M S Ali

Marine View Rest Home

Inspection report

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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?	Requires Improvement

Summary of findings

Overall summary

About the service:

Marine View Rest Home is a residential care home providing personal care to a maximum of 19 people in an adapted building combining two terraced houses over three floors. At the time of the inspection 13 people were living at the home. The people living there have a range of health and mental health needs including people living with dementia and degenerative conditions.

People's experience of using this service:

• The provider led by example in providing person centred care and interacting warmly with everyone at the home and their relatives and visitors. However, there were shortfalls in the provider's understanding of their responsibilities to notify the Care Quality Commission (CQC) of changes to their statement of purpose in relation to supporting people with specialist needs of all ages and changing the provider's sole trading status.
• The provider with the support of a consultant and senior care staff was working to an action plan to ensure their quality assurance promoted a culture of improvement.
• Systems have improved in relation to the recording of incidents and accidents. They were monitored and analysed over time and action taken to improve care and risk assessments in response to any emerging trends and themes.
• People's needs, choices and preferences were known by staff and their care plans were personalised and benefitted from improved guidance that detailed how staff should support their specialist needs.
• There were improvements in how staff received the training, competencies and support they required to respond to people's specialist needs and the provider identified future training needs in response to referrals and people's changing needs.
• The outcomes for people were personalised and reflected the caring values of the people supporting them.

• People and their relatives told us they felt safe. One person told us, "It feels safe here to me, it's like a second home and the staff are very good." Another person told us, "My things are safe in my room, and I get my inhaler when I need it." A relative told us, "The staff are very good, they wanted to know about my relative and understand things like their medicines. They set about sorting this out with the GP straight away."
• People were safe from the risk of abuse. Guidance enabled staff to provide the care and support that people living with complex needs who may be at risk of self-neglect needed in relation to their health and emotional wellbeing.
• People were cared for in a clean and hygienic environment that had benefitted from redecoration throughout the building. The provider had worked hard at involving people in this process and people spoke highly of the improvements and how they enjoyed being able to access the building and local community independently. One person told us, "New carpets, freshly painted it's amazing it's really improved. It's brilliant what they have done."

• People were comfortable with staff and we saw caring relationships had developed between people and staff. Staff and managers were approachable and knew people well.
• People were being supported to make decisions in their best interests and this was reflected in care planning.
• When new staff were recruited the provider had processes in place to ensure staff were recruited safely. Checks were also undertaken to ensure staff were safe to work within the care sector.
• People were encouraged to express their views. People said they felt listened to and any concerns or issues they raised were addressed. One person told us, "The staff are all very nice and I get on with all of them, anything that needs doing will help and I'm free to come and go which is important."
• Staff were asked for their opinions on the service and these were acted on. Staff told us they felt supported within their roles.
• People were supported to maintain a healthy nutritious diet and had access to healthcare services and professionals as and when needed. One person told us, "I always have a choice of food. If I don't like something I can always have an omelette or something else." Another person told us that their keyworker had arranged a GP visit and helped arrange for special cream for their legs.
• People had access to their local community and had access to range of activities that met their interests and reflected their diverse needs and culture.

Rating at last inspection:

Requires improvement. (Last inspection report published 10 May 2018). This was the second consecutive time the service had been rated Requires Improvement. The service was rated as Good at this inspection.

Why we inspected:

This was a planned comprehensive inspection based upon the previous rating. Because of the last inspection rating we asked the provider to complete an action plan to demonstrate how they would meet the shortfalls at the home. We inspected to review this action plan and any improvements made. Improvements had been made to the service people received since our last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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? 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 not always well-led Details are in our Well-Led findings below.	**Requires Improvement**

Marine View Rest Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector.

Service and service type:

Marine View Rest Home is a 'care home' that provides personal care for a maximum of 19 people. On the day of our inspection, 13 people were living at the home. Many people were living with complex needs including dementia. 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.

The home had a manager who was also the registered provider. A registered person is a person who has registered with the Care Quality Commission to manage the service. Like registered managers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Notice of inspection:

We carried out this unannounced inspection on 17 April 2019.

What we did:

What we did before the inspection:

• We reviewed notifications we had received from the home about significant events. Notifications are information that provider is required by law to tell us about.
• Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information was provided within a Provider Information Return that helps support our inspections.
• We looked at information sent to us from other stakeholders including, one local authority quality monitoring team and members of the public.

