

Four Seasons 2000 Limited

Marlborough Court

Inspection report

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Ratings

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

Summary of findings

Overall summary

This inspection took place on 4 and 13 December 2017 and was unannounced. Marlborough Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Marlborough Court provides care for up to 78 older people requiring residential or nursing care, some of whom may be living with dementia. The service is provided over three floors. Thames unit on the ground floor provides nursing care for 21 people, the Union Jack unit on the first floor provides residential care for 28 people who live with dementia and King George unit on the top floor provides residential care for 29 people. At the time of this inspection the home was providing care and support to 66 people.

Marlborough Court did not have a registered manager in post. The registered manager had resigned their post just prior to the 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. The deputy manager was in day to day charge of the home and was being supported by senior managers. The regional manager told us they were in the process of recruiting a new manager to run the home.

There were safeguarding procedures in place and staff had a clear understanding of these procedures. There was a whistle-blowing procedure in place and staff said they would use it if they needed to. Appropriate recruitment checks took place before staff started work. There were enough staff on duty to meet people's needs. Risks to people had been assessed and reviewed regularly to ensure their needs were safely met. Medicines were managed appropriately and people were receiving their medicines as prescribed by health care professionals. The home was clean, free from odours and was appropriately maintained.

The deputy manager and staff had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation. Staff had completed an induction when they started work, they had received regular supervision and training relevant to the needs of people using the service. People's care files included assessments relating to their dietary support needs. People had access to health care professionals when they needed them.

People's privacy was respected. People and their relatives, where appropriate, had been consulted about their care and support needs. People received appropriate end of life care and support when required. Care plans and risk assessments provided guidance for staff on how to support people with their needs. There was a range of appropriate activities available for people to enjoy. People knew about the home's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

There were appropriate arrangements in place for monitoring the quality and safety of the service that people received. The provider took into account the views of people and their relatives and visiting professionals through surveys. The results were analysed and action was taken to make improvements for people living at the home. Staff said they enjoyed working at the home and they received good support from the deputy manager and senior managers.

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 

The service was safe.

There were safeguarding and whistle-blowing procedures in place and staff had a clear understanding of these procedures.

Appropriate recruitment checks took place before staff started work.

There were enough staff on duty to meet people's needs.

Risks to people had been assessed and reviewed regularly to ensure their needs were safely met.

Medicines were managed appropriately and people were receiving their medicines as prescribed by health care professionals.

The home was clean, free from odours and was appropriately maintained.

Is the service effective?

Good 

The service was effective.

Assessments of people's care and support needs were carried out before people moved into the home.

Staff had completed an induction when they started work and received training relevant to the needs of people using the service.

The deputy manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and acted according to this legislation.

People's care files included assessments relating to their dietary support needs.

People had access to health care professionals when they needed them.

Is the service caring?

Good ●

The service was caring.

People's privacy was respected.

People and their relatives, where appropriate, had been consulted about their care and support needs.

People and their relatives were provided with appropriate information about the home in the form of a service user guide.

Is the service responsive?

Good ●

The service was responsive.

People had care plans and risk assessments that provided guidance for staff on how to support people with their needs.

People's care plans included a section on diversity that referred to their religion, faith or cultural needs.

There was a range of appropriate activities available for people to enjoy.

People and their relatives knew about the home's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

People received appropriate end of life care and support when required.

Is the service well-led?

Good ●

The service was well-led.

The home did not have a registered manager in post. However the provider was in the process of recruiting a new manager to run the home.

There were appropriate arrangements in place for monitoring the quality and safety of the service that people received.

The provider took into account the views of people and their relatives and visiting professionals through surveys. The results were analysed and action was taken to make improvements for people living at the home.

Staff said they enjoyed working at the home and they received

good support from the deputy manager and senior managers.

There was an out of hours on call system in operation that ensured management support and advice was always available for staff when they needed it.

