Marlborough Lodge

Marlborough Lodge

Inspection report

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Ratings

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

Overall summary

Marlborough Lodge is a family run care home which provides accommodation and personal care for up 18 people, some of whom are living with dementia. The home specialises in dementia care. At the time of our inspection there were 17 people living in the home.

We inspected Marlborough Lodge on 23 September 2015, the inspection was unannounced. During our last inspection on 4 August 2014 we found the provider satisfied the legal requirements in the areas that we looked at.

There was a registered manager in post at the service; however they were on a long term absence. The deputy manager was acting up in the role of manager, and the two assistant managers were on duty at the time of 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.

Summary of findings

People told us they felt safe living at Marlborough Lodge and they were well cared for. 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.

The home had a high number of staff at all times and they were highly committed to providing care that was centred on people's individual needs. Staff described working in the home as one big family. Staff told us they had confidence in their manager and felt very supported in their roles.

Staff employed in the home had an attitude and values based interview which meant the manager was actively seeking to employ people with genuine caring abilities and skills to support people. This showed in the retention of staff who had worked for long periods of time at the home. This gave continuity to people and staff knew their needs well.

People were involved in a range of activities within the home and the local community. The home arranged for people to go on holiday and enabled people to make trips of personal meaning such as a visit to a cemetery on the anniversary of a loved one's death or to see their favourite football team play.

There were clear policies and procedures for the safe handling and administration of medicines. Where there had been medicine errors these had been dealt with in an efficient manner and learning from these situations was recorded and put into practice to make it safer.

CQC is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS), and to report on what we find. DoLS are a code of practice to supplement the main Mental Capacity Act 2005. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. The management team and staff had knowledge of the Mental Capacity Act 2005. The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Documentation in people's care plans showed that when decisions had been made about a person's care, where they lacked capacity, these had been made in the persons best interests.

The service had a strong commitment to supporting people and their relatives before and after death. The management team were determined that people should remain in the home being cared for by the staff they knew unless the home could not provide the level of care someone might need at end of life. Documentation that we looked at did not show that people's end of life wishes were being reviewed, this meant that whilst good practice around end of life care was happening the records did not support this.

People were supported to access healthcare services to maintain and support good health. People were protected from the risks associated with nutrition and hydration. Where people were at risk, the home worked alongside the community dietician.Support plans were in place to monitor the health of these individuals. People told us they could choose what they wanted to eat and if they did not like what was on the menu they could ask for an alternative. There were snacks and drinks available throughout the day during our inspection.

People and their relatives spoke positively about the care and support they received. They said that if they had any concerns they could speak to either staff or the management team. They said they felt their concerns would be listened to and where required appropriate action taken. Systems were in place which continuously assessed and monitored the quality of the service. This included encouraging people to provide feedback on the services they or their relative received. The home had pictorial feedback forms to ensure those less able to verbally communicate could still provide opinions on the service they received.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

This service was safe.

The provider had systems in place to manage risks, safeguarding matters and medication and this ensured people's safety. People and their relatives told us this was a very good service and a safe place to live.

There were more than enough staff with the right competencies, skills and experience available at all times to meet people's needs.

There were effective systems in place to reduce the risk and spread of infection. Staff we spoke with were clear about their responsibility in regard to infection control.

Is the service effective?

Good

This service was effective.

The manager used a variety of training methods to ensure staff received effective training and support to deliver a high standard of care to people. There were arrangements in place to ensure staff received regular supervision and appraisals.

People were supported to maintain good health and had access to appropriate services which ensured people received on-going healthcare support.

People received good nutrition and hydration because their needs around eating and drinking were monitored and reviewed.

Is the service caring?

Outstanding

This service was caring.

Staff had an excellent approach to their work and were enthusiastic about the care provided. people told us that staff were very caring and respected their privacy and dignity.

Staff were highly motivated and genuinely passionate about their role in the home. They spoke with pride about the service and focused on inclusion and promoting people's wellbeing.

