Barchester Healthcare Homes Limited

Marriott House & Lodge

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?	Outstanding
Is the service well-led?	Good

Overall summary

Marriott House and Lodge is registered to provide care and accommodation for 119 older persons with nursing, residential care and physical care needs. Accommodation is provided in two separate buildings. Marriott House provides care and support for people with nursing needs over three floors and Marriott Lodge provides residential care for people over four floors. There is a passenger lift in both buildings to provide access to people who have mobility issues. On the day of our visit 50 people were living in Marriott House and 36 people were living in Marriott Lodge.

At our last inspection to Marriott House and Lodge in May 2014 the registered provider was found to be in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 as there were concerns related to the safe management of medicines. The provider sent us an action plan stating they would be compliant with this regulation by 5 June 2014. At this visit carried out on 4 and 11 August 2015 we found that improvements had been made in this area.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the

Summary of findings

service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People told us they felt safe. Relatives told us they had no concerns about the safety of people. There were policies and procedures regarding the safeguarding of adults and staff knew what action to take if they thought anyone was at risk of harm.

Care records contained risk assessments to protect people from risks and help to keep them safe. These gave information for staff on the identified risk and guidance on reduction measures. There were also risk assessments for the building and contingency plans were in place to help keep people safe in the event of an unforeseen emergency such as fire or flood.

Thorough recruitment processes were in place for newly appointed staff to check they were suitable to work with people. Staffing numbers were maintained at a level to meet people's needs safely. People and relatives told us there were enough staff on duty and staff and records also confirmed this.

People were supported to take their medicines as prescribed by their GP. Records showed that medicines were obtained, stored, administered and disposed of safely

Staff were supported to develop their skills through regular training. The provider supported staff to obtain recognised qualifications such as National Vocational Qualifications NVQ or Care Diplomas. Staff told us the training provided was good and they were provided with the training they needed to support people effectively.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Currently one person was subject to DoLS and we found the registered manager understood when an application should be made and how to submit one. We found the provider to be meeting the requirements of DoLS. There were no restrictions imposed on people and they were able to make individual decisions for themselves. The registered manager and staff were guided by the principles of the Mental Capacity Act 2005 (MCA) regarding best interests decisions should anyone be deemed to lack capacity.

The provider supported people to maintain family links and visitors were welcome at any time. We observed activities taking place for people. There was a comprehensive activities programme in operation throughout the day. The provider employed a team of staff who co-ordinated and provided a range of different activities. People and relatives said the activities available were first class.

People were satisfied with the food and said there was always enough to eat. People were given a choice at meal times. People were able to have drinks and snacks throughout the day and night. Meals were balanced and nutritious and people were encouraged to make healthy choices.

Staff supported people to ensure their healthcare needs were met. People were registered with a GP of their choice and the registered manager and staff arranged regular health checks with GPs, specialist healthcare professionals, dentists and opticians. Appropriate records were kept of any appointments with healthcare professionals.

People told us the staff were kind and caring. Relatives had no concerns and said they were happy with the care and support their relatives received. Staff respected people's privacy and dignity and used their preferred form of address when they spoke to them. Observations showed that staff had a kind and caring attitude.

People told us the registered manager and staff were approachable. Relatives said they could speak with the registered manager or staff at any time. The registered manager operated an open door policy and welcomed feedback on any aspect of the service. Regular meetings were booked to take place with staff, people and relatives.

The provider had a policy and procedure for quality assurance. Weekly and monthly checks were carried out to help to monitor the quality of the service provided. The provider also had their own internal quality regulation team who conducted full audits of the service. If any shortfalls were identified an action plan was put in place to monitor and check that the necessary improvements were taking place.

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.

People told us they felt safe. Relatives and staff told us there were always sufficient staff to support people safely.

Staff had received training on the safeguarding of adults and this helped to keep people safe. Risk assessments were in place together with risk reduction measures to help keep people safe.

Medicines were stored and administered safely by staff.

Good

Is the service effective?
The service was effective.

The registered manager and staff understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported by suitably skilled staff who had received induction and ongoing training.

People had enough to eat and drink and were supported to make informed choices about the meals on offer.

People were supported to access health care services when needed.

Good

Is the service caring?
The service was caring.

People told us staff were kind and caring.

People's privacy and dignity was respected. People and staff got on well together and the atmosphere in the home was caring, warm and friendly.

People were supported to maintain relationships with their family. Relatives spoke positively about the support provided by staff. Staff understood people's needs and preferences.

Good

Is the service responsive?
The service exceptionally was responsive.

The service was pro-active and creative in reviewing and responding to people's needs and preferences. Innovative solutions were sought in response to people's feedback. There was a varied and creative programme of activities to suit people's needs and preferences.

Care plans provided staff with the information needed to respond appropriately. Staff communicated effectively with people and involved them to make decisions about the support they wanted.

