

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

Marlborough House

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Tel: 01502501284

Date of Inspection: 29 May 2013

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

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Management of medicines ✓ Met this standard

Safety and suitability of premises ✓ Met this standard

Safety, availability and suitability of equipment ✓ Met this standard

Staffing ✓ Met this standard

Complaints ✓ Met this standard

Details about this location

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

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

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Summary of this inspection

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 29 May 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 and talked with staff.

What people told us and what we found

We spoke with six of the 11 people who used the service about their experiences of the care and support were provided with. People told us that they were happy living in the service. One person said, "I am happy living here." Another person said, "I love it here." Another said, "I am happy."

People told us that they chose what they wanted to do in their lives and that the staff listened to them and acted on what they said. They told us about the activities that they chose to do in the community and in the service. One person said, "I always choose what I want to do." Another person said, "The staff listen to me."

People told us that the staff treated them with respect and kindness. One person said, "They (staff) are all lovely." Another person said, "The staff here are good." This was confirmed in our observations during our inspection. We saw that the staff were attentive to people's needs and they interacted with people in a caring, respectful and professional manner.

We looked at the care records of four people who used the service and found that people experienced care, treatment and support that met their needs and protected their rights.

We saw the service's complaints records which showed that concerns and complaints were responded to in a timely manner.

We looked around the service and found it to be homely, clean and well maintained throughout.

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

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.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People told us that they were happy living in the service. One person said, "I am happy living here." Another person said, "I love it here." Another said, "I am happy."

We looked at the care records of four people who used the service and found their needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care plans seen included information about the care and support provided to people. This included support with their personal care needs, mobility, behaviours and medication. The records identified the areas of their care that people could attend to independently and how this was promoted and respected. The records also included information about people's diverse needs and how they were met in areas such as how they communicated, their spiritual needs and how they maintained relationships.

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

Daily records identified the care and support that people had been provided with on each shift, their wellbeing and the activities that they had participated in. Where issues with people's wellbeing were identified support and guidance was sought from health care professionals. Where people had been treated by health care professionals the outcomes were clearly recorded in their care records. This told us that people's health care needs were met.

People's nutritional needs were met. People told us that they were provided with enough to eat and drink and the quality of the food provided was good. We saw records of food and fluid intake which had been completed when the staff had identified issues with people's wellbeing, such as weight loss and loss of appetite. We saw the menu which showed that people were provided with a choice of meals and a healthy and varied diet. A staff member

told us that the people who used the service participated in planning the menu. If they wanted something different to what was on the menu, this was provided. During our inspection we saw a staff member assisting a person to eat their lunch. This was done appropriately and at a pace that the person needed.

People told us that they chose what they wanted to do in their lives and that the staff listened to them and acted on what they said. They told us about the activities that they chose to do in the community and in the service. One person said, "I always choose what I want to do." Another person said, "The staff listen to me." We saw people were supported by staff to attend the activities that they chose to do on the day of our inspection. This included going to a local social club and the library. Two people told us about the holiday that they had chosen. They told us about their planned shopping trips to buy clothing for their holiday. They said that they always chose their own clothing. We complimented a person on their clothing and they said, "I bought these with my keyworker." This told us that people's choices were listened to and respected.

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

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

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. The manager explained how they had made a recent safeguarding referral to the local authority who were responsible for investigating safeguarding issues. They had also notified us of this and the area manager kept us updated with the outcomes. This told us that appropriate actions had been taken to safeguard the people who used the service from abuse.

We saw the training records of four staff members which showed that they were provided with training in safeguarding vulnerable adults from abuse. They were further provided with information regarding their roles and responsibilities in safeguarding and whistleblowing in the provider's policies and procedures. A staff member we spoke with explained their roles and responsibilities in safeguarding people from abuse.

We saw records which showed that the service ensured that people's finances were safeguarded.

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

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.

Reasons for our judgement

Appropriate arrangements were in place in relation to the recording of medicine and medicines were safely administered.

We saw the medication administration records (MAR) of four people who used the service. These records were appropriately completed and told us that people were provided with their medication at the prescribed times.

Where people were prescribed with 'as required' (PRN) medication, there were protocols in place which explained when the medication should be administered and records were maintained which identified the reasons for the administration. This meant that people were protected from the inappropriate use of PRN medication.

Medicines were kept safely. We saw that medication was securely stored in the service. The medication was in both monitored dosage system (MDS) blister packs and original packaging. We sampled three medicines which were in original packaging, we found this medication to be labelled and in date.

Two staff members told us that they had been provided with medication training. This was confirmed in training records of four staff members that were seen. There were also records of medication competency observations in place to ensure that people were protected by the safe administration of medication. The manager told us that these had recently been introduced and they would be done regularly to ensure that the staff administered medication safely.

