Walmley Care Home Ltd

Marian House Nursing Home

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

We carried out inspection visits on 08 and 09 February 2018. The first day of our inspection visit was unannounced and on our second day we announced our visit.

Marian House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered to provide accommodation and nursing care for up to 42 older people. There were 35 people living in the home at the time of our inspection visits.

There was a registered manager in post and they were present 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.

We had last undertaken an inspection visit on 23 and 24 February 2017 and the overall ratings given were Requires Improvement as three of the five key questions, safe, responsive and well led were Requires Improvement. The other two key questions, effective and safe had a rating of Good.

At this inspection we found the provider had made significant improvements and achieved an overall rating of Good.

People told us they felt safe when staff supported them with their needs and staff applied their training when using equipment to ensure people were safe and comfortable. Staff practices were consistent in monitoring people's care needs so risks to people from avoidable harm were reduced.

People were supported by sufficient numbers of staff with the right skills to meet their needs who had been deployed so risks to people's safety were reduced as they received timely care. Recruitment checks had been completed before new staff were appointed to make sure they were suitable to work with people who lived at the home.

Staff knew how to protect people and reduce accidents and incidents from happening by ensuring people's needs were met in a safe way. Staff applied their training and followed the registered provider's policies in how to recognise and report any concerns so people were kept safe from harm and abuse.

People were happy with the support they received from staff in order to take their medicines as prescribed. Staff practices around the administration and management of people's medicines reduced the risks of people not receiving their medicines as prescribed to meet their health needs.

People felt staff were caring towards them and staff had developed respectful relationships with people. People's privacy and dignity were respected by staff who worked to a set of values around providing care centred on each person.

People valued the responsiveness of staff when being supported with their needs. There were on-going developments in offering people things to do for fun and interest which met their particular needs.

Care records were personalised and there were future plans to introduce electronic care records as another tool to support people in receiving consistent care. Staff knew people well and used every opportunity to continue to enhance their skills and knowledge in order to effectively meet people's needs. Staff provided end of life care in a sensitive and kept people at the centre at this important time in their lives so they lived well until they died.

People were supported to have maximum choice and control of their lives and support workers supported them in the least restrictive way possible; the policies, procedures and staff training supported this least restrictive practice.

People had been helped to eat and drink enough to stay well. People had access to a range of health and social care professionals when they required specialist help.

People valued the support they received to make their individual rooms as homely as possible. The physical environment and facilities in the home reflected people's requirements. Systems were in place to ensure effective infection prevention and control.

Staff supported people who lived at the home and their relatives to raise any complaints they had. The registered provider had a complaints procedure which included investigating and taking action when complaints were received.

The management team had established a positive open culture where staff were clear about their responsibilities and continued to have learning opportunities.

The registered manager had made every effort to bring about the improvements required and had done this by effectively developing and regularly assessing and monitoring the quality of care. By doing this continual improvements to services provided had been made which showed the registered provider and registered manager were committed to delivering high quality care.

Further information is in the detailed findings below.

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 is safe.

Staff had received training in keeping people safe from abuse and the registered manager investigated concerns and took appropriate action.

People's risks had been identified and care was planned to keep people safe from avoidable harm, with lessons learnt to prevent similar incidents of harm from happening again.

Staffing levels were monitored to ensure there were enough staff to meet people's individual needs.

Safe principles were followed when recruiting new staff and administering people's medicines.

People benefitted from staff's practices in preventing and controlling risks of infection.

Is the service effective?

Good

The service is effective.

People's needs were assessed with their involvement so their preferences were known in order to support and guide staff practices in meeting their needs.

Staff received training and support and worked as a team which helped them to provide the care people required to meet their particular needs.

People's capacity to consent was taken into account and any limitations on choice were planned for.

People were supported with their dietary needs and had access to health and social care professionals to maintain good health.

The home environment and facilities were continually developed and improved to meet the needs of people who lived at the home.

Is the service caring?

Good

The service is caring.

People were treated with respect and compassion by staff who knew them well.

People were supported to make choices and decisions about their day to day lives.

Staff supported people to maintain their independence, privacy and dignity.

People's personal information was securely stored to maintain their confidentiality.

Is the service responsive?

Good

The service is responsive

People received personalised care and support which was responsive to their changing needs.

People were supported to take part in leisure pursuits they enjoyed to help people in leading a full life.

People knew how to raise concerns and make a complaint if they needed to.

There was a compassionate approach to respecting people's wishes at the end of their lives and ensuring people lived well until they died.

