

# Review of compliance

S E J Clarkson Marlborough House	
<b>Region:</b>	East
<b>Location address:</b>	54 Kirkley Cliff Road Lowestoft Suffolk NR33 0BF
<b>Type of service:</b>	Care home service without nursing
<b>Date of Publication:</b>	February 2012
<b>Overview of the service:</b>	<p>S E J Clarkson is registered for the regulated activity 'accommodation for persons who require nursing or personal care' at Marlborough House.</p> <p>Marlborough House provides non nursing care for up to 12 people.</p>

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Marlborough House was not meeting one or more essential standards. Improvements are needed.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 12 January 2012, checked the provider's records, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

### What people told us

We spoke with three people who used the service who told us that they were happy living in the home. They told us that their choices were always listened to in areas such as what they wanted to eat, the activities that they participated in and how they wanted to be supported.

People were complimentary about the staff who worked in the home and the other people that they lived with. One person said 'they are like a second family'. During our visit we saw that the staff were attentive to people's needs and they interacted with people in a caring and respectful manner.

People told us that their independence was respected. A person said that they liked keeping their bedroom tidy and that the staff assisted when they needed help. Another person told us that they prepared their own food and that they were assisted by the staff. This was confirmed during our visit, we saw two people preparing their own lunch, the staff were present and they responded to requests for assistance.

The people who were spoken with told us that there were several activities that they participated in the community including attendance to day services, clubs and shopping. They also said that there was a range of in house activities including games and disco nights. During the morning of our visit to the service we saw several people preparing to go to their day services. Staff complimented a person on their appearance and they reminded people to take their packed lunch and have breakfast before they left.

## **What we found about the standards we reviewed and how well Marlborough House was meeting them**

### **Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

The provider is compliant with this outcome. People who use the service are treated with respect. They have their views taken into account in the way the service is provided and delivered.

### **Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

The provider is non compliant with this outcome. The care records of people who use the service are not regularly reviewed and updated to reflect how their changing needs and preferences are met.

### **Outcome 07: People should be protected from abuse and staff should respect their human rights**

The provider is non compliant in this outcome. Staff are not provided with training which gives them the knowledge of how to safeguard the people who use the service from abuse. The care records of people who use the service that we saw do not provide assurance that people who use the service are properly safeguarded.

### **Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs**

The provider is compliant with this outcome. People who use the service are supported by sufficient staff numbers.

### **Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

The provider is non compliant with this outcome. Staff are not provided with the training that they require to meet the needs of the people who use the service. Staff are not provided with adequate supervision to support them in their work role.

### **Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

The provider is non compliant with this outcome. The quality assurance systems that are in place are not robust enough to ensure that people who use the service benefit from safe quality care and support due to the management of risks to their welfare and safety.

## **Actions we have asked the service to take**

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

## **Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

# Outcome 01: Respecting and involving people who use services

## What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

## What we found

### Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

### Our findings

#### What people who use the service experienced and told us

People who used the service who were spoken with told us that the staff treated them well. A person told us that the staff and the other people who used the service 'were like a second family'. During our visit to the service we saw that the staff interacted with people in a caring and friendly manner.

People said that the staff listened to them and acted on what they said. They told us that they made choices in all aspects of their daily living including what they wanted to eat, what activities they participated in and how they wanted to be supported. During our visit to the service we saw a staff member compliment a person on their appearance and the clothing that they had chosen to wear. This showed that the person had chosen their own clothing. We also saw people choose what they wanted to eat for lunch and breakfast. They prepared their own meals with staff supervision. This showed that people's independence was respected. People also told us that they could help themselves to drinks when they wanted them.

#### Other evidence

We tracked the care records of three people who used the service and each explained how people's diverse needs were met such as how they communicated their choices, how they mobilised, their dietary requirements and their interests. The records also

identified the areas of people's care that they could attend to independently. There were documents in place which showed that people had participated in their annual review of care. People had signed their care records to show that they had agreed with the contents and where they were unable to sign them there was a note in place explaining the reasons. This showed that people were consulted about the care and support that they were provided with.

People's care records were securely stored in the home which showed that their right to confidentiality was respected.

We saw the minutes from a recent house meeting where people had discussed and chosen their seasonal celebrations which included a Christmas party and they had chosen the menu for the following weeks.

**Our judgement**

The provider is compliant with this outcome. People who use the service are treated with respect. They have their views taken into account in the way the service is provided and delivered.

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

There are minor concerns with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

People who used the service who were spoken with told us that they were happy living in the home and that they were consulted about the care and support that they were provided with. They told us that the staff listened and acted on what they said.