We saw records which showed that medication was obtained and disposed of appropriately.

We saw the minutes of staff meetings which showed that staff were advised on the safe handing and recording of medication when issues had been identified. Prior to our inspection the service had told us about a medication issue and the actions that they had taken to ensure that people were safe. This meant that the service had taken appropriate actions to ensure that people were protected by the service's medication procedures and processes.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

People told us that they liked their bedrooms and the communal areas in the service. We looked around the service and found it to be homely, clean and well maintained throughout. The manager told us about the improvements in the environment that were booked to be completed when the people who used the service were on holiday, in the month following our inspection. This included treating two walls for damp and replacing the boiler. This told us that the provider was taking action to ensure that the service was well maintained.

There was maintenance staff who worked in the service to ensure that the environment was safe. During our inspection we saw that they replaced the light bulb in the kitchen, replaced a person's bed with a new bed and they spoke with the people who used the service about what they had identified needed doing. We saw the maintenance records which identified when repairs had been identified and completed in a timely manner. This meant that the appropriate actions were taken to ensure that the environment was safe.

We looked at all the bedrooms in the service and found them to be well ventilated, clean and maintained to an acceptable manner. People's bedrooms reflected their individuality and choice. Each bedroom held people's personal belongings and memorabilia. The furniture in the bedrooms was well maintained and fit for use. We looked at six mattresses and found them to be clean and fit for use.

We saw that the communal areas were homely and maintained to an appropriate standard. People were provided with a choice of communal lounges, a dining area and garden which they could choose to use.

We saw records which showed that checks and services were undertaken to ensure that the service was safe. These checks included the electrical installation and water temperatures.

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

People were protected from unsafe or unsuitable equipment because the provider had ensured that equipment was regularly serviced. We saw records which showed that equipment such as lifting equipment including the hoist, the bath chair and the chair lift were regularly serviced to ensure they were fit for purpose and safe to use. The manager told us that there were plans to install further mobility equipment in two bathrooms following the assessment of people's abilities to use the bathrooms. This was planned and due to be completed when people were on holiday. This meant that people's needs were assessed and actions were taken to provide the appropriate equipment to meet their needs.

We saw records which showed that portable electrical appliances were regularly checked to ensure that they were safe to use. We also saw records which showed that the fire alarm and fire safety equipment, such as fire extinguishers were regularly checked.

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 spoke with were complimentary about the approach of the staff who supported them. One person said, "They (staff) are all lovely." Another person said, "The staff here are good." Another said, "They (staff) always help me."

There had been a change in the management of the service since our last inspection. The new manager told us that they were planning to apply to the Care Quality Commission (CQC) to be the registered manager in the near future. They told us about the staffing arrangements for each 24 hour period. This was confirmed in our observations during our inspection and the staff rota which was seen. The manager told us that where people wanted to attend activities in the community the staffing levels were increased to allow this. This was confirmed by a staff member.

We spoke with three staff members who told us that they felt that the staffing levels were sufficient to meet the needs of the people who lived in the service.

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

The manager and a staff member told us that the staff were supported to undertake industry recognised qualifications including a National Vocational Qualification (NVQ) in health and social care or the Qualifications and Credit Framework (QCF) diploma. This was confirmed in the four staff's training records that we saw.

We spoke with a newly recruited staff member who told us that they felt that their induction provided them with the information that they needed to support people in a safe manner. Two staff members told us that they felt that they were provided with the training that they needed to meet the needs of the people who used the service. The staff training records that were seen showed that they were provided with training in subjects such as food hygiene, medication, safeguarding vulnerable adults from abuse, fire safety, deprivation of liberty and moving and handling. We saw that staff were provided with refresher training where required. The manager and two staff members told us about the recent training that they had attended and were planning to attend which included dementia and end of life care. This showed that they were provided with training to meet the changing needs of the people who used the service.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were made aware of the complaints system. We saw the provider's complaints procedure which explained how people could raise complaints and how they were managed. We asked two people if they knew who to speak with if they were not happy. One person said, "I would tell the staff." Another said, "Yes, I would tell staff and they will do something about it."

We looked at the complaints records which showed how complaints were managed. We found that people's complaints had been fully investigated and resolved, where possible, to their satisfaction.

We saw the minutes from 'resident's meetings' which showed that people were reminded that they could speak with staff if they were unhappy. They were each asked if they had any concerns that they wanted to share. Where people had raised issues these were discussed and addressed.

About CQC inspections

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

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

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

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

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

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

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

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

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

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

How we define our judgements

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

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

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

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

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

How we define our judgements (continued)

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

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.

Glossary of terms we use in this report

Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(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.

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