

Amber Care (East Anglia) Ltd

Marlborough House

Inspection report

54 Kirkley Cliff Road
Lowestoft
Suffolk
NR33 0BF

Tel: 01502501284

Date of inspection visit:
18 January 2018

Date of publication:
09 March 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Marlborough House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Marlborough House is a residential care home registered to provide support to 12 people with a learning disability. At the time of inspection on 18 January 2018 there were 12 people using the service.

At the last inspection on 17 July 2015 the service was rated good overall. At this comprehensive inspection we found that the service remains good.

The service was meeting the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS.) People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us they felt safe living in the service and that staff helped them to keep safe. Risks to people were appropriately planned for and managed. Medicines were stored, managed and administered safely.

Checks were carried out to ensure that the environment and equipment remained safe. There were risk assessments in place around reducing the risks to people when they are in their home. Plans were in place to learn from an incident at another service and make the environment safer. The service was clean and measures were in place to limit the risk of the spread of infection.

People told us there were enough staff to help them when they needed it and to spend time with them. Staff told us they felt the staffing level was sufficient but said new staff were being recruited to support the service at weekends.

Staff had received appropriate training and support to carry out their role effectively. Staff received appropriate supervision which helped them develop in their role. People received appropriate support to maintain healthy nutrition and hydration.

People told us staff were nice to them and respected their right to privacy. We observed that staff supported people to remain independent and staff had knowledge of why this was important.

People received personalised care that met their individual needs and preferences. People told us they were actively involved in the planning of their care. People told us they were supported to access meaningful activities and follow their individual interests.

The home was decorated in a way which helped people find their way to key areas such as the bathroom and their bedroom. There were ample sources of engagement available for people to access independently.

The registered manager created a culture of openness and transparency within the service. Staff told us that the registered manager was visible and led by example. People told us they liked the registered manager and that they were kind to them. Our observations of the relationship between people and the registered manager supported this. People told us they knew how to complain if they weren't happy.

There was a robust quality assurance system in place and shortfalls identified were promptly acted on to improve the service. There were plans in place to develop the service, care plans and the knowledge and skills of the staff team. Plans were in place to meet people's requests for changes to the décor and activities available. People were being consulted about holidays they would like to take in 2018.

The service worked well with other agencies such as Suffolk County Council to ensure they stayed up to date with the latest policies, procedures and best practice.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service remains good.

Good ●

Is the service effective?

The service remains good.

Good ●

Is the service caring?

The service remains good.

Good ●

Is the service responsive?

The service remains good.

Good ●

Is the service well-led?

The service remains good.

Good ●

Marlborough House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection was carried out by one inspector on 18 January 2018 and was unannounced.

Prior to the inspection we reviewed the contents of notifications received by the service.

Some people using the service were unable to communicate their views about the care they received. We carried out observations to assess their experiences throughout our inspection. We spoke with four people, three care staff, the registered manager, and the deputy manager.

We reviewed four care records, three staff personnel files and records relating to the management of the service.

Is the service safe?

Our findings

At our last inspection on 17 July 2015 we rated the service 'good' in this key question. At this inspection the service remains good.

The service took steps to ensure people were protected from avoidable harm and abuse. There were systems, processes and practices in place to safeguard people. People told us they felt safe in the service. One said, "I feel safe yes. It is [a] safe place here." Another person commented, "I like it here, very safe and better than my home where I was on my own." People received support from staff who demonstrated to us that they understood how to enable people to remain safe. This included how to recognise and report abuse.

Risks to individuals were managed well. Records demonstrated that there were comprehensive risk assessments in place for people. These were specific to each person dependent on their individual needs and behaviours. Risk assessments set out control measures to reduce the risk. Staff were aware of how to protect people from harm whilst supporting them to be independent and develop independent living skills. Care plans were in place which provided detailed information for staff on how to meet people's needs safely.

There was evidence that the service took action and learned from incidents. For example, there was an incident at another home owned by the same provider. Work was underway to make changes to the building to protect people from potential harm.

People told us there were enough staff to support them. One said, "I do think so. Very nice, helpful, [they] do things with me." Another told us, "We have chats don't we, I like my chats and I get them when I want them don't I." The registered manager told us that the staffing level was based on the needs of the people using the service. They said this was under constant review as people's needs regularly changed. For example, they had recently changed the staffing level to include two waking staff on the night shift. We were told this was due to a change in one person's needs. The registered manager told us they had enough staff to facilitate trips and holidays for people but that they were currently recruiting more staff to work at weekends. Staff we spoke with confirmed this and said they felt there were enough staff to facilitate spending quality time with people. We observed that people were engaged by staff during our inspection and that people's requests for support were acted on promptly.

Medicines continued to be stored, managed and administered safely. Changes had been made since our last inspection to install medicines cabinets in each person's bedroom and store their medicines there. The registered manager told us they felt that this reduced the risk of mistakes and gave people a sense of ownership over their medicines.

The environment appeared hygienically clean. People told us they helped keep their home clean and tidy. One said, "I clean up my room with [key worker]." Another told us, "Sometimes clean in the kitchen if there is a mess." We saw that there were cleaning rotas in place which set out which staff were responsible for

certain cleaning tasks. This rota also stated which staff were responsible for encouraging people using the service to undertake cleaning roles such as tidying their bedrooms. This supported people to take ownership over the cleanliness of their home and develop independent living skills.

There was an audit of infection control and the cleanliness of the service. This ensured that shortfalls in cleanliness were identified to reduce the risk of the spread of infection. There were appropriate hand washing facilities available for staff and people using the service. Antibacterial gel was available throughout the service.

