

Marmora Limited

Marmora Care 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 an unannounced inspection of Marmora in September 2017 and found there were four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements were needed regarding safe care and treatment, safeguarding service users, staffing and good governance. The registered provider submitted an action plan to us about the measures they were taking to address the concerns found at the previous inspection.

At this inspection on 7 and 16 August 2018, we checked that the registered provider had made the required improvements. Since our last inspection of the service, improvements had been made and the service was compliant with the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3).

The management team had made significant progress to address the previous concerns and we have now rated this service overall, 'Good'.

Marmora 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 care home accommodates up to 27 older people who may have varying levels of dementia related needs. Marmora does not provide nursing care.

Marmora is situated in a residential area, close to the seafront and the town centre. The premises is on three floors with each person having their own individual bedroom and communal areas are available throughout. At the time of our inspection, 24 people were using the service.

There was a registered manager in post. 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.

Systems and processes had been implemented to monitor and improve the quality and safety of the service provided. The registered manager was pro-active, committed to continuous development and worked closely with the registered provider which had led to improvement in the managerial oversight of the service. Measures had been taken to strengthen the management team of Marmora and this had led to positive outcomes for people.

People and their relatives were very positive about the approach of the registered manager and the improvements they had made. Complaints and concerns were suitably investigated and dealt with and good records management was in place.

Staffing levels had been reviewed and there were adequate numbers of staff on duty to support people and

meet their needs and people were provided with supervision, stimulation and meaningful activity. Staff had been recruited safely and were trained and supported to meet people's needs.

Safe processes were in place for the administration of medicines and there were procedures in place to ensure the safety of the people who used the service. There were systems in place to safeguard people from abuse and the recruitment of staff was safely completed to make sure they were suitable to work in the service. Staff were aware of their responsibilities and knew how to report any concerns.

Staff demonstrated an understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS.) 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 support this practice.

Risk assessments and care plans provided detailed and relevant guidance for staff in the home. People were supported effectively with their nutritional needs and received personalised care from a staff team who were kind and caring, respected their privacy and dignity and promoted their independence.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were sufficient staff available to meet people's needs in a timely manner.

Staff were knowledgeable about abuse and knew how to keep people safe.

Checks were made on equipment and on the environment to ensure it did not place people at risk.

Medicines were stored and administered safely.

Is the service effective?

Good ●

The service was effective.

Training and development had improved and provided staff with the skills and knowledge to carry out their roles.

People were supported effectively with their nutritional needs.

Staff had a good understanding of the Mental Capacity Act 2005 and decisions were made in people's best interests where appropriate.

Is the service caring?

Good ●

The service was caring.

People's privacy and dignity was respected and their independence was promoted.

The staff were kind and caring.

People's preferences were documented and support was provided according to their wishes.

Is the service responsive?

Good ●

The service was responsive.

Care plans were detailed and provided guidance for staff to support people effectively.

People were engaged in meaningful activity to ensure their wellbeing.

People's feedback was used to drive forward improvements.

A complaints policy was in place.

Is the service well-led?

The service was well-led.

Managerial oversight had improved and the management team were pro-active.

Audit and monitoring systems were in place to ensure that the quality and safety of care was consistently assessed and monitored

People, staff and relatives were positive about the registered manager and the improvements that had been made.

Good ●

Marmora Care 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. □

This unannounced inspection took place on the 7 and 16 August 2018. The first day was undertaken by one inspector 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. On the second day, we made telephone calls to staff at the service.

Due to technical problems, the provider was not able to complete a 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 took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority.

During our inspection, we looked at the care records of seven people, recruitment records of two staff members and records relating to the management of the service and quality monitoring. We spoke with ten people living at the service, seven relatives, and one professional.

Where people were unable to speak with us directly we observed how staff interacted with people and used informal observations to evaluate their experiences and help us assess how their needs were being met. We spoke with seven staff including the registered manager and the deputy manager.

Is the service safe?

Our findings

Safe was rated as 'Inadequate' at our last inspection in September 2017 and we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, including a breach of Regulation 12, Regulation 13, and Regulation 18. This was due to concerns with medicine administration, risk management, staffing levels and infection control. At this inspection, we found that the required improvements had been made and the rating has improved to 'Good'.

