Elizabeth House (Oldham) Limited

Marland Court

Inspection report

Marland Old Road
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Tel: 01706638449

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14 March 2019

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service:
Marland Court is a residential care home that was providing personal and nursing care to 19 people aged 65 and over at the time of the inspection.

People's experience of using this service:
● People told us they felt safe at Marland Court. Staff understood how to protect people from harm and safeguarding policies and procedures were in line with local authority and national guidelines. Regular checks on the safety and security of the premises were undertaken.
● There were sufficient staff to ensure basic needs were met but care staff were expected to undertake regular cleaning and household duties. This meant that they did not always have enough time to attend to their caring and support duties. We recommended that the service reviewed the deployment of staff and consider the impact on people's well- being.
● Any accidents and incidents were recorded., with evidence of learning from incidents and action taken to prevent reoccurrences.
● Medicines were well managed. Senior staff had been trained to manage medicines and competency checks were carried out on a yearly basis. People told us they were happy with the support they received to take their medicines.
● Having a small staff team meant people were supported by staff who knew them well and how they liked their needs to be met.
● Staff told us that they were supported and encouraged to keep their knowledge up to date and were given opportunities to learn. They had access to regular face to face training and were able to apply their knowledge to assist the people they supported.
● People enjoyed the food at Marland Court. A visiting family member told us that their relative "Loves the food and woofs it down. We know he's eating: he's putting on weight". Staff understood and monitored people's dietary requirements and communicated well with the cook to ensure any changes in need were quickly addressed.
● Person centred care and support was delivered by kind and patient staff, and we received positive feedback from people about the caring nature of all the staff at Marland Court. They told us that they had a say in how their care was delivered, and that staff respected their personal belongings.
● At the time of our inspection nobody was identified as having any specific cultural or religious requirements or diverse needs, but staff we spoke with understood how to work with people from diverse backgrounds
● Care plans provided sufficient information to guide and instruct staff on how to deliver care and support. However, there were not always enough staff to provide stimulation and activities.
● The service was well managed by a registered manager who was well respected by the people living and working at Marland Court. She understood her duties and responsibilities and ensured a visible presence throughout the service.
● We saw and were told that people were consulted on how they wanted their support to be delivered, and

there was evidence of good partnership working, especially with the local authority and commissioning teams.

●The service met the characteristics for a rating of 'good' in the four key areas of Effective, Caring, Responsiveand Well led, and Requires improvement in Safe.
● More information is in the full report.

Rating at last inspection:
Requires improvement (Report published 21 February 2018).

Why we inspected:
This was a planned inspection based on the rating at the last inspection.

Follow up:
Our previous inspection in January 2018 (Published March 2018) identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2009. These were in relation to; the provider had failed to notify the Commission, as required by legislation, that three Deprivation of Liberty Safeguards (DoLS) applications had been authorised by a supervisory body, had failed to display their previously awarded rating as required, had failed to store hazardous substances safely and failed to ensure that staff received appropriate induction and training to a satisfactory level on commencing their employment.

During this inspection we found the required improvements had been made. We will continue to monitor all information received about this service to ensure that the next planned inspection is scheduled accordingly.

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

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 not always safe. Details are in our Safe findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was well led. Details are in our Well led findings below.	**Good**

Marland Court

Detailed findings

Background to this inspection

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

Inspection team:
The inspection team consisted of one adult social care inspector.

Notice of inspection:
This was an unannounced Inspection.
Inspection site visit activity started on 13 March 2019 and ended on 14 March 2019.

Service and service type:
Marland Court is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Marland Court is registered to support 24 people, and at the time of our inspection there were 19 people living there. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

What we did:
We reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the 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 used all this information to plan our inspection.

During the inspection, we spoke with six people who used the service and three relatives to ask about their experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a

way of observing care to help us understand the experience of people who could not talk with us. We spoke with the registered manager, administrator, three care staff, and the cook. We also spoke with two professionals who were visiting the service.