What we did during the inspection:

During the inspection we observed the support that people received, spoke with people, relatives and staff and gathered information relating to the management of the service.

This included:
• Notifications we received from the service
• Two staff recruitment files
• Training records
• Five people's care records
• Records of accidents, incidents and complaints
• Audits and quality assurance reports
• We spoke with five people using the service and two relatives
• We spoke with four members of staff and the provider.

Good

Is the service safe?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 30 November 2017. At the last inspection in November 2017 the provider had failed to ensure that people were protected from risk of harm and risks to people's wellbeing reduced by fully investigating accidents, reviewing care plans and risk assessments when needs changed and not providing suitable medicines guidance. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made, and the provider is now meeting the legal requirements.

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

People were safe and protected from avoidable harm. Legal requirements were met.

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

- At the last inspection the provider had failed to ensure that people were protected from risk of harm by fully investigating accidents and ensuring action was taken to limit the risk of a reoccurrence. In addition to this, people with progressive health conditions or fluctuating needs did not have their needs or risks to their physical or emotional wellbeing reviewed as their needs changed.
- At this inspection accidents and incidents were recorded and action taken to prevent a reoccurrence. The provider had put in place systems to identify any learning from accidents by analysing these for any trends. For example, one person with substance misuse issues had experienced falls while they were using alcohol not accepting staff guidance to promote their safety on these occasions. The provider reviewed the person's care plan and risk assessment providing guidance for staff about practical advice around safety in the home and increased monitoring of behaviours that led to the use of alcohol. In addition to this the service supported the person to access emotional support through talking therapy from a specialist community organisation.
- Individual risks to people were identified and assessed and managed safely. Risk assessments were in place to provide guidance to staff how to mitigate the risks to people and staff could tell us how they kept people safe. For example, one person was at risk of malnutrition, their weight was monitored monthly and there was guidance provided for staff, so they could ensure the person had access to medicines that promoted their absorption of vitamins, ate a suitable diet and maintained a healthy weight.
- All the necessary safety checks were completed around fire, fridge and freezer temperatures and legionella. Certificates evidenced regular servicing for fire safety, electrical and gas safety and equipment such as stairlifts.
- Personal Emergency Evacuation Plans were in place to ensure people would receive the right support in the event of a fire.
- Staff understood the importance of protecting people and their colleagues from all types of discrimination. For example, one staff member told us that colleagues carried out certain physical tasks to support the adjustments they needed due to a health condition.

Using medicines safely

● At the last inspection there were shortfalls in the management of medicines in relation to how people were supported to self- administer their medicines safely.
● At this inspection people were supported to take their medicines safely. Individual risk assessments were in place for people who self-administered medicines ensuring that the person's choice, capacity, ability to take and store the medicines safely were assessed to ensure the risk to them and others were mitigated. Staff understood how to support people to take positive risks. Staff told us that in relation to one person who self-administered paracetamol, they had agreed with the person that they would review with the person monthly how often they were using the medicine and if they continued to store it safely, and that this had worked well.
● People's medicines administration records were completed, and people received their medicines as they were prescribed. One person told us, "They know how to take care of me, I have lung problems and they help me with my inhalers, it's really important I get them regularly."
● Staff that administered medicines were knowledgeable about people's medicines. They were trained and assessed as competent to do so. For example, they had a good understanding that people with degenerative conditions required medicines to be given at specific times. This ensured the impact of their symptoms were reduced throughout their day.
● Staff gave medicines respectfully having gained consent and ensuring people were comfortable in how they were taking them.
● The home had medicines policies and systems of audit completed by the senior carer and independent pharmacist. This ensured staff had clear guidance on how to safely store, audit, record, administer and dispose of medicines.

Systems and processes to safeguard people from the risk of abuse

● People were safe because staff understood people's needs and the types of abuse people living with mental health and dementia needs experienced. For example, they told us that some people they supported were at risk of self-neglect. One staff member told us, "We can't make people do to keep themselves safe, but we can negotiate with them, talk on their level and if they were placing themselves at risk I would raise concerns to keep them safe."
● Staff received training and guidance on how to recognise and report abuse and were confident that if they raised a concern with their manager it would be taken seriously and acted on.
● People and their relatives said they felt the home was safe and explained why. One person told us, "My things are safe in my room, and I get my inhaler when I needs it."

