

Review of compliance

S E J Clarkson Marlborough House	
Region:	East
Location address:	54 Kirkley Cliff Road Lowestoft Suffolk NR33 0BF
Type of service:	Care home service without nursing
Date of Publication:	September 2012
Overview of the service:	<p>S E J Clarkson is registered for the regulated activity 'accommodation for persons who required nursing or personal care' to be provided 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 meeting all the essential standards of quality and safety inspected.

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 3 September 2012, 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

During our visit six of the 11 people who used the service were on holiday and one person was at work. Four people were present in the service during our visit.

We spoke with two people who used the service. They told us that the staff listened and acted on what they said. One person said "They (staff) treat me good."

People said that their choices about their lives were listened to. They told us about the activities programme which they enjoyed.

One person said "I am happy living here." Another person said "I like it here, I get to choose what I want to do."

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

Outcome 02: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

The provider was meeting this standard. Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

Outcome 05: Food and drink should meet people's individual dietary needs

The provider was meeting this standard. People were protected from the risks of inadequate nutrition and dehydration.

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

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.

Outcome 08: People should be cared for in a clean environment and protected from the risk of infection

The provider was meeting this standard. People were cared for in a clean, hygienic environment.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

The provider was meeting this standard. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

The provider was meeting this standard. People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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

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.

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

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.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

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

Outcome 02: Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:

- * Where they are able, give valid consent to the examination, care, treatment and support they receive.
- * Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- * Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

The provider is compliant with Outcome 02: Consent to care and treatment

Our findings

What people who use the service experienced and told us

Two people told us that their choices were listened to. Such as what activities they wanted to participate in. They said that the staff always listened to them and acted on what they said.

One person told us that they had recently been on holiday. They had chosen where they wanted to go and who they wanted to go with.

Our observations during our visit to the service told us that before people received any care or support they were asked for their consent and the staff acted in accordance with their wishes.

We saw a person in a discussion with a staff member. They talked about the person's choices about what they wanted to do the following day. The person said that they did not want to go swimming as planned and preferred to go shopping. We asked the person if they could usually choose what they wanted to do and they said "Yes, of course."

We saw staff speaking with a person about what time they wanted to get up and if they wanted to sit outside in the sunshine. The person's choices were listened to and respected.

Other evidence

We looked at the care records of four people who used the service. We saw evidence which showed that people were consulted about the care and support that they were provided with. People's preferences and likes and dislikes were included in their care plans, including what time they chose to get up in the mornings and go to bed.

People had signed their care plans to show that they had agreed with the contents. Where people were unable to sign their care records, a note was on file stating that the staff had read the contents of their care plan to them and they had verbally agreed with the contents.

People's care records included 'shift plans' which identified the support that people were provided with on each shift and how they had made choices in their daily living. This told us that before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

We saw the minutes from the 'resident meetings' that people who used the service attended. This provided them with the opportunity to discuss the support they were provided with and to make decisions about what they wanted, such as activities and meals. One of the minutes seen showed that the people had discussed the 'wish tree'. This was displayed on the wall in the service and people added their goals or wishes and they were changed once they had been achieved.

Our judgement

The provider was meeting this standard. Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

Two people told us that they felt that their needs were met. They listed the activities in the service and in the community that they enjoyed participating in. One person showed us a photograph which was displayed in the service, which showed them performing in a theatre production.

One person showed us the art work of the Olympic Games that people had done which was displayed on a notice board in the service. They said that the people did art work and they "Sometimes won the competition." This was confirmed by a staff member who told us that the in house activities included a regular art work competition.

One person said "I am happy living here." Another person said "I like it here, I get to choose what I want to do."

Other evidence

Our compliance review in February 2012 found that the provider was not meeting this standard. We made a compliance action as there were minor shortfalls against this standard. This was because people's care records were not regularly reviewed and updated to reflect how their changing needs and preferences were met. As part of this review we found that improvements had been made.

During our visit to the service we saw the care records of four people who used the service which showed that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. People's care plans

included information about how their needs and preferences were met including their personal care needs and mobility. The care plans identified people's diverse needs and how they were met, including how they communicated. The records seen identified the areas of their care and support that people could attend to independently. This told us that people's independence was promoted and respected.

The records seen identified the activities that people participated in both in the service and in the community. Where people attended further education or work this was also recorded in their care plans. This meant that people were provided with the opportunity to participate in meaningful activities that were of interest to them.

There were risk assessments in place which explained how the assessed risks in people's daily living were minimised including accessing services in the community.

Since our last compliance review people's care plans and risk assessments had been reviewed and updated to reflect people's needs and preferences. There were documents in place which showed that they were further reviewed on a monthly basis to ensure that people's changing needs were identified and met. Where there were no changes in people's needs this was recorded.

People's records seen included information about how their health care needs were met. This included the outcomes from health care professional support and treatment.

Our judgement

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

Outcome 05: Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:

* Are supported to have adequate nutrition and hydration.