Marlborough Court

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 checked 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 4 and 13 December 2017 and was unannounced. The inspection team consisted of two inspectors, a specialist nurse advisor 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.

Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. The provider had also completed a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We contacted health care professionals and the local authorities that commission services from the provider to gain their views about the home. We used this information to help inform our inspection planning.

During the inspection we looked at the care records of seven people, staff training and recruitment records and records relating to the management of the home. We spoke ten staff and eight people using the service and seven relatives to gain their views about working for and receiving care. We spoke with the deputy manager and three senior managers about how the home was being run. We also spoke with health care professionals that were visiting the home.

Not everyone at the service was able to communicate their views to us so we also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People and their relatives told us they felt safe and that staff treated them well. One person said, "I feel safe here. The staff wouldn't allow anyone in here they didn't know." A relative said, "We know our loved one is safe here."

The home had procedures in place for safeguarding adults from abuse. Training records confirmed that all staff had received training on safeguarding adults from abuse and the staff we spoke with demonstrated a clear understanding of the types of abuse that could occur. They told us the signs they would look for and what they would do if they thought someone was at risk of abuse. They said they would report any safeguarding concerns they had to their line manager. They also said they would report concerns to the local authority safeguarding team or the CQC if they felt they needed to. We saw that managers at the home submitted safeguarding notifications to the CQC as required. The provider had a whistle-blowing procedure and staff told us they would use it to report poor practice if they needed to.

The deputy manager told us that lessons had been learned following safeguarding concerns and actions had been taken to reduce the likelihood of the same issues reoccurring. For example where one person's moving and handling procedures were not adhered to by staff the home took disciplinary action against a member of staff. They reminded staff that people's moving and handling procedures were located in their rooms. They also increased the support new staff received from allocated 'buddy's' [senior staff] from two days to six days working across all three floors of the home. The deputy manager showed us a record of safeguarding concerns reported to the local authority safeguarding team. These were being reviewed by the home and the safeguarding team to consider if further action was required. At the time of this inspection a safeguarding concern was being investigated by the local authority and the police. We cannot report on safeguarding investigation at the time of this inspection. The CQC will monitor the outcome of the investigation and actions the provider takes to keep people safe.

Appropriate recruitment checks took place before staff started work. We looked at the recruitment records of five members of staff and found completed application forms that included their full employment history and explanations for any breaks in employment, two employment references, health declarations, proof of identification and evidence that criminal record checks had been carried out. We saw that checks were carried out to make sure nurses were registered with the Nursing and Midwifery Council (NMC). The deputy manager told us that the organisation monitored each nurse's NMC registration to make sure they were able to practice as nurses.

We saw that there were enough staff on duty to meet people care needs. One person told us, "Yes there is enough staff. You have everything you need." A member of staff told us, "I think there are plenty of staff, enough to make sure people are well looked after." Another staff member said, "There is enough staff to meet people's needs, no one is left at risk but it would be nice to have an extra member of staff to get people up in the mornings." The deputy manager showed us a rota and told us that staffing levels were arranged according to people's needs. The staffing rota corresponded with the identities and the number of staff on duty. They told us if extra support was required for people to attend social activities or health care

appointments, additional staff cover was arranged.

A visiting GP told us, "The support we get from the regular staff on the two upper floors of the home has been excellent however there needs to be a bit more consistency with nursing staff on the ground floor. There seems to use a lot of agency and communication sometimes is a problem. The deputy manager told that two new nurses had started working on the ground floor since October 2017.

Action had been taken to support people where risks to them had been identified. Assessments had been carried out to assess the levels of risk to people in areas such as falls, moving and handling, nutritional needs and skin integrity. For example, where people had been assessed at risk of falling we saw people's care plans recorded the support they needed from staff to ensure safe moving and handling. Where people had falls we saw these were documented and their risk assessments and care plans updated. We also saw that fluid and dietary intake charts were in use where required and these were kept in folders in people's rooms to aid effective recording.