Improvements had been made to the management of medicines. Medicines were now managed safely and people received their medicines as required and prescribed. We checked the medicines administration records and completed a stock count and found that these were maintained to a good standard. Individual care plans provided information about how to give people their medicines in a way they preferred and to ensure these were given consistently and appropriately.

Where people were prescribed medicines 'as and when required', protocols were in place providing guidance to staff on the purpose of the medicine and the time required between doses. Where people received variable doses of 'as and when required' pain relieving medicine, a record was kept of the dose that was administered so staff could monitor the effectiveness and adjust the dose as required to ensure their pain was managed.

A system was now in place to ensure that pain relief patches were applied correctly to reduce the risk of skin sensitivity occurring. Audits were also completed to monitor medicine stocks, administration and check that records were accurate. These highlighted no corrective actions were required. Staff received training and had their competency checked before they could administer medication.

Previous shortfalls regarding staffing levels had been addressed. The registered manager had reviewed the staffing and made some changes including replacing some administration hours with additional care hours. Shifts were well organised and the atmosphere was relaxed.

Staff had time to sit and engage with people, were always present within the communal areas and provided support to people whenever this was needed. One person said, "If I press my alarm they [staff] come really quickly, I've never had to wait long. Another person said, "I often have to call them [staff] and they [staff] always come quickly." One relative said, "I have no concerns. There are always enough staff – plenty. They [staff] always have time to stop and answer questions." Comments from staff members included, "We have enough staff and when we have sickness, we alter the shift according to the staff experience and confidence so that it is still effective." And, "We manage with the staffing and it is fine."

People told us they felt safe living at Marmora. One person said, "I feel perfectly safe here. I know they [staff] would do anything to help me." Another person commented, "I feel very safe with all the staff. I think they [staff] could deal with anything, they [staff] don't panic." One relative said, "I completely trust the staff to look after [relative]."

People told us staff treated them well and staff understood their roles and responsibilities in safeguarding people. Staff had received training in safeguarding and could identify the different types of abuse and the actions they would take if they had any concerns someone may be at risk. There was a poster displayed within the service providing information of who to contact if people, staff or relatives had any concerns. Records demonstrated the service notified the appropriate authorities of any safeguarding concerns and action was taken. The management team made changes to ensure lessons were learnt where shortfalls were identified and to reduce further risk. This had included further training and support to staff where required.

Accidents and incidents were regularly reviewed and any action taken fully recorded. People at high risk of falls had been identified and falls were monitored and tracked with detailed action plans put in place to reduce the risk.

At our last inspection, risk management required improvement. Comprehensive risk assessments were now in place and covered a wide range of areas and included risks associated with using mobility equipment, diabetes and pressure ulcers. Risk assessments were regularly reviewed and updated when people's needs changed. Where people became anxious or upset, assessments were in place which provided guidance to staff on how to effectively and safely support people and included possible triggers and de-escalation techniques. There was clear guidance available to staff on how to recognise the signs of high or low blood sugar for people with diabetes and the action to take if this occurred.

Concerns from the previous inspection regarding fire management had now been addressed and risks to people's safety in the event of a fire had been identified and managed. An evacuation plan and fire risk assessment were in place, fire doors were closed and fire extinguisher checks were up to date. Gas servicing, lift servicing and electrical installation records were all up to date.

Checks were completed and recorded on equipment including window restrictors, bedrails, wheelchairs and walking frames to ensure they were well maintained and safe to use. However, in some bedrooms, the wardrobes were not secure and items were stored on top which could result in the wardrobe toppling over if someone tried to reach up. The registered manager took immediate action, removed all items stored on top of the wardrobes and work commenced to secure the wardrobes to reduce the risk.

Previous shortfalls regarding infection control had mostly been addressed. An infection control champion was in place to share knowledge and encourage best practice. Cleaning schedules were in place and we observed cleaning being carried out. Personal Protective Equipment (PPE), paper towels and liquid soap were available throughout the service and PPE was used appropriately, for example when serving food and providing personal care. Dirty laundry was now dealt with using safe procedures, staff received training in infection control and audits were carried out. However, wet mops had been left in buckets and were not air drying. We could smell that the mop heads had just been disinfected after use reducing the risk of the spread of infection and the registered manager addressed the concern immediately.