People told us about the activities that they participated in including attendance to their day services, performing arts, shopping, clubs in the community, going to the library and house games. They told us about a recent holiday that they had enjoyed and that they were planning their next holiday. A person told us about the Christmas party that had been held in the home which they enjoyed. Another person said that they were planning their birthday party.

During the morning of our visit we saw people preparing to attend their chosen day services.

##### Other evidence

We spoke with three staff members who had a good knowledge of the people who used the service and how their needs were met.

We tracked the care records of three people who used the service which held a health action plan. There was documentation in place to show where people had been provided with health care support from health care professionals.

People's care plans identified how their needs and preferences were met in areas such

as personal care and how they communicated. There were also risk assessments in place which identified how risks were minimised. Not all documents in people's care records were dated to show when they had been completed. The records were not regularly reviewed and updated to reflect people's changing needs and preferences. For example a risk assessment had been completed 2009 identified how the risk of choking was minimised which had not been updated or reviewed. A staff member told us that they were in the process of updating care plans and risk assessments. We did not see evidence to show that this work had started.

We saw the medication administration records (MAR) of three people who used the service and each was appropriately completed which showed that people were provided with their medication at the prescribed times. People's care records held guidance for the administration of PRN (as required) for medication such as pain relief. There was no detailed protocol in place to identify how and when PRN medication prescribed to assist people with their behaviours should be administered to ensure that people were safeguarded from the inappropriate use of the medication.

### **Our judgement**

The provider is non compliant with this outcome. The care records of people who use the service are not regularly reviewed and updated to reflect how their changing needs and preferences are met.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

There are moderate concerns with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

There were no comments made by the people who used the service that related to this outcome.

##### Other evidence

We spoke with three staff members who told us that they were aware of the actions that they should take if they had concerns about the safety of the people who used the service. Two of the staff told us that they had not been provided with safeguarding training.

We saw the training certificates of the three staff members who we had spoken with and there was a safeguarding training certificate in one of the files. There was no safeguarding training certificates in the other two. There were certificates for a National Vocational Qualification which included a standard on safeguarding people from abuse. We saw the home's training matrix which showed that four staff members had not been provided with safeguarding training.

The training matrix also showed that nine staff had not been provided with training which informed them of how to work with people who display behaviours that challenge. A staff member said that this training was booked for February 2012.

We saw several reports which explained the incidents of aggression that people had displayed. The records did not sufficiently explain the actions that staff had taken to diffuse situations such as if people were restrained. There was no follow up actions

recorded to show that people had been supported following incidents. Two people's care records that were tracked showed that there had been incidents of aggression between them. One person's records held risk assessments regarding how the staff supported them to manage their behaviours however they had not been updated since September 2010. The second person's records held no reference of how they were safeguarded from such incidents.

We spoke with two staff members who explained how they supported the people to minimise the risks of incidents but this was not clearly identified in their care records. They said that they did not restrain people and used de-escalation techniques to support people.

Following our visit to the service we spoke with the registered manager on the telephone. They told us about the actions that they took to safeguard people and said that they always followed up incidents. We advised that this was not recorded on the incident forms or in people's care records and that we would expect to see how incidents were followed up and reviews of their care records to reflect the changes in their behaviours and risks. The manager said that they would address this immediately.

### **Our judgement**

The provider is non compliant in this outcome. Staff are not provided with training which gives them the knowledge of how to safeguard the people who use the service from abuse. The care records of people who use the service that we saw do not provide assurance that people who use the service are properly safeguarded.

## Outcome 13: Staffing

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 13: Staffing

#### Our findings

##### What people who use the service experienced and told us

Two people who used the service told us that they felt that there were enough staff to assist them when they asked for help. One person told us that when they wanted to go out to the local shops the staff were available to go with them.

During our visit to the service we saw that the staff were attentive to people's needs and they responded to requests for assistance promptly.

##### Other evidence

During our visit to the service there were three care staff working in the home and the deputy manager was undertaking managerial duties. The deputy manager told us that staffing levels reflected the needs of the people such as when they attended clubs in the community or shopping. They told us that there was also an 'on call' member of staff on the rota who could be called in to the home if there were issues that required extra staff. We saw the staffing rota and we sampled four days in January 2012 which showed that there was a minimum of three care staff on the day and evening shifts, a sleep in and waking night staff during the night and an on call staff member was identified. The manager hours were also included on the rota.

We spoke with the manager following our site visit who told us that they had recently rearranged the staffing hours to ensure that there were sufficient staff on duty to cover for activities, outings and busy times in the working day. During the not so busy times there were less staff on duty, for example when people were at their day centres.

