

Parkcare Homes (No.2) Limited

Marshlands

Inspection report

Dennes Lane
Lydd
Kent
TN29 9PU

Tel: 01797320088
Website: www.craegmoor.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 21 and 23 August 2018 and was unannounced. Marshlands is a 'care home' for people who may have a learning disability or autistic spectrum disorder. People in care homes receive accommodation and nursing or 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. The care home accommodates up to 18 people in one adapted building. Two people had their own personal flats external from the main house. All people had access to two communal lounge / dining areas, kitchen and shared bathrooms. There was a large garden which people could access. At the time of our inspection, there were 14 people living at the service.

Marshlands was last inspected on 12 May 2017 and was rated as Requires Improvement in the safe and well-led domain, and Requires Improvement overall. Shortfalls identified at that inspection included tools being left unattended within the service placing people at potential risk, actions identified by the fire service had not been implemented, and work was needed on the structure of staffing and their understanding of their responsibilities. At this inspection, the provider had made improvements in these areas and worked through an action plan of the issue we identified during our inspection. Environmental risk assessments had been put into place, and staff were aware of the risks of leaving tools unattended. The provider had installed a ramp at the front of the building as recommended in the risk assessment completed by the fire brigade. Following concerns raised at the previous inspection, staff received the support they needed from a structured management team. This service has been rated Good overall.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A new manager had been appointed and was in the second week of the induction when we visited. The new manager was in the process of submitting an application to take over the management and registration of the service from the registered manager. They are referred to throughout this report as the manager.

The care service had not been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Marshlands was designed, built and registered before this guidance was published. The provider has not developed or adapted Marshlands in response to changes in best practice guidance. Had the provider applied to register Marshlands today, the application would be unlikely to be granted. The model and scale of care provided is not in keeping with the cultural and professional changes to how services for people with a learning disability and/or Autism should be operated to meet their needs. The service accommodates

more than the recommended number of people, and is not based within a community setting with easy access to local amenities. However, the service was working within the principles of promoting choice and impedance, and was in the process of reviewing the service with the goal to create a more person-centred service, which would meet the guidance for registering the right support.

People told us they were safe at the service. Staff were trained in safeguarding and knew how to report any concerns.

Risks to people and the environment had been assessed and minimised and people were supported to take positive risks such as accessing the community independently, and exploring supported living services. People told us, and we observed there were enough staff to meet people's needs and deliver safe care.

Medicines were stored and administered safely by staff who had received training in medicines administration.

People were protected by the prevention and control of infection; we observed the service was clean and tidy.

Accidents and incidents were recorded, and used to drive improvements at the service.

People's needs had been assessed in line with good practice and legislation. Staff had the skills and knowledge to deliver effective care and treatment.

People's nutritional needs were being met. People told us they enjoyed the food, and we observed a relaxed, friendly atmosphere as staff and people ate together. Staff worked externally and internally to provide people with access to healthcare professionals when required.

Staff understood the importance of gaining people's consent and action to take if people were unable to consent. Staff promoted choices with people in a variety of ways to suit the individual.

There were positive relationships between people and staff. Staff treated people with kindness respect and compassion. People were supported to make their views known through house meetings or during reviews.

People's privacy and dignity were respected, and staff promoted people's independence.

People received person centred care responsive to their needs. Staff understood how to treat people as individuals. There was a range of individual and group activities for people to be involved in. People told us they were happy with the activities at the service.

People knew how to raise concerns and complaints but told us they were happy at the service.

There was an improving culture at the service, which focused on positive outcomes for people. Staff were aware of their responsibilities, and the registered manager complied with their regulatory responsibilities.

People's views were sought, and used to make improvements within the service. The registered manager had formed good working relationships with healthcare professionals that they used to improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was good.

People were protected from potential harm and abuse by staff who knew how to recognise and respond to abuse.

Risks to people and the environment had been assessed and minimised.

There were sufficient staff to meet people's needs.

People received their medicines when they needed them and in a safe way.

People were protected by the prevention and control of infection.

Improvement plans were implemented when things went wrong.

Is the service effective?

Good ●

The service remains effective.