The recruitment of new staff was managed safely. Checks including references and applications to the Disclosure and Barring Service (DBS) were undertaken before a new staff member commenced in their role to ensure that staff were of a good character and suitable to work with those living at Marmora.

Is the service effective?

Our findings

Effective was rated as 'Requires Improvement' at our last inspection in September 2017 and we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. This was due to concerns with staff training. At this inspection, we found that the required improvements had been made and the rating has improved to 'Good'.

Previous shortfalls with staff training had been addressed. Staff had the skills, knowledge and support to carry out their roles and responsibilities safely and to meet people's needs. Staff completed mandatory training in subjects including moving and positioning, medication, safeguarding and first aid. Mandatory training is training the provider thinks is necessary to support people safely. Staff also received training specific to the needs to those living at Marmora including dementia care, pressure care and challenging behaviour.

All new staff were working on the Care Certificate. The Care Certificate identifies a set of care standards and skills that health and social care workers should adhere to and includes assessments of competence. Some training was provided online through e-learning, however this was now followed up by the registered manager to check staff knowledge and understanding through short quizzes, for example, on safeguarding and the Care Certificate.

Training evaluation forms were completed by staff so the registered manager could monitor the effectiveness of the training and identify any learning gaps to be addressed. One training evaluation form for moving and positioning stated, 'I learned to be more aware and check that the area is clear.' One staff member said, "We report back to [registered manager] if we require any additional training needs and these are addressed." Another staff member said, "The training is helpful because you can think back to what you read or learned."

Observations of practice were undertaken in numerous areas including moving and positioning, personal care, shift management, lunch service and dealing with external professionals. Feedback was provided to the staff member to ensure their continuous development.

Staff received regular supervision sessions and were also informally supported on a day-to-day basis, with any concerns that arose by the seniors and the management team. Supervisions give staff the opportunity to talk through any issues, seek advice and receive feedback about their work practice. Annual appraisals took place and provided an opportunity for the management team to look at staff performance and to support them in their continued professional development.

The use of technology to deliver effective care and promote people's independence was encouraged. CCTV had recently been installed and was used to monitor communal areas and identify and analyse any causes of incidents so that action could be taken to prevent the risk of the incident re-occurring. The registered manager had consulted with people and their relatives around the installation of the CCTV and had followed best practice guidance. People's choice and independence was encouraged using a virtual assistant. 'Alexa'

was used within the dining area which allowed people to choose the music that they wanted to hear with one person heard to say, 'Alexa, play Elvis' before their chosen artist's music began to play.

The service had introduced champions in a range of areas such as bereavement and dementia. These are staff who had shown a specific interest in a particular area, to share their learning and best practice with the staff team and support staff to ensure people received good care and treatment.

Staff had received training in dementia care which included using a GERT suit. A GERT suit simulates the experience of older age so that staff understand how it can feel and can adapt how they support people due to a greater understanding. People now had detailed personalised dementia care plans which contained how the condition specifically impacted on the person and the support required, for example to 'remove all mirrors' and, 'explain who my visitors are'.

People's needs were met by the design and decoration of the premises. The colour scheme was bright and engaging and there was clear signage throughout the service to help orientate people. Handrails were painted in a contrasting colour and bathroom doors and en-suite doors were painted blue to help people with dementia recognise these areas quickly. There were four communal areas and an accessible garden where people could spend their time including a quieter lounge and a conservatory. However, some areas required maintenance. The sealant had come away at the back of some sinks in the bedrooms and in the bathroom on the third floor there was a broken radiator cover, cracked tiles and the floor was stained and looked grubby. This was discussed with the registered manager at the time of the inspection, who assured us this would be addressed.

People's bedrooms were personalised and had been decorated according to their preferences. One person who had been born in a different country, had photographs of this location on their bedroom door to help them recognise their bedroom and reflect their personal identity and cultural needs.

Shortfalls in the monitoring of food and fluid intake had significantly improved and those who had been identified at risk were closely monitored and their food and fluid intake recorded. The service was very involved in the 'Prosper Project' which is a collaboration with Essex County Council, which aims to improve the safety and reduce harm for vulnerable people in care homes. Through this initiative, the registered manager had analysed the weights of those at Marmora and implemented booster snack boxes which are pre-prepared, easily accessible and contain snacks totalling 100 calories each including jelly babies and dried fruit. The staff aim for each person to have five booster snack boxes a day and a milkshake at the end of each meal. This initiative had contributed to a significant reduction in UTI's (Urinary Tract infection) and a gradual weight gain for nine people and had featured in the 'Prosper' newsletter as an inspiring idea. One relative said, "Marmora changed the diet and tailored the meal to promote better internal healing for [relative] so sores have improved and [relative] has had no UTIs since Christmas."