Outstanding

Summary of findings

The registered manager and provider promoted the service to stakeholders and involved the home in the local community.	
Is the service well-led? The service was well led. The provider and registered manager had quality assurance systems in place to monitor the quality of service people received. People told us staff were approachable and relatives said they could speak with the manager or staff at any time. The provider sought the views of people, families and staff about the standard of care provided.	**Good**

Marriott House & Lodge

Detailed findings

Background to this inspection

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

This inspection took place on 4 and 11 August 2015 and was unannounced. The inspection was carried out by two inspectors, a specialist with a nursing background, a pharmacy inspector and an expert by experience in care for older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

During the inspection we spoke with 18 people, eight care staff, two registered nurses, two team leaders, three domestic staff, the activities co-ordinator, the homes administrator, the head of maintenance, the deputy manager and the registered manager. We also spoke with seven relatives and a number of healthcare professionals including GP's, community nurse staff, dieticians, speech and language therapist and specialist nursing staff who visited the service.

During our inspection we observed how staff interacted with people and how they supported them in the communal areas of the home. We looked at plans of care, risk assessments, incident records and medicines records for 14 people. We looked at training and recruitment records for Six members of staff. We also looked at a range of records relating to the management of the service such as activities, menus accidents and complaints as well as quality audits and policies and procedures.

Good

Is the service safe?

Our findings

People felt safe at the home, they said staff gave them any help they needed. One person said "Yes I do feel comfortable and safe with the staff". Another told us "I feel very safe, I can go out into the beautiful gardens and sit in the sunshine knowing there is someone around to help if I need it". Relatives had no concerns about the safety of their relatives and said there were always sufficient staff on duty when they visited. One relative told us "My husband is receiving the best possible care, we are so lucky to have found a happy and safe place for him to stay".

The registered manager said that staffing levels were based on the numbers of people being supported and their dependency levels. The registered manager used a Dependency Indicated Care Equation (DICE) tool to establish staffing levels. The tool looked used a 16 point check list which included checks of peoples dependency levels in areas such as personal care needs, mobility, continence and communication. Dependency levels were assessed as low, medium, high or high +. The dependency levels for each person in each area was put into the computer and the dependency tool then worked out the number of nursing and care staff hours needed to provide support to people. In Marriott House there was a minimum of two registered nurses and eight members of care staff employed between 7am and 7pm. Between 7pm and 7am there was one nurse and five care staff. In Marriott Lodge there between 7am and 7pm there was a minimum of a team leader plus five care staff on duty. Between 7pm and 7am there was a team leader and three members of staff on duty.

In addition to the care staff there was the registered manager and deputy manager, both qualified nurses, who worked 40 hours per week and who were available for advice and support. There was also support staff which included a receptionist, administrator, maintenance team, head chef, cook, kitchen assistants, house keepers and domestic staff who worked both full and part time hours to ensure the smooth running of the home. The staffing rota in both Marriott House and Marriott lodge confirmed that the staffing levels were maintained. One staff member told us "We are busy, but there is always time to support someone for a walk around the garden or to have a chat. You have to make time, this is people's home and they have a right to do what they want." Observations by the inspection team found the staffing levels to be sufficient to meet people's needs and keep them safe.

The provider had an up to date copy of the local authority safeguarding procedures. The registered manager and senior staff knew what actions to take in the event any safeguarding concerns were brought to their attention. Staff were able to describe the types safeguarding issues they might witness or be told of and knew what action to take. A member of the staff team had completed the 'train the trainer' course and was able to provide in house training to staff on all aspects of safeguarding. This meant that staff had they training they needed to keep people safe and were able to receive regular safeguarding updates.

Risk assessments were in place to keep people safe. These were contained in people's plans of care. Staff used the waterlow pressure ulcer risk assessment tool to identify those at risk of developing pressure sores. Malnutrition Universal Screening Tool (MUST) assessments were also completed to identify and support those at risk of not receiving adequate nutrition. We also saw risk assessments were in place for moving and handling and for managing people's risk of falls. Where any risk had been identified a care plan had been put in place and this described the actions needed by staff to keep people safe and included information to reduce the identified risk. There were some people who were receiving end of life care and these people had clear risk assessments and care plans in place. Staff were aware of the plans for end of life care and knew who they should contact and when.

The provider had an up to date fire risk assessment for the building. Each person had a personal evacuation plan which recorded any specific actions required in the event of an evacuation. There were contingency plans in place should the home be uninhabitable due to an unforeseen emergency such as total power failure, fire or flood. These plans included the arrangements for overnight accommodation and staff support to help ensure people were kept safe.

Regular maintenance checks of the building were carried out. A maintenance manager was employed and they were assisted by two maintenance staff. If staff identified any defects they were recorded in a log and reported to the maintenance person who carried out repairs as required. Once defects were repaired they were signed off. The

Good

Is the service safe?

maintenance manager said that he had a budget for using local contractors if any defects were outside the remit of the maintenance team. Staff confirmed to us that any defects were quickly repaired. This helped to ensure people and staff were protected against the risk of unsafe premises.