People's needs had been assessed in line with good practice.

Staff received the training they needed to complete their roles.

People were supported to maintain a balanced diet.

Staff worked internally and externally to provide people with access to healthcare professionals.

Staff understood the importance of gaining consent and giving people choice.

Is the service caring?

Good ●

The service remains caring.

People were supported by a staff team that knew them well, and were able to provide emotional support when required.

People were encouraged to express their views.

Staff respected people's privacy, and dignity and encouraged independence.

Is the service responsive?

Good ●

The service was not always responsive.

End of life planning was in early stages, and more work needed to be completed in this area to ensure people's wishes and beliefs were met.

People received person centred care responsive to their needs.

People knew how to raise concerns and complaints.

Is the service well-led?

Good ●

The service was well-led.

There was a positive empowering culture.

The registered manager understood their regulatory responsibilities.

Quality assurance audits had been completed to a good standard.

People's views were sought and used to drive improvement at the service.

Staff and the registered manager worked in partnership with other agencies.

Marshlands

Detailed findings

Background to this inspection

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

This inspection took place on 21 and 23 August 2018 and was unannounced. The inspection was carried out by two inspectors.

Before the inspection, the registered manager completed a Provider Information Return (PIR). The PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service. This included notifications of incidents that the registered persons had sent us. These are events that happened in the service that the registered persons are required to tell us about. We used this information to plan our inspection.

We spoke with three people who lived at the service to gain their views of the care they received. We also spent time observing the care and support that people received during the morning, at lunchtime and during the afternoon over both days.

We spoke with the registered manager, manager, quality improvement lead, four members of staff, three people that use the service and one relative. We contacted four healthcare professionals who worked with the service before the inspection, asking for their feedback and received feedback from two healthcare professionals.

We looked at four people's support plans and the associated risk assessments and guidance. We looked at a range of other records including medicine records, quality assurance surveys and audits and three staff recruitment files.

Is the service safe?

Our findings

People and their relatives told us they felt safe living at Marshlands. One person told us "I do feel safe. Part of me would like to live [independently] again, but I do feel safe here."

At our last inspection, we found concerns around tools and equipment being left in the garden which had not been risk assessed. This was a concern as some people could display behaviours including throwing objects which could cause harm to themselves and others. In response to the issues identified at the last inspection, the provider implemented an environmental risk assessment, and equipment was safely stored away after use. Staff were aware of the need to check that when people used tools, they were to encourage people to put them away, or staff checked they were stored appropriately after use. Other risks including accessing the community, causing harm to others and being at risk of financial abuse had also been assessed and minimised. Clear guidelines were in place for staff to follow in order to reduce the risk to people. Guidance had been reviewed and updated according to people's changing needs or during care reviews.

People were encouraged to take positive risks as part of an independence lifestyle, for example one person accessed the community independently to do their own food shopping. The person would inform staff when they were leaving, and confirm where they would be going. If they were going to be later than discussed they would call the staff to advise them. Another person was supported to attend a day service where they enjoyed cooking, and arts and crafts. The person would be dropped off and collected by staff, and be given reassurance they would be collected once the activities were finished, or before if the person requested.

People had positive behavioural support plans (PBS) in place, which provided clear guidance for staff on how best to support people if they became upset or distressed. During the inspection, we observed someone become increasingly anxious during lunch time. A staff member tried to offer support, when the person didn't respond well to the staff member, they backed off, and another staff intervened. The staff told us "I could tell from their voice they weren't going to respond to me, so I removed myself from the situation." The staff member went on to tell us some days they were the one who could calm the person down, and other days a different staff intervening helped. We observed the person's anxieties decrease with the support of their chosen staff member, who followed guidance in the person's care plan.

At our last inspection, we found that records of tests and visual checks on fire equipment had not recently been completed well. At this inspection we found a comprehensive check had taken place including reviewing fire safety, personal emergency evacuation plans (PEEPs) and emergency lighting. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of an emergency. Checks were being completed regularly, and there was a clear audit of action being taken when needed to fix any issues identified. Health and safety checks of the environment and equipment to make sure it was safe to use included completing regular fire drills, and completing electrical checks. The registered manager and quality improvement lead audited the checks to ensure they were being completed to a good standard regularly, to meet internal audits and to support them to evidence improvements.