People were supported to maintain important relationships. Relatives told us they were made to feel very welcome and there were no restrictions on visiting times.

Is the service responsive?

Good

This service was responsive.

People had access to activities that were personal and important to them. Staff were creative in finding ways to support people to live as full lives as possible.

Support plans were in place that accurately recorded people's likes and dislikes and preferences. Staff had information available that enabled them to provide personalised responses to people's behaviour needs.

Summary of findings

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident any complaints would be listened to and acted upon.

Is the service well-led?

Good

This service was well led.

The management team had developed a strong and visible person centred culture in the service. Staff were fully supportive of the aims and vision of the service.

People and their relatives were encouraged to complete surveys and put forward their ideas on the day to day running of the service. These were also available in a pictorial format to make them accessible to everyone.

Documentation showed that management took steps to learn from investigations and feedback and put measures in place which meant they were less likely to happen again.

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.

The inspection took place on the 23 September 2015 and was unannounced. The inspection team consisted of one inspector and an inspection manager. This service was last inspected on 4 August 2014 and had no concerns.

We reviewed the provider information return (PIR) prior to this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the registered manager 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 six people living at the home and two relatives/visitors, five care staff, and the two assistant managers.

We reviewed records related to people's care and other records related to the management of the home. These included the care records for three people, medicine administration records (MAR), three staff files, quality assurance audits, survey and questionnaire feedback forms and a selection of the services other records relating to the management of the home.

We observed care and support in the communal lounges and dining area during the day and spoke with people in their rooms. We spent time observing the lunchtime experience people had and observed the administering of medicines.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Marlborough Lodge and staff were always available to help them. Comments included "I feel safe here", "staff are very good, if we need help they come" and "if staff are busy they let you know and then always come back". One relative told us "I think it's good here, they look after me too". People were aware how to call staff for help by pressing their room call bells. We observed that call bells had been placed in easy reach of people that were in their bedrooms.

People were kept safe because systems were in place reducing the risks of harm and potential abuse. Staff had all received safeguarding training, and were fully aware of their responsibilities in reporting concerns, and the concerns of those they supported. Staff "If I saw something that worried me I would talk to the manager or you (CQC)", and "if I see anything wrong I report to manager, and the manager do what they have to do".

We saw that risk assessments were in place for people and best interests decisions had been made around those risks, in order to not compromise people's quality of life in keeping them safe. These assessments had included family members and the person themselves where able and appropriate. We observed on our inspection that the front door was kept locked; however when one person asked to go out a staff member immediately went to open the door. Staff told us the doors were alarmed as the building was on a main road, and this helped them to be aware of who was coming in or going out, and enabled people to be kept safe but not restricted. People were seen accessing the garden area independently throughout the day, and moving about the home freely, spending time where they wished.

We saw in two peoples care plans that they contained their bank statements and details of their accounts. This was not safe practice and we informed the provider of our findings. The assistant manager agreed they should be kept in a safe secure place with limited staff access to this information, and that this would be rectified immediately.

Support plans had been developed where people may display behaviour that was challenging to others. A traffic light document was in place specific to individuals detailing potential triggers that may cause them distress or to experience anxiety. Alongside these were guidelines for staff on what worked best for that person to alleviate their distress.This included things they enjoy to engage them in before they reach heightened levels of anxiety. During our inspection staff could be seen using these techniques, responding to comforting a person when they got upset and then helping them join in a dancing activity.

Staffing levels were very high, the staff rotas showed us this was consistently the case and people were kept safe with having lots of staff with the right competencies and experience to care for them. We were told that the manager over staffs to allow for unforeseen circumstances, and to give people the time and attention they need. Comments from staff themselves included "we have more than enough staff", and "there is always a good number of staff". We were told that the service only used agency for the chef, or if they have a person living here who required one to one care at all times.

We looked at three staff files and found the recruitment and selection process to be very thorough. The service used an attitude and values based recruitment process to ensure the right kinds of people were being employed. Within the interview process potential employees are also given the opportunity to meet with people living in the home. The staff files showed that all checks are completed including sourcing three references and a Disclosure and Barring Service checks (DBS). A DBS check helps employers make safer recruitment decisions and prevents unsuitable people working with vulnerable people.