We looked at recruitment records for four members of staff. Three were care assistants who had commenced work in past three months and one was for a Registered General Nurse (RGN) recruited from abroad in August 2014. Recruitment checks included nurse registration checks with the Nursing and Midwifery Council (NMC). A tracking form was used to show when documents were received and checked. In all records the start date was clear and occurred after receipt of Disclosure and Baring Service (DBS) disclosure and required checks such as references from past employers. These checks help employers make safer recruitment decisions and help prevent unsuitable applicants from working with people. The provider's policy was to carry out new DBS checks three yearly. The computer system flagged up these renewal requirements, and we saw that these had been addressed.

The RGN was recruited from abroad and the provider had a link with an agency that provided, trusted translation and document verification services. An initial interview was fully written up, followed by records of a detailed video link interview by the manager, covering areas such as: understanding of the RGN role in the home, shift management, dementia care issues, pressure area care & wound management, reporting of drug errors, management of falls and head injuries. Staff confirmed they did not start work until all recruitment checks had taken place. The registered manager said she had recently recruited some new staff and this recruitment had been not only to replace staff who had left but also to increase provision, following dependency assessments that had indicated more staffing was necessary.

There was an accident book where any accidents were recorded. The manager was aware of the procedures to follow should there be a need to report accidents to relevant authorities. Records showed that any accidents recorded were appropriately dealt with by staff and medical assistance had been sought if required.

At the last visit to the Marriott House and Lodge in May 2014 we found that people were not fully protected against the risks associated with medicines. The provider sent us an action plan to tell us how they intended to rectify this and at this visit we found improvements had been made.

There were appropriate systems in place for ordering, checking orders received, disposal and administration of medicines. Care plans contained information and guidance for staff to manage people's medicines needs. Those people who wanted to self-medicate were supported to do so following a risk assessment and this was contained within their plan of care.

Staff received training and had a competency assessment regarding managing medicines safely. Checks of medicines storage and equipment was routinely carried out. Clearly documented records showed medicines that required additional monitoring were handled safely. The provider monitored and audited the use of medicines. Any concerns identified by the audit were addressed and corrective action and processes were implemented. The supplying pharmacy also carried out audits of medicines practices and provided feedback.

Staff supported people to take their medicines. One member of staff took overall responsibility for ensuring the safe ordering, storage, disposal and auditing of medicines. We looked at three medication trollies and these were tidy and medicines were stored in accordance with relevant guidelines.

Medication administration records (MAR) sheets were completed accurately and showed that people had taken their prescribed medicines at the correct time. The majority of medicines that were to be taken as needed (PRN) were prescribed. However, where people were taking over the counter medicines (homely remedies), consent had been obtained from them or their relatives. Checks were also in place to ensure that homely remedies did not clash with people's prescribed medicines and a GP had signed their agreement to this. Medicines that were required to be refrigerated were stored in a dedicated fridge at the correct temperature. This meant that people's medicines were managed so they received them safely.

We toured the home to check on the standards of cleanliness. We found that people's bedrooms were clean and well-kept and the communal areas of the home were clean and tidy. The provider had systems in place to reduce

Good

Is the service safe?

the risk and of spread of infection. These included an infection control audit, infection control policy and clinical waste policy. Domestic staff said that they had a cleaning schedule to follow each day and that this included day to day tasks and also some deep cleaning tasks for certain areas. They told us they had sufficient equipment and materials to enable them to carry out their role. People were protected from the risk of infection because appropriate guidance had been followed and routine cleaning tasks had been carried out.

Good

Is the service effective?

Our findings

People told us they got on well with staff and they were well supported. Comments from people included: “I am well looked after”. “They (the staff) are all very good”. Relatives told us the staff provided effective support to people. One relative (who said she was a retired nurse) said that she found the staff "competent and well trained". Everyone commented positively on the food provided One person said "very tasty, excellent food". A relative said “I occasionally have a meal with my relatives and the food is really very good”. People said their health needs were met and they could see the doctor whenever they wanted.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. The registered manager had one DoLS application approved and had submitted other applications on a priority basis but these had not yet been assessed. The registered manager understood when an application should be made and how to submit one. Mental capacity assessments were completed for people where required and their capacity to make decisions had been assumed by staff unless there was an assessment to show otherwise. This was in line with the Mental Capacity Act (2005) Code of Practice which guided staff to ensure practice and decisions were made in people’s best interests. Where people lacked capacity to make certain decisions, assessments had been completed and best interest decisions had been made. If necessary meetings had been held with external professionals to ensure that decisions made protected people’s rights whilst keeping them safe. This ensured the provider and registered manager acted in accordance with legal requirements.

The provider employed a care practitioner who had responsibility for organising training in the home. Training was organised throughout the year. It was provided through a range of sources such as in house trainers, computer based training and training from outside organisations. These helped staff to obtain the skills and knowledge to support people effectively. A computer based training matrix showed what training staff had completed and this included topics such as: Fire, first aid, food safety, health and safety, infection control, caring for older people, palliative care, MCA and DoLS. This also highlighted when people were nearing refresher dates for training to ensure this would be completed on time.