There were arrangements in place to deal with foreseeable emergencies. People had individual emergency evacuation plans which highlighted the level of support they would need to evacuate the building safely. Staff said they knew what to do in the event of a fire and we saw records confirming that regular fire drills were carried out at the home. The home had a fire risk assessment in place which had been reviewed in June 2017. We saw records confirming that the fire alarm was tested on a weekly basis. There were also systems to manage clinical waste, gas, portable appliances, electrical, and water safety. Equipment such as hoists, wheelchairs, mobility aids and lifts were also serviced regularly to ensure they were functioning correctly and safe for use.

People told us they received their medicines when they were supposed to and when they needed them. One person said, "I always get my medicines at the same time every day." There were safe systems in place for storing, administering medicines and for monitoring controlled drugs. Medicines were stored securely in locked medicines trolleys and cabinets within locked clinical rooms. Controlled drugs were kept in locked cupboards within the locked medicine cupboards. Where medicines required refrigeration we saw they were stored in medicines fridges in the clinical rooms. Daily medicines fridge and treatment room temperature monitoring was in place and recordings were within the appropriate range. Some people received their medicines covertly as they did not have the capacity to make informed decisions about the risks of not taking their medicines. Covert medicine forms had been completed and had been signed by people's GPs. These forms detailed why the medicine should be given covertly and how it would be given for example crushed in food. Other methods of attempting to support people to take their medicines had been explored and documented before it was necessary to administer covertly.

Nurses and senior care staff administered medicines to people using the service. We saw records confirming that all of these staff had received training and competency assessments on medicines administration. We observed staff administering medicines to people. Staff checked MAR charts before administering, they approached people and explained that they were going to give them their medicine and then returned and signed the Medicine Administration Recording (MAR) chart to confirm that it had been given. Staff were polite and respectful to people and made sure that they had a drink to take their medicine with. The service had been audited by the prescribing pharmacy in November 2017. The pharmacist had made some minor recommendations for improvement such as consistent temperature recording and reviewing the prescribing cycle with the GP. We saw the home was in the process of completing the recommended actions.

The home was clean, free from odours and was appropriately maintained. We saw that infection control audits were carried out at the home on a regular monthly basis. Training records confirmed that all staff had

completed training on infection control and food hygiene. The deputy manager and staff told us that personal protective equipment was always available to them when they needed it.

Is the service effective?

Our findings

People and their relatives told us the service was effective and met their needs. One person said, "I think the staff are fantastic. They definitely know what they are doing." A relative told us, "The staff are very good. Our loved one is well looked after."

Assessments of people's care and support needs were carried out before people moved into the home. We saw that nationally recognised planning tools including the multi universal screening tool and the waterlow score were being used to assess nutritional risk and risk of developing pressure sores. These assessments were used to draw up individual care plans and risk assessments. People's care plans described their needs and included guidance for staff on how to best support them. We saw that care plans and risk assessments had been kept under regular review.

Staff we spoke with told us they had completed an induction when they started work and they were up to date with their training. They received regular supervision and an annual appraisal of their work performance. The deputy manager told us that new staff would be required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. Staff training records confirmed that staff all had completed an induction when they started work. Records seen confirmed that all staff were receiving regular supervision with their line manager.

We saw a training matrix that included training the provider considered mandatory. Mandatory training included basic life support, first aid awareness, safeguarding adults and children, moving and handling, fire safety, food safety, allergen awareness, health and safety, equality and diversity, infection control, information governance and the Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS). The matrix confirmed that all clinical and health care staff had completed training according to their roles and responsibilities. For example nurses had received training on anaphylaxis and wound management and staff that administered medicine to people had received training on administering medicines. Staff had also received other training relevant to the needs of people using the service for example 93% of the staff team had completed training on the Dementia Care Framework. This training personalises the care for people living with dementia.