Is the service well-led?

Good

The service is well led

People benefitted from staff who understood the positive values and culture of the service seen in the way staff spoke and the care they provided.

The registered manager had an inclusive style of leadership which placed people at the heart of the care and support they needed.

High priority had been placed following our previous inspection on monitoring the quality of the service. This strong focus had ensured continuous improvements were made. The management team knew their next goal was to sustain these for

the benefit of people who lived at the home.

Marian House Nursing Home

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.

We carried out inspection visits on 08 and 09 February 2018. The first day of our inspection visit was unannounced and on our second day we announced our visit.

On 08 January 2018 the inspection was carried out by an inspector, specialist advisor and expert by experience. The specialist advisor is a registered nurse with extensive knowledge and experience in many fields including older person's care and dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was dementia care.

We looked at the information we held about the provider and the service. This included information received from the local authority commissioners, clinical commissioning group and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We met and spoke with nine people who lived at the home and four relatives. We saw the care and support offered to people at different times on the two days of our inspection. People were able to tell us how they

felt by using a mixture of verbal communication, facial expressions and body language. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

In addition, we spoke with a healthcare professional by telephone.

We spoke with the registered manager, deputy manager and clinical lead. Additionally, we met and spoke with a senior care staff member, two nurses, four care staff members, an activities organiser, hostess and a cook.

We sampled seven people's care records and associated monitoring charts where required, and 15 people's medicine administration records. We looked at the records about incidents, accidents and five staff recruitment files, clinical equipment and cleaning schedules. Furthermore, we saw how the management team checked the quality of the service people received by looking at various documents. These included checks completed on care documentation, the minutes from meetings held with people who lived at the home and relatives, and the staff team, checks on call bell response times, medicine checks, complaints and compliments.

Good

Is the service safe?

Our findings

At our previous inspection on 23 and 24 February 2017 we found further improvements were needed in order to provide people with a service that was always safe. The improvements required included record keeping to support people in consistently receiving safe and consistent care. People gave varied feedback as to whether staff were always available to provide timely support, although improvements had been made in how staff were deployed to ensure people's needs were consistently met

At this inspection we found the registered provider and registered manager had made improvements so the rating has changed to Good.

Following our previous inspection the monitoring records staff used to record the daily care people required to meet areas where they were at increased risks were now being consistently completed. For example, where people required support to reposition themselves the monitoring records showed this had been done and at the directed times to promote people's individual requirements. The management team had strengthened their regular checks of people's records and observations of staff practices which had helped to achieve more consistency in people's monitoring records being completed. A relative described to us how the staff's consistent care and monitoring of their family members needs had supported positive outcomes. The relative told us before their family member came to live at the home they had swollen ankles and feet. However, "Since [family member] has been here [family member] has been treated better and [family member] hasn't had a problem, they have stayed a normal size."

People told us they felt safe with the care and support staff provided. One person described how staff were knowledgeable about the support they required when walking with their aid as they were at risk from falling. Another person told us staff assisted them to move with a hoist [equipment used to lift and support people when moving] so they felt protected from avoidable falls. We saw the improvements in staff practices when people were supported to move safely had been sustained. Staff consistently applied their training and used safe techniques to reduce risks to people from avoidable harm and ensuring their comfort.

People we spoke with did not have any concerns about the availability of staff to maintain their safety. One person told us, "I do use my buzzer, it varies as to how quickly they [staff] come, if they are busy with someone they do come and let me know they will come soon as they can." Another person showed us their call alarm and how they would use this if they required staff urgently. The person said, "Staff are busy but always around when I need any help." Relatives also told us people's safety was not compromised due to a lack of sufficient staff on duty.

Staff told us they felt there were sufficient staff to care for people in the way people needed and respond to people's call bells in a timely way. We saw people's needs were met so their safety and wellbeing was not compromised. One example was when a person's call bell sounded staff responded without unreasonable delays. The registered manager had developed systems in place which supported people who lived at the home and staff to continually improve their response times to people's call bells. Within this arrangement the registered manager encouraged staff to make suggestions when it was found people had waited a

longer time than expected for staff assistance when using their call bell. Another example was how staff at all levels had time to spend time with people without rushing.