Two members of the care staff in Marriott House had undertaken a ‘care practitioner’ course that enabled them to provide an enhanced level of care to that of other support workers. A further four people were undertaking this training. Qualified nurses stated these staff were an invaluable part of the care team and said they were very professional and supportive and relieved some of the pressure on the qualified nurses. Staff reported to us that there was good and effective training in place from both the provider and from outside agencies. They said there were no issues in accessing training and they were encouraged to keep their skills up to date and to gain new skills to enhance care for people. This training helped staff to develop their skills and staff confirmed the training provided was good and helped them to give people the support they needed.

The provider encouraged and supported staff to obtain further qualifications to help ensure the staff team had the skills to meet people's needs and support them effectively. Care assistants appointed without already having National Vocational qualifications (NVQ) or equivalent were required to complete the new Care Certificate, which is a nationally recognised standard of training for staff in health and social care settings. New staff were expected to gain a level 2 diploma in health and social care within about a year. These are work based awards that are achieved through assessment and training. To achieve these candidates must prove that they have the ability and competence to carry out their job to the required standard. Of the 64 care staff employed by the provider 41 had completed NVQ level three and 11 were currently undertaking this qualification. Three members of staff were NVQ assessors.

New staff received a structured induction. There was a 12 week probation period, with provision for extension if necessary. This was reviewed after one, six and 12 weeks. Induction was required to be completed within that period. Staff with prior experience had a shorter induction, which was based on ensuring understanding of the provider’s policies and procedures. An induction booklet was used, which people worked through and were signed off by mentors who were senior carers or team leaders. Care elements such as equality and diversity and ‘the role of the

carer' had to be signed off before a person could cease shadowing and be part of the rota. Non-care staff did a one week induction, signed off by their head of department. All staff received a staff handbook.

The registered manager told us training was followed up by direct observation with feedback, recorded as supervision. The senior team leader or care practitioner on any shift had supervisory responsibility to address any competency issues arising. They also recognised good practice which was acknowledge and shared with other staff at staff meetings. Formal supervision was arranged three monthly. Individual heads of department arranged supervision for their own staff and the registered manager supervised the heads of departments. Heads of departments, team leaders and nurses received training in coaching and supervision skills. Staff confirmed they received regular supervision and that they had an appraisal each year.

We observed lunch time in both Marriott House and Lodge. The kitchen was adjacent to the main dining room in Marriott House and meals were served from a front open servery. In Marriott Lodge meals were brought over in a heated trolley and transferred to a serving area. Trays were taken to those people who had opted to have their meals in their rooms. Staff confirmed that menus were taken around each morning to people who opted to have meals in their room. People were given two choices for starter, main course and either a choice of hot or cold desert. In addition they could request salads, omelettes, sandwiches or jacket potatoes if preferred. The menus also covered the options for supper, which offered hot and cold choices, sandwiches and desserts.

In the dining rooms each table was laid with linen clothes, cutlery, glassware, condiments and the menu for lunch and supper. Also on the table was the booklet entitled "Weekly News and Activities Programme". This was a detailed programme of activities that were taking place during the week. It gave details of the time of the activity and where this was taking place. There was also information about other events that were taking place which nay have been of interest to people. Most of the people chose to come to lunch in the dining rooms, there were also two relatives having lunch. Once people were seated at the table, drinks were offered, these included wine, beer, sherry, soft drinks and water. A member of staff then visited each table and took orders for starters and main course noting choices in a note book. One of the relatives said that it was "more restaurant and less like school dinners". This provided people with a pleasant and relaxing dining experience.

There were sufficient numbers of staff on duty in each dining room during lunch to support people to eat and drink. Meals were served quickly and looked fresh and appetising. People who needed assistance with their meals were supported by staff at the person's own pace and there was no rushing. There was also a nutritional link team who monitored any malnutrition screening tools (MUST) and met with the head chef on a regular basis to inform him of any changes to people's nutritional needs. They also spoke with people and put forward ideas for changes to the menu. We spoke with the chef on duty who had been with the home for more than 10 years. He confirmed that the menu was on a four week rolling basis and changed three or four times a year. The chef decided on menu choices following feedback from people and the nutrition link team. Food was locally sourced where possible including fruit and vegetables, meat and fish. He confirmed that meals were freshly made and the only frozen item used was peas. He also confirmed that he had detailed lists of people's likes and dislikes, whether people liked small or large portions, which people required specific foods, including diabetic, fortified, gluten free and soft and pureed diets. Dietary and swallowing advice was obtained from speech and language therapists, dieticians and people's GPs to ensure their needs and preferences were catered for.

People's healthcare needs were met. People were registered with a GP of their choice and the registered manager and staff arranged regular health checks with GPs, specialist healthcare professionals, dentists and opticians as and when required. We spoke with two GP surgeries who provided a service to a number of people at Marriott House and Lodge and we also spoke with community nurses, and specialist healthcare professionals. They told us that staff were proactive in asking for advice and support and that staff followed advice given. Care records showed that people had received support from a range of specialist services such as speech and language specialists, dietician's as well as specialist support teams. Staff said appointments with other healthcare professions were arranged through referrals from their GP. Following any

Good

Is the service effective?

appointment staff completed records to show the outcome of the visit together with any treatment or medicines prescribed. These helped to provide a health history of the person and to promote better health.