Preventing and controlling infection

● Risks associated with infection control were managed by the safe use of protective equipment such as staff wearing disposable gloves and aprons appropriately.
● Staff received infection control training and a senior carer was a designated infection control lead, to ensure the home remained up to date with best practice.
● Infection control audits were completed regularly and systems including; observed practice of handwashing carried out to ensure that the cleanliness of the home was maintained

Staffing and recruitment

● People and their relatives told us there were enough staff. One person told us, "It feels like there are enough staff here. Another person told us, "The staff are very patient and give me a plenty of time when I'm getting bathed and dressed. This is important as I don't like to be rushed."

● We observed that staff were present and attended to people when they were needed. The home had introduced a dependency tool that they reviewed when new people moved to the home or people were unwell. One staff member told us, "If people are ill the provider will bring in extra staff so that we can meet their needs. This also happens when new people come in, so we can get to know them."

● Staff files included application forms and references from previous employers to ensure staff were suitable to employ. Checks had been made with the Disclosure and Barring Service (DBS) for new staff. The DBS is a national agency that keeps records of criminal convictions.

● Recruitment processes were followed to ensure that staff were safe to work with people. The provider was not able to provide copies of the evidence they had seen in relation to the employment history of one staff member. They confirmed they would access a replacement reference, and this was put in place.

Good

Is the service effective?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 30 November 2017. At the last inspection the provider had failed to ensure that staff were suitably trained and supported to effectively meet the complex needs and health conditions of people receiving care. This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made, and the provider is now meeting the legal requirements.

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

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

● At the last inspection not all staff had received training or were knowledgeable in what was required when looking after people with complex needs including degenerative health conditions that could impact their capacity, mobility and their safety. Assessments of need and care plans had not always given staff guidance in relation to people's histories or guidance on the risks their complex needs may present to them or others.
● At this inspection specialist training in health conditions and mental health needs and been identified and completed. For example, staff told us they had training in Parkinson's and dementia awareness and there was mental health and diabetes training planned in relation to potential new placements. One staff member told us, "I have found the training really helpful as I now know there are different types of Parkinson's and dementia and people's presentations and needs can change daily."
● Staff told us they had used the training to develop care plans and had ensured that people's medicines were reviewed and that individuals were involved in making choices about their treatment plans.
● New staff received inductions, training and shadowed experienced staff with the knowledge and skills to show them how to support people's needs.
● Staff had access to supervision and training that was specific to their roles and the needs of the people using the home, including MCA (Mental Capacity Act), safeguarding and equalities and diversity training. For example, one senior carer told us, "Supervision is useful as I can talk about any issues I have such as care plans and how to update and reflect on what's in them."
● Staff completed the Care Certificate or had equivalent qualifications. The certificate is a set of standards for health and social care professionals that ensure workers have safe introductory skills and knowledge.
● Pre-assessments were carried out by the senior carer before people began using the service to confirm if their care and support needs could be met. One person new to the service told us, "The staff help me with dressing and washing in the morning, when I need it most." When assessments highlighted that the service could not meet people's needs, for example, when a person might present a physical risk to others or have complex health needs the referrals were not taken forward.
● People and their relatives were involved in assessments and reviews of care plans and staff told us the care plans in place gave clear guidance to help them understand how people needed their care and support

to be provided. For example, one person living with dementia's care plan detailed that they could recount very recent memories accurately, but due to their dementia diagnosis would 'fill in the gaps' with less accurate information that staff would need to clarify.
● Protected characteristics under the Equality Act, such as ethnicity, sexuality and gender identity were considered as part of the assessment process. The provider and staff told us they completed equalities training and would not discriminate when arranging care planning.

Ensuring consent to care and treatment in line with law and guidance

● 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 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.

● Staff understood the importance of people's legal right to be enabled to make decisions where they could and followed the principles of the MCA.
● Where people were found to lack capacity, there was guidance available to staff through completed care plans and best interest considerations were given in relation to specific decisions. For example, one person had a DoLS authorisation in place as they had dementia and fluctuating mental health needs that could place them at risk if they did not have access to 24-hour care. The person was very active and enjoyed visiting the local community independently and was supported to continue do so for an agreed period of time during each day. The DoLS and best interest assessor had reviewed the decision for the person to access their community and placed conditions that the provider supported including; ensuring they had community pendant and missing persons contingencies in place to enable them to access their community.

