Fidelity Healthcare Limited

Marlborough Lodge

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Marlborough Lodge is a small care home which provides accommodation and personal care for up 18 people, some of whom are living with dementia. At the time of our inspection there were 17 people living in the home, one person was in hospital and one person was receiving respite care at the service.

Since the last inspection in September 2015 there has been a change to this service's registration. Fidelity Healthcare Limited became the registered provider for this service and a new registered manager was in post. This was the service's first rated inspection under the new provider, Fidelity Healthcare Limited.

We inspected Marlborough Lodge on 29 and 30 August 2017 and this inspection was unannounced. The registered manager was approachable and available throughout our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During our inspection we noticed some environmental factors that could cause a potential risk to people's safety. For example one person's bedroom had no hot tap indicator on their sink. Some areas of the home were cluttered with furniture and equipment making them less user friendly for people. We saw that some exposed brickwork had left a metal mesh visible and sticking out which posed a risk to people if they walked too close and caught their leg or tried to touch it. The registered manager took action to address the concerns raised during and after the inspection.

Some areas of the home needed attention to maintain the cleanliness. For example some of the sinks in people's rooms and toilets were not always clean and an odour of urine was detected in some areas. We saw that for 11 days in August 2017 there was no documented record that any cleaning had taken place. However we did see housekeeping staff around the home during our inspection and relatives told us they felt the home was kept clean.

Although quality assurance systems were in place to monitor the quality of service being delivered, the environmental factors that we found during this inspection had not been identified prior to this so that action could be taken to prevent a potential risk to people's safety.

The provider had systems in place to manage risk and protect people from abuse. Staff were aware of their responsibilities and knew how to identify if people were at risk of abuse and what actions they needed to take to ensure people were protected.

Staff received an in-depth induction to the service and were supported to undertake training relevant to their roles. One staff commented "My induction was very good, I shadowed [more experienced staff] and they took me around the home."

The care records demonstrated that people's care needs had been assessed and considered their emotional, health and social care needs. The organisation of the care plans needed reviewing and the registered manager was looking to change the format to make it clearer. People's care needs were regularly reviewed to ensure they received appropriate and safe care, particularly if their care needs changed.

Staff worked closely with health and social care professionals for guidance and support around people's care needs. Health care professionals praised the working partnerships they had developed with the management and staff which enabled people to receive effective and responsive care to meet their needs.

Staff were attentive to people's needs and people received care and support from staff who had got to know them well. People and their relatives praised the staff for the care and compassion shown commenting "The staff are all very nice and caring to me" and "The staff are lovely, I'm so lucky to have my relative there, I have been to other homes and we are lucky. She's so happy there and always smiling."

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

This service was not always safe.

There were several environmental factors observed around the service that could cause a potential risk to people's safety.

We found that some areas of the home needed attention to maintain cleanliness. There was not always documented evidence that people's rooms were being cleaned daily or receiving a deeper clean on a regular basis.

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe.

Is the service effective?

Good

The service was effective.

Staff received an in-depth induction to the service and were supported to undertake training relevant to their role.

People were supported by staff to make choices around their preferred meal and attentive staff ensured mealtimes were enjoyable experiences for people.

People's health needs were assessed and staff supported people to stay healthy. Staff worked well with community nurses and GPs to ensure people's health needs were met.

Is the service caring?

Good

The service was caring.

We saw that people were comfortable in the presence of staff and had developed caring relationships. People and relatives were very positive about the staff and said they were treated with kindness and respect.

Care was delivered in a way that took account of people's individual needs and in ways that maximised their independence.

Is the service responsive?

Good

The service was mostly responsive.

Care plans were in place and detailed people's preferences. However the organisation and information from assessments and monitoring charts needed reviewing.

People were supported to participate in activities they enjoyed. A programme of events was available for people to choose from or staff spent time with people on a one to one interaction if they preferred.

People told us they knew how to raise any concerns or complaints and were confident that they would be taken seriously.

Is the service well-led?

Requires Improvement

The service was mostly well-led.

Although quality assurance systems were in place to monitor the quality of service being delivered, the environmental factors that we found during this inspection had not been identified prior to this. Action was needed to prevent a potential risk to people's safety.

The registered manager promoted a person centred culture. Staff were committed to delivering person centred care and the registered manager ensured this was consistently maintained.

Health and social care professionals spoke positively of the good working relationship they had with the service, staff and registered manager which enabled effective care to be provided.

Marlborough Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 and 30 August 2017 and was unannounced. The inspection team consisted of two inspectors 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.

