

# **Key inspection report**

**CARE HOME ADULTS 18-65**

**Marlborough House**

**54 Kirkley Cliff Road  
Lowestoft  
Suffolk  
NR33 0DF**

*Lead Inspector*  
Julie Small

*Key Unannounced Inspection*  
16th June 2009 10:45

This report is a review of the quality of outcomes that people experience in this care home. We believe high quality care should:

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care home adults 18-65 can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop).

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- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

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# SERVICE INFORMATION

<b>Name of service</b>	Marlborough House
<b>Address</b>	54 Kirkley Cliff Road Lowestoft Suffolk NR33 0DF
<b>Telephone number</b>	01502 572586
<b>Fax number</b>	01502 584841
<b>Email address</b>	
<b>Provider Web address</b>	
<b>Name of registered provider(s)/company (if applicable)</b>	Amber Care (East Anglia) Ltd John Reid Clarkson
<b>Name of registered manager (if applicable)</b>	Manda Everett
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	12
<b>Category(ies) of registration, with number of places</b>	Learning disability (12), Learning disability over 65 years of age (4)

# SERVICE INFORMATION

## Conditions of registration:

1. Persons of either sex aged 18-65 years who require care by reason of learning disability (not to exceed 12 persons).
2. Four persons whose names were made known to the Commission for Social Care Inspection in July 2004 aged 65 years and over, who require care by reason of learning disability.
3. The total number of service users accommodated must not exceed 12 persons.

**Date of last inspection** 1<sup>st</sup> July 2008

## Brief Description of the Service:

Marlborough House is a registered care home for twelve adults with learning disabilities with an age range from early twenties to over seventy years. The home is owned by Amber Care (East Anglia) Ltd.

Marlborough House is a large Victorian house situated on Kirkley Cliff in Lowestoft, opposite the Promenade Gardens and with views of the sea. There is access to the centre of Lowestoft with public transport.

Accommodation is over three floors with a stair lift between the ground floor and first floor. Communal rooms are situated on the ground floor with two large airy lounges facing the front of the house, large and small dining rooms are located off the kitchen and there is access to a small garden area from the dining rooms.

One double room is on the ground floor, which has en-suite facilities. Other rooms are on the first and second floor, some have en-suite facilities and two have small kitchenettes. Other bathrooms and toilets are available for residents whose rooms do not have en-suite facilities.

During the inspection the manager advised that fees range from £355 to £658 per week depending on the funder and the level of care required by the individual.

# SUMMARY

This is an overview of what the inspector found during the inspection.

The quality rating for this service is **2 star**. This means the people who use this service experience **good** quality outcomes.

The unannounced inspection took place Tuesday 16<sup>th</sup> June 2009 from 10:45 to 16:45. The inspection was a key inspection, which focused on the core standards relating to adults and was undertaken by regulatory inspector Julie Small. The report has been written using accumulated evidence gained prior to and during the inspection. The manager was present during the inspection and the requested information was provided promptly and in an open manner.

During the inspection health and safety records, staff training records and the recruitment records for three staff were viewed. The care records of three people that live at the home were tracked, which included care plans and medication records. Further records viewed are detailed in the main body of this report. Observation of work practice was undertaken, four people that lived at the home, a relative of a person that lived at the home and three staff members were spoken with.

Prior to the inspection an Annual Quality Assurance Assessment (AQAA) was sent to the home and it was returned to us in the required timescales. Staff, health professional and service user surveys were sent to the home. Eight service user, one health professional and three staff surveys were returned to us.

## **What the service does well:**

The interaction between staff and people that lived at the home was observed to be friendly, respectful and professional. People's choices were listened to and acted upon and they were consulted with regarding the support that they were provided with.

The care plans clearly detailed the support that people required and preferred to meet their assessed needs. Staff were knowledgeable about the individual support that people were provided with.

The home was clean, comfortable and well maintained.

## **What has improved since the last inspection?**

The boiler had been repaired which ensured that people were provided with adequate hot water and heating facilities.

