Marula Lodge Limited

Marula Lodge

Inspection report

156 Mytchett Road
Mytchett
Camberley
Surrey
GU16 6AE

Tel: 02394005879
Website: www.cornerstonehc.co.uk

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service
Marula Lodge is a care home providing accommodation, personal care and nursing care. The service can support up to 42 people, many of whom may be living with dementia, other neurological conditions and may have a physical disability. People live in one adapted building, currently divided into two separate living areas, each with their own lounge and dining room.

People's experience of using this service and what we found
In one unit of the service there were sufficient staff at the service to support people with the needs. In the other unit we found staff were not always present in the communal areas where people were. However, after the inspection the registered manager told us an additional member of staff was now being rostered on.

Staff were aware of the risks associated with people's care and ensured that people were provided the most appropriate care. People received their medicines when needed. People were supported with hydration and nutrition and where there was a concern, health professional advice was sought. Staff were kind, caring and respectful towards people and people told us they felt safe. Relatives felt their loved ones were cared for in a safe way.

The leadership team had a strong, visible person-centred culture and was making positive steps to help people to live their lives to the fullest. Staff were valued and told us they felt supported and listened to. There was a robust system in place to assess the quality of care provided. People and relatives knew how to complain and were confident that complaints would be listened to and acted upon. People, relatives and staff thought the leadership of the service was effective. The management team were open in relation to feedback and made improvements as soon as they were raised by us.

Rating at last inspection and update
The last rating for this service was Inadequate (published 01 December 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well led.

Details are in our well led findings below.

Marula 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
The inspection was carried out by two inspectors 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
Marula 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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
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
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.

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.

During the inspection
We spoke with two people and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with the eight staff including the registered manager, the provider, a nurse, activity staff and carers. We reviewed information held in seven people's care plans, three staff recruitment files, medication records and other paperwork related to the running of the service.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance information and training records. We called and spoke with seven relatives and one social care professional.

Requires Improvement

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 improved to Requires Improvement. This meant some aspects of the service were not always safe.

Systems and processes to safeguard people from the risk of abuse

At our last inspection, we identified a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found staff were not protecting people from the risk of abuse and processes in place around safeguarding were not clear to staff. At this inspection we found this had improved and the provider was no longer in breach of regulation 13.

● People told us they felt safe with staff and we saw from interactions people were comfortable in staff presence. One person said, "Staff are always nice, they are straight up and open. I feel safe."
● At the previous inspection concerns were raised to us by visiting health care professionals that people were being unlawfully restrained and we observed this on particularly with the use of floor beds. At this inspection, where people were using floor beds this had been risk assessed and they were only used for people that were unable to mobilise.
● We observed that staff were vigilant when people showed anxiety and they stepped in to ensure people's anxiety was not directed towards other people that were around them. One relative told us, "I visit every week and I do feel he is safe- the carers all seem very nice." Another told us, "I do feel she [family member] is safe- she doesn't really communicate, and they've been brilliant."
● Staff were able to describe to us what constituted abuse, the signs to look out for and how to report their concern. One member of staff told us, "If a person is abused, I will inform to the nurse in charge, if not I will find the manager." Another said, "I would first tell my manager or if needed I would blow the whistle to report the problem."

Assessing risk, safety monitoring and management;

At our last inspection, we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was due to a failure to manage risks associated with people in a safe way. We found improvements had been made and the provider was no longer in breach of regulation 12.

● At the previous inspection we found staff were not always proactive in ensuring people with risks associated with their care were supported in an appropriate way. On this inspection the registered manager ensured, and we observed, staff were aware of risks and the management team had better oversight of this.
● Staff adopted an approach of, 'Positive risk-taking' that looked beyond the potential physical effects of risk, such as falling, to consider the mental aspects, such as the effects on wellbeing if a person was unable

to do something that was important to them. One relative said, "She [family member] does walk to the toilet when I'm there. They [staff] always watch and help her to the toilet." Another said, "They allow my Dad to walk up and down the corridor and into the lounge as he likes to walk around."
● Staff were aware of the risks associated with people's care. One member of staff said, "There are different kind of risks with different residents. For example, with [person] he independently walks but is at risk of falling. When we walk with him, we make sure support him properly but looking out for any things in his way." We reviewed this person's risk assessment which confirmed this was the right approach.
● Where clinical risks were identified, appropriate management plans were developed to reduce the likelihood of them occurring including around wound care, diabetes care and other health care concerns. Where wounds had been identified, regular photos were taken of the wound to track the healing process. We identified that pressure sores were healing as a result of the intervention from the staff. One relative said, "They seem to know how to use the hoist and how to move him safely. He hasn't had any pressure area or skin problems."

