

Four Seasons 2000 Limited Marlborough Court

Inspection report

7 Copperfield Road
Thamesmead
London
SE28 8RB
Tel: 0208 310 8881
Website: www.fshc.co.uk

Date of inspection visit: 25 and 29 June 2015
Date of publication: 25/08/2015

Ratings

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

Overall summary

This inspection took place on 25 and 29 June 2015 and was unannounced.

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

We last inspected Marlborough Court in February 2014. At that inspection we found the service was meeting all the regulations that we assessed.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

People and their visitors were positive about the care and support provided at Marlborough Court. Staff knew people well and understood how to meet their individual needs. We observed positive relationships between staff and people at the service and their relatives or carers. Visitors were welcomed and people were supported to maintain relationships with those who matter to them.

The Union Jack unit had been accredited as a Positively Enriching And Enhancing Residents Lives (PEARL) dementia service. Staff had received additional specialised training in dementia as part of this organisational accreditation process and the staff members spoken with were proud of the specialised service being provided on the unit. Our observation was that this unit had lots of interaction, conversation and activity going on throughout our inspection visits. Numerous signs of individual wellbeing were observed with people positively engaging with each other and with the staff working on the unit.

The environment on the Union Jack unit was designed and arranged to promote engagement and wellbeing using decoration, signage and other adaptations. A specially designed sensory garden for people living with dementia was also opened at Marlborough Court in 2014 with its own water features, wall chimes, plants and seating areas. Rails and raised beds helped people use and interact with the garden and sensors triggered different noises when people walked nearby.

Risk assessments were in place that reflected current risks for people at the service and ways to try and reduce these. Care plans were being regularly reviewed to ensure the care provided met people's changing needs.

Staff received training to help them undertake their role and were supported through regular supervision and appraisal. Staff had training in working with the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS).

Medicines were stored, administered, recorded and disposed of safely. Staff were trained in the safe administration of medicines and kept records that were accurate.

People told us that they felt able to raise any issues or concerns and these were dealt with promptly and satisfactorily. There were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow these.

The service sought different ways to enable people, their relatives or carers and others involved with the home to be empowered and voice their opinions. There were effective systems to regularly assess and monitor the quality of service provided. Audits were carried out and, for areas where issues were identified, action been taken to ensure people's welfare and safety.

There was strong leadership at Marlborough Court. An experienced registered manager communicated a strong ethos focusing on person centred care and ensuring a good quality of life for the people staying there. Staff told us they felt valued and appreciated for the work they did by the management team. The home had made sustained improvements over time and had achieved recognition from other professionals within the sector. The registered manager and staff working at Marlborough Court had won a number of Great British Care and National Care Awards which are a series of regional and national awards throughout the UK.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Staff were knowledgeable in recognising signs of potential abuse and how to report any concerns.

Assessments were carried out to identify any risks to people using the service which helped to protect them.

There were sufficient numbers of trained staff deployed to help ensure that people had their needs met in a timely way. The staff working at Marlborough Court were recruited safely.

Medicines were stored securely and administered safely.

Good



Is the service effective?

The service was effective. People said they were cared for by staff who knew them as individuals and understood their needs.

The Union Jack unit in particular provided effective care and support for people living with dementia. People's individual wellbeing was also promoted by premises that were adapted and decorated in line with best practice in dementia care.

Staff were enabled to develop their knowledge and skills and were highly motivated to provide a quality service for the people at Marlborough Court.

The home had made sustained improvements over time and achieved accreditation with recognised schemes.

Outstanding



Is the service caring?

The service was caring. Staff treated people with dignity, respect and kindness. They were knowledgeable about people's needs, likes, interests and preferences.

People using the service and their relatives and carers were happy with the care they received. People spoke positively about staff and said they were kind and caring.

Good



Is the service responsive?

Care plans were personalised and helped staff meet people's individual needs. Staff showed a good understanding of how people wanted to be supported.

Activities were meaningful and planned in line with people's interests.

People felt able to raise any concerns with managers or staff and the home responded promptly to these.

Good



Is the service well-led?

The service was well-led. An experienced registered manager was in post who promoted high standards of care and support for people using the service at Marlborough Court.

Outstanding



Summary of findings

Staff were well supported by the registered manager and their deputy who were approachable and listened to their views. The ethos of the home was positive and staff felt part of a team. Staff we spoke with reflected on the significant progress made by the service in the last three to four years.