PRN (as required) medication guidelines had been developed for each person who were provided with PRN medication.

We were informed of notifiable incidents which showed that the home had acted on issues appropriately and that people were safeguarded.

### **What they could do better:**

It is recommended that a risk assessment be completed which identifies the risks and methods of minimising the risks of people choking to ensure that they were safeguarded and that the staff were aware of actions to take should an incident occur.

It is recommended that staff be provided with training which supports them in meeting the needs of ageing people who live at the home.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website [www.cqc.org.uk](http://www.cqc.org.uk). You can get printed copies from [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or by telephoning our order line – 0870 240 7535.

# **DETAILS OF INSPECTOR FINDINGS**

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

## Choice of Home

### The intended outcomes for Standards 1 – 5 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Prospective users' individual aspirations and needs are assessed.
3. Prospective service users know that the home that they will choose will meet their needs and aspirations.
4. Prospective service users have an opportunity to visit and to "test drive" the home.
5. Each service user has an individual written contract or statement of terms and conditions with the home.

### The Commission consider Standard 2 the key standard to be inspected.

This is what people staying in this care home experience:

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

**2, 3, 5**

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People who use the service can expect to have their needs assessed and met and to be provided with written terms and conditions of the home which identifies what people can expect from the service that they are provided with.

### **EVIDENCE:**

The people that lived at the home, with the exception of one, had lived at the home for several years. Previous inspection reports identified that needs assessments were completed and appropriate which identified people's needs and preferences. The manager informed us that the most recently admitted person had moved into the home on an emergency basis. Their care records were viewed and they held clear details of their needs and preferences. The care records of three people were viewed and each held a local authority needs assessment. The records held detailed care plans which identified the support that people required and preferred to meet their assessed needs.

The AQAA stated 'full care assessment is completed with the service user and the people that know them which needs to show their choices, wishes and ambitions'.

A health professional survey said that the home's assessment arrangements usually ensured that accurate information was gathered and that the right service was planned for people.

Three people's care records that were viewed held written details of the terms and conditions of the home. Each had been signed by the person that lived at the home or their representative to show that they had been made aware of the expectations of the service and what they could expect from the service that as provided at the home.

## Individual Needs and Choices

### The intended outcomes for Standards 6 – 10 are:

6. Service users know their assessed and changing needs and personal goals are reflected in their individual Plan.
7. Service users make decisions about their lives with assistance as needed.
8. Service users are consulted on, and participate in, all aspects of life in the home.
9. Service users are supported to take risks as part of an independent lifestyle.
10. Service users know that information about them is handled appropriately, and that their confidences are kept.

### The Commission considers Standards 6, 7 and 9 the key standards to be inspected.

This is what people staying in this care home experience:

### JUDGEMENT – we looked at outcomes for the following standard(s):

#### 6, 7, 9

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People who use the service can expect to have their needs identified in a care plan, to be supported to make decisions about their lives and to take risks as part of an independent lifestyle.

### EVIDENCE:

The care plans of three people were viewed and each identified the step by step support that people required and preferred to meet their assessed needs. The care plans detailed the support that people required and preferred in areas such as mobility, personal care, behaviour, communication and continence and they identified the areas of their care that they could attend to independently. The care plans were signed by the person to show that they had agreed with the contents and where people were unable to sign their care plan and explanation was recorded.

The care plans were regularly reviewed and they were updated to show where people's needs, abilities and preferences had changed. During the inspection the reviews of two people were being undertaken. People who attended the reviews included the person, the person's relatives, the home's manager and professionals involved in the care provision of the person. This showed that the service that was provided to people was reviewed, included the input from those with an interest in the person's well being and that the person who received the service was consulted with about the support that they were provided with.

The AQAA stated 'we continue individual care plans, which included their views over their choices, wishes and needs'.

People that lived at the home who were spoken with told us that their needs were met at the home and that the staff at the home listened to what they wanted. A relative of a person that lived at the home was spoken with and told us that they felt that their needs were met.