Learning lessons when things go wrong
● Where accidents and incidents happened there were actions in place to reduce further risks of them reoccurring. One person had a number of falls. An occupational therapist had reviewed the person's care and a new walking aid had been provided. The person's bedroom had been rearranged to assist with mobility and falls had reduced.
● The registered manager reviewed all accidents and incidents to look for trends. The registered manager told us, "I feel confident we are aware of the risks in the building. We seldom get accidents that could have been prevented."
● Staff understood what do in the event of an accident or incident. Any learning from incidents was discussed at staff handover. One member of staff told us, "(Registered manager) is always very aware and sharing information with staff about actions or how to be aware."

Staffing and recruitment

At our last inspection, we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff were not always deployed effectively to ensure people's safety. At this inspection we found this had improved and the provider was no longer in breach of regulation 18.

● Since the last inspection there had been a drive by the provider to recruit permanent staff. In the interim the service was being supported by regular agency staff who were block booked.
● The service was currently divided into two sections and we found in one section there were sufficient staff to support people in a safe way. One relative of a person living in this section told us, "There always seems to be someone [staff] watching people and looking in the lounge area and the corridor. However, we observed the other section there were times where staff were not always present in the communal areas where people were. This was also echoed by relatives we spoke with. Comments included, "It can mean people aren't always watched as carefully" and "I feel there aren't enough people there to keep an eye on everyone."
● We discussed this with the registered manager who told us they had now increased the staff levels on the floor to have, "More oversight and in light of new admissions planned." They told us they would regularly review the needs of people to ensure the staff levels were appropriate.
● Staff told us that on the whole there were sufficient staff. One told us, "We have enough staff, only [person] is on a one to one, one staff will be with [person] and the other two staff cover other responsibilities." Another told us, "Staffing is good in that people get 1-1 if they need it." There was an acknowledgement from staff that, dependant on the needs of people on the day, staff levels on one section can be an issue.

● Appropriate checks were undertaken before staff began work. We noted criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). This meant the provider had undertaken appropriate recruitment checks to ensure staff were of suitable character to work with vulnerable people. There were also copies of other relevant documentation including full employment histories, professional and character references.

Using medicines safely

● People were supported to take their medicines as prescribed and medicines were managed appropriately. The registered manager told us they were reviewing medicines regularly with health care professionals to include people who were prescribed anti-psychotic medicines.

● Medicines were labelled with directions for use and contained both the expiry date and the date of opening. Medicines were safely stored in locked cupboards or lockable fridges if required.

● There were methods and protocols for assessing and managing pain in people who could not verbally express their needs. There were protocols in place for staff for when they needed to offer people 'as and when' medicines.

● Competency checks were undertaken with staff as part of the training process and informally after that to ensure they were administering medicines safely.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was meeting shielding and social distancing rules.

● 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 accessing testing for people using the service and staff.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● 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

● The provider was facilitating visits to people living at the home in accordance with current guidance. We observed visitors at the service during the inspection.

Good

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At our last inspection, we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found the environment had not been set up to ensure it met people's needs and an assessment of the needs and preferences for care and treatment of people was not undertaken appropriately. At this inspection we found this had improved and the provider was no longer in breach of regulation 9.

