

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

About the service

Marlborough Court is a care home providing personal and nursing care to people aged 65 and over at the time of the inspection. The care home can support and accommodate up to 78 people across three separate wings, each of which has separate adapted facilities. One of the wings specialises in providing care to people living with dementia. At the time of the inspection there were 41 people using the service.

People's experience of using this service and what we found

Risks to people were managed effectively to reduce harm to them. Management plans provided guidance to staff to reduce risks to people. People were safeguarded from the risk of abuse. Staff had received safeguarding training and knew the actions to take to report abuse.

Incidents and accidents were reported, and the registered manager reviewed, analysed and took actions to ensure learning from them. People's medicines were administered and managed safely. Staff received support from staff when they needed it as there were enough staff available to support them. Staff were trained in infection control and followed procedures to reduce risks of infection.

People's needs were assessed in line with best practice guidance and covered a range of people's needs. People were supported to eat balanced diet and drink enough to keep hydrated. Staff had an induction when they started their jobs; and they were supported through regular training and supervision to deliver their roles effectively. People had access to healthcare services they needed to maintain good health; and staff liaised effectively with other services.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's consent was sought for the care and support they received.

The service complied with the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Relatives and healthcare professionals were involved in making decisions for people in their best interests where this was appropriate.

People told us staff were kind and compassionate to them. People were treated with respect and dignity. People received care and support that met their individual needs. Care plans were up to date and reflected people's needs. People's end-of-life wishes were documented in their care plans and followed. People were engaged in activities to occupy them.

People and their relatives knew how to raise complaints about the service. The registered manager responded to complaints appropriately in line with the provider's procedure. The provider worked in partnership with other organisations and services to develop and improve the service. The service had effective systems to monitor the quality and safety of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update) - The last rating for this service was inadequate (published 14 November 2020). The service was put under Special Measures.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Marlborough Court Care Centre on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.
Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.
Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.
Details are in our well-led findings below.

Marlborough Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of one inspector, a specialist professional advisor who was a qualified nurse 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.

Service and service type

Marlborough Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was in the process of being registered with the Care Quality Commission. A registered manager is someone who with the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we held about the service which included notifications of events and incidents at the service. We spoke to two relatives of people who had recently used the service and we received

feedback from a member of the local authority commissioning team.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with three people and 14 relatives of people using the service, four care staff members, one qualified nurse, the manager and the regional support manager. We looked at six people's care files, 14 people's medicines management records, four staff members supervision records, and incidents and accidents. Not everyone at the home could express their views about their care verbally so we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We reviewed quality assurance reports and other records relating to the management of the service, including safeguarding and complaints records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement as the provider failed to ensure people were safe.

At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we found the provider had failed to ensure people were safeguarded from the risk of abuse and neglect. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the provider had made the required improvements and was no longer in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were safeguarded from abuse as systems and processes in place were effective. People told us they felt safe. One person told us, "I do not have any worry." A relative commented, "They've got all the necessary things in place to ensure people's safety - equipment, and you have to log in, they've got the codes on the doors." Another relative told us, "[My loved one] is well looked after. The staff treat them nicely. I've got no concerns."
- Staff had been trained on safeguarding people from abuse. They showed they understood actions to take to protect people. One staff member said, "I will raise any concerns and escalate it to authorities as necessary." Another staff told us, "I have a duty to stop abuse and I believe all staff have a duty too. I will report any form of abuse. I know the manager will do something about it and if they don't I will contact social services."
- The manager understood their responsibilities to safeguard people from abuse. Record showed they had provided support to staff through training, supervisions and meetings to improve their practices. The manager followed safeguarding procedures to address any allegations of abuse and notified the local authority safeguarding team and CQC as required.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection we found the provider had failed to ensure risk to people were managed effectively to maintain their health and safety. This was a breach of Regulation 12 (Safe care and treatment Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the provider had made the required improvements and was no longer in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risks to people were effectively managed to reduce the likelihood of harm to them. Risks to people were thoroughly assessed covering a wide range of areas including people's physical and mental health conditions, falls, malnutrition, choking, pressures sores and mobility.
- Risk assessments and care plans contained detailed information to enable staff support people reduce risk and maintain their health and safety.
- There were measures in place to reduce the risk of falls for people. People at sensor mats in their rooms to alert staff of people's movement so staff could check on the person to ensure their safety. Records showed people identified at high risk of falls received hourly or half hourly checks on their welfare. One relative told us, "Yes. Staff phone if my loved one has had a fall. [My loved one] is at high risk, so staff check on them through the night and check them every hour during the day." Another relative commented, "The staff are really good, they're always popping in to check on [my loved one]."
- People at risk of developing pressure sores had pressure relieving equipment such as mattress, and cushions in place. We noted people were supported to change their positions regularly and were required, tissue viability nurses were involved.
- Staff understood risk management plans developed to support people because they had regular team and daily handover meetings to discuss risks and actions to follow.
- Lessons were learnt from incidents and accidents. Records of incidents and accidents were maintained, and the manager reviewed them; analysed them to identify patterns and trends; and took actions to ensure learning from them.
- Where people had regular falls, they were referred to falls clinic and the community physiotherapy team was involved to staff manage the risk. Staff also monitored people at risk regularly to ensure they were safe.

