

Fidelity Healthcare Limited

Marlborough Lodge

Inspection report

83-84 London Road
Marlborough
Wiltshire
SN8 2AN

Tel: 01672512288

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Marlborough Lodge provides accommodation and personal care for up to 18 people. The service provides support to adults who are over and under 65 years, people living with dementia and mental health conditions, people who have a physical disability and people with sensory impairment. At the time of our inspection there were 11 people living at the service.

Accommodation is provided in one adapted building over two floors. People had their own room and there was a communal lounge, a dining area and communal bathroom facilities. People could access a garden from the ground floor.

People's experience of using this service and what we found

Medicines management had improved, and people had their medicines as prescribed. Staff had been trained on administering medicines and their competence was regularly checked. We have made 1 recommendation about receiving and acting on medicines' safety alerts.

Risks to people's safety were in place and reviewed by management or senior staff. However, some risk management plans did not consider all factors which affect risk. For example, falls risk assessments did not review what medicines people were prescribed which might affect mobility. We also found some risk management plans were generic and not personalised. The provider assured us they would review these areas and identify appropriate improvements.

Monitoring to mitigate risks had improved. People at risk of developing pressure ulcers had air mattresses in place and staff were checking these to make sure they were safe. Some monitoring records had been filled in prior to care being delivered. The provider assured us this was a recording error, and they would give staff further training.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff had been recruited safely and there were enough staff available to respond to people's needs. Staff had time to sit with people and did not appear rushed. People and relatives told us staff were kind and caring. Staff training had improved, and the induction process had been reviewed to make sure staff were well prepared for their work. Staff told us they were supported and felt able to share their views or raise concerns.

People and relatives told us the service was safe. Staff had been trained on safeguarding and all concerns had been shared with the local authority. Incidents and accidents were recorded, and management reviewed them to identify causes. Any learning was cascaded to staff in handovers, team meetings or

supervisions.

People had choice of meals and were served hot food in a timely way. People and relatives told us the food was good and visitors were welcome to join people for a meal if they wished.

However, we found limited evidence of people being involved in their care and support. The provider told us it was not easy at times for people living with dementia to understand. We have made a recommendation about using different ways to involve people in their care planning.

People were referred to healthcare professionals in a timely way. Staff had a weekly visit from a healthcare professional to review health needs and staff could contact GPs easily. At the time of the inspection, nobody had any wounds needing care from community nurses.

There was a registered manager in post and we were told they were approachable. Quality monitoring systems were in place and helped to identify areas of improvement. The provider had a service improvement plan to log actions for improvements. There had been no complaints since the last inspection and no surveys had been carried out.

The provider had registered with the Information Commissioner's Office (ICO) for using CCTV equipment in communal areas. The correct rating for the service was displayed at the service and on the provider's website.

The home was clean, and staff used cleaning schedules to record all areas of the service were cleaned regularly. There was personal protective equipment available, and we observed staff using this in a safe way. Staff followed good infection prevention and control guidelines, for example, staff were not wearing inappropriate jewellery on their fingers.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 3 May 2023) and there were breaches of regulation. Following the inspection, we served the provider a Warning Notice and we imposed a condition on their registration. This condition was for the provider to send Care Quality Commission (CQC) a monthly action plan and summary of injuries and safeguarding incidents. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 11 January 2023. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection.

Recommendations

We have made 2 recommendations about receiving and acting on medicines alerts and involving people with dementia in their care.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect. The provider has a condition on their registration to submit a monthly action plan.

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 not always effective.

Details are in our effective findings below.

Requires Improvement 

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement 

Marlborough Lodge

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 2 inspectors, a medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Marlborough Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Marlborough Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people and 1 relative about people's experience of care. We also spent time informally engaging with people with dementia and observing their experiences of care. We spoke with 5 members of staff, the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with a further 4 members of staff and 4 relatives on the telephone. We contacted 1 professional by email for their feedback about the service.

We reviewed care records for 4 people including multiple medicines records. We also reviewed health and safety records, training data, 1 staff file for recruitment and staff supervision records, safeguarding log, incident and accident forms and quality monitoring records.



Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. During this inspection we found the provider had made improvements, however the rating reflects it will take time to see these improvements embedded in practice and the improvement sustained.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to effectively assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served the provider a Warning Notice for the breach of regulation.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At our last inspection we found the provider had failed to effectively assess risks and make sure there were measures to mitigate risks. At this inspection we found this had improved.
- Risks to people's safety had been identified and risk management plans were now in place. These had been reviewed regularly by staff.
- We found there were gaps in records for people who needed re-positioning to reduce the risks of developing pressure ulcers. The registered manager told us this was a recording issue as people were being moved when needed. They told us they would address this with staff to improve recording.
- People with specialist mattresses had details in their care plans on inflation rates and regular checks of mattresses were now being carried out for safety.
- People with health conditions such as diabetes had guidance available for staff to know what support to provide.
- At our last inspection, people with wounds being cared for by community nurses, had no guidance about the wound and the treatment being provided. At this inspection, whilst nobody had a wound the provider showed us, they had improved systems to make sure a plan would be in place when needed.
- At our last inspection incidents had not been reviewed effectively by management. At this inspection we found this had improved and incidents had been recorded and reviewed. Action needed to prevent recurrence had been taken and referrals made to other agencies where appropriate.

Using medicines safely

At our last inspection the provider had failed to manage medicines safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider had made the necessary improvements and medicines were now managed safely. The staff received training and were competency assessed to handle medicines.
- Medicines were stored securely and at appropriate temperatures. There was a process in place to record and dispose of waste medicines.
- Where people had topical patches in place, staff recorded the site of the application on a chart. We observed the site of the application was rotated to reduce risk of irritation to people's skin.
- Some people were prescribed medicines to be given 'as required' (PRN) for pain and constipation among other conditions. Guidance in the form of PRN protocols were now available to help staff give these medicines consistently.
- People who had been assessed as needing their medicines covertly had the appropriate records in place. Staff had carried out the best interest decision involving the GP and next of kin before giving medicines in this manner. The pharmacist was consulted to seek advice on how to safely give people their medicines if they were given covertly. Covert medicines are given in a disguised format, for example in food or in a drink, without the knowledge of the person receiving them.
- Systems were not in place to receive and act on national medicines alerts. We discussed this during the inspection with the registered manager who told us they would take action to sign up for alerts.

We recommend the provider review the medicines policy and processes to receive and act on medicines alerts in a timely manner.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to make people were safeguarded from abuse and improper treatment. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- At our last inspection, not all incidents of alleged abuse had been shared with the local authority safeguarding team. At this inspection, this had improved. All incidents of safeguarding had been referred to the local authority and investigated by the provider.
- During the last inspection, we observed staff disregarding people's needs. Following that inspection, the provider told us they discussed the concerns seen with staff and provided them with additional training and guidance. At this inspection, we did not observe any practice of concern. Staff supported people safely.
- People and relatives told us people were safe. Comments included, "Yes, I feel that I am safe, I have a bell in my room, and I know that they [staff] are regularly looking in on you", "I just know [relative] is looked after and is safe and that this is the best place for [relative] to be" and "I think [relative] is safe, I would 100% know if something was not right. Every time we have been there, [relative] has been happy and smiling."
- Staff we spoke with all told us they had enjoyed the training provided and understood their role in keeping people safe. They told us any concerns of alleged abuse would be reported to the management.

Staffing and recruitment

At our last inspection the provider had failed to make sure staff had the competence and skills to support

people safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At our last inspection we found staff had not been provided with safe moving and handling training and we observed them using poor moving and handling techniques. We also found staff had not been given training on fire procedures or first aid. At this inspection this had improved.
- Following our inspection, the provider organised for an external trainer to visit to provide training on safe moving and handling, fire evacuation, first aid and safeguarding.
- Staff told us they had been shown safe techniques to move people using different pieces of equipment. They had also been able to practice fire evacuation and learn skills needed for emergency situations.
- There were sufficient numbers of staff available to meet people's needs and staff had been recruited safely. One relative said, "There always seems to be someone around and enough pairs of hands to look after people."

Preventing and controlling infection

At our last inspection the provider had failed to make sure the service was clean, and they did not reduce the risk of the spread of infection. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At our last inspection, we found cleaning schedules did not record all areas of the home to be cleaned and some areas of the service were not clean. At this inspection, this had improved. We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- At our last inspection, we found staff were wearing jewellery and had long, painted nails which increased risks of cross contamination. At this inspection this had improved. We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were able to have visits from relatives and friends without restrictions.

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.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. During this inspection we found that the provider had made improvements, however the rating reflects that it will take time to see these improvements embedded in practice and the areas of improvement sustained.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to make sure staff had the support, training and supervision to enable them to carry out their role. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- At our last inspection we found staff did not have an effective induction and had not been provided with supervision. At this inspection this had improved.
- The registered manager had reviewed the induction process, with support from the local authority quality team. A more detailed induction record was now in place and staff had been provided with the support they needed to complete their induction.
- Training had been provided and staff had been given opportunity to have regular supervision and an annual appraisal. Staff told us they felt they had the skills and knowledge needed to carry out their roles effectively. Comments from staff included, "We have done moving and handling, fire training and first aid. It was really good, the person they found was really professional, he was very good. I found it helpful, we were doing a lot of things wrong, but we are now very good."
- Staff had development opportunities at the service and some talked to us about gaining more knowledge and skills in other areas such as nursing.