● Since the last inspection improvements had been made to the environment. Windows that had been previously blurred by 'privacy screens' had been partially removed so that people were now able to see natural daylight. One relative told us, "The building feels nice and light." People's bedrooms were also more personalised to them.
● The flooring of the communal areas and the hallways were plain in colour to reduce the risks of people becoming confused when walking. There was appropriate signage on the bathrooms and toilets to help orientate people.
● There were gardens and outdoor spaces available to people on both
sides of the service that provided a place for people to walk around or relax in. The communal rooms had been decorated and furnished with sensory items, murals and objects of interest which people accessed independently.
● At the previous inspection we found that people had been admitted to the service in quick succession before assessment of their individual needs had been fully assessed. At this inspection this had improved. The registered manager told us, "We admit one person and see how they settle. We are admitting in a slow and steady way." A health care professional fed back, "We have no concerns regarding new admissions to the home and felt that the home was taking on new admissions in a timely way. New Admissions appeared well planned."
● There was a pre-assessment of people's care in each of their care plans. This was to ensure that the staff could meet the person's needs before they moved into the service.
● Staff used recognised good practice and national tools to ensure that people's care was provided appropriately. For example, staff used a 'Waterlow pressure ulcer risk-assessment tool' to review the risk of developing pressure ulcers. There was evidence in care plans that staff used NICE guidance to assist them with care for example, in relation to moving and handling.

Staff support: induction, training, skills and experience

At our last inspection, we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found the provider had failed to ensure staff received appropriate training and supervision. At this inspection we found this had improved and the provider was no longer in breach of regulation 18.

● Staff completed a full induction when they started at the service to ensure they understood the care that needed to be delivered. A member of staff told us, "We had online training with my agency. When joining here, they taught me the practical way. I had permanent staff to observe my work." Another told us, "It was good induction, they gave us good training." The registered manager told us, "Regular agency staff are supporting new staff. We put our staff on a two-week shadow shift."
● Staff received updated training to ensure that they were kept up to date with appropriate care practices around people's needs. One health care professional fed back about a person moving in. "This resident has a super-pubic catheter and [registered manager] had identified this as a training need for staff and training was taking place for the nurses that week." A member of staff told us, "I have experienced other homes that when people [have particular behaviours], they [staff] can't cope. Here we have the training and know to give people space and time."
● Staff had one to one meetings with their manager to assess their competencies in their role and to provide support to progress within their role. One member of staff told us, "I have good clinical supervision. It's very important for staff to have a good understanding of cognitive impairment and to give staff the time to develop that understanding."

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

At our last inspection of the service, we found the provider had not ensured that appropriate decision specific capacity assessments had taken place for people. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Sufficient improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

● People's rights were protected because staff acted in accordance with MCA. We saw from the care plans that where people's capacity was in doubt, assessments took place along with clearly recorded best interest decisions. Examples of these related to consent to living at the service, the use of floor beds and having sensor mats in people's rooms. We saw where people were being restricted, capacity assessments had been undertaken and best interest meetings had been held. Where appropriate applications had been submitted to the local authority for authorisation.

● One person was receiving their medicine covertly (when medicines are administered in a disguised format without the knowledge or consent of the person receiving them). We saw a capacity assessment had taken place, evidence of consultation with family and health care professionals. The registered manager told us although the protocols were in place to give the medicine covertly, they did not always need to do this. There was evidence that a DoLS application had been submitted in relation to this restriction.
● Since the last inspection staff had received updated training and had a good understand of MCA and its principles. One told us, "We need to determine the capacity of the resident, to see what needs to be done in best interest if they lack capacity."

Supporting people to eat and drink enough to maintain a balanced diet
● One person fed back that they were happy with the meals on offer at the service. They said, "Food is good, no complaints at all." A relative told us, "The chef is good- she [family member] finishes everything on her plate."
● The chef was aware of people's dietary needs and likes and dislikes. Where people had a restricted diet for example if it needed to be pureed, the chef ensured that they still had a choice offered to them.
● We saw during lunchtime that people had been asked to make their meal choices the previous day. Relatives also fed back they did not see their family members were offered a choice of meal. However, we did raise that people could be offered a visual choice of meals on the day it was served, rather than the day before and the registered manager told us they would consider this.
● Staff were aware of people that were nutritionally at risk and took steps to address this. For example, people were on a food and fluid charts, higher calorie snacks were provided, and guidance was sought from health care professionals. One relative said, "She [family member] had lost weight and the staff in this care home have showed me a graph of how she has put weight on."
● We observed people were frequently provided with drinks and snacks during the day. One member of staff told us, "We have the [handheld] device where we can see how much they have drunk. It someone isn't eating properly we will offer fruit and cakes."