People were protected from potential harm and abuse. There were clear safeguarding and whistleblowing processes in place for staff to follow, with easy read versions available in communal areas for people. Staff had received training in safeguarding adults, and were able to identify signs they would look for if they had concerns about people. One staff told us "I would look if they were withdrawn, changes in their eating habits, if they wouldn't come out of their room. I would document it and then go to the manager. There is a safeguarding number in the office I could call." Staff told us they were confident managers would respond to any concerns raised. The registered manager had raised safeguarding concerns with the local authority safeguarding team as required.

There were enough staff on duty to meet people's needs. Some people were identified as needing one to one support. These people had separate staff teams dedicated to them and rotas reviewed confirmed people received the support needed. Staffing was planned according to people's assessed needs, and amended to meet the needs of people's appointments or activities. For example if someone had a healthcare appointment and needed support, an additional staff member would be put on the rota. Staffing rotas showed most shifts were covered by permanent staff, with a few instances where agency staff had been used. The registered manager told us they have "lovely long-standing staff" who would pick up additional shifts when required. Staff and people we spoke with told us there were sufficient staff to keep people safe. One staff member told us "We have enough staff, nine times out of ten we have enough." Staff told us that when staff left, they were quickly replaced with new staff. During our inspection we observed staff had time to spend with people. Staff engaged in one to one activities when people wanted, and gave people the choice of how and where they wanted to spend their time. Staff were not rushed and had time to provide people with meaningful interactions, and provide them with emotional support when needed, or friendly banter.

Safe recruitment processes had been followed. Recruitment files reviewed showed thorough recruitment processes were followed to ensure staff were of the right character to work with people. This included obtaining references from the most recent employer, ensuring any gaps in work history had been explored and completing a criminal record check through the Disclosure and Barring Service (DBS). The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care services.

People's medicines were administered and stored safely. Medicine administration records (MAR) contained people's photos to ensure the right medicine was given to the right person. Staff had signed the MAR to indicate that the person had received the medicine, and MAR we reviewed were clear and easy to follow. When a person went out for the day, the medicines they were prescribed were signed into and out of the service to ensure they were able to receive their medicines when required. Guidance was in place for people who took medicines prescribed 'as and when required' (PRN). Staff were able to confidently describe how and when to administer PRN medicines. Staff were able to show us how they evidenced why and when people received PRN medicines which enabled them to make any follow up required.

Medicines were administered by senior staff, who had received training and felt confident to do so. Medicines were stored safely in locked cabinets, where the room temperatures were taken daily. Senior staff told us that when the temperatures exceeded the acceptable temperatures, ice packs were put in, and then temperatures re taken. There was a daily medicines audit completed by senior staff which included a review of the medicines administered, any medicines refused and action taken, if the environment was clean as well as if bottled medication was signed and dated when opened. Staff informed us this helped them identify quickly if there was an issue with medicines administration, such as if a staff member forgot to sign the MAR. Within people's files were 'easy read' information sheets about the medicines. Staff told us these were shared with people to inform those that would be able to process the information what the medicine

was prescribed for.

People were kept safe by the prevention and control of infection. Policies and procedures were in place and being followed by staff. Staff completed audits to evidence the cleaning and hygiene checks carried out on the environment, which we found to be clean. We observed staff using personal protective equipment (PPE) appropriately. People were involved in the up keep of the service. Staff told us of one person "They love to help out with the maintenance, sweeping up." When we arrived at the service, this person was sweeping the front entrance, and took pride in the work they did.

The registered manager took steps to learn and improve when things went wrong. Accidents and incidents were recorded by staff. The registered manager reviewed the records to ensure appropriate action was taken to reduce to risk of further incidents, review any trends and share any learning with staff. For example, when one person displayed behaviours that were out of character, staff logged the incidents and escalated to management. Staff then worked with the positive behaviour support team to track the incidents, reviewing the time and date to look for patterns. Staff were then able to make a referral to the relevant healthcare professionals to ensure the person received timely support. Another person had a history of depression and mental health needs, and had previous support from a psychologist. Staff were aware of this, and tracked any incidents that may suggest the person needed further input from the psychologist so to ensure there would not be a delay to the person receiving support. Information was held centrally on the providers computer system, and reviewed by management to see if any further input was needed.