The home was last inspected in September 2015 and received a rating of Good. This inspection was the service's first rated inspection under the new provider, Fidelity Healthcare Limited.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with seven people living at the home, five relatives, nine staff members, five health professionals and the registered manager. We reviewed records relating to people's care and other records relating to the management of the home. These included the care records for five people, medicine administration records (MAR), staff files, the provider's policies and a selection of the services other records relating to the management of the home. We observed care and support in the communal lounge and dining areas during the day and spoke with people around the home.

Requires Improvement

Is the service safe?

Our findings

During our inspection we noticed some environmental factors that could cause a potential risk to people's safety. For example one person's bedroom had no hot tap indicator on their sink. Staff told us this issue had previously been raised but that the water temperatures were controlled to a safe temperature; however there was still a potential risk of the person of using water that was too warm. The registered manager took action and told us after the inspection a contractor had been booked to change this person's tap. In another person's room a large box had been placed on top of their wardrobe and in another room a suitcase was on the top of their wardrobe both causing a potential risk for people in these rooms. We brought these concerns to the registered manager to address. We saw that outside one person's room there was a raised part of the carpet which could be a potential trip hazard. This person was also at risk of falls. The registered manager took action and informed us after the inspection a contractor was coming to survey the flooring in the home and address this concern.

We saw that some areas of the home were cluttered with furniture and equipment making them less user friendly for people. For example, the front entrance hall had tables and a walking aid cramped into a small place and as several people enjoyed sitting in this area, it was necessary to keep as clear as possible. The downstairs bathroom had chairs, a box of towels and a weight chair all stored under the shower which meant a person could not access this without staff first removing all these items. The registered manager told us that no one used the shower room independently and staff always ensured this area was cleared before supporting a person with a shower. In one upstairs toilet we saw several hoovers were being stored again reducing the accessibility and function of this space for people. The staff and management explained that there was a lack of storage in the building but would address these issues.

On worktops in an upstairs corridor we found items left on the top including a broken paper towel dispenser with broken parts and nails lying on the surface. On another worktop there was a step, bath rack and commode lid which were accessible to people and had not been safely stored away. In one bathroom there was a cupboard that opened with a twist lock and we saw that carpet detergent had been stored in the cupboards which posed a risk to people living in the home. In some areas of the home the carpets were quite worn and a rip in the carpet on one of the stairs. The registered manager said all the communal areas were having new flooring as part of the renovations and the ripped carpet would also be addressed so it did not cause a risk to anyone.

Breakfast was served in the dining area and an area was set up to make people toast and a hot drink. We saw that the kettle that staff used had a very long lead and would often be lying across the floor where people walked. We raised this with the registered manager as a potential trip hazard. In the communal dining and lounge areas building work was currently in progress to renovate and redecorate the space for people. However we saw that some exposed brickwork had left a metal mesh visible and sticking out. This mesh was sharp and posed a risk to people if they walked too close and caught their leg or tried to touch it. The registered manager took action to tape up this metal mesh and people were signposted to staff away from the area while repairs took place. A fire exit sign had been taken down during the building work and balanced above a door frame instead of being secured to the wall. We raised this with the registered

manager that it could fall onto someone if it was not secured appropriately. The registered manager took immediate action and during our inspection this was secured to the wall and no longer posed a risk.

One person's wardrobe and chest of drawers with their clothing were being kept outside their bedroom on the landing. Staff explained this was because the person often put dirty clothes back into wardrobes which then became mixed in with clean clothes. Also at times the person would demonstrate anxious behaviours and change their clothes many times throughout the day. Staff had risk assessed this and found that moving the wardrobes to the landing, had reduced the behaviours for this person and they were less anxious. We saw that the chest of drawers had a broken drawer and the landing space had been reduced by this extra furniture. The registered manager said they would review the situation again and look to move the furniture back into the person's room as the behaviours had decreased.

We saw that some areas of the home needed attention to maintain the cleanliness. For example some of the sinks in people's rooms and toilets were not always clean and an odour of urine was detected in some areas. We found lots of patio chairs piled up in an area of the garden that were dirty and not fit for use. The registered manager told us that people did not use these and they would be put out of the way. We spoke with the housekeeping staff and reviewed the cleaning schedules in the home. We saw that for 11 days in August 2017 there was no documented record of any cleaning had taken place. However we did see housekeeping staff around the home during our inspection.