Staff that were spoken with showed a good knowledge about the individual support that was provided to each person that lived at the home. Three staff surveys said that they were always provided with up to date information about the needs of the people that they supported and the ways that they shared information about people's needs worked well.

A health professional survey said that people's social and health care needs were usually properly monitored, reviewed and met by the service.

People's care records that were viewed held detailed risk assessments, which identified risks in their daily living and methods of minimising the risks. An incident report was viewed which showed that a person had choked and the staff at the home had managed the incident. The manager was spoken with and agreed that a risk assessment would be completed to identify how the risks of people choking would be minimised to ensure that people were safeguarded should a future incident arise.

Daily records that were viewed showed the support that people had been provided with each day, the choices that they had made, their well being and observations made by the staff team.

Staff were observed to listen to people's choices, in areas such as what they wanted to do and eat during the inspection. The minutes of monthly house meetings were viewed and identified that people were consulted with about the support that they were provided with, such as activities, holidays and meals.

People that were spoken with told us that they chose what they wanted to do and that the staff listened to them. The service user survey asked if they made decisions about what they wanted to do each day. Six answered always, one

answered usually and one answered sometimes. The survey asked if the staff listened and acted upon what they said. Six answered always, one answered sometimes and one did not answer.

A health professional survey said that people were usually supported to live the life that they chose to.

The AQAA stated 'each service user has a key worker whom they are able to talk to and express their views' and that their plans for improvement in the next twelve months were 'to continue to listen to our service user's views and record where appropriate, including review care plan'.

# Lifestyle

## The intended outcomes for Standards 11 - 17 are:

11. Service users have opportunities for personal development.
12. Service users are able to take part in age, peer and culturally appropriate activities.
13. Service users are part of the local community.
14. Service users engage in appropriate leisure activities.
15. Service users have appropriate personal, family and sexual relationships.
16. Service users' rights are respected and responsibilities recognised in their daily lives.
17. Service users are offered a healthy diet and enjoy their meals and mealtimes.

## The Commission considers Standards 12, 13, 15, 16 and 17 the key standards to be inspected.

### JUDGEMENT – we looked at outcomes for the following standard(s):

This is what people staying in this care home experience:

#### **12, 13, 14, 15, 16, 17**

People using the service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People who use the service can expect to be supported to participate in activities which are of interest to them, to be supported to maintain their chosen contacts, to be treated with respect and to be provided with a balanced diet.

### **EVIDENCE:**

People that lived at the home were provided with the opportunity to participate in activities that were of interest to them. The care plans of three people that were viewed clearly showed their attendance to their day centre, college or work and the activities that they enjoyed and participated in, such as shopping, eating out and day trips to local towns. The details of how people travelled to their day services and activities were included in the records, such as by taxi and using public transport.

There was a large notice board in the home, which displayed photographs of people, their relatives and staff participating in activities such as outings in the community, a Christmas party and Easter party where they were wearing Easter bonnets and head dresses that they had made.

There were facilities in the home which people could use for their entertainment, which included a music centre, a football table game, board games, televisions, DVD and video players and the home provided Sky access. A person told us that they enjoyed watching sports on the Sky sports channel, which they were watching when they arrived home from their day centre.

People that were spoken with told us that they were supported to participate in activities which interested them. Two people told us that they attended a club regularly and that they were going to watch a show there. A person told us about a social club that they regularly attended. Two people told us about the holiday that they were going on and how they had chosen the holiday. A person told us about how they had a good day out the day before the inspection, they had gone into Lowestoft with a staff member to shop for their holiday clothes. A person told us about their hobby, which they were supported to enjoy and that the staff showed an interest in their hobby.

During the inspection a person was observed to plan a day out with a staff member, in which they planned to purchase items from a list that they had compiled. They agreed on a day and the staff member recorded it in the diary. A person had returned from a hairdresser appointment and the staff complimented them on their hair cut and a person went out for lunch with a relative. People were observed to sit in the garden and enjoy the sunshine. A person cooked the evening meal with the support from a staff member and another person laid the table. The remaining people that lived at the home had attended their day services and they were welcomed by staff on their return to the home.