During our inspection we observed the lunchtime medicines round. We saw that the staff followed safe practice. This included wearing a red tabard that informed people they were conducting a medicine round and taking medicine to each person one at a time. The staff member sat with that person whilst they took their medicine and explained what they were doing and did not rush them. They offered water to that individual and would then return to sign the medicine record (MAR) before moving onto the next person. Safe practices for storing medicines were followed. All medicines were stored safely and in a locked cupboard and fridge, and disposed of safely in a locked returns box when no longer required. Where people were prescribed medicines to be taken 'as required', there were clear procedures in place to inform staff when they should support the person to take the medicine. The home had a supply of homely remedies available for people but before these would be given a consultation with the GP would

Good

Is the service safe?

take place to ensure they were safe for a particular individual. A homely remedy is a non-prescription medicine which is used in a care home for the short term management of minor conditions.

Whilst the practice we observed was conducted safely, the service had dealt with ten medicine errors in the last twelve months. The service had taken immediate and preventative action which included stopping the staff members involved from giving out medicine, until they had completed additional training and were considered competent again. We saw the medicine errors had been tracked in the managers quality assurance audits, and in the staff members supervisions discussions around this had been held and disciplinary action taken. We were told by staff that the management carried out monitored medicines rounds twice a year on each individual competent to administer medicines to ensure safe practice.

We reviewed the MAR for people and saw that they were being completed properly and signed by the competent person administering the medicines. One person had a rotational chart in place for a medicine patch. This had not been completed on one occasion after the patch was changed. This meant that there was a risk the patch would be placed in the same place and not be as effective for that person. We raised this with one of the assistant managers and the senior on duty for medicines that day. They told us they were aware of the need to place the patch in a different place each time and this was being done in practice but they needed to ensure it was reflected in the supporting documentation.

We found the service to be very clean and homely. Staff were able to explain how standards of cleanliness were maintained and cleaning schedules were in place to record that all areas of the home were being cleaned. The staff told us they had plenty of personal protective equipment to prevent the risk of infection commenting “we have always got enough, never run out of supplies”. We observed that laundry tasks were completed in the morning and then at 10.00am when people were all up they would hoover and clean, so people would not be disturbed before this time. A deep clean was also completed on each bedroom regularly and the carpet would be cleaned at this time or as necessary.

In one communal bathroom there was a boiler and warm exposed pipework. The management team explained to us that all the necessary checks had been completed by the boiler company and no concerns had been brought to their attention from their report. The service is going to further liaise with the boiler company and consider having the boiler boxed in and the pipework covered.

Good

Is the service effective?

Our findings

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. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The Deprivation of Liberty Safeguards (DoLS) are part of the Act. The DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict or deprive them of their freedom. We saw in people's care plans that capacity assessments were in place and that best interest meetings had taken place first involving the person's family where appropriate.

We saw in one person's care plan that there was a Do Not Attempt Resuscitation form (DNAR). The form had been signed by the GP and a relative of the person; however this person was recorded as having capacity. This meant the person it concerned should have been involved in this decision. We raised this concern with the management team and were told that at this time the person had been very poorly and was considered end of life. They were unable to make this decision at this time . The person has since recovered and is no longer at end of life and this DNAR was no longer valid in the present circumstances. The assistant manager said this would be immediately looked into and updated in accordance. A DNAR form is a document issued and signed by a doctor and the person, or where that person is unable a representative for that person, telling a medical team not to attempt cardiopulmonary resuscitation when that person's heart stops or they stop breathing.