People were provided with sufficient amounts of nutritional foods and drink to meet their needs. People's care files included assessments and care plans for their nutritional needs, food likes and dislikes and allergies and the support they needed with eating and drinking. We saw that, where required, speech and language therapist's advice had been sought for people with swallowing difficulties and retained in their care records. The chef showed us documents that alerted kitchen staff to people's dietary risks, personal preferences and cultural and medical needs. They said they accommodated people's personal preferences where they could by offering range of choices each meal time. Records were kept of people's fluid and dietary intake when they had been assessed at risk of malnutrition or dehydration. Staff told us that these records were reviewed by health care professionals who provided guidance for staff on how to support people to meet their nutritional needs.

The deputy manager told us that after discussion with people and relative's the home had introduced a trial change of mealtimes in October 2017 where the main meal of the day was received by people at supper time. People had breakfast followed by lighter meals at lunch time. The deputy manager said this had a positive effect with some people's weight management. During our lunchtime observations on all three floors at the home we saw that some people ate their meals in their rooms, some with support from staff, some people ate their meals in the lounge and a few people ate their meals in the dining areas. The deputy manager agreed that staff were a bit stretched and had a lot to cover during the lunchtime period however it was different at breakfast and supper time as the majority of people ate their meals together in the dining rooms. They showed us a report following an unannounced mealtime quality visit carried out by a senior manager on 28 November 2017. A recommendation had been made to review people's preferences and consider whether they were having best dining experience. During the inspection a further mealtime quality visit carried out by a senior manager. The deputy manager told us they were in the process of reviewing mealtime preferences with people using the service, their relatives and staff.

We saw that people were provided with a choice of drinks and snacks throughout the day and these were available in the lounges on each unit. One person was allergic to fried food. They told us the chef came to see them when they moved into the home. They talked about the kind of foods they liked and didn't like. We saw reference to their food allergy was recorded in their care file and in records held in their bedroom. Another person commented, "I like the food. There is a good choice and if you don't like what's on the menu you can have something different." A relative said their loved one ate pretty well. They had not tried the food themselves but they had been invited to dinner on Sundays.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The deputy manager demonstrated a good understanding of the MCA and DoLS. They said that most people using the service had capacity to make some decisions about their own care and treatment. We saw that capacity assessments were completed for specific decisions and retained in people's care files. Where managers had concerns regarding a person's ability to make specific decisions they had worked with them, their relatives, if appropriate, and the relevant health and social care professionals in making decisions for them in their 'best interests' in line with the MCA. We saw that a number of applications to deprive people of their liberty for their own safety had been authorised by the local authority. All of the appropriate documents were in place and kept under review and the conditions of the authorisations were being followed by staff.

People had access to a GP and other health care professionals when needed. Staff monitored people's mental and physical health and when there were concerns people were referred to appropriate healthcare professionals for advice and support. The deputy manager told us that people were registered with a GP and had access to a range of other health care professionals such as dentists, chiropodists and opticians. We saw that people's care files included records of their appointments with healthcare professionals. One person said "The doctors come round twice a week. I can see one if I need to." A visiting GP told us, "I would say that people's health care needs are being met by the home and any advice I give to the staff is followed through."

Is the service caring?

Our findings

People and their relatives told us staff were kind and caring. One person said, "I don't think I could have found a better place to be honest. The staff are very caring and are always offering to help. If I need anything I just have to ask and it's done. They never pass my door without saying hello." Another person commented, "The staff are absolutely tremendous. They would do anything for you, day or night, and they are really caring. I have a lot of admiration for what they are doing here." A third person told us, "It's quite nice living here. The food is good and I have made lots of friends." A relative told us, "The staff are quite pleasant and we are always made to feel welcome when we come here." Another relative said, "The staff are very good with our loved one. It's lovely and comfortable and personable here, everyone knows everyone."

Throughout the course of our inspection we observed staff speaking with and treating people in a respectful and dignified manner. Staff were knowledgeable about the people they were supporting. They were able to tell us about people's individual needs and what they did differently for each person. We saw one person sitting hugging themselves. A member of staff approached them with a small blanket and asked "Are you cold" before covering them with the blanket. A member of staff told us, "I think all of the staff that work here really do understand people's needs. We all work together to brighten people's days and make them as happy as they can be."