Staff told us that people's bedrooms received a deep clean once a month however this was not recorded. We spoke with staff who were unable to tell us when the last deep clean had been done but thought it was more likely that one a week. This meant that not everyone received a deep clean once a month and a plan for this was not in place. The registered manager told us that at present this was done on a needs basis for people but agreed it need to be documented. The registered manager was looking to implement a more structured cleaning schedule to include this. Relatives told us they were happy with the cleanliness of the home commenting "The home is clean and tidy, my relative's room is spotless" and "The home is clean and always immaculate, it's the only home I know that doesn't smell."

This was a breach of Regulation 12 (2) (b) Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Three people were on a food and fluid chart because they were at risk of malnutrition and dehydration. We saw the recording on these monitoring charts were not always clear. For example we saw some documented entries just stated 'Pureed diet' but not what this was. Another stated 'Offered lunch but not taken'. This meant it would be hard to identify if there were particular foods the person did not like to eat so this could be monitored. We saw fluid charts were being completed but did not total amount a person had drank or have a recommended daily intake level, so staff could monitor if the person was drinking enough and take action if they were not . We saw in practice that staff were encouraging people regularly with drinks and snacks throughout the day.

We saw other risks to individual had been assessed and measures put in place to minimise the level of risk to that person. For example, where a person had experienced an incident or accident a risk assessment had been completed to see if there were other preventative measures needed to prevent this happening again and for staff to be aware.

The registered manager had been proactive in supporting people to take risks safely without restricting them. One person was unsteady when going up the stairs so the registered manager had implemented a sensor alarm on the stairs that alerted staff to check and offer support if needed. One health and social care

professional told us "I was really impressed with the manager, he didn't wait for it to be a problem, he was innovative and worked hard to find a way to keep one person safe on the stairs. I said they should share research like this with other homes."

For people that were at risk of falling we saw the staff worked closely with other external professionals to put measures in place to help reduce the falls people were having. We saw that the recording of incidents and accidents by staff was detailed and clearly demonstrated the action taken to support people at this time.

On the first day of our inspection one staff member had called in sick which resulted in staff needing to cover the kitchen role also. We saw that this had an effect on the timings of some people getting up and having breakfast. Two people were observed having breakfast at 12.10pm and one person was finishing breakfast at 12.30pm and then lunch was served at 12.45pm. Staff explained this was not usual but they had been running behind today with a staff member off sick. Staff commented "Some people were got up quite late so had breakfast late today" and "Today there were no morning activities as we were short staffed and late in getting people up so people ate later." Another staff told us one person had quite an unsettled night and did not want to get up early. We raised with the registered manager about managing the timings of mealtimes for people in instances like this. This meant people were not always receiving their care in a timely manner

The service had been through a staff change after the new provider took over with some staff choosing to leave and new staff recruited. Staff were open about periods of time where staffing levels had been a struggle but were positive this was now improving commenting "We have had issues on and off with staffing, generally we are great, what lets us down is the sickness. Previously where I worked we didn't get time with residents and here we do, there is a lot of interaction", "The [registered] manager will help out if someone calls in sick, we work as a team, the staffing levels are good", "New management has been positive but the transition was hard. A lot of staff left. We still try to spend time with people that's the essence even if we are busy. Only concern is that we are short staffed but they are recruiting" and "There could be more staff, we do get time with people but it's about time management, I spend a few minutes when I come in saying good afternoon or morning to people individually, its person centred to do it individually."

The registered manager told us that agency were only used at night with another permanent member of staff so people had familiar faces with them during the time they were awake. One health professional commented "There has been a change but not for the worse, I think it's really nice to have more masculine carers and it works well for the chaps." Relatives did not raise any concerns about the staffing levels with one relative saying "There is enough staff; it's adequately staffed, always enough about."

The registered manager did not currently use a dependency tool to calculate staffing but instead told us they observe who needs support mobilising, if equipment is used to aid the person, support needs around personal care and from observing the floor and how busy staff are. The registered manager was aware that the provider policy on staffing had a dependency tool template available is going to start using this to calculate staffing levels.

The service followed safe recruitment practices. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. We saw the questions asked to potential employees during their interview were recorded along with their responses and an observation of the candidate interacting with people living in the home was also part of the interview process.

Safe practices for storing medicines were followed. All medicines were stored safely and in a locked

cupboard and fridge where appropriate. There were arrangements in place to safely dispose of medicines no longer required. Each person had a front page in their medicine administration record (MAR) with a photo and any allergies recorded. Information was clearly documented on how to support each person to take their medicines in their preferred way. For people that received medicine to help with pain, staff recorded the time they gave each dose to ensure these were evenly spaced and people did not have to wait too long in-between.