We reviewed a range of records. This included five people's care records, medication records and various records related to recruitment, staff training and supervision, and the management of the service.

Requires Improvement

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment:

● The service employed a team of 19 people altogether, with 3 care staff on duty from 8:00am until 10;00pm complemented by the registered manager who worked until 5:00pm. Any gaps caused by sickness or annual leave were covered by regular staff; the service did not employ agency workers.

● There were enough care staff to meet people's basic needs, and staff were visible throughout our inspection. One person told us, "there are always staff around, and they'll come over if we need any help". Having a small staff team meant that people were supported by care workers who knew them well. However, the service did not have an activity coordinator and only had a part time cleaner. This meant that care staff were required to undertake extra duties during their shift, such as making beds or cleaning, so they did not always have time to spend talking and listening to people. People told us that they did not always have enough stimulation, and when we spoke with staff they believed that they would benefit from having more staff. One care worker told us, "there's not enough staff on, so we can't do everything we want to do." Another said that completing personal care tasks could, "Sometimes be a struggle, especially in the evenings. It can be difficult, for example, if a person needs two people to help them shower, this only leaves one person on the floor". When we asked a visiting family member what could be improved, they replied, "[The service] would benefit from more staff and greater vigilance."

We recommend the service reviews deployment of staff with consideration of household duties and hours to allow care staff more time to spend with people who used the service.

● The provider followed safe staff recruitment procedures. Records confirmed that disclosure and barring Service (DBS) checks were completed and references obtained from previous employers. Checks were made to ensure people had a right to work in the United Kingdom.

Systems and processes to safeguard people from the risk of abuse:

● People told us they felt safe. One person told us, "I am secure here. The staff are lovely and keep me safe and look out for my well-being." Another said, "It's safe here, yes. I was so anxious before I came, but now I know there is nothing to worry about," and a visiting family member remarked, "I can go to work and to bed at night without worry. I know full well [my relative] is safe and all looked after. Taking tablets was a worry, not any longer".

● To ensure people's safety, the manager or senior member of staff would complete checks, including all doors, windows and access points and check that all call alarms were working and within easy reach of people who might need to call for assistance.

● The service's safeguarding policy and procedures were up to date and a copy of the local authority's reporting procedure was kept in the main office where it was accessible to all staff. This was in line with local authority safeguarding policy and procedures. There had been one allegation of abuse since our last

inspection, and this had been dealt with appropriately with protective measures in place to prevent further harm.
● Staff had received training in protecting vulnerable adults and when we spoke with them they showed a good understanding of reporting mechanisms and how to identify signs of abuse. They were aware of their responsibility to pass on any concerns about the care being provided. They told us that there is a whistleblowing policy and felt supported to use this if necessary.
● The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong:
● Risks to people's health and well-being had been identified, such as poor nutrition, falls and the risk of developing pressure ulcers. We saw care plans had been put into place to help reduce or eliminate the identified risks. Risk assessments were regularly reviewed.
● We saw that when transferring people, staff were mindful of any hazards or risks. For example, when manoeuvring people in wheelchairs staff checked straps and footplates were in place. Following a recent enquiry regarding the use of a hoist to relieve pressure ulcers the service had reviewed its procedures to avoid skin damage and amended its policy on the use of lifting and handling equipment.
● The management team were attentive to environmental risks. For example, we were shown a log demonstrating that water taps in empty rooms were run off on a weekly basis to prevent any bacteria forming. They undertook environmental risk assessments and regular checks of the environment, fire equipment and water safety. A health and safety planner identified when action was needed to review or renew safety certificates.
● Routine fire drills were carried out to ensure staff knew what to do in the case of an emergency and people had individual evacuation plans in place to guide staff on how to safely escort them from the premises in the event of a fire.
● Accidents and incidents were documented in an accident book. Where incidents occurred, there was evidence of follow up action, such as a referral to the falls co-ordinator following falls. The registered manager completed monthly audits of the accident book, and whilst this allowed for early identification of any specific issues, the low number of incidents did not allow for full analysis to identify any emerging trends or patterns. We spoke with the registered manager about this and they agreed to conduct regular overarching reviews of accidents and incidents.