What we found

Our judgement

The provider is compliant with Outcome 05: Meeting nutritional needs

Our findings

What people who use the service experienced and told us

Two people spoken with told us that they always chose what they wanted to eat and drink. They said that they could eat and drink when they wanted to and that they got enough. One person said "I like the food."

During our visit we saw that two people were preparing to attend a club in the community. Each had a packed lunch and one person said that they had chosen what they wanted in their packed lunch.

The two people who remained in the service were provided with their choices of food and drink. Staff encouraged one person to eat and drink, when they had refused to do so. This was done in a manner which respected the person's choices but taking appropriate actions to ensure that they were encouraged to eat and drink sufficient amounts to meet their needs.

Other evidence

We looked at the care records of four people who used the service which included information of their specific dietary needs and how they were met. People's care plans identified the risks associated with their food and fluid intake and how they were minimised. People's records included the assistance that people required to eat and drink and their likes and dislikes.

People's care records included regular weight checks. Where there were concerns about people's dietary intake or weight we saw that the staff had sought guidance and support from health care professionals. One person's records seen included information

about how a dietician had offered guidance about how to support the person to eat and drink sufficient amounts to meet their needs. There were records in place which monitored the amounts that the person had eaten and drank.

A staff member spoken with told us that people were always offered with a choice of two meals and if they did not want the choices they could have something else. They told us that people were encouraged with healthy eating. They shared an example of one person who had said they wanted to lose weight and they were supported to do so ensuring that they ate sufficient amounts.

Our judgement

The provider was meeting this standard. People were protected from the risks of inadequate nutrition and dehydration.

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

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

One person told us that they kept their money in the office for safekeeping. However when they needed money it was provided.

Other evidence

Our compliance review in February 2012 found that the provider was not meeting this standard. We made a compliance action as there were minor shortfalls against this standard. This was because staff were not provided with the training which gave them the knowledge of how to safeguard people from abuse. People's care records seen did not provide assurance that people who used the service were properly safeguarded. As part of this review we found that improvements had been made.

We spoke with a staff member who told us that they had been provided with training on safeguarding vulnerable adults from abuse. They explained the actions that they would take if they were concerned that a person was being abused. This included their responsibilities in reporting suspected and actual abuse. They told us that they had also attended training on how to support people with behaviours that challenge. This training included breakaway techniques to use if they were being assaulted. Another staff member told us that they too had been provided with the training.

We looked at staff training records which included a training matrix and the certificates for three staff. These records showed that the staff working in the service had been provided with training on safeguarding vulnerable adults from abuse and supporting people with challenging behaviour.

We looked at the care records of four people who used the service which included risk assessments which identified how the risks in their lives were minimised. This included support with their finances, using services in the community and how they managed relationships.

A staff member told us about the improvements that had been made in the service since our last compliance review. The staff had been advised of how to complete incident report forms effectively. There had been a section added to the reports to enable the manager to follow up incidents to ensure that people were appropriately safeguarded. There were documents in place which identified the support that people required with their behaviours. The care records that were seen confirmed what we had been told.

We saw incident report forms which clearly explained the incidents that had occurred and the support that people had been provided with during and following the incidents. This told us that the staff took actions to ensure that people were supported appropriately during times of distress.

We saw records of people's finances which were stored in the service for safekeeping. The records identified people's spending and balance of their finances. People had signed the records to confirm that they had been provided with money. There were also signatures in place of the service's management and/or people's relatives to show that the balance was checked. This told us that people's finances were safeguarded.

We saw the minutes from a 'resident meeting' held in August 2012. The minutes showed that people discussed road safety and 'stranger danger.' This told us that people were provided with information about how to keep themselves safe and how to report their concerns to staff.

Our judgement

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.

Outcome 08: Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

What we found

Our judgement

The provider is compliant with Outcome 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

Two people told us that the staff supported them to keep their bedrooms clean and tidy. One person said "I clean my bedroom."

One person showed us around the service, including all the toilets and bathrooms. We saw that each held liquid hand wash and disposable paper towels for use to minimise the risks of cross infection.

Other evidence

We spoke with a staff member who had a knowledge of infection control procedures and methods of minimising the risks of cross infection. This included using disposable gloves and aprons and effective hand washing. They told us that they had received training in infection control. The training records that were seen confirmed that staff had been provided with this training.

We looked around the service and found that people were provided with a clean and hygienic environment to live in.

We saw a certificate which showed that the water system had been tested for legionella bacteria. This meant that people were protected from the risks of unsafe water systems.

Our judgement

The provider was meeting this standard. People were cared for in a clean, hygienic environment.

Outcome 09: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- * Will have their medicines at the times they need them, and in a safe way.
- * Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

The provider is compliant with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us

We spoke with two people who used the service. Their feedback did not relate to this standard.