On the day of inspection, outside temperatures were high. Fans were in place and curtains were shut to keep rooms as cool as possible. People were offered regular fluids, choc ices and watermelon to keep cool and hydrated with people commenting that staff often encouraged them to drink more especially with the current high temperatures. Additional ceiling fans were on order to further reduce the temperature to keep the environment and people cool.

Shortfalls in the mealtime experience had significantly improved. Meal times were relaxed and people were being supported where required and given gentle encouragement as needed. People's independence was promoted and they helped to lay the table with cutlery and serviettes. Staff had time to spend with people and interactions usually led to lengthy conversations or discussions between several people. The

atmosphere in the dining room was very social with people chatting. Music that was playing encouraged conversation between people about their favourite music styles and some people were quietly singing along. One person asked for cheese to be added to their meal and this was promptly provided. When one person got up and wandered away from the table, staff quickly noticed, engaged them in conversation, and laughed and joked to distract them which resulted in them sitting down and finishing their meal.

People and their relatives were complimentary about the food. One person said, "Ooh, the food's absolutely lovely, and they [staff] listen to you if you don't like something. They [staff] would do something extra, no problem." Another person told us, "The meals on offer are good, and they [staff] would do a jacket potato or a salad if I wanted it." One person had a selection of finger foods at lunchtime instead of a hot meal and at tea time, a selection of sandwiches were shown to people to enable them to make a choice from what was on offer.

Staff worked in partnership with other agencies such as district nurses and GP's and made referrals for additional support where needed. One person said, 'They [staff] know me very well, they'd notice if I was unwell, or I'd hurt myself. They might call a doctor in if they [staff] were worried, I've seen them do that for other people.' A relative commented, "Last week, I mentioned I was worried about [relative's] health, staff listened and called the doctor out. [Relative's] tablets have been changed to see if that helps." Another relative said, "The staff always seem very alert, quick to notice what's going on. They [staff] have a sixth sense when someone seems to need help, they [staff] always seem to know.' One professional said, "They [staff] are good with people with diabetes and recognise what the person needs and provide it."

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 any conditions on authorisations to deprive a person of their liberty were being met. We saw that applications had been made under DoLS to the relevant supervisory body, where people living in the service did not have capacity to make their own decisions.

The service was working in accordance with the MCA and associated principles. Where people lacked capacity, the appropriate best interest processes had been followed and mental capacity assessments were specific to the decision to be made, for example, the use of bed rails or assistance with medication.

Staff had received training in the MCA and had a good understanding of the legislation. One staff member said, "If someone has full capacity then they can make their own decisions or if they don't, a decision is made in their best interests." Another staff member said, "People may be able to make some decisions and not others. We act in people's best interests and use advocates or family members." Staff sought people's consent and acted in accordance with their wishes. One person said, "I get up when I want to, nobody tells me to get up". Where one person was unable to give consent, an advocate had been consulted and had given consent on the person's behalf. An advocate is someone who supports another person to express their views and wishes.

Is the service caring?

Our findings

Caring was rated as 'Requires Improvement' at our last inspection of September 2017. This was due to staff having limited time to spend with people and a lack of understanding of good practice relating to dementia care. At this inspection we found that improvements had been made and the rating has improved to 'Good.'

People and relatives told us staff were very kind and caring and felt the care at Marmora had improved. One person said, "'The word I'd use to describe the staff here is 'excellent'. You can't complain about them at all. They will stop for a chat, and they never ignore me or make me feel I don't matter.'" Another person said, "I'd describe them [staff] as kind, helpful and understanding. They are also very efficient and friendly." One relative said, "Staff here are very genuinely caring, there's nothing fake about them. You never see anything bad here ever, they [staff] are very very patient." Another relative commented, "Things have improved. [Relative's] demeanour has improved greatly. All of the staff interact with [relative] and they [staff] take time to get to know what [relative] wants."

