedrooms and have been supported to personalise them.

People can be assured they live in a safe environment. On arrival, we found the main entrance secure, and we were asked for identification and to sign the visitor book before we were permitted entry. The home is clutter free, harmful chemicals are locked away safely and hazards have been reduced as far as practically possible. We saw the domestic service in operation throughout the day maintaining high cleanliness standards. The food hygiene is excellent with a score on the door of 5: the highest possible.

## Leadership and Management

People benefit from the leadership and management in place. Marleyfield benefits from an RI, registered manager and two deputy managers along with a care staff team, some of which have worked for the service for many years. The manager and deputy managers interact positively with care staff and people living in the service and they have built up good relationships: staff told us “*They are approachable*”, “*they listen and have an open-door policy*”, people spoke fondly of the management team. The service has policies and procedures in place for the smooth running of the service which are reviewed regularly to ensure they reflect current legislation. Quality assurance monitoring takes place regularly to ensure that people are happy with the service and always receive a quality service. The RI has good oversight of the service and visits regularly, meeting the regulatory requirements. Deprivation of Liberty Safeguards (DoLS) referrals are made appropriately to keep people safe where they lack capacity. This is important as it ensures any restrictions in place are in line with current guidelines.

People are cared for by staff who are well trained and fully supported. We examined the staff training matrix and saw that all staff attend training relevant to the roles they undertake. One staff member told us “*COVID has affected training, but it is improving now*”. Most staff have received a recent formal supervision with work being completed by management to ensure this is in line with regulatory requirements as this was also impacted recently by management vacancies and the aftereffects of COVID. This is important as supervision is an opportunity to discuss any practice issues or needs in a setting that is recorded. Staff we spoke with told us they are happy working at the service and have been there for a long time. We examined a selection of staff personnel records and found almost all contain the required information, gaps were to be addressed, and the RI told us there is a central human resources department so there can be delay in obtaining paperwork at times. We saw evidence that pre-employment checks including references and DBS certificates are always completed prior to employment commencing. These checks are important as they determine a person’s suitability to work with vulnerable people. All care staff are registered with Social Care Wales, the workforce regulator.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

### Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A
15	Care planning - care plans, risk assessments and associated care records lack detail and are not always accurate or up-to-date to assist staff in providing responsive and person centred care to help people achieve positive outcomes.	Achieved

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.



**Area(s) for Improvement**

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A
73	The responsible individual has not visited the service every three months. The last visit was in July 2022 and there are no records of previous visits.	Achieved
80	The responsible individual has not completed a report on the quality of care review every six months. The report completed for the responsible individual visit is not sufficiently detailed to provide a full overview of the service.	Achieved

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