The AQAA identified activities that people participated in and said that they improved in the last twelve months 'we have enabled some service users to access Crown House and other activities by accessing the public bus around Lowestoft. We have enabled and encouraged a service user to do a small job at the local public library and at a charity shop'. The AQAA stated that their plans for the next twelve months were 'to continue to work with service users to find activities in the local community. Continue to promote independent skills'.

People's care plans that were viewed showed the contacts with their family and friends that they maintained and how they expressed their sexuality, such as their personal relationships, how they presented themselves and how they communicated. People that were spoken with told us about how they maintained contacts with their family and friends and that when people visited them at the home they were always made welcome. The AQAA explained how

the staff at the home at supported a person to build a relationship with their relative and how a person maintained contact with a relative by letter writing.

A relative of a person was spoken with and told us that they were always made welcome when they visited the home.

The menu was viewed and it was noted that people were provided with a balanced diet and there were choices of each meal, which included a vegetarian option. People that were spoken with told us that they enjoyed the food at the home and that they always helped with preparing and cooking the meal. They knew what was on the menu for their evening meal and told us what they had chosen. The meal was a choice of fish or vegetarian lasagne.

People that lived at the home that were spoken with told us that the staff treated them with respect and that their privacy was respected. They told us that the staff always knocked on their bedroom door before entering, which was confirmed by observations made on the day of the inspection. Staff were observed to support a person with using the toilet and they ensured that the door was closed which ensured that their privacy and dignity was respected. The interaction between staff and people that lived at the home was observed to be friendly, respectful and professional. The staff included the people that lived at the home in all discussions.

The service user survey asked if the staff treated them well. Seven answered always and one answered sometimes. A health professional survey said that people's privacy and dignity was usually respected.

## Personal and Healthcare Support

### The intended outcomes for Standards 18 - 21 are:

18. Service users receive personal support in the way they prefer and require.
19. Service users' physical and emotional health needs are met.
20. Service users retain, administer and control their own medication where appropriate, and are protected by the home's policies and procedures for dealing with medicines.
21. The ageing, illness and death of a service user are handled with respect and as the individual would wish.

### The Commission considers Standards 18, 19, and 20 the key standards to be inspected.

This is what people staying in this care home experience:

### JUDGEMENT – we looked at outcomes for the following standard(s):

#### 18, 19, 20

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People who use the service can expect to have their physical and emotional health needs met, to be supported in the way that they prefer and to be protected by the home's medication procedures.

### EVIDENCE:

The care plans of three people that lived at the home were viewed and they identified the support that people required and preferred to meet their personal care needs. The care plans showed the areas of their care that they could attend to independently and their choices in areas such as their appearance, clothing, what time they chose to go to bed, what time they chose to get up in the mornings and when they chose to bathe. Each care plan identified the person's key worker and where they had made choices about the support they were provided with.

During the inspection a person was observed to return from having their hair cut at the hairdressers. Staff complimented them on their hair cut and asked them if this was what they had requested.

A person that lived at the home was spoken with and told us about the shopping trip that they had enjoyed the day before the inspection. They told us that they had made a list of the clothing that they wanted to buy and that they had chosen the clothing that they liked. The person told us that they always chose their own clothing and what they wanted to wear each day.

The manager was in the process of completing health care plans for each person who lived at the home, the health care plans for three people were viewed and clearly identified the specific support that each person required and preferred to meet their health care needs.

People's care plans and daily records that were viewed clearly identified the outcomes for health care appointments that they had attended, such as with the doctor, dentist or optician. The records showed the ongoing support that people were provided with by services such as psychiatric services, speech therapists and the specific support that they needed in areas such as with their diet and continence.

Two people that were spoken with told us that they were supported to go to the doctor if they felt unwell.

The AQAA stated 'the home will support service users with all their health needs, which would include attending appointments with them. During these health appointments service users able to ask questions themselves as well'. The health profession survey said that the service usually sought advice and acted upon it to meet people's social and health care needs to improve their well being.