Supporting people to live healthier lives, access healthcare services and support
● Relatives told us their loved ones were able to access health care at the service. One told us, "They [staff] are good at picking up on any health issues." Another told us, "They do respond to health issues, they got straight onto the Doctor about it. They go overboard to help."
● Staff reviewed people's health continuously and if they had a concern, they would either speak the with nurses or contact health care professionals to gain advice. The registered manager told us, "People have care plans for oral care and audiology and opticians. We have a regular visiting podiatrist and vision call every few weeks."
● We saw evidence of visits from various health care professional including the GP, opticians, hospice nurse, community psychiatric nurse and occupational therapists. We saw that staff were following the guidance provided. One health care professional fed back, "Staff are approachable and friendly and were engaging well with residents."

Staff working with other agencies to provide consistent, effective, timely care
● Staff worked well with health care professionals to provide the most effective care. There was regular contact with the GP and the mental health team.
● Staff had a handover at the end of each shift to share information about people's up to date needs. One member of staff said, "We have handovers, very useful so when we are not there and something happens, we now have the information if something has changed."
● Relatives shared with us they were informed of any health concerns with their loved ones. A relative said, "They phoned to tell me that [family members] walking had deteriorated and they were going to get the GP

to see him, and they did do that, and he was put on antibiotics and has improved again."

Good

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has changed to 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

- At our previous inspection we found occasions where staff were not as kind and attentive to people's emotional needs as they could be. At this inspection this had improved. People and relatives shared with us that they felt staff were caring. One person told us, "All the staff are very nice people." Another told us, "They care caring, they will do anything I want really, can't fault them." Comments from relatives included, "They are very good and very patient with him" and "They are all very sweet and nice and they are very fond of Dad."
- We observed staff in general had a nice approach with people and offered reassuring touch when they spoke with them. On one occasion a person removed their hat and we saw a member of staff gently move the person's hair away from their eyes.
- On another occasion a person approached a member of staff. The person asked the member of staff, "Who are you?" The member of staff gave their name and said, "I'm your friend, your best friend, shall we go." The person took the staff members hand and they went off together chatting.
- People's diverse cultural backgrounds were responded to at the service. For example, one person's first language was not English. Their care plan stated the person would often now speak in their native language and that where possible staff were to speak with them in their language which we saw in practice.
- Visitors were encouraged to visit their loved ones at the service. One relative told us, "They are considerate. It's never too much trouble.."

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

- People and their relatives were actively encouraged to be involved in decisions around their care. They were able to make choices about when to get up in the morning, what to wear and activities they would like to participate in. One member of staff told us, "If they want to express something we will sit down and listen to them. We encourage them to express their choices." A relative fed back, "They talk to him and it's the voice they use- slow and calm."
- We saw examples of this during the inspection including one person being asked if they wanted to remain sitting in the garden or come inside. Other people were asked whether they wanted to participate in activities or what they would prefer to do. A member of staff said, "We treat choices as important and always offer a choice."
- People's rooms were personalised with things that were important to them. The registered manager told us one person had a previous sporting passion and items relating to this were placed in their room. The registered manager told us it was also a comfort to the person if they were feeling anxious. The person also told us how important keeping links to this interest was to them. A health care professional fed back, "All the

clients' rooms were really personalised to them."

Respecting and promoting people's privacy, dignity and independence

● Staff treated people in a dignified and respectful way. One person told us how important it was to still have a shave every day. They said, "They do such a good job I let them do it. I've had a good haircut." A relative told us of another person, "Every time I see him, he has clean hair and is clean shaven. They have recently got a barber in too and [family member] has had a haircut."

● When personal care needed to be delivered staff would discreetly encourage people to their rooms or bathroom and close the door. A relative told us, "They treat him with dignity and respect, and I do think they are caring." A member of staff told us, "We should respect everybody regardless of their condition. One of the residents prefers male carers and we respect that."

