

*We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Marlborough House

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Tel: 01502501284

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We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Cooperating with other providers</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard
<b>Records</b>	✓ Met this standard

## Details about this location

Registered Provider	S E J Clarkson
Overview of the service	Marlborough House provides care and support for up to 12 adults.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 2 June 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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We met ten people who used the service and spoke with six of these people about their views of the service they were provided with. We also spoke with two people's relatives, the manager and three staff members. We looked at three people's care records. Other records viewed included staff training records, health and safety checks, meeting minutes and satisfaction questionnaires completed by the people who used the service. We considered our inspection findings to answer questions we always ask; Is the service safe? Is the service effective? Is the service caring? Is the service responsive? Is the service well-led?

This is a summary of what we found;

Is the service safe?

When we arrived at the service a staff member looked at our identification and asked us to sign in the visitor's book. This meant that the appropriate actions were taken to ensure that the people who used the service were protected from others who did not have the right to access their home.

People told us they felt safe living in the service and that they would speak with the staff if they had concerns. One person said, "I would tell the staff if I was worried."

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. While no applications had needed to be submitted, discussions with the manager showed that they understood when an application should be made, and how to submit one. Staff were provided with training in safeguarding vulnerable adults from abuse. This meant that staff were provided with the information that they needed to ensure that people were safeguarded.

Is the service effective?

People told us that they felt that they were provided with a service that met their needs.

One person said, "They (staff) have helped me a lot, I am happy."

People's care records showed that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. The records were regularly reviewed and updated which meant that staff were provided with up to date information about how people's needs were to be met.

Staff were provided with the training that they needed to enable them to meet the needs of the people who used the service in a safe and effective manner.

Is the service caring?

The staff interacted with people living in the service in a caring, respectful and professional manner. People told us that the staff treated them with respect and kindness. One person said, "They (staff) are lovely people."

People using the service completed satisfaction questionnaires. Where shortfalls or concerns were raised these were addressed.

Is the service responsive?

People using the service were provided with the opportunity to participate in activities which interested them. People's choices were taken into account and listened to.

People's care records showed that where concerns about their wellbeing had been identified the staff had taken appropriate action to ensure that people were provided with the support they needed. This included seeking support and guidance from health care professionals, including a doctor and district nurse.

Is the service well-led?

The service worked well with other agencies and services to make sure people received their care in a joined up way.

The service had a quality assurance system and records seen by us showed that identified shortfalls were addressed promptly. As a result the quality of the service was continually improving.

The manager had not registered with CQC, however, they told us that they were in the process of making an application with us.

You can see our judgements on the front page of this report.

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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People expressed their views and were involved in making decisions about their care and treatment.

People told us that they chose what they wanted to do in their lives and that the staff listened to them and acted on what they said. One person told us about their holiday, "We talked about it and chose where we wanted to go." Another person said, "They (staff) listen to what I say." People told us that they had made choices about the activities they participated in, their choices of work and education, holidays and what they ate. One person showed us their bedroom, which they had recently changed. They confirmed that they had requested that they move bedroom. The person's bedroom reflected their individuality and choice.

We saw the care records of three people who used the service. The records included evidence which showed that they expressed their views and were involved in making decisions about their care and treatment. This included information in their care plans about how they preferred to be cared for and supported. Where people were able, they had signed their care records to show that they agreed with the contents. One person showed us their 'this is me' care plan and we went through it with them. They confirmed that they had chosen what went into the document and it showed the important things in their life and what they liked to do.

Records of regular key worker meetings, where people and their key workers met, showed that people made decisions about how they preferred to be cared for and discussed their progress with their goals and hopes for their future.

We saw further evidence which showed how people were consulted about the care they were provided with in the minutes from group meetings where people discussed how they preferred to be cared for, activities and the menu.

People told us that the staff treated them with respect and kindness. One person said, "They (staff) are very nice people." Another person said, "I like them (staff)." Another person said, "They (staff) are always nice to me." This was confirmed in our observations during our inspection. We saw that staff interacted with people in a caring, respectful and professional manner.

People's care records identified that their diversity, values and human rights were respected. People's care plans included information about people's diverse needs and how they were met. This included how they communicated, their spirituality and their specific dietary requirements. One person's records included information about how they had exercised their right to vote. The care plans seen identified the areas of care that people could attend to independently and how their independence was promoted and respected. One person told us how they were attending a course to learn how to cook and the meals that they cooked in the service. They said, "I cook once a week and I am cooking a roast on Sunday." This showed that people were supported to learn and maintain independence skills.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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People told us that they were happy living in the service. One person said, "They have helped me a lot, I am happy." They told us how the staff had supported them to make healthy living choices, they said, "I feel a lot better since I moved in." Another person said, "Yes, I am really happy, I like living here."

Two people's relatives told us that they were satisfied with the service and care that their relatives were provided with. One person's relative said, "(Person) always tell us they are happy."

We looked at the care records of three people who used the service and found their needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care plans seen included information about the care and support provided to people. This included support with their personal care needs, behaviours and medication.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw that risk assessments were included in people's records which identified how the risks in their care and support were minimised. These included risks associated with going out in the community, behaviours and moving and handling.

Daily reports identified the care and support that people had been provided with on each shift, their wellbeing and the activities that they had participated in. Where incidents or accidents had happened, we saw that these were documented. These included information about how people had been supported following an incident and any further action that was required.