Is the service effective?

Our findings

People told us they received effective care from a staff team that knew them well. A relative told us "Its brilliant, absolutely brilliant. They have got so much patience, and they are so kind, that speaks a lot."

People's needs had been assessed and their care planned to ensure their needs were being met. Documentation confirmed care was planned and delivered in line with good practice, with staff keeping up to date of any new professional guidance that was published. For example, references to the latest guidance on positive behaviour support was referenced in a person's care plan. Staff told us any changes or updates in good practice were cascaded from the provider for them to update the people's care plan and risk assessments. There were processes were in place to ensure people were not discrimination against when care was planned and implemented. Pre-admission documentation included an equalities section where people's cultural, and sexual needs were explored and recorded. Since our last inspection, no one new had moved into the service, but some people had been assessed as part of their plans to transition to support living services.

Staff continued to have the skills knowledge and experience to deliver effective care. New staff completed an induction training programme, which allowed them time to shadow staff, review care plans and read policies and procedures. Staff told us the provider induction process was thorough and gave them the knowledge to support people. Staff received continued support in the form of training, and supervision and appraisal had been taken over by the manager who was in the process of meeting with all staff. Staff received training in a range of courses relevant to their roles. One staff told us they enjoyed the de-escalation training as it helped them to support people when they became distressed. The registered manager was also the training facilitator and told us "I love facilitating training. The main focus for that is sharing knowledge to change people's lives. One of the best courses is autism, you can really see the improvement on people's lives as a result of that training."

People were supported to eat and drink sufficient amounts to maintain a balanced diet. People who chose to be, were involved in planning the food menu, during weekly resident's meetings. The weekly menu was then displayed, with details of who chose that day's meal next to it, or for example if it was a roast it indicated it was a group decision. Pictorial aids were used to support decision making for those who required them. Some people enjoyed supporting staff with food preparation; one person enjoyed helping to peel vegetables and staff would invite them to support with this. One person told us they were independent with food planning, purchasing and preparation. Staff told us that when the person was unsure or cooking something they hadn't previously, they would ask staff for support.

People choose where they ate their meals; we observed some people chose to eat in the dining room, whilst others ate in the lounge. Staff and people ate together, and there was a relaxed atmosphere during the meals we observed with people chatting and laughing with staff. People told us they enjoyed the food; which looked appetising and plentiful. If people did not want what was on the menu for the day, alternatives were provided. A relative told us "The food is amazing. They don't know when I'm turning up and sometimes I go into the kitchen, food is always presented nicely." No one had any specific dietary requirements,

however one staff member was vegetarian, and advised they always ordered additional vegetarian food, in case people preferred that option. People were offered a variety of drinks throughout our inspection, and people were encouraged to make healthy food choices.

There were arrangements in place to ensure people received effective care when they were referred to or moved between services. People's care files had accessible information that could be shared with the relevant healthcare professionals, for example if the person needed to go into hospital. This included information relating to any allergies the person may have, information on how that person communicates and any medicines the person was taking.

People's health continued to be monitored, and when required healthcare professionals were involved to support people to be as healthy as possible. People were registered with the GP, dentist and optician, and had regular visits from other healthcare professionals depending on their needs. People's appointments were highlighted on the activities board so staff and people were aware of when they were. One person was identified as potentially having early on set dementia, and was monitored by staff, and referred to healthcare professionals for further tests. People had access to psychological support when required. One person was supported to attend support groups for like-minded people, to support them with how they chose to live their lives.