People and their relatives told us they had been consulted about their care and support needs. One person showed us their care plan and said, "I came here from hospital so they knew a lot about me already. When I got here they asked me about the things I liked and didn't like and what I wanted to be done for me at the home. It's all in the care plan." Another person told us, "When I came here the staff asked me about everything. What I liked and what I needed. I am getting all I need now." A relative told us, "The staff spoke with myself and other family members when our loved one moved in. They asked about our loved one's needs and put a care plan in place. Some of the information in the care plan wasn't right in the beginning but they have corrected it now." Another relative said, "The manager went through everything with me and my loved one. They have made sure my loved one is getting what they need."

Staff told us how they ensured people's privacy and dignity was respected. They said they knocked on people's doors before entering their rooms and made sure information about them was kept confidential at all times. We observed staff knocking on people's doors before entering their rooms and closing the doors and curtains when supporting people with personal care. One person told us, "The staff respect my privacy and my dignity. They help me to do things for myself where I can. They always ask how they can help me and never ever tell me to do things." Another person said, "I like to spend a lot of time in my room, reading and watching documentaries. The staff respect my privacy and they knock on my door if they want to speak with me."

People and their relatives were provided with appropriate information about the home in the form of a service user guide. This included the complaint's procedure and the services they provided and ensured people were aware of the standard of care they should expect. The deputy manager told us this was given to people and their relatives when they started using the service.

Is the service responsive?

Our findings

People and their relatives told us the service met their care and support needs. One person told us, "The service I receive is geared for me and what I want to do. The staff cater for all of my needs and anything I need I get." A relative said, "We are very comfortable with Marlborough Court. It's a nice quiet place and our loved one is getting all they need."

People received personalised care that met their needs. Peoples care plans included detailed information and guidance to staff about how their needs should be met. They described people's communication methods, mobility needs and the support they required with personal care and, where required, nursing care. Peoples care files also included the person's life history, personal preferences and capacity assessments. The home had a 'resident of the day' scheme. One person on each units care plan was reviewed daily and staff made sure all the information about their needs was up to date. We saw that where people's needs had changed their care records had been updated to reflect these changes. For example where people had falls their care plans and risk assessments had been reviewed and updated. People's placements at the home were also kept under review. For example during the inspection we saw that one person's placement was being reviewed by a health care professional. Measures were put in place to ensure that this person was receiving the right care and support until alternative placement was found for them.

Peoples care plans included a section on their spiritual, cultural and sexual welfare. Staff told us that representatives from different faiths visited people at the home to support people with their religious needs. One person was supported by members of their Church to attend services on Saturdays. Another person told us they had been visited by clergy men at the home and found that it was very helpful and said it was nice to talk with them. A third person told us the chef made food for them that met their cultural needs. The deputy manager told us that the home encouraged people to express themselves and staff supported them to do whatever they wanted to do.

The deputy manager told us that some people could communicate their needs effectively and could understand information in the current written format provided to them, for example the service users guide and the complaints procedure. They told us these documents were provided to people with poor eyesight in large print. They said that if any person planning to use the service was not able to understand this information they could provide it in different formats to meet their needs for example in different written languages. We spoke with visiting speech and language therapists; they told us they had been supporting a person with using an iPad to communicate their needs. They said the iPad had revealed that the person could do a lot of things and make choices for themselves. They said staff were actively supporting the person to use their iPad and although it was early day good progress had been made. The deputy manager told us as part of the Dementia Care Framework they planned to provide iPads to other people where they thought it would improve communicating.