Staff told us they received regular training to give them the skills to meet people's needs. There was mandatory training of core skills for subjects such as First aid, Infection Control, Safeguarding, Mental Capacity, nutrition and hydration and then specialised training available including recording and reporting, stress awareness, and communication with dementia. The management team told us they had attended a "train the trainer" course and were now competent to deliver dementia training to their staff in-house. Staff told us that their training was a mix of training methods which included face to face training, videos, practical shadowing and E-learning on the computer. This mixed methods approach helped to ensure that people learnt in ways that were most helpful to them. Knowledge was retained and refreshed through covering topics in group supervisions and discussing how events in practice could be better informed by sharing experiences within the team.

New starters had a probationary period of training and shadowing another member of staff, and probation period assessments were conducted throughout this time. At the end of this there was an end of probationary interview in place. Staff comments in regard to their induction included "good induction", "very supportive team" and "I shadowed lots, for a few weeks". We spoke with two staff that had been supported by the home in completing their NVQ level 2 and starting their apprenticeship.

Staff said they received good support and had regular supervisions which were both group and one to ones, and were also able to raise concerns outside of the formal supervision process. One staff member told us "I have supervisions but if I have problems I go to them (Managers) at that time". Another staff member said "I have appraisals every year and get feedback on my work, you're asked how you think you are doing first, and then they give their opinion". The management team were ensuring that any care staff under 18 were only shadowing personal care and not participating in any moving and handling or using equipment in respect to this. We saw that this was clearly documented in their staff files and the staff members were able to tell us this was happening.

People told us they liked the food, there were good choices and fruit, fluids and snacks were seen to be readily available during the day. One relative told us they come and eat here every day and commented "the food is second to none". People's preferences including their dislikes and any allergies were recorded and visible in the kitchen. There was a birthday calendar on the wall and the chef told us people have a finger buffet, and a birthday cake made of their choosing such as chocolate or Victoria sponge.

There were two chefs working at the home and one on duty at the time of our inspection. They told us they had been in position since 2009 and were passionate about their role.

Good

Is the service effective?

There was a five week rolling menu which had one set choice on it determined by people's likes and dislikes and then each day the second option would be decided by the chef on that day. This may depend on what seasonal vegetables were available but also allowed the chefs to have some creative input. The chef told us he had been trialling Italian flavours and they seemed popular with people living in the home. We observed on our visit that when the desert trolley went round the tables nearly everyone chose to have the tiramisu for pudding.

There was a menu available on display in the communal area for people to see and be reminded what the choices for lunch were. The Management team told us that they were looking at making this more accessible by the use of photos and pictures. Food was home cooked and included a range of fresh vegetables. Meat was sourced from a local butcher's and one staff told us "no ready-made food is used, always fresh and always two choices". We observed lunch on our inspection and saw that tables were nicely set with condiments, and the meal was presented nicely and looked appetising. People who were on soft diets had separate portions of vegetables, potatoes and meat and this again was nicely served.

Staff sat down with people whilst they supported them, and had good understanding of ensuring the food was at the right consistency for that person as documented in the person's support plan. People were not rushed and the atmosphere of the dining room was calm and relaxed. Adaptive cutlery was provided when required and staff interactions were respectful with comments overheard such as "would you like me to cut that up for you", "would you like some help with that" "would you like gravy, all over or just on your cottage pie." People had a variety of drinks to choose from and wine was freely available if people preferred that with their meal which some people did choose to have.

People had nutritional assessments within their care plans and their weight was monitored regularly. One person was recorded as having lost weight recently and was at risk of malnutrition. Staff were aware of the risks to this person and the care plan showed the person had been reviewed by the community dietician and recommendations made of the person being weighed weekly and having supplements to their diet alongside drinking fortisip compact liquid to enhance calorie intake. Staff were seen following this guidance and recording the person's intake on food and fluid charts. The chef was also able to tell us about how they are cooking this person's preferred foods to try and increase their appetite. The person was also offered regular favoured snacks during the day in line with their support plan.

The care plans that we reviewed all demonstrated evidence that people were supported to access health services when needed, for example their GP, Community nurses, The Speech and language therapy team (SALT), eye and hearing checks and chiropodist. One person told us that the bones in their lower back and bottom hurt if they remained in the same position for too long and staff would support them to lie on their bed for periods of time throughout the day. Health action plans had been completed for this person and a pressure relieving mattress and cushion were in place in their room.