The service had been adapted to meet people's needs. People's bedrooms were personalised with their own possessions, and decorated to their individual preferences. Communal areas had photographs of people who lived at the service enjoying activities, and were wheelchair accessible. A relative told us "They can get about, they can move about freely. It's very wheelchair friendly." However, in parts of the service the maintenance of the building did not keep up with the wear of the building, and the service did not meet the values that underpin Registering the Right Support. Some areas in the service, including corridors and the main lounge were in need of re-decorating. The manager informed us this had not yet been completed, as the provider was in the process of reviewing the space within the service to ensure it was being utilised as best as possible. The manager informed us of their plans for the service, to review how the provider could create a more person-centred environment to meet the needs of the people living at the service and meet the requirements of registering the right support. For example, there were plans to create a flat for one person who's bedroom was on the first floor, to provide individual access to a garden, and a door to leave the service. Staff told us this would greatly improve the quality of this person's life, due to the anxiety this person could display when utilising the same communal entrance as other people. Other aspects of registering the right support guidance was being met, such as the promotion of choice and impedance with people being supported to go to college and access the community without staff support.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interest and as least restrictive as possible. Staff had received training in MCA and were aware passionate about people making choices for themselves. One person liked to have their door locked whilst they were being supported in their room by staff. This was clearly documented in their care plan. Staff were able to tell us how they respect the person's wishes by supporting the person to lock the door. Staff had clear guidance on how frequently the door should be unlocked, and how best to support the person's understanding of the safety elements of having the door locked. Staff were able to tell us the person had made progress with allowing staff in their room, and continued to make progress with support from staff. Staff were aware of the need to involve people if someone was unable to make a decision, and able to give examples of occasions where advocates, healthcare professionals and relatives had been involved in best interest meetings for people.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where there had been restrictions to a person, the least restrictive option had been considered, and the registered manager had applied for a DoLS. We reviewed DoLS authorisations and saw the conditions on the authorisations were being met.

Is the service caring?

Our findings

People and their relatives told us staff treated them with kindness and respect. One person told us "I've never found them [staff] anything but caring. They're quite a good bunch." A relative told us "Overall the caring of all the staff is great."

People continued to be supported by a staff team that knew them well, and were able to identify and give people emotional support when needed. During our inspection, we observed one person becoming anxious. Staff reacted in a calm professional manner, following guidance detailed in the person's care plan to reduce their distress. We observed staff supporting and encouraging people when navigating the stairs, the staff remained close enough to support if needed, but not too close to take away the person's independence.

We observed numerous kind and caring interactions between staff and people. One person had been to have their hair cut, and when staff noticed they commented "Your hair looks lovely," to which the person smiled. Staff and people had personalised greetings, for example one staff member was observed greeting someone by pressing their thumb on the person's thumb and asking about their night. Staff told us they enjoyed their roles at Marshlands, and spoke with affection of the people they supported.

From April 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. Documentation we reviewed had been created in a way that was meaningful to people. Picture boards had been used to display information such as people's activities or food menus, and 'easy read' documents were available in communal areas including safeguarding information and information on how to make a complaint.

People told us they had resident's meetings, in which they discussed activities and the food menu. People had regular keyworker meetings, where they were given the opportunity to discuss any changes they would like to implement to their care, or raise any concerns. During people's keyworker meetings goals and aims for the person were also discussed. Goals were specific to the person, and based around their wishes, for example one person had been working towards moving to an independent living service and was supported to visit potential new homes with staff. Staff supported the person to liaise with the relevant professionals regarding the transition. Other people's goals were based on activities they wanted to do, for example to have a picnic on the beach or attend a rugby match. The registered manager told us it was they felt "each person has the capacity to soar." People, and their relatives if they so wished, were involved in regular care reviews.

Staff respected people's privacy and dignity and prompted their independence. We observed staff knocking on doors before entering, and respecting people's private space. There were clear indications in people's file of the signs they would display if they wanted to have some personal time, at which point staff would leave them until they needed support, but remaining close by in case they were needed. One person had indicated they wanted a sign on their bedroom door to indicate when they were in or out to others, and we

observed this was in place and being used. Staff spoke to people with respect and fondness and there were positive bonds between people and staff. The manager told us it was the nicest services they had worked at with lots of potential for the people living there.