We saw compliments from relatives that included, "You [staff] are all angels in how you care for all of your residents." And, "Words cannot express how grateful we are to you [staff] for all the care and attention you give [relative]. They are extremely well looked after by you."

People's privacy and dignity was respected and promoted. Staff knew people well including their preferences for care and their personal histories. Staff tried to support people to maintain their independence as much as possible and assessed the level of support people needed all the time. Care records included what people could do for themselves and what they required support with. Where people required support with their personal care needs, for example, to go to the toilet, they were asked if they wanted support discreetly to protect their privacy and respect their dignity and staff checked that people agreed with any actions before taking them

Staff sought accessible ways to communicate with people, showed compassion and instinctively responded where people were emotionally upset and provided reassurance. There was an accessible information standard policy in place and care plans provided clear guidance for staff on how to ensure that people were supported to access any information that they required and staff supported them in their preferred way. For example, one plan said, 'Please give me a gentle reminder of the last statement that you said to aid memory loss and trigger conversation. Please break language down and re-word information so it can be understood.'

Shortfalls from the previous inspection had been addressed and people were now provided with time from the staff team to ensure that all aspects of their physical, emotional and psychological needs were met. There were positive interactions and we overheard conversations and laughter as staff stopped to chat. Staff were not rushed and spent time talking and sitting with people, sharing conversation.

People and their relatives were asked for their views and involved in the planning of care. Where people could not be involved, independent advocates were sourced to ensure that the person was at the core of the

process. People's preferences were documented within care records and we saw that care was provided according to these preferences. For example, one person liked to have their bed in an upright position and three pillows. This was in place.

Regular residents' and relative's meetings were held to gather people's views and provide updates on the service. One relative said, "I don't come to them all because I'm here a lot anyway, but they're useful. They have them at varied times, some in the day, others in the evening so it gives people the chance to ask questions, and find out about any plans for the home."

Relatives told us there was no restrictions on visiting and that they were always made to feel welcome. People were supported to maintain relationships with their families and friends.

Is the service responsive?

Our findings

Responsive was rated as 'Requires Improvement' at our last inspection in September 2017. This was due to concerns with care planning and activities. At this inspection, we found improvements had been made and the rating has improved to 'Good.'

Opportunities to participate in activities had significantly improved since the last inspection and people were encouraged to be as active as possible. One person spent much of the day in the garden deadheading flowers and tending to plants; and another person spent time watering the garden. One person said, "There is always something to do, quizzes, a singer comes in and there is a church service. I like gardening the best." One person spoke of their love for Blackpool and said that a trip was being arranged for them.

Staff had time to engage in activities and spend time talking to people to enhance their wellbeing. A new activities co-ordinator was in post who was very passionate and enthusiastic about their role and the benefit it had for people. The atmosphere was busy and activities were taking place in small groups and with individuals.

People were playing a variety of games including puzzles, shape sorting and a pin ball game. One staff member enhanced a person's self-esteem and gained their interest by asking for their help, handing them a new puzzle and asking if they could check all the pieces were there. People were colouring, using sensory items and people were spending time in the garden. There was a movie afternoon and people chose to watch Laurel and Hardy. The curtains were drawn and the chairs moved around so people had a good view. Several people choose to have popcorn and choc ices were enjoyed too.

People had painted garden pots and been involved in shopping for plants. There was a photo album which had pictures of people painting, making their own sandwiches, playing indoor golf, dressing up, and having a tea party. People spoke about various outings they had enjoyed, including visiting a beach hut, the cinema and theatre trips.

There were reminiscence items available to evoke memories and thoughts and to encourage engagement and conversation. 'Rummage boxes' were available and were being used to engage people which were filled with cuddly toys, fabric, beads, books, toys, puzzles. One staff member said, "These are useful if someone is unhappy or unsettled. We'll just get one of these out and start looking through things together. It normally will provoke an interest, and distracts people from what had upset them." One staff member said, "There is always something going on and the activity co-ordinator is doing a great job. They bring in books from the 50's and 60's and relatives like using these as they can interact with people and it generates conversation." People were being supported to write their life stories by young befrienders which generated another opportunity for conversation and engagement.