During our inspection we saw one person refuse to take their medicine. The staff member respected this person's wishes and secured the medicine safely back in the trolley saying they would try again in 20 minutes with a different staff member's approach. If it was a further refusal this would then be recorded on the MAR, a 'Failure to give medicine' report was completed and the medicine safely disposed of.

We saw one concern around the recording of medicines where hand written entries or changes to people's MAR's had not been signed or countersigned. This had been done after a GP visit and we saw that all authorisations of changes had been clearly recorded at the front of the MAR's folder. The registered manager told us the signing of the MAR's would be addressed going forward to further verify the changes. The service was not currently using pain assessments to gage if someone who could not verbally communicate was in pain and may need pain relieving medicine. Staff told us they look at people's expressions and from knowing people well were able to identify if they were in pain. The registered manager said "We have used pain scales previously, most people are able to show signs of pain and we record how people demonstrate pain. As long as staff are confident in identifying these things I'm happy we don't need them. If someone wasn't able to identify this, that would prompt me to put it in place."

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff were able to speak about the different types of abuse a person may be susceptible to and how they would recognise signs of potential abuse in people who were unable to verbally communicate this. Staff comments included "Safeguarding is about making sure the person is safe in their own environment and won't harm themselves, I would always go to the manager", "We are here to protect our residents. I would intervene and protect the person first and foremost and then take concerns to the manager", "We report any abuse, this can be physical, emotional, neglect, I would raise an alert. We have a safeguarding policy sg policy, I am happy to raise anything to the manager" and "It's about protecting the residents and vulnerable people. I would immediately report to the manager. If a person can't communicate I would look for bruises, behaviour or if they seemed isolated."

Relatives felt reassured their loved ones were kept safe and told us "I have no concerns at all", "I'm very happy with it, she feels very secure there. If I had another elderly relative I would have no qualms in sending them there" and "No concerns about safety, there is always someone there, I'm very happy." One person told us "The home is a very safe and caring place."

Good

Is the service effective?

Our findings

New staff were supported to complete an induction programme before working on their own. An induction check list was in place to ensure they were aware about important aspects of the home. The registered manager told us "Staff complete shadow shifts, how many depends on what they need, and they are given a range of shifts to understand the morning, afternoon and evening routines. We have an induction list for staff coming into the home such as how to use the washing machine, chair lift and bath hoist." Staff spoke positively about their induction commenting "My induction was very good, I shadowed and they took me around the home. I did training online", "I had my roles and responsibilities given to me, a tour of the home and learnt about people's needs. I felt confident to do the role on my own; I have competency assessments and completed my mandatory training. We also have refresher courses." The registered manager explained that agency staff also received an induction into the home and a checklist was available for any night staff about people's evening preferences which included if they liked a light on, their door closed and a drink.

Staff had completed mandatory training the provider had set and included safeguarding, first aid, manual handling and mental capacity. We saw that face to face Dementia training, catheter care and fire marshal training had been booked for the week after our inspection. The registered manager told us they planned to implement more face to face training for staff and specific training in relation to individual health conditions. One relative told us "The staff all know what they are doing, all qualified and trained."

We saw that staff had attended some group supervisions with the registered manager but there was not a consistent record of these. The registered manager said the current plan for supervisions were six per year, but that this was an unrealistic target as there were opportunities during the day to discuss concerns. The registered manager said this would be reviewed and alongside group supervisions would probably hold one to one supervisions every three months instead. Staff told us they were happy to raise concerns with the registered manager at any time commenting "We can raise any concerns as every voice matters" and "I am happy to discuss concerns and future performance. The manager is supportive and we can seek advice."

Staff we spoke with demonstrated a good awareness of supporting people around the principles of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. Staff comments included "We do not assume a person is not able to make a decision, we still give choices", "Some people have some level of capacity, we use picture cards and short phrases and we use the computer tablet to support meal choices", "Every person has a right to make choices and decisions for themselves, we would only step in if the choice was detrimental to their health or wellbeing" and "You should not assume that someone immediately lacks capacity as it fluctuates."