Using medicines safely:
● Medicines were being managed safely. Senior staff had been trained to manage medicines and competency checks were carried out on a yearly basis. People told us they were happy with the support they received to take their medicines.
● Medicines were delivered using a monitored dose system (MDS). On delivery they were checked for accuracy and stored in a lockable trolley in a locked treatment room when not in use. ● Records showed that medication was administered as prescribed. Each person had a medication administration record (MAR) which detailed the medicines they required and when they were administered. We checked four MAR charts and saw that they had been completed accurately.
● We saw that when giving out medicines the member of staff took their time, talking to people as they swallowed and ensured that they had a drink to help wash down any tablets.
● Any medicines which were required to be kept at a low temperature, such as insulin, were kept in a lockable fridge. The temperature of the fridge and the room was recorded daily. If medicines are stored at the wrong temperature they can lose their potency.
● Daily checks of medicine supply were carried out, and audits covering medicine administration and record keeping were carried out. These showed that medicines had been administered safely.

Preventing and controlling infection:

● At our last inspection we found hazardous substances such as cleaning fluids were not always stored securely, as cupboards storing cleaning materials were unlocked. Locks had subsequently been fitted and we saw staff took care to ensure that dangerous materials were put away safely when not in use. The registered manager completed risk assessments on the control of substances hazardous to health (CoSHH),

● Following the last review by the local authority infection and prevention control team the service had produced an action plan which detailed how they would address any issues relating to infection control. We saw that actions were in the process of completion. For example, during our inspection new paper towel dispensers were being fitted in all communal bedrooms.

● Care staff had completed infection control training. They understood the importance of infection control measures, such as the use of colour coded cleaning equipment and the use of personal protective equipment such as tabards, vinyl gloves and other protective measures when handling food or completing personal care tasks and cleaning. Wearing such clothing protects staff and people using the service from the risk of cross infection during the delivery of care.

● The home was well maintained and clean throughout. There were no lingering offensive odours. The registered manager undertook cleaning checks, and cleaning audits were undertaken every three months.

●People were appropriately dressed in clean clothing and told us their personal hygiene needs were met.

● Communal bathrooms were tidy with no personal belongings or items which could be harmful if used incorrectly, such as shampoos, creams or razors.

Good

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience:
At the last inspection, we identified areas of improvement required in relation to staff induction and training. At this inspection we saw improvements had been made.

- All staff received an induction into the service. During their induction period they completed mandatory courses such as health and safety, lifting and handling and safeguarding vulnerable adults. They spent time shadowing more experienced staff and met the people who used the service. Staff who were new to care or did not have qualifications were signed up to complete the National Vocational Certificate (NVQ) in care.
- Well organised staff files recorded any training attended including certificates of completion, and any training or qualifications gained prior to commencing work at Marland Court.
- Staff knew residents well, and how they liked their needs to be met. One person told us "The staff are brilliant. They really know their stuff. There are some quite poorly people here, and [staff] know how to look after them".
- Staff told us that they were supported and encouraged to keep their knowledge up to date and were given opportunities to learn. Much of the training was delivered face to face rather than through e-learning or subject handbooks. A care worker we spoke with told us, "Someone comes in or we go to them for training. Face to face learning helps the message sink in and we can relate our learning to the people we support and use examples which mean something to us".
- Staff were monitored by the registered manager as they worked and received a formal supervision every three months. This allowed the registered manager to discuss their work performance and each person had an opportunity to reflect on their practice. A yearly appraisal set goals and targets for the forthcoming year.