People were provided with a range of appropriate social activities. On the second day of the inspection we saw that six people went to a local school nativity play supported by staff. A group of school children and a police officer visited the home and gave out presents to all of the people using the service. We saw these

gifts were very much appreciated. The police officer told us they visited the home every Wednesday with children from the school. People told us about the Christmas Ball they had attended and about a tea party planned for later in the day. One person told us, "There are plenty of things for me to do here. I went to the Christmas Ball on Saturday. I got all dressed up, it was lovely. There have been a lot of parties on all of the floors and I have been going to them all." Another person said, "I like playing bingo and making things. I really enjoyed getting dressed up for the Christmas Ball. It was great and I am going to a tea party this afternoon." A relative said, "We came to the Christmas Ball. All of the residents and our loved one were all dressed up and they looked lovely. It was really nice and people really enjoyed themselves."

The home employed two activity coordinators. We saw an activities program that included musical bingo, pampering sessions, arts and crafts, movie afternoons, home baking and karaoke. Other planned activities for December included attending Christmas Carols services at a local school and a visit from Father Christmas. During the inspection we observed an activities coordinator supporting people to make Christmas cards. We also observed the tea party that was very well attended and we saw people chatting with each other, having tea and mince pies and singing along to Christmas songs with the activities coordinators and staff. An activities coordinator told us they provided one to one activities for people nursed in bed or who liked to stay in their rooms. They said they played music, offered pampering sessions and read books or newspapers. They said that some people just enjoyed the company and a good chat. We saw the other activities coordinator visit people in their rooms with the mobile karaoke machine. They said that people nursed in bed were supported out to attend events and shows if they wanted to.

People and their relatives said they knew about the complaints procedure and they would tell staff or the manager if they were unhappy or wanted to make a complaint. They said they were confident they would be listened to. We saw that copies of the complaints procedure was displayed throughout the home. One person said, "I would complain to the staff or the nurse if I needed to but I don't have anything to complain about." A relative told us, "I have raised little things with the manager in the past and everything was sorted out. I have never had anything major to complain about." We saw a complaints file that included a copy of the provider's complaints procedure and forms for recording and responding to complaints. Complaints records showed that when concerns had been raised these were investigated and responded to appropriately and where necessary discussions were held with the complainant to resolve their concerns.

Where people required support with care at the end of their lives we saw there was an end of life care plan in place which was contributed to by the home as well as the persons next of kin and the palliative care nurse. Care plans included people's preferences for example to stay at the home and not to go into hospital. There was information provided to people and their relatives about funeral arrangements. We saw training records that confirmed that twenty five members of staff had received training from the local the palliative care team on end of life care. A nurse from the palliative care team told us they had delivered two training sessions to staff about caring for people in the last days of life. They had also supported staff with caring for specific individuals at the home. This support included help with writing care plans, symptom management, advice on contacting other professionals and enabling the staff to ask questions about anything that was worrying them. The deputy manager told us they received very good support from the palliative care team when people were nearing the end of their lives.

We saw Do Not Attempt Cardio-pulmonary Resuscitation (DNAR) forms in some of the care files we looked at. Where people did not want to be resuscitated, we found DNAR forms had been completed and signed by people, their relatives [where appropriate] and their GP to ensure people's end of life care wishes would be respected. We found that one person's DNAR had not been appropriately completed. There was no record of capacity assessment on the document and it had not been signed by a healthcare professional. This was raised with the manager who asked the visiting GP to review the DNAR. Following the inspection the deputy

manager confirmed with us this persons DNAR had been fully reviewed by the GP.

Is the service well-led?

Our findings

People and their relatives spoke positively about the staff and the managers. One person told us, "I think the previous manager was very good. I am sad she's gone. The deputy manager is very good too. I think the home runs well." A relative told us, "This place is just right for my loved one. It's reliable like a pair of old slippers. The staff are great and I think everything is managed well." Another relative commented, "I think it is brilliant. I think it is a lovely place."

The home did not have a registered manager in post. The registered manager had resigned their post just prior to the inspection. The deputy manager was in day to day charge of the home and was being supported by senior managers. The deputy manager had worked at the home for ten years and demonstrated good knowledge of people's needs and the needs of the staffing team. They were knowledgeable about the requirements with regard to the Health and Social Care Act 2014. Our records showed that notifications were submitted to the CQC as required. The regional manager told us they were in the process of recruiting a new manager to run the home.