Staffing and recruitment

At our last inspection the provider had failed to ensure staff were sufficient to meet people's needs safely. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that improvements had been made and there was no longer a breach of Regulation 18.

- There were sufficient numbers of staff to ensure people were supported in a safe way. However, we received mixed feedback from relatives about the staffing levels. One relative told us, "I don't know [about the staffing levels], but I always see someone, there's always someone there." Another relative commented, "Definitely not [enough staff] for the number of people they've got to care for. Some of them [people] wander in the corridors and there's no one there."
- Staff told us they were enough to safely support people. One member of staff said, "Staffing levels have improved. When the number of residents increase staffing is increased too. When their dependency levels change, staff numbers change too." Another member of mentioned, "Staffing levels are good but it will be good to have more staff so we can have more interaction with people." Staff confirmed there were no concerns about people's safety.
- We observed people were supported with their needs promptly. During the lunchtime, people got the support they needed to eat and drink. We noticed alarm bells rung by people when they needed help were answered quickly by staff and people were supported with what they needed. We also noticed staff were visible along the corridors and monitored people's movement so could intervene quickly if people needed help.
- The provider had a tool in place for monitoring staffing levels. This was reviewed regularly based on capacity and risk and risk. The manager and support director assured us they would continue to monitor staffing levels and ensure there were sufficient levels of trained and experienced staff to support people

safely.

- Safe recruitment procedures were followed. The provider checked new staff members suitability for the role before they started. Checks included satisfactory references, criminal records and gaps in employment. Registered nurses were checked for their current validation with the Nursing and Midwifery council.

Using medicines safely

- The administration and management of medicines was safely managed. People received their medicines as prescribed from staff who were trained and qualified to administer medicines safely.
- We observed the administration of medicines at lunchtime and noted staff took due care to read through necessary documentations before administering. They followed safe administration procedures and signed the medicine administration record charts (MAR) clearly to show medicines administered.
- There was protocol in place for the administration and management of 'as when required' medicines. There was also protocol in place for the use of covert medicines, where it was used. We noted staff followed these procedures. Covert medicines are medicines administered in a disguised format without the person's knowledge. Controlled drugs (CD) were stored securely and administered in accordance with guidelines. Staff carried out daily checks to ensure record tallied with stock.
- Medicines were stored within safe temperature ranges, in line with the manufacturer's instructions. Regular checks were made of storage temperature areas to ensure they remained safe.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Staff assessed people's needs and delivered care in line with best practice guidance. Senior and experienced members of the team completed assessment to establish people's needs before they started using the service.
- Assessments of needs covered people's physical and mental health conditions, personal care needs, social needs, nutritional needs, their behaviours, mobility, and skin integrity. Various nationally recognised assessment tools were used such as the Malnutrition Universal Screening Tool (MUST) to assess people's nutritional needs; and waterlow tool for assessing risk of pressure sores.
- People's needs were reviewed on an ongoing basis and when things change such as following hospital admissions and falls.

Staff support: induction, training, skills and experience.

- Staff were supported and trained to be effective in their roles. Relatives told us staff knew how to support them. One relative told us, "Yes. The team leader wasn't happy when [family member] was discharged from hospital and they sent relative back because the staff noticed they [relative] was in pain. It was good that staff knew they [relative] was in pain and had it investigated."
- Records showed, and staff confirmed, they were supported to be effective in their roles. One member of staff told us, "I'm up to date with my training. We have regular meetings like supervisions, handovers and team meetings to discuss how to do the job properly. Anything I'm not sure of, I ask the team leaders or seniors or go to the manager."
- Staff confirmed they had an induction when they started work which included a period of shadowing experienced members of staff and learning about people's needs and how to support them.
- Records showed and staff told us they received regular supervision and support to do their jobs. Supervision were done individually and in small groups. One member of staff told us, "The manager is very experienced and good. He is keen on us learning and improving their skills, so he is constantly teaching and training us. It's good that he is a trained nurse himself." Another staff member said, "I'm up to date with my training. We have regular meetings like supervisions, handovers and team meetings to discuss how to do the job properly. Anything I'm not sure of, I ask the team leaders or seniors or go to the manager." Staff received annual appraisals.