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

- People told us that they were supported in the way they liked and were encouraged to maintain their independence. One person told us, "Care has been brilliant for the amount of staff. When I came I couldn't walk and hadn't eaten, now I stand well and walk, and I've put on weight because I'm eating better. They've really supported me to get my independence back".
- In line with current guidance, the registered manager met with each person and their family prior to admission to discuss their needs and how these could best be accommodated. This gave a good indication of which areas of daily living and personal care they might need assistance with. The pre-assessment document was stored on the person's file and used to develop an interim care plan which could be revised once the person had been admitted to Marland Court.
- Support plans were thorough and contained person-centred information detailing what was important to the individual. Records were reviewed and updated when a change in need was identified.

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

● The people we spoke with were happy with the food at Marland Court. One told us, "The cook is really good. Although we get a lot of chicken and sausage the cook does a marvellous job with it." After lunch on the first day of our inspection, a person told us, "The food is brilliant: compliments to the chef, that steak pie was stunning!" A family member reported, "[My relative] loves his food, and woofs it down. We know he's eating: he's putting on weight".
● People were consulted on the type of food they liked. They told us the cook sat down with them to involve them in menu planning. The cook confirmed this and told us that they were aware of people's dietary likes and preferences, for example, one person did not like mashed potato, others were averse to sausages. They told us that most of the people enjoyed traditional meals but would try other foods such as curries and pasta, providing they were not too spicy. They told us that at the time of our inspection nobody required their food to be prepared in accordance with specific cultural or religious requirements but was aware of how to follow religious guidelines.
● Staff were aware of people's dietary needs and any support they required to eat and drink and to maintain a healthy weight. The service liaised with Speech and Language therapists and dieticians. Where necessary, nutritional and hydration needs were monitored, and people were weighed monthly. Nobody required prescribed food thickeners, but the cook told us that two people had their meals fortified through use of creams and full fat milk. The cook was informed of any changes in dietary need.
● Staff were attentive to individual need. We saw a comment in a relative survey which read, "My Mum is a fussy eater and the staff have let me know when she is not eating well and when they are concerned about her. They try many different food options to see if she will eat something else." The cook showed us a range of equipment which could be used to maintain people's independence when eating, such as plate guards, large handled cups and lidded beakers.

Staff working with other agencies to provide consistent, effective, timely care:
● The service worked with other community stakeholders, such as social workers, the local authority and other commissioners, and health service staff such as doctors, district nurses and hospital staff to ensure effective care for people and that their needs and wishes were met.
● We saw that the staff knew people well and were vigilant to any changes in their condition so referrals to healthcare professionals were made in a timely manner.

Adapting service, design, decoration to meet people's needs:
● People appeared happy and content in their surroundings. Although we observed people spent time in different areas of the home, most returned to a customary spot in the main lounge or conservatory, which were situated on the ground floor. There was also a large garden accessible through French windows by the conservatory. We saw people would use this area, particularly those who smoked.
● The bedrooms were situated on the ground and first floor. Access to the first floor was by stairs or a passenger lift. However, the lift was not large enough to accommodate a wheelchair, which meant that any person who required a chair could not access the upper floor. The corridors had handrails to assist people with their mobility. We found there was adequate signage throughout the home to help promote the well-being of people living with dementia.
● People were encouraged to personalise their rooms and bring in their own belongings. Call bells in bedrooms were checked frequently, and situated close to where people sat or slept.

Supporting people to live healthier lives, access healthcare services and support:
● The service liaised with a range of healthcare professionals, such as district nurses, community psychiatric nurses and doctors to ensure people's health needs were met. A visiting health care professional told us, "The staff always work with us, and will help out: they stay with us as we are helping people. They listen to instruction and watch for any signs such as skin breakdown. I have found that they are very good at

observing and reporting any issues."
● Care records noted any visits from healthcare, and notes for hospital outpatient appointments. When instruction was provided by health professionals this was noted and followed.
● We saw referrals to professionals when any issues or concerns had been identified, such as potential pressure areas or poor nutritional intake. One person who used the service told us staff kept a close eye on health needs and informed us, "They are good with my health; they check and if there are any problems they arrange for my doctor or the nurse to come and visit me".