The registered manager told us in the PIR, 'Residents [people who live at the home] needs are assessed prior to admission and throughout their stay. Staffing levels are based on these assessments. We discuss levels with staff and review.' We found these arrangements were known by staff and there were arrangements in place so staffing levels together with the deployment of staff were regularly assessed and reviewed to enable the management team to assure themselves of people's safety and wellbeing. This included responding to staffs unplanned absences by obtaining agency staff when needed so people's needs were met with their safety maintained. Staff said the use of agency staff had been decreased with one commenting agency staff, "Are generally the same/regular staff that know the home and residents." These approaches supported people to receive consistent care from people who were familiar with their individual needs.

The registered manager was aware there had been concerns about how the provider's recruitment arrangements did not provide assurances staffs suitability to work with people had been checked. In the Provider Information Request [PIR] the registered managed wrote, 'We have updated our recruitment procedure to ensure a final check of all documents is carried out by management prior to a start date being given.' We found this to be the case as looked at five staff member's recruitment records and found references were gained and DBS checks had been completed prior to staff commencing their employment. The DBS is a national agency that keeps records of criminal convictions. We asked staff about their experiences of being recruited into their various roles. One staff member confirmed, "Before I started here my suitability to work with residents [people] who live here was checked and I received training." Another staff member said nurse's registration was also checked to confirm they were safe to provide nursing care to people. We found this was the case as checks on nurses registration had been completed with the Nursing and Midwifery Council [NMC].

People we spoke with told us they always received their medicines as prescribed and were happy for staff [who had been trained] to do this to support them with these. We saw systems were in place which reflected medicines were ordered, stored and administered to protect people from the risks associated with them. There had been improvements following our previous inspection to ensure medicines were consistently stored at the right temperature in line with manufacturer's instructions so they remained effective. In addition, we saw staff who had responsibility for medicines management maintained an accurate record of the medicines they administered, including prescription creams which was an area which had improved since our previous inspection.

Each person's medicine record included an up to date picture of the person so they could be easily identified. Details of any allergies were available to staff so they knew about any related risks. Some people had their medicines 'when required' which detailed when people might need them, such as when in pain. This medicine was monitored by staff in consultation with the doctor. We spoke with a staff member who administered medicines. The staff member knew how to manage and administer people's medicines to make sure people received their medicines at the right time and in the right way. The management team had arrangements in place so regular checks of people's medicines were undertaken. These checks had been successful in identifying where staff needed further training so risks to people from avoidable harm were reduced.

Staff had completed training in how to keep people safe and staff said they had also been provided with relevant guidance about abuse. Staff we spoke with had a good understanding of the signs of potential abuse and how to report this so people felt safe. For example staff said they would observe changes in people's behaviour or signs of emotional distress which could indicate people were at risk of harm. Staff

were confident people were treated with kindness and said they would immediately report any concerns to the management team. In addition, they knew how to contact external agencies such as the Care Quality Commission and said they would do so if their concerns remained unresolved.

The registered manager was knowledgeable about their role and responsibilities in reporting potential abuse so actions could be taken and people's safety was maintained. In addition, there was an equality and diversity policy in place and staff received training in this area. Staff showed they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected.

The home environment was clean and there were no unpleasant odours. Housekeeping staff were employed to work every day and had clear routines to follow. Staff received suitable training about infection control, and records showed all staff had received this. Hand gel dispensers and personal protective equipment (PPE) such as aprons and gloves were available for staff throughout the building. Some people needed help from staff to move from one place to another, with the use of a hoist and a sling. Each person had been allocated their own individually assessed sling as required which was suitable for their needs. This arrangements supported people to move safely and reduced the risk of cross infection.

The management team had implemented various practices to reduce risks to people which supported a learning culture across the staff team. These included developing the arrangements to investigate causes of accidents and incidents which happened so these identified and improvements made where required. The registered manager told us and we saw in documentation these practices had been successful in maintaining staff practices which did not fall below the safe standard of care expected. For example, when concerns had been raised about the arrangements in place to change a person's catheter the registered manager responded to these. In doing so the registered manager made sure all nurses were aware of the procedures to follow when a person requires their catheters to be changed due to difficulties which may present themselves. In other examples staff had received further training with their practices observed to support staff to provide safe and effective care.

People's safety was also protected through regular checks on the facilities and equipment used at the home. These arrangements' supported staff to meet people's needs and reduce the organisational risk should people and or staff experience avoidable harm due to equipment being faulty and or not regularly serviced. In addition, people had individual personal evacuation plans in place which provided information about how to support people's needs in the event of a fire. Regular fire procedural checks were in place which included testing fire alarms.

Good

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection in February 2017. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be Good.

