

# Trustcare Management Limited

# Marlborough Lodge

## Inspection report

253 Wishing Tree  
St Leonards On Sea  
East Sussex  
TN38 9LA

Tel: 01424854103

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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

Marlborough Lodge provides accommodation and support for up to six people who have learning disabilities and complex support needs. The home is a detached property situated in a residential area of St Leonards on Sea. During our inspection there were six people living at the home.

The service was last inspected in August 2014 and was compliant with the standards we inspected. This inspection was unannounced and took place on 12 December 2016.

There was a registered manager responsible for the service. 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.

There were sufficient staff available to enable people to take part in a range of activities according to their interests and preferences. Staff duties were clearly allocated so people received the support they needed.

A safe recruitment procedure was in place and staff received pre-employment checks before starting work with the service.

Staff knew how to recognise and report abuse. They had received training in safeguarding adults from abuse and they knew the procedures to follow if they had concerns.

People lived in a safe environment and were supported by a staff team who had the skills and experience to meet their needs and help to keep people safe.

People received their medicines when they needed them. Staff had received training in the management and administration of medicines and their competency in this area had been reviewed to ensure their practice remained safe.

People's health care needs were monitored and met. The home made sure people saw the health and social care professionals they needed and they implemented any recommendations made.

Staff had built trusting relationships with people. People were happy with the care they received. Staff interactions with people were positive and caring. Staff morale was good and there was a happy and vibrant atmosphere in the home.

Routines in the home were flexible and were based around the needs and preferences of the people who lived there. People were fully involved in the planning and reviewing of their care.

People were able to plan their day with staff and they were supported to access social and leisure activities in the home and local community. There was an emphasis on enabling people to be as independent as they could be and to live a happy and fulfilling life.

Not all the relatives were aware of the provider's complaints policy; however they were all confident the registered manager would respond to any concerns.

There were effective systems in place to monitor and improve the quality of the service provided. Staff felt supported by their managers. The provider had not notified us of all significant incidents in line with their legal responsibility.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People received their medicines when they needed them from staff who had received the training to do so.

People were protected from abuse and avoidable harm.

Risks were identified and managed in ways that enabled people to make choices and participate in activities they enjoyed.

There were sufficient numbers of suitable staff deployed to help keep people safe and meet their individual needs.

Good ●

### Is the service effective?

The service was effective.

People could see appropriate health care professionals to meet their specific needs.

People made decisions about their day to day lives and were cared for in line with their preferences and choices.

Staff received on-going training to make sure they had the skills and knowledge to provide effective care to people.

Good ●

### Is the service caring?

The service was caring.

People told us they were supported by caring staff.

People were supported by staff who knew them well.

People were able to make decisions about how they spent their day.

People were supported by staff who understood the importance of privacy and dignity.

Good ●

## Is the service responsive?

Good 

The service was responsive

People received person centred care and support in accordance with their needs and preferences.

People were fully involved in planning and reviewing their care and they were supported to achieve their goals.

People were supported to follow their interests and take part in social activities.

People felt able to raise any concerns with the staff and registered manager.

## Is the service well-led?

Good 

The service was well-led.

The service had clear aims and these had been adopted by staff.

The staffing structure gave clear lines of accountability and responsibility and staff received good support.

There were quality assurance programmes in place which monitored the quality and safety of the service provided to people.

We were not always notified of significant incidents relating to people.

# Marlborough Lodge

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

The inspection took place on 12 December 2016 and was unannounced.

The inspection was carried out by one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with two people about their views on the quality of the care and support being provided. We spoke with the registered manager, regional manager and three staff members. We looked at documentation relating to two people who used the service, four staff recruitment and training records and records relating to the management of the service.

After the inspection we received feedback from three relatives and requested feedback from three health professionals.

## Our findings

The service was safe.

People told us they felt safe at Marlborough Lodge. One person told us, "Yes I feel safe here." Another said, "I feel safe." People's relatives told us they had no concerns about the safety of their family members. One relative said, "[Name of relative] is very safe I have no anxieties." Another commented, "Yes, they look after [name of relatives] safety."

Staff spoken with said the home was a safe place for people. One staff member said, "Yes, they are 100% safe here" and another commented, "People are definitely safe." All staff spoken with were aware of indicators of abuse and knew how to report any concerns. Staff were confident that any concerns would be fully investigated to ensure that people were protected. They were also aware they could report concerns to other agencies outside of the organisation such as the local authority, police and the Care Quality Commission. One staff member said, "I would report it to the manager, they are really hot on it. I would go higher if needed or to CQC." The home had a policy which staff were aware of and there was information about safeguarding and whistleblowing available for people, staff and visitors. This meant people were supported by staff who knew how to recognise and report abuse.

