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

Marbury House

Marbury Road, Heaton Chapel, Stockport, SK4 5NU
Tel: 01614322825

Date of Inspection: 11 September 2013
Date of Publication: January 2014

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

<table>
<thead>
<tr>
<th>Standard</th>
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</thead>
<tbody>
<tr>
<td>Consent to care and treatment</td>
<td>✓</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>✓</td>
</tr>
<tr>
<td>Cooperating with other providers</td>
<td>✓</td>
</tr>
<tr>
<td>Safeguarding people who use services from abuse</td>
<td>✓</td>
</tr>
<tr>
<td>Management of medicines</td>
<td>✓</td>
</tr>
<tr>
<td>Staffing</td>
<td>✓</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>✓</td>
</tr>
</tbody>
</table>
### Details about this location

<table>
<thead>
<tr>
<th>Registered Provider</th>
<th>Borough Care Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Manager</td>
<td>Mrs. Yvonne Nixon</td>
</tr>
<tr>
<td>Overview of the service</td>
<td></td>
</tr>
<tr>
<td>Marbury House is a two storey residential care home, situated on the Marbury Estate in Heaton Chapel Stockport near Manchester. The service provides intermediate care for up to forty one people who are recovering following a hospital stay. There are forty single bedrooms located on both floors, ten of which have en-suite facilities. There are also shared bathroom, toilet, lounge and dining facilities. The first floor can be accessed via a passenger lift. Some of the care services at Marbury House are provided by an intermediate care team who provide services such as nursing and physiotherapy.</td>
<td></td>
</tr>
<tr>
<td>Type of service</td>
<td>Care home service without nursing</td>
</tr>
<tr>
<td>Regulated activity</td>
<td>Accommodation for persons who require nursing or personal care</td>
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Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 September 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

Three people who used the service and four relatives told us their needs had been discussed and they had agreed to the support provided. We saw there were procedures in place to ensure peoples consent was gained in relation to the care provided.

People spoken with told us that the care workers and nurses provided sensitive and flexible personal care and support and they were well cared for. We observed staff from the intermediate care team providing safe and coordinated care and support to people.

We noted that information was shared with all relevant services to ensure people’s needs would be met.

People told us they had no concerns about the care being provided and they felt safe and protected from potential harm. However, the service’s safeguarding procedure would benefit from further information about the different types of abuse and how to recognise them so that staff can refer to it for guidance if required.

We observed the procedures and records for the storage, administration and disposal of medicines. We found that medicines records were properly signed and up to date. We observed medicines were safely administered during the inspection.

We found there were sufficient staff to meet the needs of people who used the service.

We found there were adequate systems in place to regularly assess and monitor the quality of the service people received.

You can see our judgements on the front page of this report.
More information about the provider

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

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.
## Our judgements for each standard inspected

<table>
<thead>
<tr>
<th>Standard</th>
<th>Met this standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consent to care and treatment</td>
<td>✓ Met this standard</td>
</tr>
<tr>
<td>Before people are given any examination, care, treatment or support, they should be asked if they agree to it</td>
<td></td>
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</tbody>
</table>

### 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.

### Reasons for our judgement

We spoke with three people who used the service. They told us staff would always ask them for their agreement before providing any support. We spoke with three staff, all of whom demonstrated their understanding of the need to seek consent from people before they intervened to provide any support.

During our visit we observed staff knock on people's doors and ask people what support they felt they needed during the day.

We found staff had access to policies and procedures in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This would help staff understand their obligations in relation to this legislation and to safeguard people's rights.

We reviewed the care records held for two people who were using the service at the time of our visit. We found that people had been supported to make an advance statement as to how they would wish to be treated in particular circumstances. This would help ensure people received the support they wished at times when they might lack the capacity to express such wishes.

We saw there was a process in place to gain consent from people for staff to administer their medication as prescribed.
Care and welfare of people who use services

Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People spoken with told us they were satisfied with the quality of care and support they received. They told us their needs had been discussed and they had agreed to the support being provided. They made positive comments about their care and support such as “They’re very good here” and “I didn't think they would be this good”. They also said, “There's nothing I want doing they wouldn't do. The food is terrific here and you get more than you need. It’s a great place”.