Good

Is the service caring?

Our findings

People were happy with the care and support they received. The relatives and people we spoke with were all very complimentary about the staff. They said that they were easy to talk to and approachable. Comments from people included "I can't fault the staff, they are so good to me". "Everyone is so helpful". When we asked people and relatives if they would recommend Marriott House and lodge to others, without exception everyone said yes.

Each person had an individual plan of care. These guided staff on how to ensure people were involved and supported. Each person's care plan contained information about the person's past history. They also detailed the person's likes and dislikes. Staff told us this enabled them to positively engage with people. Staff said whenever possible they liked to spend time talking with people and encourage them to talk about things that were important to them. Some people were receiving end of life care. Mouth care was evident and undertaken as unobtrusively as possible and the comfort of people was clearly evident. Staff talked about people in a caring manner, for example they knew about people who were not well and how they should be cared for.

One person who had been at the home for 10 years and who was unable to speak without the aid of an iPad was taken each day to their wardrobe and asked to choose what to wear. Their relative was very positive about how staff enabled them to maintain their independence as much as possible. Staff had supported the person to keep in contact and communicate with relatives using email from their room.

All staff, including those with domestic, maintenance and catering roles interacted well with people. All staff were seen to treat people with dignity and respect. There was a good rapport between staff and people and they got on well. We observed one person who was using their wheelchair to move around the home and they were struggling to manoeuvre up a slight incline in the main corridor. A member of the maintenance staff saw this and immediately stopped what he was doing and assisted the person.

Staff were knowledgeable and understood people's needs. We observed that staff were caring in their approach, prompting and assisting people where required and people were spoken to respectfully and kindly. For example one person asked a member of staff if they could assist them to go out into the garden. The staff member responded straight away and assisted the person who was in a wheelchair. Staff explained what they were doing and asked the person what part of the garden they wanted to go to and then asked if they wanted them to stay with them for a little while. The person decided they wanted to spend time on their own in the garden. This approach helped ensure people were supported in a way that respected their decisions, protected their rights and met their needs.

We saw people were walking around the home freely. The environment had wide corridors for those people who used wheelchairs, with good lighting and signage around the home to assist people finding their way around. As we toured the building people were happy to engage with us and we saw staff smiling and checking with people how they were but they did not interfere unless someone asked for support.

We observed an activity worker with a person with speech difficulties. She was very patient in her approach and constantly checked she was understanding them. She remained focussed on the person's needs. We also observed a staff member making arrangements to meet with a person to work out the specific assistance they would need to make an independent trip out into the local community.

The service operated a key worker system. This role requires specific time to be given to each person, every week, for getting to know the person and their family, checking well-being and making sure they were satisfied with the service they were receiving. A staff member told us they were a key worker to three people. They said "The atmosphere of the home and constant availability of stimulation means people feel included. The home caters well for people who prefer to spend time in their rooms, as they receive regular staff attention and are always informed of the choices available to them".

The atmosphere in the home throughout our visit was warm and friendly. People were treated with kindness, compassion and respect. The staff in the home took time to speak with the people they were supporting explaining what they were doing and giving reassurance if required. We saw many positive interactions and people enjoyed talking to the staff in the home. Observations showed staff had a caring attitude towards people and a commitment to

Good

Is the service caring?

providing a good standard of care. We observed staff supporting people in various areas of the home and conversations between staff and people were warm and friendly and not just care focused. A staff member said "we always give personal care in private".

Everyone was well groomed and dressed appropriately for the time of year. Staff used people's preferred form of address and knocked on doors and waited for a response before entering. People said staff were respectful if they wanted to stay in their rooms. This approach helped ensure people were supported in a way that respected their decisions, protected their rights and met their needs

People could choose to lock their room if they wished. People had brought personal belongings and photographs into the home to decorate their rooms. Staff assisted them to participate in activities that had been important to them such as cooking and baking.

We saw that there was information and leaflets in the entrance hall of the home about local help and advice groups including advocacy services that people could use.

These gave information about the services on offer and how to make contact. The registered manager told us they would support people to access an appropriate service if people wanted this support

We looked at the compliments file and saw that relatives had sent in numerous letters thanking the home for the way they had treated their relative. For example, one relative wrote 'We wish to take the opportunity to thank all of the wonderful staff at Marriott House and Lodge for the care and support you gave mom. I know she was very happy and spent three happy years with you'.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Care records were kept locked in a care office. During our visit several phone calls were received by reception staff and they ensured they checked who the caller was before giving any information.

People had regular meetings to discuss any issues they had and these gave people the opportunity to be involved in how their care was delivered. Minutes of these meetings showed people were involved and put their views forward. These were listened and responded to.

Outstanding ☆

Is the service responsive?