People were supported to take risks as part of their day to day lives. There were risk assessments relating to the running of the service, people's individual care and activities. Any potential risks were identified and steps taken to reduce, or where possible, eliminate them. The assessments covered areas such as travelling in a vehicle, accessing areas of the home such as the kitchen, riding a bike and road safety.

We saw the assessments had been reviewed to ensure they reflected people's up to date needs. When an incident had occurred the risk assessments had been updated and additional control measures had been put in place to minimise the potential for further incidents. Staff told us following incidents they received a debrief with their manager to discuss the incident and see if they required any further support. One staff member told us, "We receive the right training and support to manage incidents." There was a 24 hour on call management system in place to provide additional support in an emergency. Staff told us this was, "Supportive" and "The managers always respond." This meant people were assisted by staff who felt supported and confident to manage incidents.

Staff were knowledgeable about the risks relating to people and the things that could cause them anxiety. Staff described how they supported people when they became anxious and a danger to themselves or

others. This was in line with the person's assessment in their care plan. We spoke to one person about how staff supported them at these times and they told us, "I am happy with the way staff support me when I am angry. The staff help me and get involved and I am happy with that."

People told us there were enough staff available to meet their needs. One person said, "There are always enough staff and they are available as and when required." Another commented, "Yes there are enough staff." Relatives also told us they thought there were enough staff available. One relative told us they thought staffing levels had improved commenting, "We had some concerns at the beginning of the year but since [name of registered manager] came in things have picked up enormously. They have regular staff, staffing levels have gone up and there is always someone there." Other comments included, "Staffing is good now, there is always someone there who knows [name of relative] well" and "There are more than enough staff there."

Staff told us there were always enough staff on duty and there were never any issues covering shifts. One staff member said, "We rarely have staff sickness there are no problems with staffing, staff are enthusiastic about coming to work it's amazing." The registered manager told us the rotas were based on people's individual needs detailed in their care plans and this was reviewed monthly. Records confirmed this.

During our inspection we observed there were enough staff available to respond to people's needs. We looked at the staff rota for four weeks and saw staffing levels were consistent. This meant people were supported by sufficient numbers of staff.

People told us they were happy with how they were supported with their medicines. One person when asked about how staff supported them with their medicines said, "It's fine."

People had prescribed medicines to meet their health needs. These were supplied by a pharmacy on a monthly basis; a record was kept of all medicines received at the home. All medicines were stored securely, including those which required additional security. Medicines were stored at a safe temperature; this was checked and recorded daily by staff. Each person had a care plan which described the medicines they took, what they were for and how and when they received them. Staff helped people with their medicines. Staff received appropriate training and a competency check before they were able to give medicines. This was confirmed in the staff training records. Staff only helped one person at a time, which reduced the risk of an error occurring.

Medicine Administration records (MARs) included information on why medicines were needed. MARs were accurate and up to date. We found two people's MARs had a staff member's hand written entry for some of their medicine. Whilst the records were signed by one staff member we found they were not countersigned by a second member staff. It is important for two members of staff to sign handwritten medicine records to check it is an accurate account of the medicines prescribed. We discussed this with the registered manager who told us they would ensure staff were reminded all handwritten records on MARs should be signed and countersigned by two staff.

Some people were prescribed creams and ointments which the staff assisted them to apply. We found some of the creams were not dated when they were opened and, when they had been, the date was not always legible. This meant staff would not be able to determine if these creams were still safe to use. We spoke to the registered manager who told us they would ensure all staff were aware of the need to clearly label creams and ointments with the date once they were opened.

Unused medicines were returned to the local pharmacy for safe disposal when no longer needed. Records confirmed medicines were checked weekly by team leaders and monthly by the registered manager to ensure they were being managed safely.

The provider followed safe recruitment procedures to ensure that staff working with people were suitable for their roles. Staff had to attend a face to face interview and provide documents to confirm their identity. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work; records of these checks were kept in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable people. References were also provided and checked. Staff told us they were not allowed to start work until all satisfactory checks and references were obtained. This ensured staff were suitable to work in the home.

## Our findings

The service was effective.

People told us they thought staff understood their needs and provided the support they needed. One person told us, "The staff know and understand me; some better than others."