Staff supported people to maintain relationships with those most important to us. People and their relatives told us visitors were always welcome at the service, and were made to feel at ease when there. A relative told us "They invite me to their coffee morning. I couldn't make it, the next time it was a different date so I could make it. That was all taken into consideration." Staff told us they were driving one person to their relative's home so they could spend time with their family, the staff member told us "It's important to keep the relationship going, important for (person)."

Is the service responsive?

Our findings

People received personalised care responsive to their needs. A relative told us "They always help as much as they can with things. They [staff] always take them out. They are always offered to go, they don't always go out. They go out for lunch. They [staff] always take them to the cemetery to see their mum and dad."

Care plans had been written to reflect the needs of people. Care plans we reviewed had been written in a respectful way and were a good reflection of the day to day support provided to the person. Information in care plans included people's life histories, what was important to them and how staff should support the person. We found care plans to be person centred and gave staff a guide on how best to support people. For example in one person's care plan it detailed how the person liked to interact with staff, and how they may demonstrate that such as holding their hand out, and wanting staff to lightly touch it. People's preferences and dislikes were documented including that one person enjoyed strong tasting food. Guidelines were in place to support people with specific needs, such as visual support for people with autism, detailing the use of picture boards and objects of reference, along with simple language communicated clearly. Sensory profiles were in place for staff to support people, and staff were able to explain these to us, and how they are used in a meaningful way with people. Another person with autism had clear guidance on how best to support the person, for example asking them no more than four times a day what they would like to do. Staff told us that if they were to ask more than four times the person would become unsettled, but by asking at key points in the day it allowed more opportunities across the day.

People were engaged in a range of activities which were individual and personalised to their needs. For example, one person attended a college on a weekly basis, whilst another attended an external day centre to do arts and crafts. On the first day of our inspection, a group of people went out for the day to the zoo, which had been chosen as the activity by people on the previous day. One person told us "We have resident's meetings we choose where we go we have been on days trips." People were given the opportunity to go out with staff on a one to one basis or in a group. One person, for example, went out shopping with a staff member, and a group of people went to the local pub. Those who did not want to go to the pub were offered the opportunity to go to a café for a drink and snack. Other people chose to remain at the service, watching television or colouring in. One person had been supported to go on holiday and visit the set of their favourite television soap.

The service had an external building they called a 'day centre' where the activities coordinator and staff organised activities for people, including arts and crafts and baking. People told us they enjoyed the activities facilitated within the day centre, and one person was able to show us things they had made. Staff were organising the service's annual event, 'party in the marsh' and told us this year's theme was pirates. A person proudly showed us decorations they had made for the party, with staff telling us "(person) has been wonderful doing this."

Staff told us they encouraged people to be sociable to reduce the risk of social isolation. A relative told us "(person) used to sit in their room a lot, they [staff] encouraged them to go into the living room and now they do." Staff were observed using appropriate affection towards people to provide assurance in line with their

preferences.

At the time of our inspection, people did not have any religious beliefs. Staff told us that a few people volunteered with the church at events, and the vicar was well known to people, and went to the home to visit people. People were supported to maintain friendships with friends within the community. One person was able to access the community independently and told us they often met up with friends. Other people had made friends within the providers other services, that they would meet up with. A few people at the service had formed relationships, which were supported by staff. One person met their partner monthly and had a meal out with them.

People's complaints and concerns had been responded to and used as an opportunity to improve the service. There was accessible information at the service informing people of how to raise concerns and complaints. People were also asked during their keyworker meetings, and during reviews if they had any concerns or complaints to raise. People knew how to raise concerns or complaints. One person told us "Yeah I think you would need to go through your key worker. I would go to the office myself." Since our last inspection, one complaint had been logged. We reviewed documentation relating to this and saw the complaint had been resolved in a timely manner.

At the time of our inspection the service was not supporting anyone with end of life care. End of life care planning discussions were starting to take place. We reviewed documentation where by people were being asked about their final wishes, and specifically where they wanted to spend their last days if they became unwell. Other discussions including final wishes had been discussed, with one person stating that they wanted a Christian service to be held for them locally. Marshlands supports a range of people with varying ages, and when we discussed end of life planning with the registered manager they were aware this was an area for improvement.