● People were also encouraged to be independent as much as possible. We observed one person using their frame to walk around the building and were not restricted. Another person's watch was kept at the right time. When we heard them asking a member of staff what the time was the member of staff gently encouraged them to look at their watch or look at the large clock on the wall. One relative told us, "She can feed herself and they encourage her to do that by sitting with her at the table."

Good

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has improved to 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;

At our last inspection, we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found care and treatment was not always provided that met people's individual and most current needs. At this inspection this had improved, and the provider was no longer in breach of Regulation 9.

● There were detailed care records which outlined individual's care and support. This included their preferred routines, personal hygiene (including oral hygiene), medicine, health, dietary needs, sleep patterns, emotional and behavioural issues and mobility. One relative told us their family member always talked of the place they grew up. They said, "Staff printed off pictures of the place and put them up in her room and on her door." One health care professional fed back, "We found care plans to be very individualised, really person centred with a real clear overview of medical history, which was evidenced through the risk assessment."
● Care was planned to ensure that care was provided specific to people's needs. The registered manager told us, "We review people's care on resident of the day." This was corroborated by a health care professional who fed back, "We were very impressed with resident of the day and how she [registered manager] had involved the multidisciplinary team to even include maintenance and the chef." A relative said, "They do a monthly review of him [family member] and they write it all down and then phone to tell me what they have done."
● Care plans contained people's life story to provide staff with background information on people. One care plan stated a person's work history and without prompting a member of staff told us this. A member of staff said, "When we have conversations with people, we talk about things they know as they are more interested. It helps them with agitation to calm down and engage in conversations." A relative said, "She [family member] is strong willed, but they have got to know her." Another said, "I do think they understand her- they always talk to her about her children."

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
● Since the last inspection activities had improved but this was a work in progress as the provider had just been able to recruit an activities coordinator. There was a mixed response from relatives about activities in the service with one relative saying, "My [family member] gets very bored there- he'd like to do more, but we don't see anything of any activity but I know they have just employed activity staff."
● During the inspection we observed the activity coordinator spent time on both sections of the home

encouraging people to be involved in meaningful activities. They called over to a person, "We are full of glitter everywhere [person]." [Person] responded, "Yes I know" and then laughed. The person told us they had been making glitter gunge which the person told us they enjoyed.

● Events had been celebrated at the service including on Father's Day. One relative told us, "They had a Father's Day event with music and a band." The registered manager took steps to ensure that people were still involved with the community. People had also been supported to go on outings. One relative said, "They did take him and some others in a minibus to a garden centre and they spent time looking at the aquarium." Another said, "They [staff] tell us all about the outings and they take photos."

● One health care professional fed back there was room for improvement but that from, "What we witnessed in the interactions, all of the activities were personalised to the clients."

● Families told us they were always welcomed to the service to spend time with their loved ones. One told us, "They [staff] bring me tea and coffee and I can even take the dog in." The registered manager took steps to contact a person's loved ones who they had not seen for a long period of time. The registered manager told us the family now visited regularly.

End of life care and support

● At the previous inspection we found there were no end of life care plans in place. At the latest inspection we found this had improved. The registered manager told us they had been working with relatives to get information on what was important to their loved ones.

● Information in the care plans included people's spirituality, religion, what family they wanted around them and where they wanted to be at the end of their life.

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.

● Care plans had communication records in place. One person's care plan stated, 'Staff need to rephrase questions or repeat what they have said for him to process the information. [Person] tends to find closed questions easier to comprehend and answer, he needs a lot of prompting and his needs anticipated in his best interest.' We observed staff communicating with the person in this way. One member of staff said, "Sometimes we try to ask it differently, I try to ask simple questions. I show pictures as well."

● Care plans included information on whether the person required glasses or hearing aids. Another care plan stated the person may speak in their native language and we saw staff responding to them in this language.

Improving care quality in response to complaints or concerns

● Relatives told us they would not hesitate raising a concern and were confident it would be responded to. One told us, "The manager is very good and investigates things. For example, I took [family member] some pairs of socks in and several went missing and she [manager] went to the laundry to track down what had happened."

● There was a detailed policy in place that provided information to people and their families on what they needed to do to make a complaint.