Ensuring consent to care and treatment in line with law and guidance:
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 as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

● Staff had received training to ensure their knowledge and practice reflected the requirements set out in the MCA.
● Where people were deprived of their liberty, the registered manager submitted applications to the local authority to seek authorisation to ensure this was lawful. They maintained a matrix which showed when a DoLS had been requested, authorised and an end date. This showed that at the time of our inspection seven authorisations had been made, with a further three awaiting a decision from the authorising body.
● People who did not have capacity to make specific decisions were supported to have maximum choice and control of their lives. The policies and systems in the service supported this practice. People we spoke with confirmed that they were always offered choices in how their care was delivered.
● Care records included consent forms, which people had signed to agree to the care and support provided.

Good

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity:
● When we asked them about their care, one person told us, "The staff are brilliant, and are compassionate with it too", and another said, "I cannot find fault with the care. Especially the night staff they are exceptional, nothing is too much of a problem. We have developed a great rapport".
●We saw people were treated with kindness and addressed by their preferred name or terms of endearment. One person told us, "There are no bad days here, and plenty of good 'uns. Staff are friendly and cheerful". We observed people being supported in a kind and patient way, for example, when one person was becoming flustered because they could not find a personal item, a member of staff offered reassurance and offered to take them back to their room and help to find the item.
● Staff spoke positively about specific people, showing affection and understanding of their past lives. When we asked, people told us the staff respected them, knew what they liked and how they liked to be supported.
● Care staff were respectful when speaking about people and were considerate of the equality and diversity needs of people including protected characteristics. Care staff actively considered people's cultural or religious preferences. Staff received training in equality, diversity and inclusion.

Supporting people to express their views and be involved in making decisions about their care:
● People were supported to express their wishes, needs and preferences, and were consulted in reviews of their care plans.
● The things that people had expressed as important to them were recorded. A short profile at the front of care records identified likes and dislikes and how their interests and hobbies could be maintained.
● A visiting professional told us they had observed staff listening and consulting people about their wishes, and that they understood and supported people's routines.

Respecting and promoting people's privacy, dignity and independence:
● Staff treated people and their belongings with respect and understood their need for privacy. One person told us, "They always take me to my room if they need to discuss anything with me, or see to my [personal care] needs"

● Information held about people, including all care records were securely stored when not in use, but staff had access and we saw that they regularly consulted care plans and assessments to ensure that they were providing appropriate care and support.
● When people chose to stay in their rooms, their privacy was respected. Staff would knock and wait for a reply before entering.
● Visitors told us that they were made welcome and if they wanted to speak privately with their relative or

friend they could. A visiting relative told us, "I'm treated well too. Offered a tea and a biscuit. I go up to [my relative's] room where we can chat in private, or sometimes we'll stop in the lounge and join in conversation with the others."

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
● People and their relatives told us that they received good person-centred care from staff who knew them well and were responsive to their needs. One visiting family member said to us, "The staff have developed a good rapport; they have encouraged [my relative] to participate. He's started to live again".
● When we spoke with staff they were able to tell us the individual characteristics and habits of the people they supported. They knew people's likes, dislikes and preferences and used this information to care for people in the way that they wanted to be supported.
● Any specific risks were assessed, and where risk was identified instruction as to how to minimise the risk were included in care plans.
● Daily notes and recordings were factual and provided detail about any interventions with people. Any changes on behaviour or mood were noted and notes were used when reviewing care plans.
● The staff arranged informal activities for people, and we saw on occasion they would engage people in conversation, but they did not always have time and people told us that sometimes there was little for them to do. We made a recommendation as detailed in the 'Safe' section of this report about reviewing how staff can be deployed to provide better support to people who lived at Marland Court.