Our findings

People said staff were good and met their needs. People told us the staff treated them well and that they were always treated with dignity and respect. One person said "The staff are all very good, I could not ask for more". Another said "all the staff are very friendly, they take time to have a chat and always have a smile on their faces".

Each person had a pre admission assessment undertaken before they moved into the home. The assessment contained information about the person's next of kin, GP, and other professional contacts as well as information about friends and relatives. There was information about the person's past and current medical history, medicines, communication, personal hygiene, mobility, tissue viability, history of falls, nutrition and hydration, sleeping patterns, behavioural issues, cultural and spiritual needs and information about the person's hopes and concerns for the future. Information gathered in the pre admission assessment was then used to make up the person's plan of care. Both the assessment and the development of care plans involved the person concerned and their family. Each person's individual care plan had information on the support people needed together with information on what the person could do for themselves. They included people's likes and dislikes and how they liked to spend their day. These plans provided staff with information so they could respond positively, and provide the person with the support they needed in the way they preferred. For people in Marriott House who required nursing care we saw that where areas of concern were identified there were clear care plans for the management of these. There was a whiteboard in the nurse's office to remind staff when specific care tasks needed to be carried out. Areas of care covered on the board included: Repositioning to prevent skin breakdown, food and fluid monitoring, dressing changes for any wounds and mouth care. There were specific individual charts in people's rooms where any actions taken were recorded. There were also end of life care plans in place where necessary. This meant that people who had specific nursing care needs were well supported.

The registered manager told us when any changes to care plans had been identified this was recorded. We were able to confirm this in the care plans we saw. Reviews contained an evaluation of how the plan was working for the person concerned and any progress or lack of it was recorded. The care plan reviews also provided information on who had been involved and we saw that people and relatives were involved as much as possible. A member of staff said "There are frequent meetings, within departments and as a whole home. Heads of department meet three times a week, so with things like changes to care plans and new admissions, everyone knows what has to be done and who will do it."

Staff told us information about people's changing day to day needs came from the handover at the start of each shift. The off going team leader on each unit would give a handover to the oncoming team leader. They would then complete a handover sheet and this would provide information on any issues or incidents that had taken place. It also provided information on any appointments that were planned. The team leader would then pass this information to all of the oncoming staff for the unit and ensure that staff were directed appropriately. Staff said the handover sheet was really useful and kept them up to date about people's day to day needs. One staff member said "I see handovers as very effective in providing and updating information and allocation of work on each shift. I feel confident in the level of communication between nursing, care and activities staff".

Staff recorded the support that had been given to people in care notes. Staff recorded information regarding daily care tasks, including the support that had been provided and personal care tasks that had been carried out. We saw in one person's care records that the person had decided that they would like a lie in and did not want to get up at their usual time. They decided to stay in their room and have breakfast. Staff respected this decision and brought breakfast to them. The person then had a lie in and came down to the main lounge at 11:30am.

The home had a very comprehensive activities schedule which was evident as soon as we walked around. There were notice boards, coloured posters in the lifts and weekly printed programmes. People were very positive about the variety of activities on offer and the activities team. In particular they mentioned the cocktail tasting, garden parties, themed lunches, the sports day, baking and the quizzes. People spoke positively about a dog show that was held at the home. Relatives and staff brought in their dogs and there was a dog show in the grounds, approximately 15 dogs took part and people voted on who

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they though was the best. We were also told that recently staff and people had been involved in decorating the dining room to be a cruise ship and that the menus each day reflected the ports that the ship was cruising through. There were photos and information on the notice boards about activities that had taken place, these included a sports day, May day and a Zoo Lab who visited in April 2015. The animals brought in included snakes, toads, rats, African snails and a tortoise. This had proved very popular with people

We spoke with two of the activities co-ordinators who said there were three of them in the team, one for each building and the third moved between the two. They organised a number of daily activities that happened each day at the same time. This included a 10.00 am morning coffee and news, 12.00 Tipple at Twelve, and each day there was afternoon tea at 3pm where people were encouraged to get together for tea and a chat. There were also a number of different activities each day and the activities programme operated throughout the day with differing activities being provided for people. These included trips out to the local shops, exercise classes, knit and natter, film shows, pampering sessions, hairdresser, skittle competitions, creative arts, baking, quizzes, arts and crafts church services. We observed a cookery class taking place and people were actively involved in making cakes. One person told us they had recently run a stall at the homes summer fete which was well attended by people and relatives and also people from the local community. All the cakes had been made by the residents and sold. This had raised over £800 for the residents fund.

In addition the activities team also visited people's rooms and offered one to one sessions including help with using the iPad, help with letters, assisted walks, general chats. A guide on the notice board in the office showed all activities are designed to fulfil definite categories, e.g. physical activity, intellectual stimulus, social opportunities, creativity, sensory, spiritual, cultural needs. There were a number of notice boards around the home informing people of activities, planned events and pictures of previous events. There were also photographs of all the staff teams.

This demonstrated an exceptionally responsive and person-centered programme of activities to suit all interests and prefences. People's social and occupational needs were incorporated into the holistic plan of care. This helped people to reduce the risk of isolation, low mood and gave people a sense of purpose.