Supporting people to eat and drink enough to maintain a balanced diet.

- People's nutritional and hydration needs were met. People's care plans documented their nutritional and hydration needs, and the support they required to eat and drink enough to maintain a balanced diet.
- People and their relatives told us the food was nice and well presented. One relative said, "[My loved one]

is not a good eater, but the food looks and nice, there's plenty of choice." Another relative stated, "The home accommodates my loved one's dietary needs. They find it difficult to swallow and need to have specific cultural food which staff provide to meet their needs. Staff also provide them assistance with eating and drinking."

- We carried out an observation during lunchtime and noticed people were given choices of what to eat and drink. The food provided was well presented and kept warm. Staff assisted people who required assistance to cut up their food and those who required to eat were given support. Staff sat with people who required support to eat and encouraged them to eat sufficient amounts.
- People had jugs of water in their rooms and we noticed staff stopped by people's rooms to pour water in their cups and encourage them to drink. We saw staff served fruits, snacks and drinks at regular intervals throughout the day.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People and their relatives where appropriate gave their consent to the care they received; and people's liberty was promoted in line with legal guidance.
- Staff and the registered manager had completed training in MCA and DoLS and understood their responsibilities to obtain consent from people in line with MCA.
- People's capacity to make specific decisions was assessed and noted in their care plans. Where people had been assessed as lacking capacity to make a decision, relatives and relevant health or social care professionals were involved to make best interests' decisions. For example, decision about administering covert medicine to individuals was agreed in line with MCA. Professionals were involved in the decision making and the consent forms signed.
- The registered manager made DoLS applications were made to the relevant supervisory body where it was deemed necessary and we saw that DoLS certificates were valid, and any conditions met.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care.

- Staff supported people to access healthcare services they needed to meet their healthcare needs. One relative commented, "The doctor's visit about relative's weight. They'd lost a lot of weight and they were given supplements which had helped their weight stabilised." Another relative said, "The doctor comes twice a week or if there's an emergency. The staff put [relative's] name on the list to see the doctor if they're concerned."
- Records showed that a range of professionals were involved in the care and treatment of people. This included GPs, occupational therapists (OT), chiropodist and district nurses. Staff followed the recommendations made by professionals. For example, staff supported people at risk of pressure sores or

skin conditions to apply creams the prescribed.

- Staff worked jointly with other services and professionals to ensure people received effective and timely care. People took details of important information such as people's, medical history, medication list, GP and next of kin when they go to hospital or moved between services.
- Staff reviewed people's discharge letters from the hospital when people return from hospital so they were aware of any changes to their needs .

Adapting service, design, decoration to meet people's needs

- The environment had adequately adapted to meet people's needs. People had access to communal areas where they could relax, socialise and spend time with other residents.
- The home had adapted toilets and bathrooms with fitted equipment such as grab rails for people to use in support of their independence.
- People's rooms were personalised to their individual requirements. There was good signage around the home to help people find their way around easily and make it a more dementia friendly.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as inadequate as the provider failed to ensure people were treated with dignity and respect. At this inspection this key question has now improved to good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

At our last inspection we found the provider had failed to ensure people were treated and supported respectfully. This was a breach of Regulation 10 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the service had made the required improvement and was no longer in breach of regulation 10

- Staff cared for people with compassion and respect. People told us staff were kind to them. One person said, "They are good girls. They are kind." We received a lot of positive comments from relatives which included, "They're very good. I ask my loved one if the staff are kind and they always says 'yes'. I think they're doing an amazing job." "The staff are caring." "Yes, they seem caring even when they're stressed and under pressure. They've still got time to talk." "It used to be that the staff lived nearby and worked there because it was close by. They didn't seem to care much about the residents. But the staff they have now seem more dedicated." "I can't fault the carers."
- We saw throughout our inspection that staff were observant and chatted with people showing understanding and compassion. The atmosphere was relaxed and pleasant. Staff stopped by people's rooms to check how they were as they walked past.
- Staff supported people to relax and maintain calmness. We saw staff joke and laugh with people. We saw staff rub people's palm gently as a way of reassuring them. We saw staff stayed with one person who was distressed and unwell. A member of staff remained with them to help to reassure and calm them and get the medical assistance they needed.
- Staff maintained positive and caring interactions with people in communal areas or in people's own rooms. We saw staff address people by their preferred names.
- Staff carried personal care tasks behind closed doors to maintain people's dignity. People looked clean and well presented. One relative commented, "It's better now. Last year we were concerned about my [loved one's] personal care. But I can see a turnaround with the new manager and their personal care has been addressed."