Health care professionals were positive about the quality of the service provided to people and their relatives and carers and the progress made since the current registered manager had been at Marlborough Court.

The service actively promoted people's involvement with their local community.

Marlborough Court

Detailed findings

Background to this inspection

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

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us.

We visited the home on 25 and 29 June 2015. Our first visit was unannounced and the inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

On the first day of our visit we focused on speaking with people who lived in the home and their visitors, speaking with staff and observing how people were cared for. One inspector returned to the home on the second day to speak with the registered manager and examine records related to the running of the service.

During our inspection we spoke with seven people using the service, six relatives or carers, eight care staff, two visiting professionals, the registered manager, deputy manager and the regional manager. We observed care and support in communal areas, spoke with people in private and looked at the care records for eight people. We also looked at records that related to how the home was managed.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People told us that they felt safe living at Marlborough Court. One person told us, “Oh you are very safe here.” Visitors said that they thought the home was a safe environment and their friends or family members were well cared for.

We observed people were supported in a way that kept them safe. For example, where a person had been identified at being at risk of falls, staff were seen to walk with them to help make sure they were safe. Risks to people using the service were being identified and assessed. Care records included assessments of people’s mobility, their potential risk of falls and of pressure ulcers developing. Any falls were documented with the assessments and care plans updated.

The manager was the safeguarding lead for the service. The service had a policy for safeguarding adults from abuse. Local authority’s safeguarding information for staff was displayed on notice boards on each floor, this included the contact details of the local authority safeguarding adult’s team, the police and CQC. Staff demonstrated a clear understanding of the types of abuse that could occur, the signs they would look for, and what they would do if they thought someone was at risk of abuse including who they would report any safeguarding concerns to. The deputy manager told us they and all staff had attended training on safeguarding adults from abuse. The training records we looked at confirmed this. Staff said they were aware of the whistle-blowing procedure for the service and that they would use it if they needed to.

The home had made two recent referrals to the local authority safeguarding adult’s team. At the time of this inspection these were being investigated by the local authority and therefore we cannot report on the outcome of these investigations. We will continue to monitor the outcome of the investigation and the actions taken to keep people safe.

Staff told us there were enough staff on shift to meet people’s needs and said that if there was a shortage, for example due to staff sickness, management arranged for replacement staff. Domestic staff and activities coordinators were trained as care staff and could step in to support/cover shifts if needed. At the time of our inspection the home was providing care to 74 people over three floors.

We looked at the staffing rosters on each floor. There was a senior health care assistant and four care staff on the top two floors throughout the day and a registered nurse and three care staff on shift throughout the day on the ground floor. During the night there was a registered nurse and two care staff on shift on the ground floor and a senior health care assistant and two care staff on shift on the other floors. The deputy manager told us that staffing levels were constantly evaluated and arranged according to the needs of the people using the service. For example, if people’s needs changed or they needed to attend health care appointments, additional staff cover was arranged.

Appropriate recruitment checks took place before staff started work. We looked at the personnel files for five members of staff. Completed application forms included references to their previous health and social care experience and qualifications, their full employment history, explanations for any breaks in employment and interview questions and answers. Each file contained evidence of criminal record checks that had been carried out, two employment references, health declarations and proof of identification. The home worked with the United Kingdom Border Agency to ensure that right to work and identity documents obtained from staff during the recruitment process were valid.

Medicines were stored securely in locked cabinets in locked rooms on each floor. The majority of medicines were administered to people using a monitored dosage system supplied by a local pharmacist. Medicines folders were clearly set out and easy to follow. They included individual medication administration records (MAR) for people using the service, their photographs, details of their GP, information about their health conditions and any allergies. They also included the names, signatures and initials of nursing staff qualified to administer medicines. We checked the balances of medicines stored in the cabinets on two floors against the medicine administration records for twelve people using the service and found these records were up to date and accurate, indicating that people were receiving their medicines as prescribed by health care professionals.

Some people had been prescribed controlled medicines by health care professionals. We looked at the home’s systems for storing, administering and monitoring controlled drugs. The controlled drugs cabinets were double locked and records of quantities held were kept for each floor. These

Is the service safe?

had been signed by a nurse and a senior health care assistant each time a controlled medicine was administered to someone. Audits were undertaken by senior health care assistant or team leaders on a weekly basis to make sure medicines were being administered correctly.