The medication procedures were viewed and clearly identified how people were safeguarded by the safe handling, administration and storage of medication. Since the last inspection there had been improvements in the medication records provided in people's care records. There were guidelines regarding the administration of PRN medication, a record of the reasons for why medication had been prescribed and the possible side effects of the prescribed medication.

The medication storage was viewed and it was noted that medication was stored in MDS (monitored dosage system) in a trolley which was secured to the wall. The secured controlled medication cupboard was inside the trolley and it was attached to the trolley. We could not identify if the controlled medication cupboard was secured to the wall, which was required by regulation. The manager was aware of the requirements for the storage of controlled medication and told us that they thought that the cupboard was attached to the wall and showed us the screws which attached it. However,

they agreed that they would seek guidance from the pharmacy and the CQC (Care Quality Commission) website regarding the suitability of the cabinet and take actions if it did not meet the requirements. The controlled medication book was viewed and it was noted that the records were appropriate and included a running total of the medication which was stored in the home.

The MAR (medication administration records) charts of three people were viewed and it was noted that all medication was accounted for with the exception of one recent evening. A staff member showed us the entry that they had made in the staff communication book which showed that they had identified the gaps in the MAR charts and the staff member that was on duty that evening explained to us that the people had returned home late from an activity and that there was an oversight in the signing of the MAR charts, which was then done. They assured us that the medication had been administered and the medication was not present in the MDS blister packs. This showed that the staff at the home identified the issue promptly and actions were taken to address the issue to ensure that people were provided with their prescribed medication.

Three staff members that were spoken with confirmed that they had been provided with training regarding the safe handling and administration of medication, which was confirmed by the training records that were viewed. Three staff surveys stated that they were provided with training which gave them enough knowledge about health care and medication. The AQAA stated that the staff were provided with medication and health and safety training.

## Concerns, Complaints and Protection

**The intended outcomes for Standards 22 – 23 are:**

- 22.** Service users feel their views are listened to and acted on.
- 23.** Service users are protected from abuse, neglect and self-harm.

**The Commission considers Standards 22, and 23 the key standards to be inspected.**

This is what people staying in this care home experience:

**JUDGEMENT – we looked at outcomes for the following standard(s):**

**22, 23**

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People who use the service can expect to be protected from abuse and to have their complaints listened to and acted upon.

**EVIDENCE:**

People that lived at the home were protected from abuse. The care plans of three people were viewed and they identified the risks in people's daily lives and methods of minimising the risks, in areas which included self harming behaviours. Incident and accident records were viewed and where injuries were sustained by people they were clearly recorded in body charts.

The finance records of three people were viewed and it was noted that they clearly identified all transactions and receipts were in place for any people's spending.

The AQAA stated that one safeguarding alert had been made and investigated by the local authority safeguarding team. The records of the incident were viewed and it was noted that the records had been appropriately maintained and actions taken by the staff at the home safeguarded people.

Staff that were spoken with told us that they had been provided with safeguarding training and they were aware of their responsibilities of protecting people from abuse. The training records that were viewed confirmed

that staff had been provided with safeguarding training. Staff were further provided with information regarding the protection of people that lived at the home in the home's safeguarding procedure, the home's whistle blowing procedure and the local authority safeguarding guidelines, which were stored in the office should staff need to refer to them.

The AQAA said that there had been eight complaints received in the last twelve months, all of which had been resolved in a timely manner. The AQAA stated 'service user can put a complaint forward, if this happens it's recorded in the complaints book'. The AQAA stated that they had improved in the last twelve months by 'staff have improved their own listening skills to ensure they have a full understanding of a complaint put forward by a service user, which also enables them to document it appropriately'.

The complaints book was viewed and it was noted that complaints were clearly recorded and investigated in a timely manner. We had received an anonymous complaint, which we had forwarded to the home for investigation. The manager fully investigated the complaint and responded the outcomes to us promptly. The monthly Regulation 26 visit reports were viewed and they showed that the complaints that had been received by the home, the actions that were taken to address the issues were audited and the outcomes were discussed with the manager, staff and the person that lived at the home, where appropriate.