Improving care quality in response to complaints or concerns
● The service had a complaints policy and copies of this were displayed in large print on the back of bedroom doors.
● We looked at the complaints log which showed that there had been only one complaint since our last inspection. This was appropriately investigated, and action taken to ensure that lessons were learnt, with an apology given to the complainant.
● The registered manager told us that they would endeavour to respond to any concerns at an informal level, and deal with any issues before they led to a formal complaint.
● Compliments were also recorded. We saw one compliment which read, "What a lovely place for my [relative]. Very friendly and excellent staff. [My relative] has settled in very well and is a happy and better lady for her care and well-being".

End of life care and support
● We saw evidence of discussion with people about their wishes for care at the end of their life. Where people had agreed, end of life care plans were included in care records, detailing their beliefs and wishes. Where a 'do not attempt resuscitation' (DNAR) was in place, a copy was kept prominently in the person's care file. A DNAR form is a document issued and signed by a doctor, which advises medical teams not to attempt cardiopulmonary resuscitation (CPR).
● Some staff had attended end of life training provided by the local hospice. Staff were able to tell us how

they had supported people as they approached their death, ensuring people were not left alone.
● Thankyou cards from relatives indicated gratitude for the care people had received; one read, "Thanks for the love and care you showed to [our relative]".

Good

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- Up to date information was available for staff in care files and on notice boards including wound care, end of life support and details of managing specific health conditions, such as pressure care. This ensured staff had knowledge of people's needs and understood how to ensure that they were well supported.
- We saw the registered manager undertook regular audits. We looked at monthly audits for medication, health and safety, accidents and incidents and infection control. Where issues of concern were identified action was taken to correct any errors or make appropriate repairs.
- Policy and procedure documentation was up to date and relevant in order to guide staff on how to carry out their roles.
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. It sets out specific guidelines providers must follow if things go wrong with care and treatment, ensuring that providers are open and transparent.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements:

- The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.
- Day to day management of the service was carried out by the manager with support from the administrator who had previously worked as the manager of the service.
- People spoke positively about the registered manager. One care worker told us, "[The registered manager] is supportive. Any change introduced has been for the better, and we feel supported in our role".

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

- People and their relatives told us that they were kept informed on issues which affected the day to day running of the service and were asked for their views on how well or otherwise the service performed. Resident and Relative meetings were held on a six-monthly basis; we saw a recent meeting included discussion around activities and food preferences. People's views and wishes were considered, and comments made included compliments to the management, staff team and specific members of staff.
- Surveys were conducted each year. We saw the most recent surveys had been sent in January 2019, but the registered manager told us that they had not yet analysed the information received. We saw the responses from both the resident survey and relative survey were mostly positive, with people expressing

satisfaction in the service received. When asked if they felt involved in planning care, responses were good, with one commenting, "I feel we are very involved in it. Staff [are] kind and supportive".

● Staff meetings were held on a regular basis. Minutes from these meetings showed instruction, discussion and compliments.

● At the time of our inspection nobody was identified as having any specific cultural or religious requirements or diverse needs, but staff we spoke with understood how to work with people from diverse backgrounds

Continuous learning and improving care and working in partnership with others:

● There was a strong emphasis on team work and communication sharing. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift.

● We saw the staff team worked well together and when we spoke with them they confirmed this. One senior care worker told us, "This is a good team. We all get on well and support one another, all the staff here are obliging and help one another out.

● Staff had a good understanding of equality, diversity and human rights and explained how they would make sure that nobody at the service suffered from any kind of discrimination.

● Feedback from staff indicated that the protection of people's rights was embedded into practice, for both people and staff, living and working at the service.

● The service liaised with organisations within the local community including the Local Authority and Clinical Commissioning Group to share information and learning around local issues and best practice in care delivery. Before our inspection we contacted local commissioners, who told us that the service worked well with them and they were impressed with the improvements in the quality of service provision since the new registered manger began working at Marland Court.