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

At our last inspection the provider had failed to provide care that was person-centred and in line with people's wishes and preferences. This was a breach of regulation 9 (Person-centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- At our last inspection we observed practice that was not person-centred when people were eating their meal. At this inspection we did not observe any concerns at mealtimes.
- Following our last inspection the provider had given staff training and opportunity to talk about good practice when supporting mealtimes. The provider had also carried out some mealtime observations to monitor people's experiences to make sure improvement was consistent.
- Food looked appetising and people ate with the support they needed. People told us they enjoyed the food. Comments included, "They have 2 chefs here and it is always good food" and "We get English food which is very nice."
- People had choice of food and drinks and we observed staff offered people drinks and snacks throughout the day. One relative said, "[relative] looks well and eats well, the meals are very good there."
- However, we did find 3 people were on weight reducing diets with no information in their care plan as to the reasons. The provider told us this was at the request of the GP and they would include this decision making in people's plans.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection the provider had failed to work in people's best interest and within the legal framework of the MCA. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- At our last inspection the provider had not obtained consent from people about having CCTV cameras in communal areas. At this inspection, this had improved, and people's consent had been obtained and recorded. Where people were not able to consent to being filmed, the MCA and best interest process had been followed and recorded.
- At our last inspection conditions relating to DoLS authorisations were not being met. At this inspection this had improved and we found conditions were being met.
- At our last inspection we had concerns about the provider making blanket decisions about people not being able to leave the service without their permission. At this inspection this had improved and we observed people were not living with this restriction.

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

- People had their needs assessed and care planning was reviewed at least monthly.

- Oral health needs had been assessed, however, we found 1 person did not have all the information in their care plan regarding their oral health needs. The registered manager told us they would include this in the person's care plan.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff had daily handovers so they could share information about people's needs. There was a handover record in use where staff recorded key important information for all staff to know.
- When needed staff referred people to appropriate healthcare professionals. We found referrals were made in a timely way. Guidance on people's healthcare needs was available in people's records.
- Relatives told us they were kept up to date with any health issues and they all felt their relative looked well and healthy. One relative said, "The staff are lovely, I can't fault them. [Relative] has put on weight since they have been there, looks a million times healthier, so much better."

Adapting service, design, decoration to meet people's needs

- The service was in an adapted building on 2 floors. People had their own rooms and there was a lounge, dining area and communal bathrooms. People had access to the garden at the rear of the service from the ground floor.
- People could personalise their rooms if they wished.

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.

At our last comprehensive inspection, we rated this key question good. At this inspection the rating has remained good. This meant 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

- People and relatives told us staff were kind and caring. Comments about staff included, "The staff all seem to be nice; I see them with [relative] and they all like him", "100% staff are caring and kind" and "I think they [staff] are extremely caring. I cannot fault the love and care they show [relative]. It gives us peace of mind as I think the carers there genuinely love older people."
- We observed people being supported in a caring way. Staff were attentive to people's needs and knew them well. Staff had time to sit with people and reassure them if they were experiencing distress.
- People had information on their life history recorded in their records which helped staff to understand their needs.
- Staff told us they knew people and enjoyed their work, in particular they enjoyed working with older people. Comments from staff included, "I love working there, I like the people and I know how to approach them. I am good with people" and "I like working here and looking after old people, I respect older people."

Supporting people to express their views and be involved in making decisions about their care

- Whilst people were offered choices day to day such as choosing what to eat, what to wear and where to spend time, there was no evidence of them being involved in care planning.
- We discussed this with the registered manager and provider who told us this was not easy at times as some people were living with dementia and were not able to understand. Whilst people with dementia may at times find communicating difficult there were other ways to involve them in care planning, for example by using easy read care plans.

We recommend the provider reviews their care planning process to seek advice and guidance on involving people with dementia in assessment and reviews.

Respecting and promoting people's privacy, dignity and independence

- At our last inspection we observed some care was not person-centred or dignified. At this inspection we observed people's care was dignified and their right to privacy was upheld. The registered manager told us, "We gave staff training to do, this was around privacy and dignity. We asked staff to read the policy and I have spent more time on the floor observing and watching."
- We observed staff making sure personal care was carried out with doors closed and staff knocked on people's doors before going in their rooms.
- We did see one person having their nails trimmed by the dining area in view of other people living at the

service. The provider told us they would speak to staff and make sure the person was offered the opportunity to have their nails trimmed in their own room.