The management team had completed assessments with people prior to them moving to the home to make sure each person's needs could be met. Care records were personalised to assist people in not being discriminated in the care and support provided. For example, where people needed specific equipment this had been documented and provided with full consent of the person and/or their representative. Where people's needs had changed care was documented and support provided. Assistive technology was used when assessed as required to enhance people's safety and wellbeing, such as sensor mats which detected people's movements so staff could provide support as required.

People who lived at the home and relatives thought staff had the abilities to meet people's needs and knew how to care for them. One person told us, "Very well looked after here, they (staff) know what to do." One relative said, "[Family member] had an infection over the weekend and was very confused, I was very happy with how it was dealt with and the efficiency of the nurse and carers [staff] with obtaining medication promptly."

Staff told us they had received training which included an induction that provided them with the skills they needed to meet people's needs. The provider's induction incorporated the care certificate which is a set of which sets out common induction standards for social care staff. One staff member told us, "Induction is good, provided to all new staff, for them to know how we care for residents [people who live at the home] and what is expected." Another staff member said, "We shadow staff and learn about everyone's needs and get to know residents."

Staff also told us their induction together with their training and individual meetings had supported them to provide more effective care. One staff member talked about how they were working towards a nationally recognised qualification as they wanted to continue to learn and provide good care to meet people's individual needs. Another staff member described how the specific training they had received had given them a more in-depth insight into using distraction techniques to support people with their particular needs. The staff member described how they had successfully implemented this training into practice which had enhanced people's sense of well-being.

The registered manager wanted to continue to develop their staff team's learning opportunities. They described how there were staff who had dedicated roles as dignity champions which supported the staff team to provide care to people based on good practice principles and to assist staff in identifying areas of further improvement. The registered manager had a vision to implement further staff champions in a variety of aspects of people's care. For example, in dementia, nutrition and hydration to further strengthen their staff teams learning opportunities and continue to develop care based on best practice principles.

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 service 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 registered manager understood their responsibilities under the Act. They had assessed people's capacity to make specific decisions about their care and support. Records showed where people were assessed as lacking the capacity to make specific decisions; the decisions were made by a team of people in their best interests. The 'best interest' team included healthcare professionals, the person's representative and people who were important to them. Where conditions were made on authorisations these were followed through with the required actions taken in order to meet the required condition with visits made by people's representatives recorded. Staff understood the requirement to adopt the least restrictive practice, if a person was at risk of having their liberty restricted in their best interests.

Staff had training in the MCA and understood the importance of supporting people to make their own decisions. A staff member told us, Staff showed in their practices and when talking with us how they understood how to specifically present choices to people so they were able to make an informed decision. For example, a person used gestures to communicate and staff knew how to interpret these. In addition, we consistently heard staff ask people for their permission before they supported people, such as, "Can I help you with that?" "Are you comfortable?" "Can I wash your hands?"

We saw staff knew how to support people to choose what they wanted to eat and people told us they enjoyed the food and drink provided at the home. One person told us, "Food is very good." Another person said, "I like my meals, they are cooked well." One relative told us, "The food looks very good and there is a pretty good selection." Another relative commented, "The food here is excellent, my relative had a good appetite, there has always been plenty of choice. We saw plenty of drinks were available throughout the day, hot and cold. Biscuits, homemade cakes, fruit is on offer all day too." People were supported with their preferences in where they wanted to have their meal whether that was the dining area or their own room. Staff provided assistance to people in an unhurried way. Where people required encouragement to eat their meal this was provided in a gentle way where touch was used as a form of reassurance.

Staff were aware of people's health needs which impacted upon their dietary requirements, such as, people who required a diabetic diet and we saw people's diets were catered for. A staff member said, "We always let the kitchen [staff] know if people's diets change or we are concerned about people's eating or drinking. There is good teamwork here." When we spoke with a cook they showed they were passionate about ensuring their food was cooked well and served to meet people's preferences, allergies and dietary needs. They told us, "I will do my utmost to prepare food as I would for my family. People were asked at meetings and in surveys about their meal preferences together with suggestions for future menus. Although the cook does not attend the meetings for people who live at the home and their relatives the cook told us information about meals would be shared with them. The kitchen staff had guidance about people who required their meals fortified and how this should be done together with people's food likes and dislikes. Where people may require meals appropriate to their cultural or religious needs, these could be catered for.