We saw that most people had mental capacity assessments in place where they had been unable to consent to receiving care and support at Marlborough Lodge. We saw one relative had consented on behalf of their family member to receive care and have their photos taken. However, however this relative did not have the appropriate legal authority in place to be able to take these decisions for their family member. We raised this with the registered manager to address. We also saw staff administered covert medicines to one person and another person had a sensor mat in place. Mental capacity assessments were not in place for these

specific decisions. The registered manager told us that was an oversight on his part and this would be immediately addressed with the individuals concerned. One health and social care professional also gave feedback around this commenting "Although the recordings of the assessments were of a very good standard, one element of improvement identified was around more person centred recording of conversations held when undertaking the mental capacity assessments, as well as consideration for employing the Mental Capacity Act with regards to specific matters i.e. covert medication."

The registered manager had ensured that where people lacked capacity to make a specific decision, a best interest meeting was held and a decision made involving those who knew the person well and other professionals. One health and social care professional commented "The manager's understanding is alert, we have discussions and he's always interested to learn more." Another professional said "Other healthcare professionals are involved and we discuss carefully whether access to healthcare (such as acute services) are in the person's best interests. All best interests decisions involve the family, GP, myself and any other's involved [in the person's care]"

The registered manager had identified a number of people who they believed were being deprived of their liberty (DoLS) in order to keep them safe. They had made DoLS applications for people who did not have the capacity to make certain decisions to the appropriate supervisory body. We reviewed these and saw none had yet been assessed or approved.

People were supported to have a meal of their choice by attentive staff. Mealtimes were an enjoyable experience with nicely laid tables and condiments available. We observed that people were able to choose where they ate their meal with some people preferring to eat outside at the patio table. We saw staff taking a dessert menu board outside to people so they could choose their dessert after their main meal. The food looked hot and appetising and there was plenty of choice for people. Staff regularly checked people and offered assistance where needed and were attentive in refilling people's drinks and asking them if their meal was "ok". One person told us "Meal times are always very good."

People were supported to make decisions about what meals they preferred and we saw staff going around to people with a computer tablet showing them pictures of the meal choice. This meant that for people who may be unable to communicate verbally or retain information, the staff were actively seeking ways to support them to continue making these decisions. One relative told us "My relative struggles with words and they bought in the computer tablet with menu ideas, it's a brilliant idea." We saw one staff member ask a person if they would like cereal and displayed all the boxes of cereal choices in front of the person to help them decide. The staff member had recognised that by stating all the choices this would only confuse the person so instead gave them this visual experience, saying to the person "You choose."

People's food allergies were displayed in the kitchen and information about who was at risk of malnutrition or on a fortified diet. There was no information available in the kitchen about people's food preferences but this was in people's care plans. The registered manager told us this would be reviewed so the information was more accessible to catering staff. Staff told us the current menu was in the process of being reviewed as they wanted to offer more homemade options and a lighter meal option should people prefer this. The registered manager told us "We offer lots of choices for food and try and be personal, one person likes prunes, no one else does but we go and get these for this person. One person likes cranberry juice and another liked a particular brand of hot chocolate so we bought this in for them."

People's care records demonstrated that people were supported to access health services when needed, for example their GP, Community nurses, and dietician. Where professional advice or recommendations had been given or made, this had been incorporated into people's support plans. Relatives praised the

registered manager and staff for ensuring their loved one's received support around their health needs commenting "Since this manager has taken over my relative has improved and had a good standard of care, not that the last owners didn't give good care, they did. We all think she's well looked after, it's well run"; "They helped [X] improve her diet and worked hard. The manager is an extraordinary person, he loves people, he has a way with them. They worked hard with the GP and nurse to support [X] and she's happy" and "They supported my relative with their diet, they informed me about things and helped my relative put on weight again."

Health and social care professionals also spoke positively about how people's healthcare needs were met saying "They are good at making referrals, the manager doesn't call to early either, he seems to be able to gage when it's appropriate to call us" and "I provide advice on each visit which is acted on. I believe I have a good working relationship with the manager and staff. Recently we made changes to a person's medicine and the manager was very quick to contact me with his concerns that the changes had not had the outcome we wanted."

At the time of this inspection building work and redecoration was taking place at this service. The registered manager had sourced builders to come in at night and carry out the work so this could be done in the least disruptive way for people living in the home. The home was in need of some maintenance and repair but the management was mindful that they wanted to do it in keeping with the homely style that people preferred. One relative told us "The renovation work has begun and slowly but surely things are being done." One health and social care professional commented "The home is not as smart as some others in the area, but the manager has been taking steps to remedy the internal decoration with the innovation of getting the decorations to work overnight to avoid disruption to residents during the day. I have expressed that I hope this will extend to replacing some of the chairs which are looking a little 'tired'." We saw that people were able to freely access the outdoor garden and an alarm would alert staff when people did go out, so they could check on them and offer assistance should they require it.