We saw that the registered manager had a creative system for monitoring and supporting people's needs. Members of care staff formed small specialist teams to review specific aspects of care and risk across the service. There was a Falls Link Team who monitored all falls in the home, they looked to see if there were any patterns developing and made suggestions to the management team to help reduce the incidence of falls. There was a Dignity Champion who observed staff practice and how people were spoken to, they also looked at signs around the home and spoke with people to check how they were being treated. The Dignity Champion met with the management team and fedback their findings. There was also a Nutrition Link Team who monitored people's nutritional intake and liaised with the head chef where changes were needed. This system empowered staff to be pro-active in responding to people's needs. It was a mechanism to keep the registered manager and provider up to date with people's needs so they could respond positively to any changes.

We observed how staff responded to people's needs. Staff spent time with people and responded quickly if people needed any support. When staff were giving support to people they ensured people had enough time and did not rush people. People told us that the staff in the home knew what support they needed and provided this as they needed it. Call bells were answered quickly and people confirmed that staff responded in good time.

People were supported to maintain relationships with their families. A relative told us they were in regular contact with the home and were kept informed of any issues regarding their relative. They said whenever they visited they could talk to the manager or staff and they would inform them of how their relative was progressing. Families we spoke with told us that they were able to visit their relatives whenever they wanted. They said that there were no restrictions on the times they could visit the home. One person said, "I come on different days and times and it's never a problem".

People told us that they were listened to and that if they put their views forward action was taken. The registered manager told us that there were regular residents meetings where people put ideas forward. One person had suggested a quiet sensory area so people could relax. The

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registered manager showed us an area off the lounge where sensory lights had been put in place and she said that was very popular with residents. Another topic brought up at the residents meetings was that a group of ladies were interested in joining the Women's Institute (WI). Staff has contacted the WI to see about starting a WI group at Marriott House and Lodge. However this had proved to be more difficult than anticipated so the ladies decided to form their own version of the WI and have decided to call their group "The Lodgers" and they plan to hold regular meetings. The ladies were empowered and encouraged by staff to take their idea forward and were supported to find an alternative solution.

The registered manager took action to respond to people's requests and concerns. For example it was brought to her attention that people were losing items of laundry. This was investigated and the provider purchased a 'button machine' that identified each garment with the person's room number. This was secure and did not discolour or fade with washing. The button was attached to the inside of clothes so they were unobtrusive. Laundry staff told us this was a great system which enabled each item of clothing to be quickly identified. The registered manager also told us that each room had a new garment bag so that when visitors bought in new items of clothing, they were asked to put these in the bags. These were then collected by the laundry staff, buttons were put on the garments using the machine. This was an innovative way of ensuring that items of clothing did not get mislaid.

There was a general comments box at the entrance to both Marriott House and Lodge. There were comment forms available adjacent to the boxes and this gave people, relatives and visitors the opportunity to comment on any aspect of the home. People could highlight any problem areas or give praise. Comments could be submitted anonymously and the registered manager told us that if any adverse comments were made they would be looked into and changes made if necessary.

Marriott House and Lodge produced a newsletter each quarter entitled "Marriott's Messenger" to keep people, relatives and stakeholders informed about what was happening in the home. The spring edition for 2015 had information from the registered manager giving an update on what had been happening so far this year. There was also information on events planned for later in the year.

There was also a page with community news regarding help and support groups in the area. People told us that the newsletter was a good reminder for them about what was happening at the home. The newsletter was sent to all the people who were on the homes data base and this included: people, respite residents, relatives, social workers, GP's and social groups.

The registered manager said that Marriott House and Lodge offered meeting facilities for local support groups. A local carers support group and Chichester Parkinson's Support Group held regular meetings at the home. Some of the people who lived at Marriott House and Lodge and relatives attended these meetings. The registered manager said they also supported people to attend other support groups in the local area such as a 'stroke club' and the local 'multiple Sclerosis' support group.

The registered manager told us that she wanted to involve the home in the local community as much as possible and as such they invited people from the local community to attend the various functions they held at the home. The home also supported people from the home out into the community. Marriott House and Lodge also held a breakfast club on the first Friday of each month. This was an opportunity for care professionals and representatives from various organisations who play a key role in the community to meet and network. The registered manager said that all events were advertised on the home's website and information was also sent out electronically to all the people on the home's data base.

The provider had a complaints procedure in place and copies of the complaints procedure were given to people and relatives when they moved into the home. A copy was also on display. Concerns and complaints were recorded on the computer system and passed to head office. The provider or the registered manager investigated all complaints and these were fully recorded. The registered manager told us that any learning from complaints was passed to staff at staff meetings or at departmental meetings if the complaint only concerned a particular department. If the complaint was about an individual member of staff this was dealt with during one to one supervision or if necessary through the provider's disciplinary procedure. This meant that people could be confident that their complaint would be listened to and fully investigated.

Good

Is the service well-led?