Staff from all different departments at the home worked together to support people's needs. One example

was how the cook made milkshakes to support people who had been identified as requiring supplements to their diet so risks to their health and welfare were reduced. We heard from people who lived at the home and staff how the milkshakes were enjoyed by people. Another example was how people commented how a housekeeping staff member made a real difference to their days by taking time to chat with them about life in general. In addition, the registered manager showed they were very much part of their team. For example, they had undertaken people's three monthly medical reviews and health checks with a local doctor. The registered manager told us in the PIR, 'We are extremely proud of our three monthly GP reviews of every resident. This was achieved with a lot of persistence and perseverance.' During our inspection the management team commented these arrangements had been successful in identifying changes in people's needs so more timely action was taken, such as when medicines required changing to effectively treat and meet people's health needs.

People who lived at the home and their relatives told us and we saw people were supported to access a variety of health and social care professionals if required. One person said described how an external healthcare professional had provided advice and guidance to support the healing of their skin. Another person said whenever they needed a doctor staff were quick in arranging this. A further person said they were receiving specific medicine from their doctor to treat their current health need and hoped they would feel better soon. We saw established staff practices where they shared changes in people's health needs daily. This included sharing information at the start and endings of shifts where staff discussed any follow up health treatments for people and/or where the doctor needed to be consulted. For example, people's weight was monitored and any significant changes in weight were reported to healthcare professionals so action could be taken to keep each person well.

We found the registered provider and registered manager had given consideration to ensuring the physical environment and facilities in the home reflected people's needs and requirements. People's individual rooms were adapted and personalised to ensure they supported each individual person's preferences and abilities. This was considered to be the person's private space and reflected their personalities accordingly. One person told us they items they cherished in their room and it made it feel homely. We saw how people had their call bells in places they could reach.

Good

Is the service caring?

Our findings

At our last inspection on 23 and 24 February 2017 we found that improvements were needed so people were supported by staff who had a consistently caring approach.

We saw improvements had been made at this inspection which reflected staff keeping people at the heart of all their care and support and changed the rating to Good.

People who lived at the home and relatives we spoke with told us they felt staff were caring in their approach to meeting their needs and in their communications with them.

Staff communicated with people in a friendly yet respectful way. For example, when the registered manager introduced us to people who lived at the home they did this in a warm, tactile way depending upon which people welcomed this kind of communication and those who preferred more formality. One staff member told us, "If they want a hug, we [the staff] give them one." Staff took time to be with people on an individual basis and knew the things which were important to each person. Staff we spoke with told us they would be happy for a relative to live at the home.

People indicated they liked the staff. We saw staff showed they were fond of people who lived at the home as they talked to us about the care they provided to different people. People we spoke with felt staff were caring and they received the support they needed. One person told us, "It is lovely here they [staff] are all so caring." Another person said, "I enjoy a little chat with them and we do have a laugh, brightens the day." A relative commented, "The staff are very playful and there is good rapport, they make my [family member] laugh and [family member] makes them [staff] laugh."

We saw several examples of the registered manager and staff teams focus was on people as individuals. For example people were encouraged to read poetry and staff complimented people on how well they had read poems. One person smiled at a staff member who said their reading of a poem was done beautifully.

Staff were seen to support people in a patient and encouraging way which took account of their individual needs. A staff member told us when they supported people, "I take my time and let each person know what I am doing every step of the way." Care plans detailed people's preferences, for example how they liked to dress and how they liked to spend their time. We saw staff understood and respected these wishes as part of their commitment to giving people personal choice and control over their lives.

People were supported to keep in touch with people who were important to them by having access to an electronic device so they could keep in touch online. We saw relatives and friends visited people during the two days of our inspection and were warmly welcomed by staff. Relatives we spoke with told us they felt welcomed by staff when they visited their family members. A person's relative said there had never been any restriction on when they were able to see their family member. They gave us an example: "I can come here anytime and staff always greet me in a friendly way. We all get to know one another."

We saw examples of staff practices which showed they cared and understood the importance of promoting and responding to people's equality and diversity in the home. People had been supported to meet their particular needs and to value their personal histories. This was promoted in different aspects of people's lives, such as cultural food choices and celebrations. One staff member told us, "We [the staff team] look at residents preferences and promote their choices so they feel involved."

The registered manager was committed to the approach of placing people at the heart of all their care and had led by example so this value was shared by staff. For example, thought had gone into obtaining specific pieces of equipment and aids to meet people's needs and also maintain people's dignity. For example the registered manager had purchased in-situ slings. These are slings which people can remain sitting on between hoisting because they have properties that do not cause friction to people's fragile skin and lessen the times when people's clothes may ride up. Another example was where a person preferred to have their door open but also liked to at times take items of their clothing off. With careful negotiations done sensitively the person agreed to staff placing a privacy screen in a certain way so person's wishes were respected together with their dignity supported.