Relatives told us staff understood their family member's care needs and provided the support they needed. One relative said, "Staff know [name of relative] well, they know them inside and out." Another commented, "Yes they know [name of relative] well."

Staff received a range of training to meet people's needs and keep them safe. New staff completed an induction when they commenced employment. This provided them with the basic skills and training needed to support the people who lived in the home. Staff told us the induction programme was also linked to the Care Certificate. The Care Certificate standards are set by Skills for Care to ensure staff have the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff told us the induction included a period of shadowing experienced staff and looking through records, which could be extended if they needed more time to feel confident. One staff member commented, "The induction was really good, it involved shadowing and training." Another member of staff said, "My induction was for two weeks, training and shadowing staff it prepared me for the role."

Staff felt they had enough training to keep people safe and meet their needs. Staff commented positively about the training they received. One staff member said, "All the training is interesting, we get regular refreshers and are always asked if we want to attend any more training." The registered manager told us the provider had a training lead that attended the home on a planned basis to support staff with their training needs; staff confirmed this. One staff member said, "[Name of training lead] comes to the house now and then, they are really helpful and you can ask them anything."

Staff had been provided with core training such as non-aversive management of challenging behaviours, first aid, medicines and the Mental Capacity Act 2005. Staff told us they received training in people's communication needs. The registered manager maintained a record of training completed by staff and when refresher training was due. All of the core training was up to date. The registered manager showed us the future dates planned for staff to receive training on specific subjects where they had identified this would be beneficial.

Staff told us they had formal supervision (a meeting with their line manager to discuss their work) to support them in their professional development. They told us this gave them an opportunity to discuss their performance and identify any further training they required. One staff member told us, "I have regular supervisions and feedback; I've grown rapidly in the short time I have been here. [Name of registered manager] encourages you, they want you grow." Another staff member commented, "We receive regular supervisions you can voice your concerns freely, there is no judgement action is taken and they are discreet."

The registered manager told us their policy was to provide staff with supervision every two months. However, they told us due to unforeseen circumstances relating to supporting one person's needs some supervisions were held less frequently than two monthly. The registered manager told us they had an action plan to address this. All of the staff we spoke with said they felt supported and able to approach the registered manager at any time to discuss concerns. This meant people were supported by staff who received support from their managers.

People used various methods to communicate their wishes and choices. These included speech, pictures, signing, vocalisations and body language. Staff knew people well and were able to interpret non-verbal communication. We saw staff used communication individuals responded to well. People's care plans contained details about how each person communicated, staff were aware of this.

People were supported to maintain good health and wellbeing. Each person had a 'hospital passport'. This is a document containing important information to help support people with a learning disability when admitted to hospital. Care plans showed that people saw healthcare professionals including psychologists, GPs, opticians and dentists. Staff recorded the outcome of people's contact with health care professionals in their plan of care. The registered manager told us how they were in the process of exploring creating health action plans (HAP) for people. Health action plans are assessable documents that include a personal plan that describes what people can do to stay healthy and the support that is available.

People told us they were happy with the food they received and they were involved in planning their menus. We saw people had a varied and healthy diet that met their individual needs. Staff monitored people's food and drink intake to ensure each person received enough nutrients every day. Staff told us how one person required additional calories because they were prone to weight loss; they described how they used full fat products to bulk up their meals. People were encouraged to help with grocery shopping and with preparing and cooking their meals. One person told us, "I like cooking and staff help me."

Staff had received training and had a good understanding of the principles of the Mental Capacity Act 2005. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. Any restrictions placed on people should be regularly reviewed.

People were involved in decision making as much as possible. We saw evidence of people consenting to aspects of their care where restrictions were in place. For example, having limited access to cleaning and personal care products. One person told us, "It can be annoying when things are taken away but I know it's for my own good." Where staff felt people lacked capacity to make decisions for themselves we saw mental capacity assessments and best interest decisions had been completed to demonstrate this. These had been completed with input from relevant parties, such as the person's family, support staff, managers and social worker.

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

The service had submitted Deprivation of Liberty Safeguards (DoLS) applications for two of the people living at the home because they would not be safe if they did not have certain restrictions in place. Both applications had been authorised with specific conditions. We found the conditions for both people were being met.

## Our findings

The service was caring.

People told us they were supported by kind and caring staff. One person said, "The best thing is the staff, they are there for you if you need them and they are lovely and kind." Another person said, "I am happy with the staff, I would leave if I wasn't." Throughout our inspection we observed staff interacted with people who lived at the home in a kind and caring way. There was a good rapport between people and staff.