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care; Supporting people to eat and drink enough to maintain a balanced diet

● People were supported by staff to maintain good health and had access to GPs, specialist diabetes nurses, opticians and community mental health teams when needed.
● People's health concerns were responded to in a timely way. One person told us, "The staff help me with whatever I need. At the moment they are creaming my legs to help with dry skin. They are getting better slowly." A relative told us, "The staff are very good, they wanted to know about my relative and understand things like their medicines. They set about sorting this out with the GP straight away."
● People's nutritional needs were met. Healthy food and snacks were provided throughout the day to reduce the risk of malnutrition and ensure people had their choices met. One person told us, "Three meals a day, I like the meals they dish up, it's lovely." Another person told us, "I always have a choice of food. If I don't like something I can always have an omelette or something else."
● The chef knew people's preferences and planned for their dietary needs such as diabetes and high

calorific and vegetarian diets.
● Guidance identified consistency of food people required and how staff should support them while eating to minimise the impact of their sensory needs. For example, one person found had sight issues and found it difficult to cut and load their food. Staff told us, and we observed that they cut the persons' food and that they ate with a spoon to ensure they could eat more accessibly.

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

● People's needs were met by the design and adaptation of the building. People had access to call bells and sensor mats to alert staff and we saw equipment such as stair lifts being used. People told us that they liked being able to move around the building independently.
● The premises had been redecorated and work had begun to make the home, less cluttered and more accessible so that people could orientate themselves more easily. Visual signs were used on bathrooms and some people's doors to aide orientation and promote identity.
● People told us they were involved in choosing how the home was decorated. One person told us, "New carpets, freshly painted it's amazing it's really improved. It's brilliant what they have done."
● People had access to a lounge and dining area and a secure outside courtyard, where they could take time away from larger groups and spend time with visitors in privacy.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

● People and their relatives told us that they were supported by kind, caring and compassionate staff. One person told us, "The staff are all very nice and I get on with all of them, anything that needs doing will help and I'm free to come and go which is important." Another person told us, "The staff are always polite and considerate." A relative told us, "I have a good feeling from the home, the staff are really nice and warm with my loved one."
● Throughout the inspection, people and staff engaged in warm comfortable interactions, and people who were new to the home were equally as relaxed with staff and the other people they lived with.
● People's diversity and individuality were respected and promoted. A relative told us, "They always put the person first, my relative had a mild stroke and struggles because of it, but the staff understand their ways and treat them as an individual."
● People were encouraged to have their own possessions in their rooms, including, pictures, and furniture. Religious beliefs, important relationships and how people chose to express them were known by staff and detailed in care planning and activities provided. For example, one person watched religious programmes, had access to prayer books but chose not to go to church as they felt this would place a strain on their mental health and wellbeing.

Respecting and promoting people's privacy, dignity and independence

● People's privacy and dignity was respected throughout the day. We viewed positive and respectful interactions throughout the inspection. One person told us that they liked their door open during the day to see what was going on, but staff would always close the curtains and doors when they were providing personal care and our observations confirmed this.
● Care plans and electronic records were kept securely within the office where access was limited to staff.
● Staff listened to people and encouraged them to make choices and be as independent as possible. One person told us, "The best thing about living here is, I still have my freedom, I can go out, I was in hospital before this place." Another person who spent time in their room told us that they had a special walking aid for indoors and to go outside that staff were encouraging them to use to join others in the dining area for lunch, "I like to relax and spend time listening to the radio, but I'm slowly getting to know people."

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

● When people needed support to communicate their needs their care plans provided guidance for staff. For example, one person chose to not use their hearing aids all the time. Staff were guided to repeat statements

and gain confirmation that the person had understood them by giving them time to process what had been said and that they were comfortable with their choice.

● Staff understood that some people may need support to access relevant advocacy services so they could be actively involved when making decisions about their care and treatment and had supported people to do so in the past. An advocate is someone who can offer support for people who lack capacity to make specific important decisions; including making decisions about where they live.

Good

Is the service responsive?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 30 November 2017. At the last inspection the provider had failed to ensure that people's care was not personalised care needs were met. Guidance within care plans did not inform staff how to be responsive to people's emotional and healthcare needs. This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made, and the provider is now meeting the legal requirements.