Care plans and risk assessments were regularly updated and reviewed to reflect people's changing needs and preferences. This meant that staff were provided with up to date information about how people's needs were met.

We observed a handover meeting, which included the staff ending their day shift and staff starting their evening shift. They discussed people's wellbeing, what had happened during



the day and what was planned for the evening. This meant that people were provided with a consistent service and staff received the information that they needed about people. Discussions with staff and our observations showed that they were knowledgeable about the individual needs of people who used the service.

People told us about the education and work that they attended. They confirmed that they had chosen what they wanted to do. They also told us about the activities that they participated in, both in the service and in the community. This was confirmed in our observations during our inspection. For example, we saw people return from their chosen day services, one person had been shopping and another planned their shopping trip for the next day. They told us what they were going to buy and said, "I like going shopping." This meant that people were provided with the opportunity to participate in activities that interested them and to be part of the local community.

**People should get safe and coordinated care when they move between different services**

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**Our judgement**

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The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

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**Reasons for our judgement**

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We looked at the care records of three people who used the service and found that their health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others. This meant that people were provided with a consistent service that met their needs.

Staff had acted promptly when they had identified issues with people's health needs. Where staff identified concerns with people's wellbeing, they sought support and guidance from healthcare professionals. We saw that this guidance had been incorporated in people's care plans, for example, advice received from a dietician, doctor and/or district nurse. Where people had been provided with treatment from healthcare professionals the outcomes were recorded in their care records. This meant that the service recognised when people needed support from other professionals and took appropriate action to access services to meet their needs. One person told us about the support provided by the staff when they had been ill. They said, "They (staff) helped me."

We saw that the provider worked with people's social workers, such as providing requested information and attending care review meetings. The service had obtained information about people from the placing authority when they first moved into the service. This meant that they were informed about people's needs and wellbeing.

There were prepared documents in place which were to provide to hospital staff if people were admitted to hospital. These documents included the information that these professionals would need to meet people's needs effectively and consistently, such as their prescribed medication. There were similar documents in place to provide to the police if people were missing from the service, these included a description of the person.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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People told us that they felt safe living in the service and would talk with staff if they were worried. One person said, "I felt very safe, they (staff) ask me when I am coming back when I go out and make sure they know where I am going."

People's records included information about how the risks in people's daily living were minimised. This included with their finances and when going out in the local community.

We saw the service's training records which showed that staff were provided with training in safeguarding vulnerable adults from abuse. They were further provided with information regarding their roles and responsibilities in safeguarding and whistleblowing in the provider's policies and procedures. The manager and the staff spoken with were knowledgeable about the actions that they should take if they were concerned that a person was being abused.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. While no applications had needed to be submitted, the manager understood when an application should be made, and how to submit one. This meant that people would be safeguarded as required and people were not unduly deprived of their freedom. They told us of an example of when they had contacted the local authority regarding one person's quality of life and the actions that had been taken to improve this.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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Staff told us that they felt that they were supported in their role. They were complimentary about the approach of the manager. Staff records showed that they were provided with one to one supervision meetings which provided them with the opportunity to discuss the ways that they were working and to receive feedback on their work practice. We also saw the minutes from staff meetings where staff discussed the support provided to people who used the service.

Staff were able, from time to time, to obtain further relevant qualifications. The service's records which showed that staff were supported to undertake industry recognised qualifications including the previous National Vocational Qualification (NVQ) or the current Qualifications and Credit Framework (QCF) diploma.

Staff told us that they felt that they were provided with the training that they needed to meet the needs of the people who used the service. The staff training records that were seen showed that they were provided with training such as health and safety, infection control, food hygiene, fire safety, medication and moving and handling. Staff were provided with refresher training where required. New staff were provided with a Common Induction Standards training course when they started work. This meant that staff received appropriate professional development.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

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### Reasons for our judgement

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People who used the service and their representatives were asked for their views about their care and treatment and they were acted on.

We saw the results from satisfaction questionnaires which were completed by people who used the service and their representatives. The manager told us that if there were comments made in these questionnaires which identified that people were not satisfied with the service they were provided with, actions would be taken to address them.

People were further provided with the opportunity to express their views about the service provision in house meetings. We saw the minutes from these meetings which showed that people discussed the service they were provided with and made decisions about the service provided. In these meetings people were asked if they had any concerns that they wished to report.

The provider visit reports which we reviewed showed that the service was monitored and assessed to ensure people were provided with a quality service that met their needs. During these visits people, staff and visitors were asked for their views about the service. This meant that the provider took account of complaints and comments to improve the service. Where areas needing improvement were identified, these were documented along with the progress of the improvements.

## Records

✓ Met this standard

**People's personal records, including medical records, should be accurate and kept safe and confidential**

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### Our judgement

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The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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### Reasons for our judgement

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We looked at the care records of three people who used the service and found that they were accurate and fit for purpose. We saw that the records included care plans, which identified the care and support people required to meet their assessed needs and preferences. There were risk assessments in place which identified how the risks in people's daily living were minimised. These included the risks associated with nutrition and moving and handling. The records were regularly reviewed and updated to ensure that staff were provided with up to date information about how people's needs were met.

Staff records and other records relevant to the management of the services were accurate and fit for purpose.

Staff training and supervision records were up to date and showed how staff were supported in their role to meet the needs of the people who used the service.

We saw that records were kept securely and could be located promptly when needed.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.



## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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