Staff we spoke with were aware of the importance of confidentiality regarding people's information. Records were stored appropriately in order to protect people's confidentiality.

We saw information about local lay advocacy services was available for people to access in the home. Lay advocacy services are independent of the service and the local authority and if needed can support people to communicate their decisions and wishes. The management team told us told they would not hesitate to help someone access the services of a lay advocate, should this be necessary at any time it was needed.

Good

Is the service responsive?

Our findings

At our last inspection on 23 and 24 February 2017 we found that improvements were needed to make sure the service was always responsive. This was because people's care needs had not always been identified and monitored within the care planning and assessments to reflect that the support provided was personalised and responsive. In addition, people had not been consistently supported to have things to do for fun and interest which specifically met their particular needs.

We found, at this inspection improvements had been made to people's care documentation reflected their needs and was personalised. There had been improvements made to provide different personalised opportunities for people to follow their interests which were continually being developed. The rating has been changed to Good.

People told us staff were responsive to their needs and supported them in ways they preferred. One person told us, "The carers [staff] help me to wash and know what toiletries I like to use. It helps when carers [staff] know me." Another person said, "They know the care I need and always ask in case I change my mind which I like." One relative told us they we reassured if they when they were not at the home the staff would know how to respond to their family members needs so they had all the practical assistance they needed. Another relative said, "All the staff are brilliant, they are so caring and I can't fault them, they've been wonderful to my [family member]."

We saw care documentation had been further developed since our previous inspection to provide information about people's individual needs and how staff should respond to these. Staff we spoke with told us the care plans were personalised, particularly informative, easy to read and showed how people had been involved in and agreed to their care. A relative told us how staff had used the information they had gained to respond to their family member's needs. Staff also showed us they knew people's individual preferences, such as how people liked to sleep and whether people preferred to have their door open or closed.

Staff we spoke with told us they worked as a team to support people with their different needs so these were responded to and any equipment or aids were sought. For example, a staff member told us some people required specialist equipment to protect them from the risk of developing sore skin. The staff member knew what the arrangements were for checking equipment was working properly which included speaking with a nurse. We saw relevant equipment was provided and records showed staff monitored this equipment to ensure it was set according to people's individual needs.

The registered manager told us in the PIR, 'Each service user [people who live at the home] has a named nurse and key worker who work with the service users to gather information in relation to their life history/ lifestyle, choices and activities.' We saw and heard how staff used their individual roles in their practices to reflect their knowledge about the support people required to ensure they were wearing their glasses or hearing aids if they needed these. One staff member told us their information would be noted in people's care records. We saw occasions when staff applied their knowledge into practice so people's

communication needs were responded to. For example, a staff member placed emphasis on ensuring a person's glasses were clean so they provided maximum benefit to the person. Another example was how the provider's complaints procedure was accessible and able to be produced in different formats to suit people's own communication needs.

People's care documentation was going to be developed further into electronic records. The management team spoke about how this would assist in supporting staff in providing people with responsive care with their needs monitored. This was because the electronic system would send an alert if there were any shortfalls in people receiving care to meet their particular needs. The management team had arrangements in place so there was a phased transfer period of people's care records onto the new electronic system. In addition, people who lived at the home and relatives would be able to access their care documentation. This was going to be initially trialled with a small group of people.

Staff recorded how people were and how they spent their day and shared information with the registered manager and people's families. When changes in people's needs or abilities were identified, their care plans were updated. People's needs and dependencies were regularly reviewed and their care plans were updated when their needs changed. A relative told us they had seen an improvement in their relation's wellbeing since they moved into the home.

We saw there were a variety of social and leisure activities, including music, reminiscence, gentle exercises and painting which were led by two dedicated staff members. A relative told us there was always something for people to do. They told us, "They have lots going on here, there is a lady that comes in to do exercises and has a quiz, there are fund raising events, tea parties. They had Puss in Boots players come in and act out the play, they do puzzles, the newspapers are available to read."

We saw all staff and the management team contributed to supporting people with fun and interesting things which took place both on a spontaneous and planned basis. We saw there were photographs of people enjoying different leisure activities. The activities coordinator's kept records to show whether each person had enjoyed a specific leisure activity. This was so they were able to support people in doing things which interested them and that they enjoyed.
During our inspection visits, people were supported by an activities coordinator to take part in a quiz, which offered people mental stimulation. People were given additional clues or items were described to gently prompt people's memories. Another activity was chair exercises to music which encouraged people to move their upper and lower limbs. We saw people enjoyed these different things to do for fun and interest. We saw the activities coordinator knew people well and subtly adapted their approach according to people's abilities. The activities coordinator explained how they offered choices to people and if people were not keen they would look at alternatives.