Relatives told us they were happy with the staff at Marlborough Lodge. One relative told us, "They are most definitely caring and kind, a very good bunch who are fond of [name of relative]" Other comments included, "Everyone is absolutely excellent and caring" and "They are a really good, nice bunch of staff."

Staff supported people who were non-verbal to communicate through the use of assistive technology. The service had sourced an I Pad and one person was supported to use this to translate language into French which was their first language. The registered manager told us another person living at the home had been supported by staff to develop their verbal communication. They told us how they had involved a speech and language therapist and the person was making significant progress with their speech. This meant people with complex and diverse needs were supported to communicate effectively.

People confirmed staff respected their privacy and dignity. One person said, "They ask permissions before helping me. They knock on my door and give me space if I need it." Another commented, "They respect my privacy and knock on my door before coming in." One relative told us, "I have witnessed how they treat people; they treat them with dignity and respect."

The provider told us on their PIR that the culture in the home 'is proactive in promoting dignity in care. This is embedded through all staff being dignity champions and the home having pride in its own dignity wall'. During our inspection we found evidence to support this. Staff were able to tell us how they respected people's privacy for example by closing doors and curtains whilst providing personal care and ensuring people were aware of and happy with the support they were providing. One staff member told us, "People have private time; we knock on people's doors and ask if it's ok to come in. I treat others how I would want to be treated." This meant people were supported by staff who understood the importance of respecting people's privacy and dignity.

Staff showed us a 'dignity wall' that was displayed in a communal area of the home. They explained this was

used to gather comments and thoughts from people, their family and the staff about what dignity meant to them. Staff told us people were involved in creating the art involved in the picture. We saw a quote from one person that stated, "Happy is he who accepts what cannot be changed." This meant people, their relatives and the staff were given the opportunity to express what dignity meant to them and people's views had been acted on.

Staff were aware of the importance of equality and diversity and were aware of people's diverse needs. One staff member told us how they had discussed sexuality with a person as part of the care planning process. They told us the person preferred not to discuss this and this was recorded in their care plan. Records confirmed this. This meant people were supported by staff who considered their diversity and preferences.

Staff took time to explain to people who we were and why we were visiting. They spoke with people in a polite, patient and caring way and took notice of how people responded to them. Staff paid close attention to people and picked up on important things. For example, one person was showing signs of anxiety; staff identified this at an early stage and offered appropriate support and reassurance to this person. People looked happy and settled. They showed signs of wellbeing, such as smiling and laughing. We observed a lot of kind and friendly interactions between people and staff; there was a vibrant and homely atmosphere.

Staff described how they assisted people to maintain their independence and they were aware of the importance of this. They described how they encouraged people to do what they could for themselves whilst they provided person care and only offered the assistance needed. We observed people were involved in everyday tasks such as household chores.

Staff talked positively about people and working at Marlborough Lodge, one staff member said, "This is the perfect job, the people are lovely." Another commented, "I love my job." Staff were able to explain what was important to people such as family members, being communicated with clearly, their chosen routines and activities.

People were able to make choices about day to day lives such as when they got up and went to bed, when they went out, the activities they participated in, meals, what personal care they wanted and who supported them. People were supported to express their views about their care and support even where they were unable to express their views verbally. Each person was allocated a key worker and had allocated key worker time. A key worker is a staff member who is assigned to oversee specific aspects of a person's support. Staff told us they used this time to go through the person's plan of care, their goals and to look at what was working well and what was not going so well. People told us they were happy with their key workers.

We saw positive feedback about the service had recently been left on an online website. The comment from the family member stated, "I am very happy that my family member is living in this well run, friendly, happy, caring house. There is currently some excellent staff who I hope will stay. My family member is well cared for and happy here. I am always made to feel very welcome."

One person told us how their family members could visit at any time. Another person told us how they were encouraged to invite their friends out for their birthday celebrations. Relatives told us they could visit when they wanted and there were no restrictions. Relatives and the community professional told us staff made them feel welcome when they visited.

## Our findings

The service was responsive.

The people who lived at the home received care and support which was personalised to their needs and wishes. One person told us, "They provide flexible support and work around me." Each person had a care and support plan. People told us they were involved in developing their care plans. One person said, "Yes I am involved in my care plan." One staff member described how they had involved a person in their care plan. They told us, "I asked [name of person] questions to get to know them and their preferences and told them if they wanted to change anything to let the staff know." We saw people signed their care plans to demonstrate their agreement where they were able to. This meant people were encouraged to participate in the planning of their care.