The deputy manager showed us the homes system for reporting and monitoring incidents and accidents. These were recorded on a data base and the provider's health and safety advisor assessed the reports. Any trends, patterns or

queries would then be flagged up with the home manager to take action as needed. The regional manager told us there were no current concerns relating to Marlborough Court.

All areas of the home were seen to be kept clean and hygienic. Risks associated with the environment and equipment were assessed and reviewed. Safety checks were regularly carried out such as those for the fire, gas and electrical equipment installed.



Is the service effective?

Our findings

People said they were cared for by staff who knew them as individuals and understood their needs. One person using the service said, "The staff here are wonderful caring people." Another person commented, "The best staff that you can have." A relative or carer told us, "They seem to know what they're doing. They are very careful; [my relative] is turned every few hours." Another person praised the staff for the way they managed to support their relative saying, "They are really good with her...they have learnt how to wait until [the person] comes round."

Staff completed the training they needed to work effectively with people using the service. The staff we spoke with told us they completed induction training mapped to nationally recognised standards when they started work and said they were up to date with the provider's mandatory training. They received supervision from senior staff or a manager. They were well supported by the manager and senior members of staff and that there was an out of hours on call system in operation that ensured management support and advice was always available when they needed it. One said, "I get plenty of training. It helps me to do my job with confidence. I get regular supervision from the manager, I attend team meetings." A new member of staff said, "The induction I received was good. I shadowed staff on shift and learned a lot from them."

The Union Jack unit was accredited as a Positively Enriching And Enhancing Residents Lives (PEARL) dementia service. Staff had received additional specialised training in dementia as part of this organisational accreditation process and staff talked about the significant improvements made in practice on the unit in the past three years. Staff spoken with were proud of the specialised service being provided on the unit. One staff member told us, "It used to be institutionalised here, everyone followed a routine. It's now person centred so not just about people and their illness, it's about people who can still make choices for themselves." A relative or carer commented "Look at the staff; they really try to keep ahead of the Pearl programme."

We saw people sitting on sofas and chairs in the middle of the corridor on the Union Jack unit talking with each other and staff. This area provided a focal point for the unit where people could interact or just sit quietly watching people

pass by. Our observation was that this area stood out with lots of interaction, conversation and activity going on throughout our inspection visits. People walked freely through the unit stopping to talk with staff or to sit with in this area. Numerous signs of individual wellbeing were observed with people positively engaging with others, laughing and joining in with what was going on.

Staff were empowered and motivated to develop the service and help train other staff. One member of staff told us about new 'loving L.I.F.E' training they had recently attended. This was a programme of training sessions that they would facilitate for other staff as an envoy focusing on Listening to people, treating each person as an Individual, Following up on issues affecting them and Empowering them (L.I.F.E). They said the programme aimed to support engagement and conversation between staff and people using the service.

The deputy manager showed us documents confirming that all staff were receiving regular supervision. All senior staff had received an appraisal of their work performance. The senior staff were in the process of appraising health care assistants, activities coordinators, domestic staff and kitchen staff. Staff meetings were held regularly and we saw discussions about the loving life training, activities, the role of CQC, internal job opportunities and the care home open day recorded in the minutes.

Records confirmed that staff completed an induction when they started work and received training relevant to the needs of people using the service. They had completed training the provider considered mandatory. Mandatory training included safeguarding adults, health and safety, moving and handling, infection control, first aid awareness, fire safety and food hygiene. They had also completed training on other topics such as the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS), wound management, nutrition, equality and diversity and dementia awareness.

Marlborough Court was the first care home in the United Kingdom to attain the Care Quality Mark for older deaf people. This quality mark recognised the home's accessibility and commitment to older deaf people and staff received training as part of the accreditation process. There was no-one requiring this specialist support at the time of our inspection.



Is the service effective?

Staff on each floor and the deputy manager told us about 'flash meetings' that took place at 11am daily. These were attended by staff from different departments across the home with the focus to communicate information about any new admissions and the needs of people using the service for example, individual health issues of people such as pressure sores or weight loss. A senior health care assistant told us they passed on information from these meetings to staff on each floor.