The registered manager had already identified recreational activities needed to be developed further and was keen to support staff to provide different opportunities for people which were personalised to meet their needs so people's wellbeing was enhanced. We spoke with the activity coordinator who felt supported by the registered manager in their role and was eager to continually develop things for people to do for fun and interest. One of the areas they were focusing on at the time of our inspection was how to develop the home environment so it was as interesting as it could be for people. They showed us they had researched this and was taking guidance from a national organisation to adapt within the home. This included looking at where improvements could be made to specifically meet the needs of people with dementia.

We saw and a family member told us how staff provided care to people at the end of their lives. One family member said they were assured by the caring nature of staff practices towards their relative and praised the

staff for how kind they were. The management team showed they led by example to make sure people's end of life care was as good as it could be and people were involved in all decisions made. We saw people who lived at the home and their relatives where appropriate had been consulted about how they wanted to be supported at the end of their life to make sure they had a comfortable, dignified and pain-free death. This included establishing people's wishes about what medical care they wanted to receive and whether they wanted to be admitted to hospital or stay at the home. Staff we spoke with were passionate about supporting people with the care they needed at the end of their lives and gave us examples of how they had not only care for each person but had recognised relatives also needed support. The management and staff team were working towards attaining the Gold Standard Framework in end of life care to develop staff learning and practices further to enhance people's experiences at this time in their lives.

We also saw compliments which reflected how relatives had valued the care provided by staff. One relative's comments read, 'You made an awful situation seem so much better. We can rest in the knowledge that [family member] was truly cared for in the final days of [family members] life.' Another person had written, 'The care staff and nurses were totally amazing. They were all so kind and made it easier to deal with, Received phone call at 5.30am and was very grateful that they contacted because I didn't want [family member] to be alone and always knew I wanted to be with [family member] when the time came. This was so important to us.'

People told us they felt comfortable raising concerns if they were unhappy about any aspect of their care. A person told us, "If I have a complaint, I can talk with the staff and management. I have never had to but I certainly would if ever I needed to." Another person shared some issues they had with us and with their consent we spoke with the registered manager about these. The registered manager immediately took action to speak with the person so they could resolve their issues. A relative said, "If I have any worries, I can talk to anyone here. I know they'll [staff] call me straightaway if there were any problems."

The provider's complaints procedure was given to each person and it was prominently displayed in the home. The registered manager had followed through complaints which had been received to reflect people who had raised a complaint had been listened to, issues addressed and resolved. The registered manager told us any complaints and concerns were welcomed and would be addressed to ensure improvements where necessary. We saw the registered manager used complaints and concerns as opportunities to learn and make improvements.

Good

Is the service well-led?

Our findings

At our last inspection on 23 and 24 February 2017 we found that improvements were needed to provide assurances that the service was always well led. This was because we found care records were not consistently accurate and records were not reflective of improvements.

During this inspection we saw improvements had been made to records and systems were in place to identify and support improvements which have meant the rating has changed to Good.

Since our previous inspection the registered manager had made every effort to drive through improvements to benefit people who lived at the home. We saw and heard examples of how the registered manager had strived to develop strong quality checking systems which had made a difference in bringing about the improvements we found. One example reflected the registered manager's commitment to promote an open culture where staff were supported to improve their practice and learn from mistakes. There were various opportunities where this happened, such as the counselling logs where staff's practices were examined when aspects of care had not been provided to the required expectations of the registered provider and registered manager. We sampled some of these and saw staff had received further training and individual meetings to support improvements in their practices.

There was a clear management structure which staff were aware of. The registered manager was supported by the deputy manager, clinical lead and registered provider. The registered manager told us they felt supported through regular contact with the registered provider. The registered provider had ensured they worked with the registered manager to check people received safe, effective and responsive care. The registered provider had ensured information about how the home was set out and being managed was available to people who lived at the home and visitors. In addition, we saw the previous inspection report was prominently displayed in the home together with the rating from our previous inspection as required by law.

The management team knew people really well and had a good understanding of the needs of both people who lived at the home and staff. They were visible and approachable to staff. We saw open and friendly communications. There was genuine warmth between people and the registered manager during communications where people smiled, laughed and touch was used.