Relatives told us they were involved in developing their family member's care plan and were kept up to date with any changes to their needs. One relative told us they had not been involved in a recent review of their family members care. We discussed this with the registered manager who told us they would arrange for a review to be held for the person.

The care plans we read were personal to the individual and gave clear information to staff about people's needs, their likes and dislikes, what was important to the person, how they wanted to be supported, their life history, how to support them if they became anxious and how they communicated. Care plans were focused on individual outcomes such as staying healthy and they described how staff should support people to achieve this.

Staff were knowledgeable about people's needs and preferred daily routines. We saw the staff worked flexibly with people to ensure they were involved in their care. For example, one person had an agreement in place relating to using the telephone. Staff told us how they had recognised the importance of the person using this and that sometimes this could cause them anxiety. They had worked with the person to develop an agreement on using this in a way that was beneficial to the person. We saw this had been discussed and agreed with the person. This meant people's views were supported.

People also had set personal goals that staff supported them to achieve. For example, staff had supported one person to see their family after a long period of time. Staff described how they had supported the person to arrange this. They told us the impact on the person and their family had been very positive. Staff had arranged for a second visit for the day after our inspection. We observed them discussing this with the

person who responded in a positive way. During our inspection staff supported the person to go shopping to purchase their family member's Christmas presents and cards. The person appeared happy when they returned and discussed what they had bought with the staff and registered manager.

People were supported to maintain contact with their family through regular home visits and telephone calls. One relative told us how staff had supported their family member to catch a train to enable them to travel to their family independently. This meant people were supported to maintain important relationships.

Another person demonstrated an interest in fishing and staff were supporting them to obtain fishing equipment so they could participate in this. We observed the person discussing this with staff and the registered manager during our inspection. Other goals people had set included; cooking, developing family relationships, participating in voluntary work and developing independent living skills. We saw where goals were set people were making progress to achieve these. This meant people's aspirations were identified and they were supported to achieve them.

People commented positively about the support they received. One person said, "I have received more help here in the last six months than I have in the past two years, they are always supportive." Staff spoke highly of the care they were able to provide to people and the effect this had. One staff member said, "We have a lot of commitment to our jobs and do the best we can for the people we support. [Name of person] has improved rapidly since they have been here, seeing them change makes us feel good and competent. We all give them the best care we can." Another staff member said, "They all have so much choice we are totally person centred."

We saw evidence of people with complex needs, where previous placements had significant complex challenges and a history of incidents being supported to successfully live in their local community. For example, the service had supported people transition from children to adult services and long term secure accommodation services into community living. These people were actively engaged in their local community and making progress towards their independence. They had also had a reduction in incidents. A visiting professional told us they thought the service was, "Absolutely fantastic in the transition process of this very difficult case." This meant people were receiving personalised support that enabled them to be a part of their local community.

Staff recorded information about each person at the end of each shift. These records included information about the person's well-being, health and how they had spent their day. This information helped to review the effectiveness of a person's plan of care and made sure people received care which was responsive to their needs and preferences.

People were supported to take part in their preferred activities. One person told us, "I am happy with the activities and choose what I want to do." Relatives told us they thought their relatives participated in their chosen activities. One relative said, "I think there are enough activities, [name of relative] is always out and about." Another relative said, "I was thrilled to hear that [name of relative] was offered and chose to go to a disco with the others."

People were able to plan their day with staff. Some people chose regular weekly activities, such as college, swimming, the gym, singing in the local choir and visiting the local pub. During our inspection people were busy coming and going throughout the day. One person chose to have private tuition in their home to follow one of their interests. We saw the tutor was present on the day of our inspection. People also spent time relaxing at home. The provider had purchased two bicycles to enable people to go for bike rides with the

support of the staff. This meant people were supported to follow their interests.

People told us they felt confident in raising concerns with the registered manager or staff. One person said, "If I wasn't happy I would speak to the manager or my key worker." Another person said, "The staff listen." One person told us how they raised a concern and action was taken in response to this. They told us, "I didn't like the staff going into my room when I was here, I told [name of staff] and it stopped now." There were pictorial complaints procedures displayed within the home stating who people should talk to if they had a concern.

