

George Ronald Limited

# Marquis Court

## Inspection report

Tunstall Village Road  
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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

### About the service

Marquis Court provides personal care and accommodation for up to 47 people, some of whom are living with dementia. At the time of the inspection there were 40 people living in the home.

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

People felt very safe living in the home and with the support they received from staff. They were happy and spoke highly of staff members and the registered manager. Comments included, "The care staff are really good, they're wonderful."

People were safeguarded from abuse. Risks to individuals and the environment were well managed. There were enough staff to meet people's needs and they were recruited in a safe way. The provider learned from previous accidents and incidents to reduce future risks. Medicines were administered and managed safely. The premises were clean and tidy.

An assessment of people's needs was completed before they moved into the home. Staff received regular training, supervisions and annual appraisals. People were supported to enjoy a balanced diet. People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. Staff supported people to enjoy a balanced diet and to access a range of health care professionals.

People were well supported and cared for. Staff treated people with dignity and respect and encouraged them to maintain their independence. People were assisted to maintain relationships that were important to them and advocacy support was available, when needed.

People received care personalised to their individual needs and wishes. Staff knew how to communicate with people and most effective communication methods were detailed in care records. People and relatives knew how to raise concerns. Any complaints received were fully investigated and actioned. People enjoyed a range of activities inside the home and accessed the local community.

The home was well managed. People and relatives were complimentary about the home and felt the registered manager was open and approachable. A quality assurance process was in place. People, relatives and staff were regularly consulted about the quality of the care and support through surveys and meetings.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Rating at last inspection

The last rating for this service was good (published 5 July 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### 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 ●

# Marquis 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. 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 Care Act 2014.

#### Inspection team

The inspection team was made up of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Marquis Court is a 'care home'. 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 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

#### During the inspection

We spoke with three people and seven relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, the chef, a senior care worker, three care workers and the activities co-ordinator. 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 reviewed documentation, inspected the safety of the premises and carried out observations in communal areas. We reviewed a range of records. This included five people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to keep people safe. People and relatives felt the home and the support provided by staff was safe. Comments included, "I feel safe and happy here as everything is good," and "There always seems to be staff around and the front door is locked for their [people's] safety."
- Staff knew people well and felt confident they could protect them from abuse.
- The provider had a safeguarding policy and procedure in place. All safeguarding alerts were raised with local authorities in a timely way.

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

- Risks to people's health, safety and wellbeing were assessed and managed.
- The premises were safe. There were environmental risk assessments in place and regular checks of the premises and equipment were carried out.
- Accidents and incidents were recorded. Subsequent action was taken to mitigate the risk of a reoccurrence. Accidents were monitored and analysed to identify any trends or lessons to be learned.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. People told us there were staff around when they needed them. Comments included, "If I'm in my room I press my buzzer and they [staff] come quickly," and "There's always staff around."
- Staff were recruited in a safe way. All appropriate checks were carried out prior to staff commencing work in the home.

Using medicines safely

- People received their medicines in a safe way.
- Medicines were administered by trained and competent staff.
- Regular medicine checks and audits were carried out. Any errors were identified and actioned appropriately.

Preventing and controlling infection

- The home was clean, tidy and welcoming.
- The provider had an infection control policy in place. Staff wore appropriate personal protective equipment such as aprons and gloves, when supporting people with personal care.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to moving into the home to ensure staff could support them effectively.
- Assessments and associated care plans contained people's individual preferences and were regularly reviewed.

Staff support: induction, training, skills and experience

- People were cared for by trained and competent staff. New staff completed a comprehensive induction into the home.
- Staff were supported in their roles through supervisions and annual appraisals.

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

- People were supported to enjoy a nutritional, balanced diet. Comments included, "The food is nice with plenty of choice."
- Care records contained people's nutritional and hydration needs, including any specific dietary requirements and recommendations from health professionals such as speech and language therapists.
- Staff knew people well and supported those who required assistance, to enjoy their meals at a gentle pace.

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were supported in line with the principles of the MCA.
- Care records included details of people's capacity and if they were subject to a DoLS authorisation.



- Staff received regular training in relation to MCA and understood the importance of seeking consent prior to supporting people.

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

- People were supported to maintain their health. Staff observed people's general health and consulted relevant health professionals if people presented as unwell.
- Care records documented engagement with various health care professionals.

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

- The home was appropriately designed and adapted for people living there. Halls and doorways were wide and communal areas were spacious. There was a public house bar and beach hut bar as well as murals on walls such as library book shelves.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 were respected, listened to and well cared for. Comments from people included, "The staff are all nice, they can't do enough for you," and "They are all very nice, you can't fault any of them and they are all very helpful."
- People were supported to maintain relationships that were meaningful to them. Relatives regularly visited their family members in the home and had built relationships with the staff and registered manager.
- Staff promoted people's cultural backgrounds. People were supported to celebrate specific events in line with their own traditions.

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

- People were involved in making decisions about their care. Staff discussed people's care plans with them and their relatives regularly.
- People's communication support needs were recorded in care plans.
- Some people received regular support from advocacy services when making decisions about their care and support. An advocate helps people to access information and to be involved in decisions about their lives. Information about advocacy services was accessible to people.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. Staff approached people with a friendly, gentle manner and supported them patiently.
- People were encouraged and supported to maintain their independence. Care plans detailed people's capabilities and what they required support with from staff.
- People's personal information was kept secure.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 received person-centred care. Care plans were personalised and detailed how people wanted staff to support them.
- Staff regularly reviewed people's care plans and updated them when their needs changed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were given information in a way they could understand. Care plans detailed effective methods of communication staff should use with individual people, for example, using short sentences.

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's social needs were met. They enjoyed and took part in activities in the home. Comments included, "The activities are topper, [activities co-ordinator] is wonderful."
- The provider employed an activities co-ordinator who organised a range of activities in the home, such as, pamper sessions, sing-alongs, quizzes and bingo.
- Staff supported some people to access the local community for appointments, socialising and exercise.

Improving care quality in response to complaints or concerns

- The provider had an effective complaints procedure. People and relatives knew how to raise concerns. Comments included, "We haven't had any concerns but if we did, I would just speak with [registered manager] and she would sort it out." • Complaints were fully investigated and acted upon. Outcomes of complaints were used to improve services, where needed.

End of life care and support

- People's end of life wishes were respected. Care plans contained people's end of life wishes, including any religious, cultural and spiritual beliefs or pre-planned funeral arrangements.
- Emergency health care plans and/or Do Not Attempt Cardio Pulmonary Resuscitation plans were included in people's care records to reflect their preferences at such a time when they would be unable to express their wishes.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager promoted a positive culture in the home. They were open and approachable to all. Comments included, "The communication is very open as [registered manager] is always available to talk. She is lovely, she's good with everyone and advises us on everything," and "The manager is very approachable."
- The home was well-managed. People and relatives spoke highly of the home and support from staff. One relative said, "If we ended up in a home, we would like to be here as they are so good."

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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager acted on the duty of candour. They conducted themselves in an open and honest way. They submitted statutory notifications in a timely manner for significant events that occurred in the home.
- The provider and registered manager monitored the quality of the service to make sure they delivered a high standard of care and to drive improvement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider used feedback to develop and improve the service. People, relatives and visiting health professionals were encouraged to share their views via surveys.
- Staff were asked for their views and were kept updated about the home, including any improvements through regular meetings.

Working in partnership with others

- Staff worked in partnership with key stakeholders to achieve positive outcomes for people.
- The registered manager had developed good links with the local community.