- People's records and personal information was kept secure and conversations about people's care took place in the office.
- Staff encouraged people to maintain independence and do as much as they could for themselves.
- People were able to have visits from friends and family. Relatives told us they were made to feel welcome and offered refreshments.

Is the service responsive?

Our findings

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

At our last comprehensive inspection, we rated this key question good. At this inspection the rating has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans recorded details about their care and support. However, we found some parts of the care plans were generic and the same for everyone. We discussed this with the provider who told us they did use core documents for some areas of care, but they would review them to make sure they were personalised.
- Staff told us they had time to read people's care plans to find out about individual's needs.
- Relatives told us they had been involved in reviews of care. One relative said, "I see the care plan and we do reviews. Any small concern, they are immediately on the phone to me."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were recorded. Where people had different communication methods this was recorded for staff to know how best to communicate with people.
- The provider told us they could adapt any information to help people's understanding.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had the opportunity to take part in a range of activities. At the last inspection we discussed with the provider about people being able to access their local community. At this inspection, we saw records and evidence that people had been supported to go out locally.
- For example, we saw people had been into the local town for trips out and out for short local walks. Relatives told us they were shown photographs of people out on trips and taking part in other activities.
- The registered manager told us they had developed a new activity programme with the aim of making more activities accessible for people. We saw in people's records they had engaged in activities such as craft, baking, and gardening. One relative said, "I did notice recently they seem to be doing more activities. There is a programme of activities on the wall, I am pleased they are doing that."

Improving care quality in response to complaints or concerns

- There had been no complaints since the last inspection. Relatives we spoke with told us they knew how to

complain and would do so if needed. One relative told us, "I would complain if I needed to, I would raise concerns with [provider]."

End of life care and support

- At the time of the inspection, there was no end-of-life care being provided. People had been given opportunity to record their wishes about the care they wanted at the end of their life.
- The provider told us they would seek support and guidance from healthcare professionals to make sure people's pain management was assessed if needed.

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.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. During this inspection we found that the provider had made improvements. However, the rating reflects that it will take time to see these improvements embedded in practice and the areas of improvement sustained.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Working in partnership with others

At our last inspection the provider had failed to assess, monitor and improve the quality and safety of the service and failed to assess, monitor and mitigate risks for people. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At our last inspection the provider's quality monitoring systems were not effective. This meant they had not identified shortfalls throughout the service and failed to display the correct rating.
- At this inspection we found the provider had made improvements in their quality monitoring systems. Audits had been carried out and where any improvements were identified they had been added to the service improvement plan. Action had been taken to make any improvement needed.
- The provider told us they had received support from the local authority quality team to carry out improvements. This support included visits to the service to review records and observations of practice. The provider told us this support had been helpful for them to make the improvement seen at this inspection.
- We did see some monitoring records had been filled in ahead of time. For example, when we visited at 4.30am 2 people's records had been completed for 6am. The provider told us this was an error made by staff and their own quality monitoring had not identified any recording concerns.
- At the last inspection we found CQC notifications had not been submitted where needed. At this inspection this had improved. Where needed CQC notifications had been submitted as required to do by law.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection the provider had failed to provide people with care that met their needs and reflected their preferences. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- At our last inspection we observed care that was not person-centred, and staff were seen to be standing in communal areas watching people instead of interacting with them. At this inspection this had improved.
- People and relatives told us they were happy living at the service and told us the care was good. Comments included, "I think [relative] is well looked after" and "This is a nice place, it is not dingy, and I like it that it is not huge."
- People were being cared for by staff who worked as a team and felt able to approach the management at any time. Comments from staff included, "I don't have any issues with the management, I am happy with them, they are visible and have done lots of things since the last inspection, I can see improvements" and "We have a nice friendly team, I can ask them to swap shifts with me, all of the staff communicate with each other."
- There was a registered manager in post and they were visible at the service. They had support from the provider who also took responsibility for day-to-day management. One relative told us, "I don't see any issues with management, it is sufficiently managed. If I ask a question, they will answer."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a duty of candour policy. There had been no notifiable incidents since our last inspection.

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

- Staff had regular meetings and felt able to share their ideas or voice concerns. Comments from staff included, "We have meetings every month. We talk about residents, the good work we do or if we have made mistakes. We talk about solutions which is helpful" and "[management] always do a check, ask us 'how are you feeling, how are you doing?'. They also check if you have ideas, I feel I have a voice."
- The provider carried out quality surveys with people and relatives. This had not been completed prior to this inspection as the provider did them annually.
- Relatives we spoke with told us they were kept informed on service management and they felt able to approach the provider at any time. One relative said, "I find them [management] very approachable. I feel I can go and talk with them about anything. I think [registered manager] has made a positive impact, she seems to be pro-active, she knows the residents and she has an upbeat caring manner."