People who lived at the home and relatives believed the home was well managed. One person told us, "The atmosphere is good here. Staff treat me well and the management are here if I need them." Another person said, "Got no grumbles, gotta take life as it comes, it's okay here, I quite like it." Most people knew who the registered manager was; they told us she spoke to them regularly. One relative told us, "I think it's a very good home. The staff are very helpful and accommodating. 95 out of 100, no home is perfect, I don't think."

A positive culture had developed within the staff team whereby we consistently heard how staff really did care with their hearts. A staff member told us, "Really love my work. Staff have all got a heart and it shows." Staff we spoke with wanted to continue to provide the best care for people to enhance their quality of lives,

such as considering different ways of providing people with opportunities to have fun and for interest.

Staff told us they were happy working at the home; they spoke positively about the registered manager and deputy manager. Staff said they felt supported by both the management team and their colleagues. One staff member said, "All staff enjoy their work. We want to give residents [people who live at the home] a really good experience so they feel the warm and safe here." Another staff member said, "We help each other out, we work as a team." Staff were also complimentary about the training they received and how they had been supported to embed this into every day practice. One staff member said, "We are supported to do training which helps us to improve further."

Staff understood their roles and responsibilities. Each staff member was allocated their work each shift and understood their responsibilities in relation to both care needs and reporting concerns. Staff told us they were able to discuss concerns with the registered manager freely and honestly. Staff knew about the registered provider's whistle blowing procedure. They said they would not hesitate to use it if they had concerns about how the running of the home, which could not be addressed internally. Staff told us they were always able to speak to the registered manager or deputy manager and in their absence said they would discuss concerns with one of the nurses. There were regular staff meetings where staff were encouraged to feedback any ideas or areas for development.

The registered manager was aware of their responsibilities under the Duty of Candour. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong. The Duty of Candour is a regulation that all providers must adhere to. The registered manager had followed this when analysing accidents and incidents so where required these were reported to the appropriate organisations and an apology was provided to the person and their representatives where this was appropriate. The registered manager had strengthened their investigations of accidents and incidents to include a root cause analysis which supported people to continue to receive safe and effective care with action to learn from these and improve practices where they had fallen below expected standards.

The registered manager and deputy manager showed they had open and accountable leadership styles. For example, the registered manager had not thought to check with people if their individual slings were comfortable since these had been purchased and openly confirmed this to us. However, the registered manager said they would now do this. In addition, to this the management team understood they needed to sustain the improvements made and showed during our inspection their determination in this.

The management team liaised regularly with the local authority and clinical commissioning team and visiting healthcare professionals in order to share information and learning around local issues and best practice in care delivery. The management team and staff were establishing ways to link in with the local community. For example, children from the local nursery had visited the home to spend time with people.

The registered manager wrote in the PIR, 'We are continually looking for ways to improve communication between staff. Management routinely work alongside staff on the floor carrying out observations and supervisions. We have developed a robust quality assurance system which all staff are involved in once they have completed their probationary period.' We saw this philosophy was present within the various quality checks which had been developed to ensure staff were developed to reach their full potentials and people were supported to have the best quality of lives.

The registered manager had a clear vision for the future of the service. They told us they wanted to sustain their different methods of checking the quality of the care people received and sustain these over time. In addition, the registered manager was passionate about developing the staff champion roles in different

subject areas, achieving the Gold Standard Framework in end of life care and reach the goal of becoming an outstanding home.

The registered provider and management team were committed to the on-going improvement and development of the service and, as described elsewhere in this report, had addressed the shortfalls identified at our previous inspection. To assist in this process of continuous improvement, the management team conducted surveys of people who lived at the home, their relatives, staff and visiting professionals to measure satisfaction with the service provided. These surveys had been linked to CQC's five key questions. We sampled the results of the most recent surveys and saw that satisfaction levels were good. For example, one person had written, 'All staff are approachable, listen and react accordingly no matter how small and large the request is from housekeeper to the management. All staff are friendly and kind and helpful and willing.' Nevertheless, despite the generally positive feedback, the registered manager had reviewed the survey returns carefully to identify any areas for improvement.

People's satisfaction with the service provided was also reflected in the cards received from family members and friends. For example, one family had written, 'Thank you for all your care and kindness you have given looking after my [family member] when they arrived at Marian House. [Family member] was a very poorly lady who couldn't sit up in a chair, let alone walk. With your care, you have nursed [family member] to where [they] are today – mobile and independent.'