● People's and relatives' concerns and complaints were listened and responded to and used to improve the quality of care. We reviewed the concerns and complaints records and saw that they had been investigated and responded to.

Good

Is the service well-led?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has improved to Good. 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

At our last inspection we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found there was a lack of robust oversight of the service. At this inspection we found this had improved and the provider was no longer in breach of Regulation 17.

● Since the last inspection a new registered manager was at the service. There was a recognition from the registered manager that work was still ongoing in relation to the recruitment of permanent staff. We found staff levels were not adequate in one of the units and the providers audits had not identified this as a concern. They had recently recruited an activity coordinator and there were plans in place to increase meaningful activities for people however.
● Relatives were complimentary of the registered manager. One told us, "The manager is nice and approachable." Another said, "The manager seems very good." A third said, "They are understanding and if I want to know anything, I'm not afraid to ask."
● The provider organisation's values and ethos were clearer and effectively translated from the senior management team to all staff who worked there. During the inspection, all staff including the leadership interrupted discussions with us to ensure that people were supported. A member of staff told us, "I love the working environment. Everyone is very supportive. There is no discrimination. I like taking care of people." Another said, "I can see a lot of changes. It's very safe now. It's like when you look after people and see them happy …. it makes me feel good."
● There was a clear staffing structure in the home. Staff knew who to report to and could approach and get advice any time. One member of staff told us, "I feel I know [registered manager] and we make a very good team. It was not very good before, but we have worked together on everything. We work as a team and feel very supported."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care
● The provider and the management team undertook audits to review the quality of care being provided. These included audits of people's skin integrity, falls, infection control audits, care plans, catering, activities and health and safety audits. Actions plans were recorded and followed up on. One of the senior managers told us, "Communication working well is so helpful and helps when a manager has a good grasp on things."
● It was important for the registered manager and staff to drive improvements. The registered manager

respected that relatives would have the best insight into what was important to their family members and took action from their input. The registered manager told us, "Family were approached in respect of personalising [person's] bedroom. Family have suggested that he also liked the colour blue and so we are arranging for his bedroom to be re-decorated to help provide the best environment we can ." We saw the person's bedroom had been painted blue.

● Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events including incidents and safeguarding concerns.

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

● There was involvement and input from people and relatives about how they wanted the home to be run. Regular individual and group meetings were offered to relatives to provide feedback. One relative told us, "They are approachable and if I ask them anything, they get back to me. For example, we corresponded with them about [concerns about their family member] and we came up with some different solutions and they listened." Another said, "She [registered manager] did attend the recent meeting we had about Mum. I felt part of that meeting."

● Relatives were also asked to complete surveys where the provider had recorded all the feedback was either Good or Outstanding. One relative fed back on the survey, "They have always made sure he has got the equipment he might need" whilst another stated, "Always contacted and have sat in zoom calls."

● Staff were congratulated by the management team and the provider for things that they had achieved in the service. One member of staff said, "I love the working environment. Everyone is very supportive. There is no discrimination. I like taking care of people." Another said, "The manager is very good, I like her. We feel comforted and guided. She is very supportive to everyone." A third told us, "She [registered manager] is very good, very supportive. I do feel valued. They do thank us."

● The provider and registered manager ensured all staff, regardless of their role felt engaged and involved in the running of the service. Staff were allocated audits to undertake around the service. A manager from the quality assurance team told us, "Getting staff to do audits helps them understand where things are going right and gives them ownership. The know what the standard is, know what we are going to check. It's much easier for them to engage with it."

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; Working in partnership with others

● The registered manager had ensured they shared information with relatives regarding unsafe care and service users being harmed whilst receiving support with regulated activities. The registered manager told us, "I have a really good relationship with the relatives. When incidents occur, we keep them well informed. They are given full feedback and told what's happened."

● Health care professionals were complimentary about the joint working they undertook with the service. One health care professional fed back, "[Registered manager] is doing all of the things she said she would be following my first visit which is really gratifying to hear." Another fed back, "We had a resident who was on one-to-one last year and this has now reduced, any concerns around behaviour have been managed well by Marula Lodge."