Good

Is the service caring?

Our findings

People received care and support from staff who had got to know them well. Staff responded to people's needs in a caring and compassionate way. We observed many positive interactions where staff took time to explain things to people and supported them in a dignified and unrushed manner. One person told us "The staff are all very nice and caring to me." Another person said "I am happy with the home, I feel well looked after, they are very caring and supportive to my needs." One staff commented "The residents are our priority."

Relatives praised the caring nature of the staff commenting "Staff are very caring and friendly", "The staff are lovely, I'm so lucky to have my relative there, I have been to other homes and we are lucky. She's so happy there and always smiling", "When [X] had an accident out with me, the staff were in tears when she returned as they missed her. I couldn't want for more caring staff" and "The staff are terrific they are very welcoming she's looked after. She's very happy and I'm very happy. They are very good and competent." The registered manager commented "There will be bigger care homes than this but as a Dementia care home, smaller homes work better, people have more staff around them and feel more settled and at ease in smaller homes. It's an informal relationship I have with people, they tell me if they are happy or not."

We observed that staff were very attentive to people. For example when one person's blanket fell onto the floor, a staff member picked it straight up and tucked it back in for the person saying "There you go, you like your blanket don't you to help keep you warm." We saw that staff recorded the day's weather forecast on the menu board for people so they could be informed of what the weather was like if they planned to go outside. The registered manager told us "We talk about person centred care in meetings, supervisions and training, and praise staff when they do well." One health and social care professional told us "From what I have observed there is very personalised care to individuals where the residents seem to be content, a genuine concern for residents and managers taking steps to ensure low risk of errors."

Staff expressed genuine enjoyment at working in the home commenting "It's a homely manner and attitude here, I don't feel I'm working in a care home, it's like the residents home and I'm coming to their house", "It's a homely environment, it's enjoyable to work here" and "It's good spending time with people, hearing their reminiscence about lives, if you are having a bad day you can look at some people and they smile and are always are up for a good conversation. The ones that cant chat as much you sit down and have a one to one with them." We saw staff regularly sharing good humour with people during their day which people responded to well and appeared comfortable in the presence of staff. One health and social care professional told us "It's very light hearted here, instead of it being process driven you can see them clearly interacting, its person centred."

We witnessed one isolated event of undignified practice during our inspection whereby a staff member stopped and looked into a person's room to say hello but did not stop to offer further support to this person. We saw the person's pillow had fallen onto their crash mat that was in place on the floor and they were unable to lay their head back comfortably on their bed. Instead this person was moving their head about trying to locate their pillow but was unable to do so by themselves. We raised this with another member of

staff who immediately attended to the person picking up their pillow and reposition it for the person who then lay back comfortably.

Staff were observed knocking and calling out to people to seek permission before entering their rooms and when talking to or about people referred to them formally unless the person preferred their first name to be used. One health and social care professional told us "I have noted carers in other homes referring to residents as 'love' but at Marlborough Lodge everyone is called by their preferred name."

We saw that a bathing rota was displayed in the office with people's names allocated under particular days of the week. We asked staff about this and were told "We have a bath rota, and give two baths in the morning, one in the afternoon and one in evening. There's a list in the office, not everyone likes baths but we try and persuade them and say it's their turn for a bath. If they decline it we don't force them" and "We have a bathing rota so every person is offered a bath at their turn. We try to stick to the same routine." We spoke to the registered manager about the potential impact this had for person centred care being given rather than task focused care. The registered manager told us this was used more as a guide to ensure everyone was offered the choice to have a bath, but would however take our comments on board.

People were given support when making any decisions about their preferences for end of life care. We saw that any wishes a person had were recorded in their care plan. The registered manager spoke about an end of life box that staff had implemented which contained items including memory books, poems, musical cd's, hand and foot cream and dry shampoo. The registered manager told us "We told staff to use their initiative and put together things they think people would want at this time. Our aim is to meet people's needs and we would do as much as we can to keep people here at this end stage of their life."

Good

Is the service responsive?

Our findings

People had a care plan folder in place which contained assessments of need and risk and then a separate condensed support plan was kept in another folder that staff used daily to refer to current information about people. We saw that the layout of the main care plan was a little hard to follow and did not have a photo of the person as the profile support plan did. Some of the assessments that had been done were hard to follow when they sat separately from the main care plan. For example one person's mental health risk assessment gave them a score of 'heavy' but did not then describe what this meant for the person in terms of their support or actions. The information contained with this assessment was recorded as different dated entries and reviewed the person's needs but did not give much information on what was in place. This meant more detailed information was kept in the profile support plan.