People were provided with information about how to make a complaint in the Service User's Guide and the Statement of Purpose and in the home's complaints procedure. The documents showed the contact arrangements for CQC (Care Quality Commission) should people wish to contact us regarding their concerns.

People that lived at the home told us that they knew how to make a complaint and said that they would speak with staff and/or their key worker. Eight service user surveys said that they knew who to speak with informally if they had a concern about the support that they were provided with. Seven surveys said that they knew how to make a complaint and one commented '(the person) has no understanding of complaint'. Three staff surveys said that they knew what actions to take if a person wished to make a complaint.

# Environment

## The intended outcomes for Standards 24 – 30 are:

24. Service users live in a homely, comfortable and safe environment.
25. Service users' bedrooms suit their needs and lifestyles.
26. Service users' bedrooms promote their independence.
27. Service users' toilets and bathrooms provide sufficient privacy and meet their individual needs.
28. Shared spaces complement and supplement service users' individual rooms.
29. Service users have the specialist equipment they require to maximise their independence.
30. The home is clean and hygienic.

## The Commission considers Standards 24, and 30 the key standards to be inspected.

This is what people staying in this care home experience:

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

#### **24, 28, 30**

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People who use the service can expect to be provided with a comfortable and hygienic place to live in.

### **EVIDENCE:**

The home was clean, well maintained and attractively decorated and furnished. People that were spoken with told us that they liked the home and that they had helped to choose the furnishings and decoration of their bedrooms and communal areas. They told us that they helped with keeping the house clean and one person said that they enjoyed cleaning their bedroom. Seven service users said that the home was always fresh and clean and one said that it usually was.

The AQAA stated 'some service users are now more involved in caring for their environment by means of being given cleaning tasks to carry out. Some users will now come to staff and ask if they can help with jobs around the home'.

The communal areas included two large lounges and dining room. The lounges held comfortable seating and the dining room held sufficient numbers of tables and chairs for people to enjoy their meals, all rooms were light and airy. Since the last inspection the boiler had been repaired, which ensured that there was sufficient heating and hot water available. There was a large garden, which provided seating and people were observed to sit in the garden and enjoy the sunshine on the day of the inspection.

The AQAA stated that they had improved in the last twelve months by 'completed some redecoration of the TV room, games and dining room. Completed redecoration of four of the bedrooms within the home. Moved some furniture around to make the environment safer to walk around in'.

The laundry was viewed and it was clean and tidy and held a washing machine, a drying machine and hand washing facilities. Toilets, bathrooms and the laundry provided hand wash liquid and disposable paper towels which minimised the risk of cross contamination. During the inspection staff were observed to wash their hands and wear protective clothing when working with food. The home's infection control procedure that was viewed identified how staff should ensure that the risks of cross infection were minimised.

The monthly Regulation 26 visit reports that were viewed showed that the hygiene and maintenance of the home was regularly checked.

We had been notified that there had been evidence of mice in the home and the service of a pest company had been accessed to address the issue. The manager was spoken with during the inspection and told us that there had been traps laid, that they were waiting for a return visit from the company and that the issue had improved. The visit reports from the company were viewed and confirmed that appropriate action had been taken. The manager told us that they ensured that the home was regularly cleaned and that there were no food items left uncovered or on the floor.

## Staffing

**The intended outcomes for Standards 31 – 36 are:**

- 31.** Service users benefit from clarity of staff roles and responsibilities.
- 32.** Service users are supported by competent and qualified staff.
- 33.** Service users are supported by an effective staff team.
- 34.** Service users are supported and protected by the home's recruitment policy and practices.
- 35.** Service users' individual and joint needs are met by appropriately trained staff.
- 36.** Service users benefit from well supported and supervised staff.