Is the service well-led?

Our findings

At our last inspection we found the service was not consistently well-led. There had been a lack of leadership and oversight which resulted in work needed to improve outcomes for people. At this inspection, we found there had been improvements.

At our last inspection, we found people were not always kept safe from risks to the environment. This was because actions required following the risk assessment completed by the fire brigade had not been completed by the provider. In particular the provider had not installed a ramp for wheelchairs as required. At this inspection, we saw the ramp had been built and therefore people were able to exit the service safely in the event of a fire or emergency.

The provider had implemented a comprehensive auditing system what was completed regularly. When shortfalls had been identified, action had been taken to address them. Quality audits were completed, and were rated and prioritised according to their risk. Audits focused on areas such as medicines, care plans, accidents and incidents and environmental checks. As a result of the latest audit new training courses were booked for staff, including diabetes care, safeguarding and epilepsy updates, and improvements completed on the drive where potential risks had been identified. Records of people's needs and the care they had received were accurate and up to date. All staff had access to information about people when they needed it.

At our last inspection there were some concerns around the structure of staff and their understanding of their responsibilities. At this inspection, staff told us they understood their responsibilities, and pulled together as a team to ensure people received the best outcomes possible. The registered manager told us the service had lacked vision and consistency in management, however since the last inspection, this had not impacted on the support staff received. Following the last inspection, the provider had implemented a clear management structure at the service. At the last inspection staff told us they were not always well supported by the management at the service. At this inspection staff told us they were well supported and felt confident in the ability of the manager.

The registered manager had notified the Care Quality Commission of important events as required. It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the registered manager had conspicuously displayed their rating on a notice board in the service and the provider had displayed the service's rating on their website.

The registered manager was aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support. The Duty of Candour is to be open and honest when untoward events occurred.

A manager had been recruited, to take over the full time running of the service, and had submitted an application to become the registered manager of the service. The manager was in their second week of

working with the service, but able to discuss with us their goals and vision for the service moving forward. The registered manager informed us they would continue to support the manager once they took over running the service full time, and remain involved in supporting staff with training and development. The registered manager told us "We have a caring culture. Really good staff that want to support people to be independent" and "It's about reaching out and finding people's full potential." Staff told us they felt the service was well-led and that they received the support they needed to succeed in their role.

The manager told us they kept their skills up to date, by engaging in a range of training courses and delivered training for the provider. The manager informed us they had a mentor within the organisation, and had been supported to attend a leadership course. The registered manager was a member of a number of other organisations that shared good practice about healthcare. For example, the registered manager was part of the challenging behaviour forum and attended national conferences about specific conditions such as autism and epilepsy. The registered manager told us they were able to implement any learning from the conferences with staff to help improve people's lives. The registered manager said the best thing about their role was; "The things I do daily have more of an impact on people on a daily basis than previous roles. I am really passionate about doing this job." The registered manager informed us they were well supported by their manager and said "My line manager has been that resource for myself. They know everything. They include and explain things to me. They are keen to develop my skills. We have daily debriefs. I have almost been humbled in terms of the support I have received from senior management."

People and staff informed us their views were sought and used to improve the service. People had weekly resident's meetings where they discussed food menus, and planning any activities. People told us they had regular meetings with their keyworkers. One person told us they had asked for support in getting their bike serviced, and that staff supported them to find someone to complete a service on the bike. The provider organised for questionnaires to be sent to people for feedback annually, and the registered manager was responsible for responding to this, and putting any actions into place. Staff told us they received feedback on surveys completed by people, and used the information for learning during team meetings. Staff had regular team meetings, the dates of which were displayed. The provider had organised for an employee engagement survey to be brought forward to enable the new manager to get 'a baseline' and track staff culture and monitor any improvements.

Staff and the registered manager worked in partnership with local health and social services. The registered manager had formed positive working relationships visiting professionals including the GP, dieticians and speech and language therapist (SaLT). The registered manager had worked closely with the local authority and was in regular contact with social workers and the safeguarding adults team, having built a relationship over time. The local authority commissioning team visited to conduct quality visits and social workers had attended annual reviews at the service.