Not all of the relatives we spoke to were aware of the provider's complaints policy. However they all told us they were happy to raise any concerns with the registered manager and confident they would respond. One relative told us, "I am not aware of the complaints process but I don't worry because if I have something to say I would speak to [name of registered manager] and I am happy they would respond." Other comments included, "I would go to [name of registered manager] and I am happy they would sort it." There had been two complaints received by the service in 2016. We saw these were responded to in line with the provider's complaints policy and had been resolved with a satisfactory outcome. Following our inspection the registered manager confirmed they would inform all relatives of the provider's complaints procedure.

People told us they were involved in the running of their home. One person told us, "I feel involved in the home; they ask your opinion about things." Residents meetings were held for people to discuss topics relating to the home and for people to give their feedback. One of the people living at Marlborough Lodge chaired these meetings. We saw records of these meetings and they covered items such as people's comments relating to their meals, their medicines, activities, family contact and people's satisfaction with their key workers. We saw where people had raised things they wanted to participate in this was acted on by staff. For example, one person had requested they wanted to make visit their family member and we saw this had been arranged. This meant people were encouraged to voice their opinions about the service they received and the service acted on their views.

The service had systems in place to receive feedback from people and their relatives; this included a pictorial feedback form for people. Surveys were completed bi-annually. Areas covered included people's feedback on choice, food, activities, medicines, how staff support them, their rooms, their feelings around safety, complaints and comments on the management of the home. We saw the results of the survey conducted in October 2016. Four people contributed to the survey and we saw from the results the feedback was positive. Where one person had suggested they would like to take part in a specific activity, we saw during our inspection staff were supporting them to achieve this. This meant the service listened to and acted on people's feedback.

Relative's surveys included feedback on; the safety of their family member, staffing, cleanliness of the environment, involvement in decision making, choice of activities, being kept up to date with information and access to health care services. We saw only one relative had contributed to the survey and the feedback was positive. All of the relatives we spoke with confirmed they had received the satisfaction surveys. This meant they had been given the opportunity to share their views.

## Our findings

The service was well led.

Staff spoke highly of the management team at Marlborough Lodge. The registered manager was supported by a senior member of the team who had their own management responsibilities. One staff member said, "[Name of registered manager] is amazing, they are passionate and have empowered the staff to be more involved. We have had more one to one time with the residents to find out what they want, we have got to know the people and its working well and we see the positive impact on people. There has been a real transition in the house I feel lucky to work here there is such a buzz."

People's relatives also spoke highly of the service and of the manager. Comments included, "[Name of registered manager] is very good indeed, since they came in things have improved enormously" and "[Name of registered manager] is well organised and very proactive."

The manager told us they maintained a regular presence in the home to enable them to monitor staff performance. They also told us how they promoted an open door policy for staff to approach them with any concerns. Staff confirmed this commenting, "The manager is great, really supportive they go above and beyond and their door is always open." The registered manager spoke positively about the staff team commenting, "I have so much pride in the staff and home, since January we have come such a long way. I strive to improve and give the best to the people we support and staff." The manager told us they received regular support and supervision from their manager. The service received regular visits and input from an operations manager and managing director. This meant people were supported by staff who received the appropriate support from their managers.

The key aims of the service were described in the home's statement of purpose. The service aimed to provide 'person centred care that is effective, reliable, consistent and safe within a good value service that is of an excellent quality through empowering people'. Staff comments regarding the aims of the service included, "To provide person centred care and support people to progress and be more independent" and "To respect the residents. To provide person centred care, to give people dignity and support them to progress and reach their potential." This meant staff shared and understood the aims of the service.

Records showed meetings were held for staff on a regular basis to address any issues and communicate messages to staff. Staff told us they felt able to voice their opinions during staff meetings. One staff member told us, "We have staff meetings where you can raise any concerns and look at how we do things. [Name of

regional manager] comes to the meetings sometimes too." Another commented, "We review how things are for the residents and look at plans for the next month. We can raise any concerns and are listened to. [Name of regional manager] came to the last meeting."

There were audits and checks in place to monitor safety and quality of care. The regional manager visited on a monthly basis and completed an audit of the service to highlight any areas for improvement. Areas covered included; talking to people, the environment, staff training and health and safety checks. The audits identified shortfalls in the service and the action required to remedy these.

Significant incidents were recorded and where appropriate were reported to the local authority. We found the provider had not notified the Care Quality Commission of one incident in line with their legal responsibility. It is important that CQC are notified of significant incidents to ensure the correct action has been taken. We noted the incident was responded to appropriately. We discussed this with the registered manager who told us they would complete a retrospective notification and ensure we would be notified of all future incidents where required.