**The Commission considers Standards 32, 34 and 35 the key standards to be inspected.**

This is what people staying in this care home experience:

**JUDGEMENT – we looked at outcomes for the following standard(s):**

**32, 34, 35**

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People who use the service can expect to be supported by a staff team who are competent and trained to meet their needs and to be protected by the home's recruitment procedures.

**EVIDENCE:**

During the inspection staff were observed to be attentive to the needs of people that lived at the home. They interacted with people in a friendly, respectful and professional manner. Staff that were spoken with had a good understanding of their roles, responsibilities and the individual needs of people that lived at the home. People that lived at the home and a person's relative that were spoken with were complimentary about the staff team and the support that they provided.

The home had met the target of 50% staff to have achieved a minimum of NVQ (National Vocational Qualification) level 2 as identified in the National Minimum Standards relating to adults. The qualification included work based

assessments on staff members which assessed the competency of staff to perform the standards identified to do their job. The AQAA stated that they had improved in the last twelve months by 'company has found funding for NVQ 3 training for more staff'.

The training certificates of three staff members were viewed and it was noted that they were provided with the training that they needed to enable them to meet people's needs. The training provided included a Skills for Care induction which included the Common Induction Standards, fire safety, emergency first aid, medication, challenging behaviour, safeguarding and food hygiene. The manager told us that the staff team were undertaking distance learning course, which included nutrition and equality and diversity, which was confirmed by the training records that were viewed and discussions with staff. We spoke with the manager regarding the people that lived at the home who were over retirement age. The manager agreed that they would look into training that provided information to staff regarding the needs of older people.

Staff that were spoken with told us that they were provided with training that they needed to support the people that lived at the home. The staff survey asked if their induction covered everything that they needed to know about the job when they started. Two answered very well and one answered mostly. Three staff surveys said that they were provided with training which provided them with enough information about health care and medication, kept them up to date with new ways of working, was relevant to their role and which helped them to understand and meet people's needs.

The AQAA stated 'provide suitable training as to enable staff to be qualified for their position' and that they had improved in the last twelve months by 'company has enabled more staff to do long distance training, to ensure constant learning'.

The recruitment records of three staff members were viewed and it was noted that the appropriate checks had been made to safeguard the people that lived at the home. The records included details of their work history, identification, two written references, POVAfirst (protection of vulnerable adults) check and CRB (Criminal Records Bureau) check. Three staff surveys said that their employer had carried out checks such as their CRB and references before they started work.

The AQAA stated 'we always ensure new staff have a POVA before they start work. Staff on POVA are always supervised until their full CRB comes in'.

# Conduct and Management of the Home

**The intended outcomes for Standards 37 – 43 are:**

- 37.** Service users benefit from a well run home.
- 38.** Service users benefit from the ethos, leadership and management approach of the home.
- 39.** Service users are confident their views underpin all self-monitoring, review and development by the home.
- 40.** Service users' rights and best interests are safeguarded by the home's policies and procedures.
- 41.** Service users' rights and best interests are safeguarded by the home's record keeping policies and procedures.
- 42.** The health, safety and welfare of service users are promoted and protected.
- 43.** Service users benefit from competent and accountable management of the service.

**The Commission considers Standards 37, 39, and 42 the key standards to be inspected.**

This is what people staying in this care home experience:

**JUDGEMENT – we looked at outcomes for the following standard(s):**

**37, 39, 42**

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People can expect to live in a home which is managed in their best interests and that their health, safety and welfare is promoted and protected.

**EVIDENCE:**

The manager had been successful in the CQC (Care Quality Commission) registered manager application process May 2009, which identified that they were fit to be in charge of the home. The manager was spoken with and told us that they had achieved an NVQ level 3 in care and a foundation in care management award. They said that they were waiting for a start date for the Leadership and Management Award (LMA). The manager told us that they regularly updated their knowledge and had recently attended training courses

on safeguarding, Mental Capacity Act and Deprivation of Liberty. The manager had an understanding of their role and responsibilities.

Staff that were spoken with were complimentary about the management style of the manager and they told us that the manager was supportive.