The deputy manager and staff we spoke with demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA and the DoLS sets out what must be done to ensure the human rights of people who lack capacity to make decisions are protected. The deputy manager said that most people using the service had capacity to make some decisions about their own care and treatment. Where the home had concerns regarding a person's ability to make specific decisions they had worked with them, their relatives, if appropriate, and the relevant health and social care professionals in making decisions for them in their 'best interests' in line with the MCA. Capacity assessments were completed for specific decisions such as taking medicines and having vaccinations and retained in people's care files. The deputy manager told us they were aware of the Supreme Court judgement in respect of DoLS. At the time of our inspection we noted that eleven DoLS applications had been authorised to deprive people of their liberty for their protection.

We also saw Do Not Attempt Cardio-pulmonary Resuscitation (DNAR) forms in the care files we looked at. The DNAR is a legal order which tells a medical team not to perform Cardio-pulmonary Resuscitation on a patient. These had been fully completed, involving people using the service, and their relatives, where appropriate, and signed by their GP.

People using the service told us they enjoyed the food provided to them. One person told us, "Quite good food" and another commented, "I don't have lunch, there is always something to eat around, fruit, biscuits and chocolates". A relative or carer said, "The food is just right. They don't give them too much." Another visitor told us the home provided "Old fashioned Sunday lunch and English

afternoon tea" and said that staff invited them to join in with meals when they visited. Another relative or carer said, "Good wholesome food, they make it nice and soft for [my relative]."

Written and pictorial menus were on display in each unit and people told us they were given a choice of meals. There was a choice of two cooked meals and alternatives such as salads and sandwiches at the mealtime we observed. Staff helped people make choices by showing them the plated meals on offer. Cold drinks, ice creams and milkshakes were provided on each unit on both days we visited as the weather was warm. Arrangements were made for people using the service and accompanying staff to take bottles of water if they were attending appointments outside of Marlborough Court.

A relative or carer told us how the home had responded promptly when a person had started to lose weight and they had been put on a protein enhanced diet. Care records included nutritional assessments and individual care plans were in place to help make sure of people's nutritional wellbeing. Individual food and fluid intake was being monitored where necessary and relevant professionals such as dieticians involved appropriately.

People's needs and preferences were being taken into account in how the premises were adapted and decorated. A specially designed sensory garden providing a safe and engaging space for people living with dementia was opened in 2014 with its own water features, wall chimes, plants and seating areas. Rails and raised beds helped people use and interact with the garden and sensors triggered different noises when people walked nearby. All of the people using the service on one unit were seen to have their lunch there on the second day we visited. Awnings were used to keep people cool and music was playing throughout the mealtime. Relatives or carers used the garden as somewhere to go and sit with people in a quiet and relaxed space away from the units. A book was kept in the reception area for people to sign after they had visited with many positive comments recorded about the benefits of the garden for people using the service.

The environment on the Union Jack unit was designed and arranged to promote engagement and wellbeing using decoration, signage and other adaptations. Corridors were themed using different pictures and objects such as sewing machines and records. The toilet doors were painted in a different colour to help people identify them more easily. A



Is the service effective?

room for baking was provided that was decorated using objects and pictures from years gone by. Other rooms had been adapted as a space for massage and a pet therapy room with its own rabbit. The manager told us that plans were in place for the environment on the top floor King George unit to be enhanced in order to apply for PEARL accreditation which would clearly be as beneficial for the people living there.

People at Marlborough Court received support from a local GP practice. The GPs visited regularly so that they got to know people well and information about them was displayed in the reception area. A GP visited during our inspection and gave positive feedback about the efficient running of the home and the caring attitude of the staff.

Is the service caring?

Our findings

One person using the service told us, “They are like a second family to me, ever so good.” Another person commented, “I do like it here.” And a third person told us, “Absolutely no complaints about the place. The staff are all the same – lovely.” A visitor on one unit told us, “I think it’s very, very nice, I like the way they operate, kind and polite.”

Relatives were positive about the care provided. One person told us “The level of care is really good – fantastic” and another commented, “They know everybody, their patience is boundless. They take a lot of flak.” We saw one relative or carer tell a staff member, “You do your very best. You need a medal.” Another person told us, “Everyone knows [my relatives] name and treats her with respect.” Other comments from relatives or carers included “Staff take a pride in their work, they really care” and “Staff all seem nice – very approachable.” The relatives and carers we spoke with said they felt involved in the care provided and that the home communicated well with them.

Three people using the service acted as ‘home ambassadors’ whose role included giving feedback to the managers, participating in events and talking to visitors about the home. Two relatives undertook similar roles as ‘dignity ambassadors’ for Marlborough Court.