Outstanding ☆

Is the service caring?

Our findings

People living in the home spoke highly of the care they received and the relationships they had built with staff. One person told us "I wouldn't want to be anywhere else". Another person commented "it's very nice, we're looked after well" All the people we spoke with were or appeared very happy. When asked if they were happy with the staff, one person replied "we would not have them if they were bad". Other quotes included "I really like it here. I am very happy. You could not ask for better"

There was a lively and energetic atmosphere in the home. We saw throughout our visit staff dancing and playing musical instruments and people happily joining in. The home encouraged people to be actively engaged and involved in their surroundings. One person was supported to pour their own drink and two people were sat together sorting and folding socks. This provided an opportunity for people to feel of value and have a meaningful life.

During our visit we noted that people moved freely around the home choosing where they wished to spend their time. People were seen being able to walk in the garden without staff needing to be present and one person simply liked to sit by the front door. Staff were aware of their preference to do this and would regularly check on the person and offer them drinks. This had also been recorded in their activity plan that they liked to do this.

We were able to view four people's bedrooms and saw that they were all very personalised and had people's own pictures, paintings and furniture in them and this was encouraged by the home. One relative told us they can personalise the rooms saying "We can all bring in all their things if we want from home, its home here".

Staff were highly motivated, passionate and caring. We observed staff interactions with people that were warm and unrushed. There was genuine consideration and care shown to people. Staff comments included "the home is friendly, talkative, feels like a close family", "I have a chance to chat with residents and play dominos", "this is my second home" "don't think of it as coming to work, its homely" and "we try to approach residents in the right ways, we have good teamwork". These comments resonated in staff actions, in how they approached people and would kneel to maintain eye level, take their hand to reassure them, and how they talked to people with a respectful manner.

The service had a stable staff team, many had been there for a long time and knew the needs of people well. This continuity of staff was evident in the interactions between people and staff. People were seen to be relaxed around staff and would approach them if they needed help. Staff told us that although they are given time to read the care plans and they get to know people's needs as they care for them, they still always offered choice to that person even if choices have been specified. Staff demonstrated awareness that due to many people living with dementia in the home their decisions can fluctuate. For this reason the menu choices are asked at 11.00am on the day as near as possible to lunchtime. If people change their minds when the food is served this was also accommodated for and the person could choose something else.

People were encouraged and supported in maintaining close relationships with family that were important to them. One person's relative said they can visit whenever they like and that they came for lunch every day. This relative had recently received a war medal they had been waiting a long time for and told us how staff had arranged a presentation ceremony in the home, and the local press came and covered it.

The home had been planning a trip to enable one person to go and put flowers on a loved one's grave. This was something the person thought they would not get a chance to do and staff were making it possible. Another person was celebrating their eightieth birthday soon and the home had arranged for them to go and watch their favourite team in a football match and had organised a "shout out" announcement over the speakers dedicated to that person.

People living in the home had been able to enjoy going on holiday with staff members accompanying them to places such as Bognor Regis and Minehead. The high levels of staffing meant that people were afforded the time to live meaningful lives, and staff could build caring relationships helping people continue to do the things they enjoy.

One person told us that staff were always respectful of their privacy saying "they knock on the door first and always come in and offer choices first". We observed people being supported to use the bathroom when they needed and in a

Is the service caring?

timely response. One staff member who was assisting someone to the bathroom was observed reassuring them they would wait outside and to call if they needed assistance.

On the day of our inspection three people had come to the home for a day care visit. These people were content being in the home and there was no distinction made between these people and people that lived in the home.

The home had a key worker system in place. Staff explained that this meant that each person had a particular member of staff who would make that extra special effort to spend time with them and build trust. This staff member would also be someone for that person's family to talk to and would monitor if the person needed anything replenishing that they might not be able to get for themselves. We were told one person had recently come to live at the home and staff were able to demonstrate a good knowledge of this person's needs in conversations. In this person's care plan it was noted that a welcome card and flowers had been put in their room on arrival.