We looked at the care records of three people who used the service. We found that individual plans of care were kept in the person’s bedroom. We noted that the assessment process was comprehensive, specific and detailed their individual needs and choices. All of the care records we looked at had been developed with the person and in some cases people who were acting on the person’s behalf, like a relative, had been involved in developing the care plan.

We noted that care records identified how best to care for people and included clear care instructions for staff to follow. The plans were detailed, well documented and up to date. We saw records and notes about the person from other care professionals and providers had been included in the care records.

On-going regular contact and communication in the form of phone calls, review and planning meetings had been recorded. This ensured the correct information was shared and planned to meet the person's needs.

We saw risk assessments that identified how risks would be managed and reviewed. The risk assessments balanced safety and effectiveness with the rights of the person to make choices about their care and support.

We observed staff showing respect to people when delivering their individual care and they ensured that care was delivered privately. We spoke with a care worker about their understanding of the care records in use at the home. They told us, "The care plans tell us what to do to meet the person's needs" and "These records make sure we all follow the same instructions when delivering care". This meant that the care records ensured continuity of the person's care, treatment and support as a result of effective
communication between the staff and other providers.
Cooperating with other providers

Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Marbury House provides intermediate care for people who are recovering following a hospital stay. Intermediate care services are for a short time and usually last no longer than six weeks. At Marbury House the service provided includes a range of short-term treatment or rehabilitative services designed to promote independence such as occupational therapy (OT) physiotherapy, dietician, trained nurses and community rehabilitation workers (CRW) general practitioners (GP) and community psychiatric nurses (CPN). The service reduces the length of time a person might be in hospital unnecessarily or help them to avoid unnecessary admissions to hospital.

During our visit we examined the care records of three people. We noted that written records confirmed people’s assessed needs were met by different members of the intermediate team. We saw that members of the team had the documented plan of care available to them in order to record the key points of the care, treatment and support being delivered.

People spoken with knew the people who were involved in providing their support by their first name and knew what care and support would be delivered during their time at Marbury House. They told us, ”It’s 100% here. I know the ones who help me to get up and about” and ”I knew I was coming here and a girl came to settle me into my room. I know the names of the people who help me. So far they have been very kind and have looked after me”.

Individual care plans were kept in the person’s room to enable relevant information such as the person’s name, gender, date of birth, address, emergency contact details and previous medical history including medication to be accessed in time to ensure people’s needs continued to be met.

We spoke with an assistant practitioner who was part of the intermediate team. They told us they had a number of responsibilities which included taking blood samples and managing wound care. They made positive comments about the team such as, ”Yes, it’s working well here” and ”We’ve had bumps in the road but we all know what we are doing and it’s working well”.

The service manager confirmed that all workers involved in delivering specialised care and support understood their responsibility for each element of care. We noted that care records included up to date care review outcomes and notes of discussions held at multidisciplinary meetings.
Safeguarding people who use services from abuse  ✔  Met this standard

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

Our judgement

The provider was meeting this standard.

People who use 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.

Reasons for our judgement

People spoken with told us they had no concerns about the care being provided and they felt safe and protected from potential harm.

We examined the staff learning and development plan which confirmed that all staff had completed safeguarding training which included responding in the event of any evidence or allegations of abuse or harm. Discussion with two members of staff confirmed they knew the process to follow and who to contact if they witnessed or suspected any abuse. Staff also received training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards as part of their safeguarding training.

We noted that staff had access to and told us they knew how to use the 'whistle blowing' (reporting poor practice) procedure, which included relevant referral details. This ensured that concerns would be investigated in line with local policies and procedures.