Supporting people to express their views and be involved in making decisions about their care.

- People and their relatives were involved in their care planning. Relatives told us staff communicated with them and updated them about their loved one's care. One relative said, "Yes, 'They tell her what they are going to do. They explain. They keep me informed too.'" Another relative told us, "They have involved me in the past and they review it with me."
- We noticed staff gave people choice of what to eat during lunchtime. We saw people decided where they sat and how they spent their time. For example, after lunch people were asked if they wanted to remain in the dining room or if they wanted to go back to their rooms or the communal lounge. Staff respected their choices.
- Staff communicated with people in the way they understood and gave them time to express themselves. We saw staff stoop to people's level to speak to them and they waited for the person's response either verbally or non-verbal to understand their wishes and views.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care to meet their individual needs and requirements. Staff knew people well and knew what they liked and disliked; and people's routines. For example, one relative commented. "Yes, staff definitely know my loved one well. The staff know what they are like, they know what my loved one is saying when they are moaning. Staff worry if they are quiet." Another relative stated, "Staff have good insight. They engage with loved one. When staff talk about them, they describe loved one well and it shows they know they character."
- Care records detailed information about people's backgrounds, history, social, physical and mental health needs. Care plans provided information for staff on how to meet people's identified needs including support people needed to maintain their physical health and well-being, nutrition and personal hygiene.
- Staff delivered care according to people's care plans. Staff supported people who required to be repositioned in bed as a way of maintaining their skin integrity. People who required their glucose levels checked were checked by staff. Staff supported people to maintain their personal hygiene.
- Care plans were reviewed regularly and updated to reflect people's current care needs and situations.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified through care planning. This included people's needs with regards to their hearing, sight and speech. For example, people who needed hearing aids had them on.
- The manager told us that if people required information in different language and in formats such as Braille and large prints, they could make them available in these formats.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were engaged in activities to occupy them. There was an activities coordinator who led in the

planning and organising of activities. The care staff team also organised and engaged people in various activities in small groups and on one-to-one basis. Activities included games, exercise classes, puzzles and music sessions. We saw staff reading to people, storytelling and doing beauty therapy for people.

- People's religious and cultural needs were documented in their care plans. Staff knew this and supported them accordingly. People were supported to join online worship sessions if they wished. Before COVID, various religious services took place regularly or as when required to meet people's needs. The manager told us they planned to let this happen again when restrictions were lifted.
- People maintained relationships which mattered to them. We saw people's relatives as they visited their family members. They told us they were welcomed at the service and they were given the space and time they needed with their relatives.

Improving care quality in response to complaints or concerns

- People and relatives knew how to raise concerns if they were unhappy about the service. They told us they would speak to a member of the management team if they had any concerns. One relative commented, "With the new manager if I raise concerns they're addressed quickly and there's a good resolution."
- Record of concerns and complaints made about the service was maintained. There had been two complaints since our last inspection. These were addressed in line with the provider's complaint's procedure. They investigated and responded to accordingly.
- The manager told us they discussed and shared issues raised in complaints with staff as part of improving service quality.

End of life care and support

- Care plans included information about people's end of life care. Care plans stated people Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) status and people's desire for active treatment including hospitalisation even if they were DNAR.
- Staff had received some training in end of life care. The home liaised with other health and social care services to provide end of life care that met people's wishes.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

At our last inspection, the provider did not encourage a culture that ensured people's needs were met. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider had made the required improvement and was no longer in breach of this regulation.