People had access to local advocacy services although staff told us that no one was currently using this service. Where needed family members had been involved to speak on behalf of people or assist them to share their views. We looked at three people's care plans and observed that the only end of life discussions were happening during an initial assessment and then if a person declined. People's choices around end of life were not being ascertained and reviewed as time went on and although these are difficult conversations to have, people needed to be involved in this aspect of their care. When we raised this with the management team they agreed that they could incorporate these discussions into their six months review of people. The home was very supportive of end of life care and staff told us they implemented measures to try and retain people in the home at this stage unless it was necessary for them to have nursing care. Staff told us how they had maintained contact with a person who had to go into hospital and how they visited and supported the persons relatives during this difficult time.

Good

Is the service responsive?

Our findings

Each person had a care plan that was individual to them, detailing information on the person's history, important relationships, and personal preferences. The plans included information on what people could do for themselves, and then the areas where support was needed. This ensured that people maintained as much control over their lives as possible. People's choices were seen to be respected by staff. One person who had already had their breakfast saw a gentleman being served his. This person asked for toast and this was given promptly by staff and a choice of white or brown bread was offered.

The home specialised in dementia and both assistant managers are registered as dementia friends. We spoke with the management team about how people are catered for as their dementia progresses and were told that they want to keep on caring for people through the various stages of their dementia and implement the necessary aids to support people appropriately at such a time. One of these proposed implements is putting pictorial signs above the bathrooms to support people's understanding and another is having picture menus available to aid choice. We saw that care plans contained dementia friendly feedback forms which have pictures instead of words, in order to promote everyone being able to have a voice about the service they are part of.

Care staff all participated in recording and updating care plans at the time of our visit, but the provider informed us that they have identified two people from the team who enjoy and are competent at completing paperwork, and they will take over the responsibility for this leaving the rest of the staff team to have more time interacting with people rather than completing paperwork.

The atmosphere in the home was very vibrant with lots of appropriate banter, and this continued throughout the day. Staff were seen to be knowledgeable about people's behaviour and needs. Throughout our inspection we saw staff responding quickly and sensitively to situations. One person was visibly upset and two staff were sat either side of this person offering reassurance, and holding their hand. Staff were aware that one person clearly liked to watch a particular television programme after lunch. Staff ensured that they were sat in front of the TV for this and that the person could see the TV and that the volume was at the correct level.

During our visit a lady visited and engaged people in a music and movement class. The class was very interactive and people were seen singing and laughing. A Macmillan coffee morning had been scheduled for the next day. We observed the benefits of this high level of interaction for people who appeared happy and contented. One person commented "I do lots, go for walks, everything here". One staff member told us that people are encouraged to decide what they wish to do and staff support this, one example given was "if a person wants to stay in bed and lie in, that's fine, we will go back when they are ready".

The high staff levels meant that people's needs were attended to in a very timely manner. This included one person who wanted to go to the toilet frequently. Staff dealt with this in a sensitive and very patient manner. Staff ensured that they were at people's eye level when interacting with them. We observed one person who was very anxious about their family. Staff gave them appropriate reassurance stating "they know that you are here, they are at work today, they will be here to see you later". This knowledge and response enabled the person to be secure and eased the situation. Within people's care plans there was further information on the range of different emotions someone with dementia may experience at any one time, and specific to the individual was a colour zone of signs and triggers of anxiety and preventative measures.

Where people had chosen to spend their time in their rooms they told us this was their choice and commented "I don't join in much as I get too tired, but everyone comes into my room to talk to me" Staff respected this person's choice and on the person's birthday the weekend before our visit they told us they had created a small party in that person's room with presents and cake so they didn't miss out yet didn't have to face everyone in the communal lounge. This ensured the person was not at risk of social isolation and we observed staff frequently visiting the person's room to offer support and comfort checks.