Our findings

People said the registered manager was good and they could talk with her at any time. One person said "She is always walking around the home and stops to have a chat". Another person said "She's really good and takes time to talk to you and listen to what you say". Relatives confirmed the registered manager was approachable and said they could raise any issues with a member of staff or with the registered manager.

The registered manager was visible, spent time on the floor and people said they would go to her if they had any concerns about their care. Communication between people, families and staff was encouraged in an open way. The registered manager's office was situated in Marriott House and was in the main corridor of the ground floor, this made her visible to people, staff and visitors.

Staff told us the registered manager, deputy manager and team leaders were supportive and said they could speak with them if they had any concerns. Comments from staff included: "The registered manager is a good 'talent spotter' and nurtures and encourages staff to develop their skills and careers". "The registered manager and seniors are always around for advice and support". One person told us they had expressed an idea to change part of the record keeping system, this was listened to and she was allowed to trial the idea. The idea was to provide a separate folder for daily records as time was taken up trying to find the appropriate sheet in people's files. The trial was successful and was now being used across the home.

The registered manager said the deputy manager and the heads of departments were experienced and led their teams well. They regularly worked alongside staff so were able to observe their practice and monitor their attitudes, values and behaviour. This enabled them to identify any areas that may need to be improved and gave them the opportunity to praise and encourage good working practices.

There was a positive culture at Marriott House and Lodge that was open, inclusive and empowering. People and staff were able to influence the running of the service and make comments and suggestions about any changes. All staff were aware of the provider's vision, mission and values and posters were displayed around the home informing people relatives and staff. The providers mission was "to always focus on improving and developing the quality of care, hospitality and choice we offer to the people we support". Observations and conversations with people and staff showed that staff shared the providers vision which was "By putting first into everything we do for individuals we support their families and our teams. We aspire to be the most respected and successful care provider".

The registered manager and deputy manager attended a quarterly divisional conference where the provider gave information regarding developments within the company and region. The registered manager and deputy would then feedback information to heads of departments. This meant that senior staff were kept informed of developments, learning and best practice within the organisation and were able to pass this information to their staff team as appropriate.

The registered manager told us she met three times a week with the various heads of departments and minutes of these meetings were kept. These were organised to help to improve communication throughout the departments and to help ensure a consistent message was sent to staff. There were regular departmental meetings to discuss specific issues relating to individual departments. There was also a general staff meeting where all staff met to discuss any issues.

Staff confirmed that they had regular staff meetings where they discussed any issues about the service, learning from accidents, incidents and complaints and shared any new information. They told us they also had an opportunity to bring up suggestions for improvement in the quality of care.

One member of staff said that the staff meeting process had given rise to a suggestion to replace previous-day choices of meals by choice made at the table, and this was being trialled. Another staff member described staff meetings as productive and two-way, which meant any issues were shared and addressed by the most appropriate people and unresolved matters were not able to drift.

Staff confirmed the home had a whistleblowing policy and they were aware of its contents. This policy encouraged staff to raise concerns about poor practice and to inform management without fear of reprisals. Staff said they would be confident in raising concerns with the registered manager and felt confident that appropriate action would be taken.

Good

Is the service well-led?

The registered manager acted in accordance with CQC registration requirements. We were sent notifications as required to inform us of any important events that took place in the home.

The registered manager obtained people's views and opinions about the home through the use of surveys. The provider employed a specialist company to carry out surveys. They sent out questionnaire to people, relatives and to health and social care professionals who were in regular contact with the home. Surveys were returned to the survey organisation and scrutinised and evaluated. The registered manager told us that she received a copy of the results and in 2014 the home achieved an overall performance rating of 897 out of 1000. Comments received back from people were positive about the home and staff.

The provider had a policy and procedure for quality assurance. The quality assurance procedures helped the provider and registered manager to ensure the service they provided was of a good standard. They also helped to identify areas where the service could be improved. The registered manager ensured that weekly and monthly checks were carried out to monitor the quality of service provision. Checks and audits that took place included; food hygiene, health and safety, care plan monitoring, audits of medicines, audits of accidents or incidents and concerns or complaints.

The provider carried out bi-monthly quality first visits by a regional director who produced a report of their finding. This assessed their performance against CQC's five key questions. Any action identified during the visit was entered on to the central action plan for the service and the registered manager recorded when actions had been completed. We saw a copy of the report for the last visit which was carried out on the 22 July 2015. We saw that at the visit documentation was reviewed and this included checks on duty rotas, staffing records, maintenance records, accident and incident report and complaints records. These were all found to be in order.

The provider also have an internal regulation team who visited services annually. Marriott House and Lodge had an audit conducted on 30 July 2015. This took place over two days. The registered manager told us she had received verbal feedback which indicated that there were no major areas for improvement identified, however the registered manager had not yet received the full report.

Marriott House and Lodge had introduced an 'employee of the month' award to recognise the work of the staff. People could nominate those staff who went over and beyond their normal day-to-day duties for the people who lived at the home. The nomination could be for a staff member from any department and there was a box where people could vote. This encouraged staff towards continuous improvement in their own work.