The registered manager explained the assessments were used to inform the support plan. We saw these assessments were more detailed and person centred with a focus on people's needs, their preferences and about their life history. The registered manager explained that the information had been separated to allow staff to access the necessary information easily and in one place rather than going through each person's individual care plan. The registered manger agreed that the organisation and some of the assessments needed to be reviewed. There were plans to address the format of the care plans going forward to make them clearer. One health professional told us "With regards to the residents care plans and care folders, the team at Marlborough Lodge are working on updating these in a new format, more user friendly, the examples I reviewed were of a very high standard. Saying this, it is currently work in progress and feedback was to consider a better archiving system, as much of the out of date information relating to customers appeared in the folders as being current."

People's needs were reviewed regularly and as required. Where necessary health and social care professionals were involved and the person's relatives. One health and social care professional told us "The manager has often set up little multidisciplinary meetings to discuss situations, he is very good at bringing people together to see if anyone can shed light on a situation."

A daily handover between staff ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. This was also attended by the registered manager and we observed staff communicating well during this meeting. One staff told us "One person's Dementia has progressed recently; we have a handover every day so can learn if people's needs have changed. We also look at the record of professional visits to the home."

People were supported to participate in different activities that the service provided. A list of activities for the week were displayed and of upcoming musical or entertainment acts in case relatives wanted to come and watch also. The activity planner included interests such as baking, board games, quiz, film and Sunday service. During our inspection we saw people were engaged in a pottery class, a knowledge quiz and a musical entertainer came in to sing which people were seen to enjoy. A computer with internet access was available in the lounge for people to use and we saw people chatting with staff, sitting in the garden, knitting and reading during their day.

Relatives spoke positively about the activity programme in the home commenting "My relative loves to sing and hear music, there is normally something going on, they are not just sitting and doing nothing" and "They always have things going on, they have been out and to the pub. One staff sits and reads poetry and my relative loves this. I never feel anyone is overlooked they have an eye everywhere." The registered manager spoke about two people who had been supported to go on holiday saying "We encourage people to go on holiday, two went to Weymouth."

Staff told us two trips had been planned for the week following our inspection to a Wildlife park and a farm commenting "We have a plan going to the zoo next week, we have entertainers in, we have movement exercises weekly. I like doing activities I don't like people just sitting around", "We haven't been going out lots because of staffing, but we are planning a trip to the zoo", "We do a lot of chair based activities but people who mobilise could do more, we could go outside more but its staff again. People do enjoy the garden, we water the flowers and one person enjoys watching the sun go down" and "We have activities in place, we document these as there are different kinds of activities, and one to one if people don't like to get involved." The registered manager told us "Staff are encouraged to do one to one activities as this can be as simple as playing cards, , painting a person's nails or going for a walk. Trips out have been harder in the winter and with staffing. I have said to staff just take people out to the pub or to the café, you don't have to plan these trips, just do it."

People were given information on how they could make a complaint if the needed and were encouraged to voice any concerns. A book for people to write concerns or compliments was available in the front entrance with a message from the registered manager which stated 'Please feel free to leave comments and inform staff so action can be carried out. This meant if people preferred they were able to write their concerns or compliments rather than voice them'. We saw no complaints had been received since this provider had been in place. One relative commented "I have no concerns at all, I feel very happy and relaxed that my relative is getting the care they need." The registered manager told us "We have 28 days to answer any complaint made, but if it was from a resident I would answer it within 28 minutes."

Requires Improvement

Is the service well-led?

Our findings

Although quality assurance systems were in place to monitor the quality of service being delivered, the environmental factors that we found during this inspection had not been identified prior to this. We also found areas of the home were not maintained to a good standard of cleanliness. This meant action was not taken to prevent a potential risk to people's safety.

Weekly and monthly audits were conducted in the service for areas including, medicines, environment, infection control and accidents and incidents. A falls review was completed for any people who had experienced several falls and this reviewed what had happened, the action taken, if the person was able to alert staff and if any changes were made to the care plan as a result. The registered manager informed us that senior staff completed some of these audits but the registered manager had the final oversight of checking them saying "I do support plan reviews, make sure what staff use daily is up to date. I check risk assessments, implement monthly care plan reviews. I do a lot myself and read them."