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At the last inspection, not all people received personalised care that was responsive to their needs. People with mobility and progressive health conditions had less control over what they did during the day and were at risk of not having their emotional needs met and becoming isolated. Care plans did not consistently capture people's changing needs or guide staff on how these needs could be met.
- At this inspection care plans had been developed and gave staff guidance about people's emotional needs including; the impact of health conditions, bereavement, substance misuse, and their mental health diagnosis.
- Staff knew people well and anticipated their emotional and social wellbeing. One person told us how they had a good rapport with their key worker and could speak with them about their frustrations and how they felt when their health condition effected their mobility and mood.
- Care plans were person centred, detailing life histories including people's achievements both personal and in their working life. This information had been gathered prior to admission from people, their relatives and staff who knew them well.
- Staff spoke sensitively about and were knowledgeable about people's holistic needs and told us they had the information they needed to meet people's needs. For example, one staff member told us, "The care plans have really been developed, there is really useful information in one person's care plan about their health condition. There's lots of detail about how it effects their mood and mobility which is useful for new staff to understand their needs." They also told us that staff had a good awareness of people and noted changes as they happened so that information was kept up to date.
- People were given information in a way they could understand. Staff worked in line with the Accessible Information Standard. People's care plans identified, recorded and highlighted people's communication and specialist health needs. For example, one person's, mobility, hearing and verbal communication were affected by a degenerative condition. There was guidance for staff what the person understood, how to speak to the person, equipment they needed such as hearing aids. In relation to their mobility needs, the care plan gave guidance on how their condition could fluctuate depending on the time of day and whether the person felt pressurized or rushed and how staff could discreetly offer walking aids when the person was tired.

● People's sensory needs were also identified, recorded and highlighted in care plans. For example, one person with sight issues told us that they were being supported to access a large print mobile telephone to keep in touch with friends and relatives.
● People and relatives told us there were a good range of individual and group activities that they enjoyed and recent events had included a Grand National day, pancakes for Shrove Tuesday and a talk about your favourite book event. Where people chose to spend time in their rooms, time was taken by staff to reduce isolation by encouraging them to join group activities or spending time with them in their rooms. One relative who's loved one had sight issues told us, "They have a massive TV in their room, and listen to the radio on it. The carers know they can't go without their radio."
● Some people preferred to spend time in their local communities. One person told us, "I'm off to the hairdressers today to have a haircut and a shave then off to a café in Brighton." They told us, "I get on with the others here, but I don't tend to do the activities."
● The provider designed activities to support people to celebrate their own identity and experience others by linking national day events including; access to cultural, hobby and food related activities and preferences. For example, celebrating religious festival, eating meatballs on national meatballs day, making limericks up on St Patricks day and drawing seagulls on draw a bird day.
● Staff had completed training in equalities, diversity and human rights and recognised the diverse needs of the people they worked with and their role in supporting them without making judgements in relation to their lifestyle choices. For example, one staff member we spoke with spoke sensitively about how some people did not have many visitors and needed emotional support as their significant relationships had been affected by their complex lifestyles.

Improving care quality in response to complaints or concerns

● People and relatives were confident that complaints were taken seriously and were happy to raise concerns they had with the provider. One person told us, "A few months ago I told them I wanted different vegetables, I wanted parsnips and so it's changed." A relative told us, "The chap that runs the home is very considerate, very fair. They take into consideration the resident's thoughts and views, that's at the forefront of what they do."
● We looked at the complaints records and saw that complaints were consistently taken seriously, investigated fully and actions taken to resolve concerns in a timely manner.

End of life care and support

● When needed the home provided end of life care for people.
● The provider was establishing links with the local hospice to develop advanced care planning at the home to ensure that if people chose to. They could have their end of life needs managed, so they could remain comfortably at home.
● People were supported to make decisions about their end of life arrangements. Staff said that they undertook these conversations with sensitivity and recognised that this was a difficult subject for many of the people they supported to talk about. For example, one care plan detailed, 'I'm a bit young to talk about that, I want staff to let my relatives know,' and 'I don't do anything with religion'.

Requires Improvement

Is the service well-led?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 30 November 2017. At the last inspection there were shortfalls in the providers quality assurance systems and how they monitored the overall quality of the home. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made, and the provider is now meeting the legal requirements.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

● The registered provider did not always understand their responsibilities in relation to registration and notifying the Care Quality Commission (CQC) of changes to their statement of purpose. They had failed to notify us that they were providing services to people with a range of needs and ages and not solely older people as their registration detailed. Further to this on 23 March 2019 they had changed the organisation's status to a limited company and had not identified, until the inspection, that they were required to notify the CQC of this within a 28-day timeframe. However, the home had submitted notifications to us, in a timely way of other important events including; DoLS authorisations, police incidents and deaths at the service and acted to notify us of the changes when we shared our concerns that they had not made suitable notifications.