Improvements had been made in oral healthcare and people's oral healthcare needs were covered in care plans and was recorded when provided. People told us that they could have a bath when they wished. One person said, "I have a bath every week, I prefer a bath to a shower. I could have more I'm sure." Another

person commented, "I have a bath once a week and it's enough for me. I could have a bath on another day too if I wanted more."

People received individualised personalised care to suit their needs and preferences. Where it had been identified that one person became upset when eating with others, they were supported on a one to one basis after everyone else had finished. Their care plan also detailed which staff member's the person enjoyed being supported by. These measures ensured the person remained calm and happy and enjoyed their meal. One relative said, "I'd say that they treat people here as individual people, not just residents who are all the same."

People's care records detailed their basic preferences and choices for their end of life care, however these could be further developed to ensure that people's end of life wishes were fully recorded and understood. There was no-one nearing the end of their life at the service currently. The service was working towards the Gold Standards Framework to further develop staff understanding of end of life care and were planning to become accredited once the training was complete.

The service had a complaints policy and this was displayed. Where complaints had been received, these had been fully investigated and dealt with appropriately. Where one complaint had been received, the registered manager had met with the complainant to check that the complaint had been resolved to their satisfaction. Relatives knew how to raise a complaint and said they would feel comfortable doing so.

Is the service well-led?

Our findings

Well-led was rated as 'Requires Improvement' at our last inspection in September 2017 and we found a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was due to concerns with quality monitoring processes. At this inspection, we found that the required improvements had been made and the rating has improved to 'Good.'

Quality assurance processes had improved. The management team were committed and motivated to improving the quality of the service and positive improvements had and were being made. People, relatives and staff were included in how the service was run and questionnaires were sent out for feedback on the service and areas for improvement. Where suggestions had been made, these had been considered and implemented where possible. Regular staff meetings and senior meetings were held and discussion topics included hydration, activities and feedback from audits undertaken in the service. For example, it had been identified that a ramp was needed to access the garden and this was in place.

Audits were completed in areas including the environment, infection control and care plans. Where actions had been identified, there was a clear plan in place identifying the timeframes for completion and who was responsible. Records were organised and action had been taken promptly to rectify any issues which had been signed off once completed. The registered provider visited the service at least weekly to meet with the registered manager and complete their own audits of the service provision to ensure that it was of a good standard.

Shortfalls in the development of the service had been addressed. There was a strong emphasis on continuous improvement and the registered manager had recognised areas of concern and addressed these including making changes to staffing levels and the recent appointment of a deputy manager. The registered manager had worked hard to change the culture of the service. There was a document entitled, 'What to expect from a good home' on each floor of the service and the registered manager had used extracts from other inspection reports to develop the understanding of the staff team, to stimulate their learning, identify good and bad practice and enable them to see any areas for improvement that could be addressed at Marmora.

Throughout the inspection, the registered manager and staff were very proactive in addressing any concerns and were receptive to the feedback received. The local commissioner's quality improvement team had been providing support to the service as they had been failing to meet the terms of their contract. The service had been working towards an action plan which they had achieved and had been signed off as compliant. The management team had also attended workshops and training held by the local authority.

The registered manager understood their role and responsibilities and was supported in their role by the owner of the service and by the deputy manager. The registered manager explained how they kept up to date with changes in the care industry which included accessing the CQC website, attending meetings, training and networking with other services.

We received positive feedback regarding the registered manager and people and their relatives felt the service had improved. We saw feedback from a relative which said, 'I believe that conditions have improved considerably since the new manager took over.' One relative commented, "[Registered manager] knows all that goes on here. They are the driving force and they do what they promise. [Registered manager] is always happy to talk to me and doesn't wait for me to go to them all the time." Another relative said, "[Registered manager] has turned the place around. There are more seniors now and this has made a difference as has enabled [registered manager] to put their manner and ideas into practice." One person said, "Monday to Friday we see (registered manager) all the time. They walk about a lot, in and out, stop for a chat. They don't sit in their office all the time. I'd really recommend this home, [registered manager] does a good job running it so that it all works well.'

Staff felt supported and that the registered manager was approachable. One staff member said, "This place has changed so much since I've worked here. It's gone from strength to strength, and it's [registered manager] who drives it. I love them and the passion they have. I've seen the demeanour of some of the residents change too. They're more alive, more interested, and their personalities have been able to shine through more."