Other evidence

We looked at the care records of four people who used the service which identified their prescribed medication and the support that they needed to take their medication. Where people were prescribed with 'as required' (PRN) medication there were protocols in place which identified when the medication was to be administered. This protected people from the inappropriate administration of PRN medication.

We saw the medication administration records (MAR) of four people which showed that appropriate arrangements were in place in relation to the recording of medication. Staff had signed the MAR charts to show that people were given their prescribed medication appropriately. When people were given PRN medication the MAR charts held information which detailed the reasons for the administration.

We saw the medication storage in the service which showed that medicines were kept safely.

A staff member explained the procedures and showed us the records for ordering and disposing of medication. This told us that appropriate arrangements for obtaining and disposing medicines were in place.

Two staff members told us that they had been provided with medication training. This was confirmed in the training records that were seen. One staff member said that they had not administered medication until they had attended the training.

Our judgement

The provider was meeting this standard. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Outcome 12: Requirements relating to workers

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 staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

The provider is compliant with Outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us

We spoke with two people who used the service. Their feedback did not relate to this standard.

Other evidence

We saw the personnel records of three staff members which showed that there were effective recruitment and selection processes in place. Appropriate checks were undertaken before staff began work which included Criminal Records Bureau (CRB), proof of identification, references and their employment history which was included in their application forms.

We spoke with a staff member who told us about how they had received an induction when they started working in the service. This included attendance to training courses including safeguarding vulnerable adults and medication. They also shadowed a more experienced staff member until their induction was completed.

We saw staff training records which included the industry recognised qualifications that they had achieved, including a National Vocational Qualification (NVQ) in health and social care. The records showed that there were thirteen care staff working in the service and all but two had achieved or were working on a relevant qualification.

Our judgement

The provider was meeting this standard. People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Outcome 14: Supporting workers

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

The provider is compliant with Outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us

Two people spoken with were complimentary about the approach of the staff who supported them. One person said "I like the staff." We asked a person if they felt that the staff treated them with respect and they said "Yes."

During our visit we saw that the staff interacted with people in a friendly, respectful and professional manner.

Other evidence

Our compliance review in February 2012 found that the provider was not meeting this standard. We made a compliance action as there were minor shortfalls against this standard. This was because staff were not provided with the training they required to meet the needs of the people using the service. Staff were not provided with adequate supervision to support them in their work role. As part of this review we found that improvements had been made.

A staff member told us that where shortfalls in training had been identified training had been provided. Staff were also provided with refresher training where needed. They told us that the training matrix had been updated and training certificates were in place in staff personnel records to evidence that they had been provided with training they required to meet people's needs.

Another staff member told us that they felt that they were provided with enough training which was informative to enable them to meet people's needs. They listed the training that they had attended which included moving and handling, food hygiene and health

and safety.

We saw the staff training matrix and three staff member's training certificates which showed that the staff had been provided with the training that we had been told about. Staff were also provided with training on subjects such as infection control, first aid, safeguarding vulnerable adults from abuse, fire safety and medication.

A staff member told us that they felt that they were supported in their role. They said that they could speak with the management at any time if they needed to. They were provided with regular one to one supervision meetings which provided them with the opportunity to discuss the ways that they were working and to receive feedback about their work practice. They said that they also attended monthly team meetings where they received information about the service and discussed the support provided to people who used the service.

We saw the personnel records of three staff members which showed that they were provided with regular one to one supervision meetings. We saw the minutes from staff meetings which confirmed what the staff member had told us about. This meant that staff were supported in their role to meet people's needs.

Our judgement

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.

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

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

Two people told us that the staff listened and acted on what they said. One person said that they would speak with a staff member if they were unhappy about the care and support they were provided with.

Other evidence

Our compliance review in February 2012 found that the provider was not meeting this standard. We made a compliance action as there were minor shortfalls against this standard. This was because the provider's quality assurance systems were not robust enough to ensure that people who used the service benefited from safe quality care and support due to the management of risks to their welfare and safety. As part of this review we found that improvements had been made.

During our visit to the service we spoke with a staff member who told us how they had met the shortfalls which were identified in our last compliance review.

Following our visit we saw the results from satisfaction questionnaires which were sent out to people using the service and/or their representatives. We saw the completed questionnaires which had been received from people's relatives. This meant that people who used the service and their representatives were asked for their views about their care and treatment and they were acted upon.

People were also provided with the opportunity to discuss the service they were provided with in 'resident meetings'. We saw the minutes from the most recent meetings

held in August 2012 and May 2012 which showed that people expressed their views about the service they were provided with.

We saw the reports from the monthly provider visits which showed that people and staff were asked about their views of the service. These reports identified the shortfalls which we had found in our previous compliance review and the service's progress was monitored against their action plan.

We saw records of health and safety checks which showed that the people were provided with a safe environment to live in. The checks included fire safety, water temperatures and portable electrical appliances.

Our judgement

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

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.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. 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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Author	Care Quality Commission
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