● At the last inspection the management governance systems had not sufficiently scrutinised accident records, staff training needs or fully developed pre-assessments, care plans or risk assessments to ensure personalised care needs were met and risks to people's wellbeing and safety mitigated.
● At this inspection accidents and incidents were analysed more closely. Systems were in place to identify and analyse accident trends and action taken to prevent reoccurrence. For example, the level of falls reduced, and actions taken were reflected in people's care planning and support needs.
● Specialist training and guidance for staff had been developed to meet the holistic needs of the people living at the service. Staff told us they felt better equipped to support the complex needs of people who lived at the service including people with dementia and degenerative conditions. Where placements were being considered in relation to people with mental health needs the provider confirmed staff would receive training through the local authority. Some recent referrals had not been accepted as the pre-assessment process had identified the service could not suitably meet their needs.
● The provider was working to an action plan designed with a management consultant in response to previous inspection ratings and feedback from the local authority quality team to ensure risk assessments,

medicines records and care plans were, accurate, personalised and gave staff enough guidance.
● Staff told us, and observations confirmed that care plans gave guidance about people's emotional needs including; the impact of health conditions, bereavement, substance misuse and their mental health needs.
● The provider had audits and systems in place to assess and monitor the quality and safety of the service. These checks covered a number of areas including health and safety, infection control, medicines, fire safety and staff training. The provider ensured oversight of these areas with the support of a management consultant and had delegated lead areas to senior carers who were receiving suitable training. For example, a senior carer had lead responsibility for medicines audits, they had received training through the local authority and worked with a local pharmacist to ensure medicines were safely administered.
● The provider was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.
● People and their relatives spoke positively of the provider and their staff and how responsive and approachable they were. One person told us, "If I have any problems I speak to the provider, they have helped me sort out my pension, it's all sorted now." Another person told us, "The staff are all caring I get on with them all." A relative told us, "The provider is a good person, they are on the ball and understanding of everything, they ask questions in an easy manner and come across as a nice person."

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

● The provider was encouraging an open and transparent culture where staff could be listened to and could share their views on how the home could improve. One staff member told us, "Staff morale has really improved, teamwork is good, and the consultant has been influential and helped the provider step back and let the senior staff support the provider and take on delegated tasks." Another staff member told us, "The provider is approachable and open to suggestions, I recently suggested a separate more streamlined health and wellbeing communication sheet which has been started. It's easier on one sheet to track and update responses from GPs so we can update care plans more easily."
● People and relatives were encouraged to complete surveys and provide feedback and make suggestions for improvements in the home. For example, the redecoration of the home was discussed, and they requested, new curtains, new mattresses and a new settee all of which were provided. The local authority quality assurance report noted, "The redecoration and environmental upgrades have a positive impact on both the people living at the service and the staff."
● The provider understood the importance of protecting people and their colleagues from all types of discrimination. For example, one staff member's working pattern had been adjusted when their child care arrangements changed.

Continuous learning and improving care; Working in partnership with others

● The provider told us their vision was based around their staff and what they brought to the service, "My staff are compassionate, caring and very good. We listen to people and work hard at not imposing our ideas." Staff understood the vision and values of the service. They described working in a person-centred way and putting people's needs and wishes first. One staff member told us, "I like working here, the best bit is people's responses when you have helped them."
● People and their relatives spoke highly of the service they received. One person said, "It feels safe here to me, it's like a second home and the staff are very good." A relative told us, "My relative is very happy in the home and that's the main thing."

● The provider and consultant were continually looking to improve the culture of the home. The provider acknowledged that the establishing lead areas for the senior care staff provided them with the time they needed to improve the home's environment, and to work more progressively with people's complexity of need.

● The provider spoke positively of how they worked with the local authority placement and quality monitoring teams and discussed links they were developing with substance misuse services and diabetes nurses.

● Marine View Rest home was also establishing contact with a local hospice to develop the services awareness of advance care planning and to provide links for people who may wish to remain in their home part of their end of life care.