We looked at systems and procedures that addressed safeguarding people who used the service. Whilst these procedures were designed to protect vulnerable adults from the risk of abuse we noted the procedure only addressed the main areas where concerns had been raised in the home such as neglect, physical, financial, emotional and institutional abuse. The provider may find it useful to note that a reference for staff about how they should safeguard people against the risk of psychological and sexual abuse would enable them to recognise the signs of such abuse and minimise the risk and likelihood of this type of abuse occurring.

The service complaints and protection procedure reflected people's needs. Instructions about how to make a complaint, and when they would get a final response, were included in written information about the home.
**Management of medicines**

| Met this standard |

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

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**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.

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**Reasons for our judgement**

We saw that appropriate policies and procedures were in place to cover the management of medicines including homely remedies, and were available for staff to reference in the policy and procedure file.

As part of the visit we observed the procedures and records for the storage, administration and disposal of medicines. We found that medicines records were properly signed and up to date. We observed medicines were safely administered during the inspection.

We saw evidence to demonstrate the medication system was checked and audited on a regular basis and following delivery from the supplying pharmacy. We saw systems that ensured action would be taken following any identified shortfalls. A member of staff spoken with confirmed they had completed accredited training and the training was refreshed annually. This ensured all medicines were handled safely, securely and appropriately by staff.
**Staffing**

Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

**Our judgement**

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people’s needs.

**Reasons for our judgement**

People spoken with told us they were happy with the staff team and they said there were enough staff to meet their needs. Comments included, “There are always lots of staff on” and “There are plenty of people who work here who can help us”.

During our visit we noted that people’s calls for assistance were responded to promptly and staff were attentive to people’s needs. Staff spoken with who told us there were always enough staff to look after people properly. The manager told us they had a full complement of staff to meet people’s needs. This ensured sufficient numbers of staff were available at all times.

We looked at the staff rota and saw that the home had sufficient skilled and experienced staff to meet people's needs. Any shortfalls, due to sickness or leave, were covered by existing staff. This ensured people were looked after by staff who knew them.
Assessing and monitoring the quality of service provision  

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

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

From the records we looked at alongside discussions with members of the intermediate care team, people using the service and their relatives, it was apparent that people receiving care and support were satisfied with the quality of the service they received.

We saw evidence that interim feedback forms were completed by people who used the service on a regular basis and that these provided a forum for people to comment on the quality of the service provided and to make any suggestions for improvement.

We saw that people had been given information about how to make a complaint and how to raise any concerns about the service. A complaints summary form showed there had been no recent complaints about this service.

We looked at records from across the intermediate service where staff had been involved in discussing outcomes for the service and actions needed to ensure compliance with the regulations. These records were in the form of notes from care staff, senior staff and night staff meetings. This meant staff could be clear about their role and responsibilities to ensure the quality of the service provided.

We found that audits were being undertaken on a regular basis in relation to medication and care records.

We looked at the record of a recent visit to the home made by the organisations quality assurance officer. We noted that information had been gathered to identify, analyse and review risks, adverse events, incidents, errors and near misses. This information had been used to develop solutions and risk reduction actions to ensure any non-compliance or risk of non-compliance with the regulations was resolved as quickly as possible.
We are the regulator of health and social care in England.

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

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

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

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

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

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

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

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

You can tell us about your experience of this provider on our website.
How we define our judgements

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

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

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

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

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

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

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

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

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

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

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

- Respecting and involving people who use services - Outcome 1 (Regulation 17)
- Consent to care and treatment - Outcome 2 (Regulation 18)
- Care and welfare of people who use services - Outcome 4 (Regulation 9)
- Meeting Nutritional Needs - Outcome 5 (Regulation 14)
- Cooperating with other providers - Outcome 6 (Regulation 24)
- Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
- Cleanliness and infection control - Outcome 8 (Regulation 12)
- Management of medicines - Outcome 9 (Regulation 13)
- Safety and suitability of premises - Outcome 10 (Regulation 15)
- Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
- Requirements relating to workers - Outcome 12 (Regulation 21)
- Staffing - Outcome 13 (Regulation 22)
- Supporting Staff - Outcome 14 (Regulation 23)
- Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
- Complaints - Outcome 17 (Regulation 19)
- Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.
Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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