- People received a service which met their needs and achieved positive outcomes for them. People and their relatives commented that the service had improved. One person said, "It's good. I'm happy." One relative commented, "I think it's quite good now. It's under new management now. [Loved one] is well looked after. The food's better and before some of the carers weren't so caring but that has changed. There are new faces in the staff team and my [relative] is happier." Another relative stated, "It's so much better now. Last year we were concerned about our loved one's care. Their personal care was neglected, and well-being was poor generally. But I can see a turnaround with the new manager and their personal care has been addressed. They deteriorated a lot due to age, but I feel happier about them ending their life there."
- Staff had received the training and were supported to deliver quality care to people; and they showed commitment to doing so. One staff member mentioned, "I love it now. I love working with people. We [staff] have been trained and the manager is ensuring we have the tools to do the job properly. I try my best to meet people's needs the way they want and most of the staff are also interested in the service users and really want to care for people like family. The care has improved a lot compared to last year. Staff are really keen to make a difference now."
- There were systems, policies and procedures in place which promotes and enables person-centred care to be delivered to people. Food and fluid chart were completed for people who required their food and food intake monitored. Repositioning charts were completed for those who required to be repositioned in bed and we saw staff attend to people to support them change positions in bed.

Continuous learning and improving care

At our last inspection, the provider failed to ensure the quality of the service was rigorously monitored. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the provider had made the required improvement and was no longer in breach of regulation 17.

- The quality of the home was regularly assessed and monitored. People, relatives, and staff were asked for their feedback about the service through survey. One relative commented, "I did a questionnaire. I mentioned the communication wasn't very good, but that has improved over the last 2 or 3 months." Another relative mentioned, "I did one 2 or 3 months ago. I don't think I suggested any changes. but I'm very happy with the home now."
- Various audits and checks were carried out at by the registered manager and by the provider's quality assurance team to identify shortfalls. These included falls, infection control, DoLS, care records, medicine management, staff training, supervision, recruitment and health and safety.
- The registered manager held meetings such as clinical review meetings, 'flash' meetings with senior staff from each unit of the home. They discussed any issues and agreed on actions to resolve the issues. One staff member said, "The new manager is a good leader. The atmosphere has changed. He is fair, experienced and has clinical knowledge. He addresses issues quickly. I feel more confident and comfortable and happy working here."
- The service had an improvement plan in place which the registered manager and senior management team from the provider reviewed regularly to assess the service's performance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection, the provider failed to ensure people and their relatives were engaged in the running of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the provider had made the required improvement and was no longer in breach of.

- People, their relatives and staff they could engage with the registered manager to discuss any matters they had about the service. They told us, "The new guy has a more personal touch. He seems to be there more often. He seems to know more what's going on and interacts more with residents and with us [relatives]." The new manager is more approachable. I never feel I can't talk to him. He engages with us and does everything you ask him to do."
- The registered manager told us staff contacted people's relatives at least once every month to give them update about their loved one's care. Also, to engage and consult with them.
- The registered manager told us they were planning to set up formal meetings with relatives to engage with them and give them a chance to share their views about the service as soon as the government restrictions allowed this, to engage with them and give them a chance to share their views about the service.
- Staff told us they felt involved and listened to. Regular staff meetings took place to discuss the care people received and issues relating to the service. One staff member said, "I feel fully involved in what happens in the service and feel listened to. The manager's office is open, and we can go in and ask or discuss any problems with him."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- There was visible leadership and management presence at the service. People and their relatives knew who to go to if they had any queries about the service. One relative told us, "The manager is easy to talk to." Another relative mentioned, "I would speak to the manager if I have a question. He is mostly around and approachable. He's not been there very long just a couple of months, but he does his best."
- Staff also told us the manager was available to provide them direction and support. One staff member

said, "The new manager is terrific. He has changed the atmosphere here. I'm proud to be working here now. He is approachable, supportive and leads us well. He has taught us how to do the job. He has taught us many things. The home has improved significantly from where we were last years." Another member of staff commented, "The manager has taken his time to teach us, guide and show us how things are done. He is in the frontline showing us good practice. Everyone is motivated."

- The registered manager was supported by the deputy manager and a team of team leaders; and senior care staff. They held regular meetings to discuss day-to-day operations of the service and how to meet people's needs. The regional manager also visited the home regularly to provide support where needed.
- The registered manager had notified CQC of notifiable incidents in line with their registration conditions. The registered manager showed they understood the duty of candour. They had taken actions to address incidents and accidents, safeguarding concerns and complaints.

Working in partnership with others

- The service had worked closely with local service commissioners, and health and social care professionals to improve the service delivered to people. They held regularly meetings to develop and review the service improvement plan put in place following our last inspection. The service commissioners had supported the service to make improvements and they had given positive feedback about the improvements made.