Since the last inspection a new provider, Fidelity Healthcare Limited took over the operation of the service and a new registered manager was in place. The registered manager was focused on promoting a service that had a positive culture and that was person-centred, inclusive and empowering. The registered manager was regularly seen interacting with people and staff around the home and people appeared comfortable and at ease in his presence.

Relatives spoke highly of the registered manager and leadership commenting, "It seems to be very well run, there is no difference in the care with the new management, he certainly knows what he's doing. He is extremely polite, extremely knowledgeable, he's very supportive", "The manager is always there to talk too, never too busy to talk to you. I couldn't rate them highly enough. I feel I can talk to the manager about anything and all the staff through to the housekeepers" and "It's been a time of flux with the management change, I get on extremely well with the manager, I'm delighted with them."

Staff also spoke about the approachableness of the registered manager saying "The manager is supportive, I always would go to him", "The manager is very supportive and always has the time of day. He likes to come out and assist, he is not one of those managers that hides away, he is hands on" and "I feel happy to approach the manager and I do a lot. I get on well with him, he's on the floor a lot and his door is open all the time." The registered manager said "My door is always open, they come in whenever they need to, there's no limitations to how much I'm available. I'm always here so I can keep an eye on things, it's more personal." Staff were supported through team meetings and encouraged to take an active role in developing the service. The registered manager told us "Staff are trained to look for referrals, they are trained to do what I do, to empower them, they need to be in a position to do what I do if I'm not here, so I teach them all I learn." Staff told us they were doing higher qualifications and had the opportunity to progress within the service to positions of senior and team leader. One staff said "We are a good team, very much supported."

The registered manager spoke about their vision for the service commenting "I initially wanted to continue the good work that was being done. My main thing is to streamline the care plans and spend more time on

activities and on the floor. I want to change the environment making it more purposeful but still homely. We have good staff that are trained, supported and empowered, we make sure people are happy, and want to make it and keep it a good care home." One staff told us "There's always room for improvement, we say every day we could do this differently or change something but everything works."

Meetings for people living in the home took place so people had the opportunity to raise any concerns and contribute to the development of the service. A meeting for their relatives had also been planned for after the building work was completed. Relatives told us they received good communication from the service and were kept informed about events relating to their loved one's saying "The manager always answers my calls or emails anytime even if he's at home" and "They phone me immediately about anything and keep me informed."

The registered manager spoke about the service being open to learning lessons from events and practice commenting "We try new things and if it doesn't work we change it back." The registered manager spoke about how changes had been made to the incident and accident form to make it clearer for staff to complete. The registered manager commented "I like to think I know everything about any incidents and accidents that are happening. We discuss this in shift handovers, in staff meetings. It's about giving staff your vision of the home; it's about being respectful, being personal."

People and those important to them had opportunities to feedback their views about the home and quality of the service they received. We saw the responses received were positive, praising the service and staff for their care and treatment. One relative told us "They sent a form out about feedback, the manager is always concerned if I have any concerns, he's always open to hear it and any suggestions. They keep us informed and involved in the care decisions, I have open discussions about things." We saw that feedback surveys had also been sent to staff and health and social care professionals involved with the service. The responses had been collated by the registered manager and actions had been set and when this would be reviewed by.

The registered manager was actively involved in key local organisations in order to keep their knowledge up to date. This included attending the registered manager's network and the local surgery meeting alongside other professionals and care home managers. The registered manager told us "You need to have a certain character type to do this work. I believe in learning until the day I die, I always try and reflect on the day and things that have happened. My plan is to make it better. I'm not stuck in my ways, I'm open to change and I review things with an open mind."

The management and staff had built up good working partnerships with other external professionals to ensure that they met people's needs effectively. Health and social care professionals spoke highly of the home and the team commenting "They are brilliant at taking on advice, we have team work, it's a two way communication, it's efficient, it's good practice. I enjoy coming here, I have the relationship that I could raise things and it would be acted upon, I don't feel things are hidden here", "They treat people as individuals, there is a high quality of environment, with calm attentive staff and strong management, that listens to advice given", "Managers and staff are very approachable and respond well to any concerns or queries. Overall as a professional I am happy with the care provided by Marlborough Lodge, but feel I have a good relationship with the team there so that I can raise any concerns I may have" and "The registered manager appeared to be extremely keen to take on board any feedback. I observed a clear open door policy during the time I was there."

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 Environmental factors that could cause a potential risk to people's safety had not always been well managed. Information on food and fluid monitoring charts for people at risk of malnutrition or dehydration, was not always recorded clearly in order to be effective. Regulation 12 (2) (b).