The registered manager told us that their approach to ensuring dignified and compassionate care at Marlborough Court was ‘management down’, running through the whole service and talked of the importance of looking after their staff. Staff in turn spoke about the importance of treating people with kindness, dignity and as individuals. One staff member told us, “Most of all when the residents are happy, then I am happy.” Another staff said, “I treat people as if it is my mum, it’s all about people being happy”.

The staff were knowledgeable about people’s needs and how to meet these. One care staff told us about a person’s work history and how they used this to work positively with the person. For example, understanding that when they started to move furniture, this may be because they were living out those days at work again. Another staff member was seen to accompany a person to another floor where they wanted to make a cup of tea independently and sit quietly. People’s care plans documented their likes and dislikes. Each plan included a ‘Connecting with your community’ profile which included the person’s history and important information such what a good day and a bad day would look like for the person. One person’s profile documented their love of Millwall football club and gardening, prompting staff to use this information to engage with the person in conversation and activity.

People’s life stories were displayed outside their bedrooms on the Union Jack unit. This included where they were born, jobs they had and their current interests and hobbies. For example, [the person] likes to go into the garden to get some fresh air. The profiles acted as another prompt to help staff and other visitors focus on the person and not just their dementia.

Care plans included details about people’s ethnicity, spiritual needs and culture. Staff had completed equality and diversity training and were aware of people’s cultural, religious and personal needs. Representatives from local churches visited the home on a regular basis. The registered manager told us that the ‘six steps to success’ end of life care programme for care homes was due to commence soon and Marlborough Court would be participating when available. However, we could not assess the impact of this at the time of our inspection.

Is the service responsive?

Our findings

Activities were taking place on units and in the sensory garden on both days we visited including quizzes and music therapy. Two full time activity co-ordinators work at Marlborough Court with one co-ordinator based on the Union Jack unit and the other staff member covering the Thames and King George units.

People were enabled to take part in activities at Marlborough Court. Schedules of activities included bingo, pampering sessions, indoor bowls, sing-song and dance sessions. Journals were used to record the activities undertaken by each person and those seen included people attending mobile karaoke, fabric painting, exercise sessions and making fruit cocktails. A person using the service told us they had plenty of books from the local library and also used a tablet computer to keep themselves occupied. Another person told us they had recently attended a BBQ for care home open day and we saw an upcoming Summer BBQ advertised throughout the home. An eighteen month grant funded yoga project was running at Marlborough Court with weekly sessions taking place for people using the service.

A relative or carer told us, "I sometimes help to take [my relative] with others and the activities co-ordinators down the road to a coffee shop." Other relatives or carers commented, "[My relative] mainly sits in their room, does some activities with the Activities co-ordinator and is offered to be taken to more activities." and "They play skittles and does karaoke, gets involved and tries to help the activity co-ordinators."

People's needs were regularly assessed and responded to. The home had a 'resident of the day' scheme where the staff made sure the person had extra individual care and

attention. Their care plan was reviewed and made sure all the information about their needs was up to date. The care plans we looked at were reviewed regularly and kept up to date to make sure they met people's changing needs. One relative or carer told us, "The care plan is reviewed regularly and if the medication needs changing, the family are told." Each person's care plan addressed areas such as nutrition, personal care, cognition and emotional wellbeing. The plans were individualised, including detailed information that helped staff to effectively support and care for them. For example, a care plan for one person around medicines documented in detail how the person should be assisted by staff to take their tablets each day. Another care plan focused on wellbeing detailed how the person could be supported to do the things they enjoyed and maintain contact with those around them.

Relatives or carers told us that they felt able to raise any concerns with managers or staff and the home responded promptly to these. One person said they had raised a concern that their relative sometimes wasn't wearing their glasses and, since then, they were always wearing them. Another relative told us that their concerns about laundry going missing had been resolved with all the clothes returned and better identification tags introduced to prevent the problem happening again. Another person was also pleased that the management had enlarged the print of the menus for their relative when they pointed out that it was difficult to read them.

A complaints file included a copy of the complaints procedure and forms for recording and responding to complaints. Records showed that when issues had been raised these were investigated and feedback given to the complainant. The deputy manager told us that any complaints received at the home were reviewed and used to ensure similar complaints did not occur.



Is the service well-led?