People's needs were being regularly reviewed and changes made as appropriate. One person told us about the support they were receiving in enabling them to continue to stand and retain their independence. Staff had been working with the community nurse and a stand aid had been brought in to assist the person. The equipment was not the right size in height for this person so the home was in the process of sourcing a more suitable aid.

Good

Is the service responsive?

Staff and people's relatives told us they would have no hesitation in raising any issues with the manager and were confident that things would be addressed if they did. One relative commented "the manager comes and chats with you" and "if you ever raise anything it's dealt with, but I have not got any complaints". Staff quotes included "I feel happy to report concerns" and "I have confidence in the manager". We saw that the complaints and safeguarding procedures were displayed in a prominent position within the home. Records showed that no recent formal complaints had been made to the home.

Good

Is the service well-led?

Our findings

The registered manager who is also the owner of Marlborough Lodge had been in post since 2002. At the time of our visit the registered manager was on a long term absence but still very much involved in the daily running of Marlborough Lodge. There is a manager who has stepped up to cover during this period of absence and two assistant managers also in place.

Staff spoke consistently about the service being a good place to work. Comments included "We have a good staff team, good teamwork", "managers very supportive", "owner very supportive, comes nearly every day, everything we need is got" and "it's happy, we've got a good team". Staff said there was plenty of training opportunities and they felt supported and received regular feedback on their progress. Audits confirmed that staff were offered group and one to one supervisions, and during group supervisions it was an opportunity to share experiences and learn from each other. The staff we spoke with demonstrated they valued the people they supported and were motivated to provide people with a high quality service. The management team consistently over staffed the home to ensure high levels of interaction for people.

Our observations of and discussions with staff found that they were fully supportive of the management teams visions for the service and the team ethos was very evident in practice. The team are currently working on making their paperwork more person centred and have involved the help of external agencies such as Wiltshire Local authority to implement one page profiles with a photo of each person on. The service already demonstrates person centeredness in practice by finding out what matters to each individual and creating opportunities for them to live fulfilled lives. This included enabling people to make trips that had personal meaning for them for example to a cemetery to pay respects and a football match.

The provider had systems in place to monitor the quality of the service. There was a strong emphasis on learning from actions and evidence in place to show the service had learnt from situations when incidents or investigations had taken place. This was seen in the home's response and direct action around medicine errors. Work based observations had also been carried out for areas such as the safe management of medicines. Throughout our visit there was a strong sense of commitment to the service which came from the managers but was reflected in all staff too, the team was very proud to be a part of this home, and demonstrated this through their shared values and interactions.

The manager's audits showed that informal complaints were also being recorded and acted upon in the same manner as formal complaints. For example one informal complaint showed that a person living in the home was unhappy about noise from her window at night. Action was recorded as having the person's window checked over and all staff to be made aware to shut the window and ensure the curtains are drawn at night. The hand over notes between shifts recorded that this information was being passed on between staff. When the person continued to raise the same complaint for a third time it was recorded that when a new room became available away from this side of the building this person was to be offered it first.

During our inspection we looked at the compliments recorded that the home were receiving. The management team were ensuring that these compliments were being fed back to all the staff so the success could be enjoyed as a team. The service was very much people led, things did not happen according to tasks to be completed but instead staff could be seen to work with people to help them have the kind of day they wanted.

The management team continually sought feedback about the service through surveys and daily interactions with people and relatives. One relative we spoke with told us the manager comes and sees them every day. There are also pictorial feedback forms in place to gain the views of people who are less able to communicate verbally.

Comments from a survey sent out in May 2015 included "Staff go out of their way to accommodate any preferences", "This is a warm and friendly care home with caring professional staff", "I trust staff completely and I am confident that my relative is safe and loved", "It is the best care home", and "The care my relative is receiving is exceptional, the interactions I witness are very good and makes me secure in the knowledge that my relative is being well looked after at all times" A quality questionnaire for visiting GP/nurse was also in place and one comment from a visiting district nurse included "we enjoy visiting the home and witnessing the staffs one to one interactions".