We saw a training matrix which showed that the staff who worked in the home had achieved an appropriate qualification for their work role. We also saw the training certificates of three staff members which included National Vocational Qualification (NVQ) level 2 in health and social care.

**Our judgement**

The provider is compliant with this outcome. People who use the service are supported by sufficient staff numbers.

## Outcome 14: Supporting staff

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by competent staff.

### What we found

#### Our judgement

There are minor concerns with Outcome 14: Supporting staff

#### Our findings

##### What people who use the service experienced and told us

People who used the service who were spoken said that the staff treated them well.

##### Other evidence

A staff member told us that there were monthly team meetings that the staff attended. They could not locate the minutes of the meeting to show to us but they said that each staff member was provided with a copy. Three other staff members confirmed that the meetings took place.

Staff were not provided with adequate supervision to provide them with support in their work role and the opportunity to discuss the ways that they were working. We saw the latest monthly provider monitoring visit report which stated that staff supervisions and appraisals were not up to date. Three staff members were spoken with and we asked them if they were provided with regular one to one supervision meetings. Two said that they had recently been provided with a supervision meeting and one could not remember when they had one. We saw the supervision records of three staff members and one had received an appraisal in 2011 and two supervisions and the other two had received two supervisions in 2011. Each had been provided with four supervision meetings in 2010.

The monthly provider monitoring visit report seen stated that a training matrix was required. This had been implemented and identified the training that had been provided to each staff member and the timescales for updating the training. The matrix showed that there were thirteen staff who worked in the home including the manager and the deputy manager and each had completed an appropriate induction course. There were

shortfalls in the provision of training to staff noted from the training matrix. This showed that not all staff had been provided with the training that they needed to meet people's needs, for example seven of the thirteen staff had been provided with moving and handling training and six had not.

We also looked at the training certificates of three staff members which also identified that they had not been provided with the training that they needed to meet people's needs and also showed that the timescale for updating training had not been met. The matrix stated that moving and handling training should be updated every two years. Two staff members did not hold a certificate for moving and handling training and in one there was a certificate dated 2008.

A staff member told us that there was training dates booked for the near future to address the shortfalls, which included training on managing aggression.

### **Our judgement**

The provider is non compliant with this outcome. Staff are not provided with the training that they require to meet the needs of the people who use the service. Staff are not provided with adequate supervision to support them in their work role.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

There are moderate concerns with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

A person who used the service told us that they attended regular house meetings where they could discuss that was happening in the home and what they wanted to do.

##### Other evidence

People who used the service were consulted about the care and support provided in regular house meetings and in discussions during the provider monitoring visits. We saw the minutes from the latest house meeting where people discussed their choices for activities and food.

We saw the monthly provider monitoring visit reports which identified the actions required for the identified shortfalls. It was noted that they had identified that a training matrix was needed to reflect staff training and this had been implemented. One report also identified that staff supervisions and appraisals were not up to date. However, we had identified shortfalls in people's care records which are further discussed in outcome 4 and outcome 7 of this report. They had not all been identified and addressed. Therefore we cannot be assured that the process was sufficiently robust to ensure that shortfalls were identified and addressed to safeguard and meet people's needs.

We spoke with the registered manager following our visit and they told us that they were planning to send out satisfaction questionnaires to the people who used the service and their representatives/relatives.

#### Our judgement

The provider is non compliant with this outcome. The quality assurance systems that are in place are not robust enough to ensure that people who use the service benefit from safe quality care and support due to the management of risks to their welfare and safety.

## Action we have asked the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p><b>How the regulation is not being met:</b> The provider is non compliant with this outcome. The care records of people who use the service are not regularly reviewed and updated to reflect how their changing needs and preferences are met.</p>	
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	<p><b>How the regulation is not being met:</b> The provider is non compliant in this outcome. Staff are not provided with training which gives them the knowledge of how to safeguard the people who use the service from abuse. The care records of people who use the service that we saw do not provide assurance that people who use the service are properly safeguarded.</p>	
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	<p><b>How the regulation is not being met:</b> The provider is non compliant with this outcome. Staff are not provided with the</p>	

	training that they require to meet the needs of the people who use the service. Staff are not provided with adequate supervision to support them in their work role.	
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	<p><b>How the regulation is not being met:</b> The provider is non compliant with this outcome. The quality assurance systems that are in place are not robust enough to ensure that people who use the service benefit from safe quality care and support due to the management of risks to their welfare and safety.</p>	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

# What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

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