Our findings

A relative or carer told us, “The place is well run and clean. The manager is open to input from relatives.” Other comments from relatives or carers included “[the manager] runs a tight ship; normally you see her walking about” and “She’s everywhere, excellent. The [deputy manager] is brilliant too.”

The registered manager had been in post for over three years. They spoke about their vision for the service including the importance of consistent leadership, individualised care, and a nice environment to live in and making sure people were engaged and not bored each day. They talked of the importance of supporting staff to make sure their vision and values ran through the care and support provided.

A staff member told us, “I just like working here. We have good managers and staff and we all work really well as a team.” Another staff member commented, “We think we provide good quality care to people. We remember this is their home and we are here just to help them do things. It’s good when family members are positive and give us good feedback and ask us to do things.” Staff said they would recommend their home to their relatives or friends with one staff member commenting, “I would recommend it, absolutely.” A number of the staff we spoke with reflected on the significant progress made by the service in the last three to four years.

Staff told us they felt valued and appreciated for the work they did by the management team. They said that the registered manager had an open door policy and they could talk to her or the deputy manager any time they wanted to. One staff member said, “[The Manager] is the best manager you can work with.” Another staff member commented, “The manager is approachable. I can go to them if I have a problem. They listen to the staff team.” A third staff member said, “That is the thing I like about the manager, you can speak to her, she listens to us.”

The organisation had a reward scheme recognising the employee of the month. Their pictures were displayed in the home and one staff member told us, “I got an employee of the month award for doing a good job. The manager

gave me flowers. I think the employee of the month award is really motivating for staff. It made me feel proud and I wanted to work even harder and put more effort into my work.”

The home had won Great British Care and National Care Awards which are a series of regional and national awards throughout the UK. These included the best care team 2013 and another for having the best dementia carer in London 2014. The registered manager was a finalist in the 2014 National Care Awards in the dementia manager category and a staff member was a finalist in the carer category in the 2015 awards. The registered manager talked about the importance of the home gaining sector recognition for the quality of care provided and how this gave staff a sense of achievement along with increased confidence in the quality of care they were providing. This was reflected in our conversations with staff who were proud their achievements and their work at Marlborough Court. The registered manager had given talks and presentations at external care events about the service provided at Marlborough Court. The home had also hosted seminars and workshops on subjects such as focusing on excellence and making a difference in dementia care.

Audits were carried out to monitor the quality of the service and to identify how the service could be improved. This included weekly audits of medicines records to ensure that possible errors were recorded and any lessons had been learnt. An assessment tool was used to check that individual care documentation was fully and accurately completed. Other audits were regularly carried out around areas such as infection control, complaints and people’s dining experience. Any actions required were recorded and we saw examples where care plans and capacity assessment forms had been updated following audits. Unannounced checks were also carried on the care and support provided overnight to people using the service.

The service sought different ways to enable people, their relatives or carers and others involved with the home to be empowered and voice their opinions. Two relatives or carers told us they had completed questionnaires within the past six months asking for their views about the quality of service provided. An iPad was made available in the reception to capture feedback from people using the service, relatives or carers, visiting professionals and staff. An electronic dashboard was available to the management team giving a summary of the feedback and flagging any



Is the service well-led?

comments made that may require a response. A summary of comments from March to June 2015 was supplied to CQC that included feedback such as “I’m impressed with the staff and premises” and “Marlborough Court staff are organised, always make my work easy whenever I visit.”

A relative or carer talked about attending a recent relatives meeting which they found informative. Minutes of these meetings documented discussion around staffing, emergency admissions to hospital, food, laundry and an update from the registered manager.

Feedback to CQC from local authority commissioning and quality monitoring staff was positive about the service being provided at Marlborough Court. They said that issues raised with management in the home were dealt with in a timely manner and feedback provided to them included

that staff were welcoming and kind. Visiting professionals spoke of how the home had benefited from consistent leadership and the progress made since the current registered manager had been at Marlborough Court.

The service actively promoted people’s involvement with their local community. The ‘Flame of Forgiveness Fortnight’ was a project started by Marlborough Court in 2014 to commemorate World War One with an emphasis on the importance of forgiveness. Events took place involving local schools culminating in the lighting of a beacon at Marlborough Court. Photographs displayed showed people using the service joining in with this event and the beacon located so it could be seen from each floor of the home. This commemoration was due to be repeated in 2015 with the organisations other care homes taking part. We saw there was regular contact with local schools and people took part in a monthly coffee morning locally.