Staff spoke positively about the management of the home. There was an out of hours on call system in operation that ensured that management support and advice was always available to them when they needed it. One member of staff said, "It's sad that the manager has left as they worked really hard. They have left home in a better place, its well organised now. All of the staff know their roles and the aims of the home. We are getting good support from the deputy manager and the senior managers."

The home gained the providers, Four Seasons Health Care's, accreditation Dementia Care Framework (DCF) on the 8 December 2017. The deputy manager told us this approach to dementia care focussed on the individual's experience of care and combined support and training for staff with cutting edge technology to represent next-generation dementia care. A member of staff told us, "The DCF training has been very helpful. It has given me more confidence and understanding of people living with dementia. As a team we work with people as individuals because everyone is different and they have different needs." Another member of staff said, "The DCF has been a positive step for staff and the home."

The provider had effective systems in place to regularly assess and monitor the quality of service that people received. We saw that regular audits had been carried out in areas such as medication, infection control, health and safety, falls, incidents and accidents, care files, staff training, supervision and appraisal, safeguarding and concerns and complaints. Action plans had been developed to address any of areas for improvement identified in the audits. For example the homes health and safety audit recorded that kitchenettes needed to be updated in line with the DCF and bedrooms and offices on the ground and second floor needed to be redecorated. We saw that these actions had been completed. The deputy manager showed us the providers system for monitoring and investigating incidents and accidents. The system raised email alerts with the manager which they took action to address. The deputy manager and senior managers told us that incidents and accidents were monitored by the provider to identify any trends. If there were trends the regional manager and the deputy manager would discuss them and take action to reduce the likelihood of the issues occurring again.

The provider took into account the views of people using the service and their relatives through relatives' meetings and surveys. Minutes from the last relatives' meeting held in September 2017 indicated it was well attended by people's relatives. The meeting was attended by quality managers from the local authorities that commission services from the provider who discussed dementia care support. Funeral directors also attended and advised family members on what to do when a loved one passed away. Other items discussed at the meeting included improvements at the home, implementing main meals in the evening, end of life care, an update on DCF and activities for people using the service.

The deputy manager told us the home used an iPad application to obtain feedback from people and their relatives and visiting health professionals. The iPad included a touch-screen questionnaire and space for additional comments. This information was transmitted in real time to the manager so they could quickly find and fix any care issues or consider any suggestions for improvements. We saw analysis reports from the questionnaire answered by people and their relatives and visiting health professionals in October 2017. Feedback was very positive for example 100% of people that answered the questionnaire said they felt safe and staff treated them with respect. 100% of relatives that answered the questionnaire said they would recommend the home to others and their loved ones appeared well cared for during their visit. Only one professional had completed the questionnaire they recorded they would be happy to place other people at the home. We saw a 'You said, we did' initiative was being used as part of the iPad application. We saw the home had acted on the feedback they had received. For example people said the same snacks were being offered between meals. The home had introduced snack boxes.

The deputy manager and staff told us that meetings took place at 11am daily. These were attended by managers, nursing staff, senior health care assistants, activities coordinators, the maintenance man and the chef. The purpose of these meetings was to communicate the needs of people using the service for example, hospital appointments, and individual health issues such as pressure sores or weight loss any new admissions to the home. Information from these meetings was passed to staff on each unit. A member of staff told us they found the information received from the 11am meetings and team meetings very useful. We also saw minutes from staff meetings. Issues discussed at the last staff meeting in September 2017 included the routines on each unit at the home, record keeping, staff training, health and safety, infection control, activities, actions to improve quality and lessons learned. A member of staff told us, "The team meetings are held every three months or more often if there is something that needs discussing. We get a chance to talk about what people using the service and staff need and what's happening at the home."