The monthly Regulation 26 visit reports were viewed and it was noted that the running of the home was regularly monitored. During the Regulation 26 visits staff and people that lived at the home were spoken with, which provided them with the opportunity to express their views about the home.

People that lived at the home were further provided with the opportunity of expressing their views about the service that they were provided with in annual satisfaction questionnaires, which were viewed, in discussions with their key worker, monthly resident's meetings and in consultation in their care reviews. During the inspection two people that lived at the home attended their care reviews, which included the manager of the home, their social worker and relatives.

People's health, safety and welfare was promoted and protected. The home's health and safety policies and procedures were viewed and they identified how people were safeguarded, which included first aid, emergency and crises, accidents, infection control, manual handling, lone working, finances and COSHH (control of substances hazardous to health).

Risk assessments were viewed which identified the risks in the home and the methods of minimising the risks in areas such as laundry, using the bath lift, challenging behaviour, using kitchen and electrical equipment, expectant mothers and cleaning behind the refrigerator. There were individual risk assessments viewed in people's care records, which identified the methods of minimising the risks in their daily living.

The home provided a fire risk assessment. The fire safety records were viewed, which showed that fire safety checks, including evacuations, were regularly undertaken, which safeguarded people in case of a fire.

# SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Adults 18-65 have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable)      **3** Standard Met (No Shortfalls)  
**2** Standard Almost Met (Minor Shortfalls)      **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

<b>CHOICE OF HOME</b>	
<i>Standard No</i>	<i>Score</i>
<b>1</b>	X
<b>2</b>	3
<b>3</b>	3
<b>4</b>	X
<b>5</b>	3

<b>INDIVIDUAL NEEDS AND CHOICES</b>	
<i>Standard No</i>	<i>Score</i>
<b>6</b>	3
<b>7</b>	3
<b>8</b>	X
<b>9</b>	3
<b>10</b>	X

<b>LIFESTYLES</b>	
<i>Standard No</i>	<i>Score</i>
<b>11</b>	X
<b>12</b>	4
<b>13</b>	4
<b>14</b>	4
<b>15</b>	3
<b>16</b>	3
<b>17</b>	3

<b>PERSONAL AND HEALTHCARE SUPPORT</b>	
<i>Standard No</i>	<i>Score</i>
<b>18</b>	3
<b>19</b>	3
<b>20</b>	3
<b>21</b>	X

<b>CONCERNS AND COMPLAINTS</b>	
<i>Standard No</i>	<i>Score</i>
<b>22</b>	3
<b>23</b>	3

<b>ENVIRONMENT</b>	
<i>Standard No</i>	<i>Score</i>
<b>24</b>	3
<b>25</b>	X
<b>26</b>	X
<b>27</b>	X
<b>28</b>	3
<b>29</b>	X
<b>30</b>	3

<b>STAFFING</b>	
<i>Standard No</i>	<i>Score</i>
<b>31</b>	X
<b>32</b>	3
<b>33</b>	X
<b>34</b>	3
<b>35</b>	3
<b>36</b>	X

<b>CONDUCT AND MANAGEMENT OF THE HOME</b>	
<i>Standard No</i>	<i>Score</i>
<b>37</b>	3
<b>38</b>	X
<b>39</b>	3
<b>40</b>	X
<b>41</b>	X
<b>42</b>	3
<b>43</b>	X

No

Are there any outstanding requirements from the last inspection?

### STATUTORY REQUIREMENTS

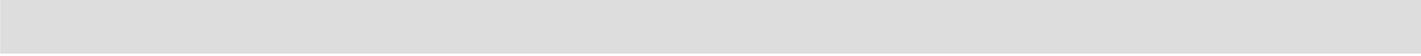
This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action

### RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1.	YA9	It is recommended that a risk assessment be completed regarding how risks can be minimised regarding choking to ensure that people are safeguarded should an incident occur.
2.	YA35	It is recommended that staff are provided with training which supports them in meeting the needs of ageing people that live at the home.



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