The service was inspected by the Food Standards Agency on 22 August 2017 and was rated 'good'. Staff that supported people in the preparation of food had food hygiene training and wore appropriate protective garments such as aprons.

The environment was safe and appropriate processes were in place for maintaining the safety of the service. Improvements were underway to cover hot water pipes and radiators to reduce the risk of people burning themselves. The service had a member of maintenance staff who carried out regular checks on water temperatures, window restrictors, fire alert systems, call bell systems, electronic appliances and gas appliances. The maintenance person also carried out regular flushes of the water system to ensure the risk of legionella was reduced. The service had a legionella policy in place and an external company carried out regular testing on the water quality at the service. Checks were also carried out regularly by an external company on the fire systems in the service. Records demonstrated that equipment such as hoists and wheelchairs were serviced yearly.

Is the service effective?

Our findings

At our last inspection on 17 July 2015 we rated the service 'good' in this key question. At this inspection the service remains good.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People using the service had their capacity to make decisions and consent to their care assessed appropriately under the MCA. DoLS applications had been made to the local authority and authorised where appropriate.

Staff had received training in the MCA and DoLS. They demonstrated to us that they understood the principles of this and how it applied to people they cared for. We observed that staff encouraged people to make choices and decisions throughout our inspection. Care plans were focused around the support people needed to make choices dependent on their individual abilities.

We observed that people continued to be supported by appropriately skilled and competent staff. Staff told us they received training in subjects such as first aid, safeguarding, food hygiene, health and safety and fire safety. They told us they also received training in subjects specific to the need of people they supported, such as training in autism and responding appropriately when people displayed behaviours that indicated they were distressed or upset. Staff told us they were satisfied with the training they received and did not feel there was anything further they required. Records demonstrated that staff received appropriate supervision. Staff told us they found these sessions useful and discussed training needs and development in these sessions. Staff told us they had appraisals yearly which focused on development in their role.

People told us they liked the food they received and that they took part in preparing meals. One said, "Really nice. Got quiche tonight. It was a choice of quiche or pie I think but quiche sounds nice." Another person commented, "Food good, yes. I do [a] bit of helping make the food." Another person told us, "I do like [the food]. I can help with making a drink and a packed lunch if I want to." We observed that people were given a choice of meals and people were supported and encouraged to prepare meals. For example, we saw that when people asked staff for drinks or snacks they were encouraged to make these themselves which boosted their independence. The support people received to prepare meals, drinks and to eat were documented clearly in their care records.

Two people had recently come to live at the service. We saw that a comprehensive assessment of their needs, wishes and individual preferences had been carried out prior to them moving into the service. People's views were clearly documented in this assessment.

People were supported to maintain good health and visit health services in the community. One person said, "I have a nice dentist, I go on my own but [key worker] will come if I want." There was care planning around the support people needed to visit the GP, dentist, psychiatrist and other health services. This care

planning was focused around encouraging people's independence in these appointments, such as telling the GP themselves about their health concerns. Records were kept of the appointments people had with external health professionals and the outcomes of these visits. Records demonstrated that where there were concerns about people's physical or mental wellbeing, referrals to other professionals were made promptly to obtain advice and support.

Care was taken to ensure the environment and décor of the building was suitable for those living in the service. Appropriate pictorial signage was in place to help people recognise key areas of the service. People told us they were consulted about the decoration of the service. One said, "We decided green for the hallway. Just been done." We observed that people's bedrooms were personalised according to their preferences. This demonstrated to us that people's preferences were acted upon.

There were sources of engagement and activity available for people in all the communal areas, such as books, puzzles and craft materials. We observed that people accessed these independently.

Is the service caring?

Our findings

At our last inspection on 17 July 2015 we rated the service 'good' in this key question. At this inspection the service remains good in this area.

People told us and we observed that staff were kind and caring towards them. One person said, "They are very friendly to me." Another commented, "I came here last week and they [have] been very nice to me and I want to stay here."

We observed that staff continued to engage with people in a friendly and thoughtful manner. Staff supported people to engage in activities and spoke with them about individual interests, such as football. It was clear from our observations that staff knew people well.

People told us that they continued to be involved in the planning of their care. One said, "I look through my books [care plans] if I want to." Another told us, "They are asking me a lot of information at the moment because I just arrived last week. They [have] been writing it down." People's views and preferences on their care were clearly recorded in their care plans and staff demonstrated to us they knew people's preferences.

People told us and we observed that their privacy was respected by staff. One said, "I can go to my room if it is too noisy." Another told us, "Sometimes I like time on my own and no one will come and annoy me." People's care records made clear people's preferences about privacy and having time on their own.

The manager and staff took great care to ensure people were encouraged to develop independent living skills. The registered manager told us that their aim was to reduce the risk of people becoming institutionalised. They told us they wanted to enable people to develop their skills so they could progress to living in care settings where they had more independence. The registered manager told us about one person who was being supported to attend courses to develop their independent living skills and was having specific support from staff to improve their abilities in tasks such as cooking and cleaning. Their care records reflected what the registered manager told us. Throughout our inspection we observed staff encouraging people to carry out task such as meal or drink preparation independently. Staff demonstrated to us they understood why this was important and talked to us about the risks of over supporting people. Records made clear what tasks people could carry out independently and what support they required from staff.

Is the service responsive?

Our findings

At our last inspection on 17 July 2015 we rated the service 'good' in this key question. At this inspection the service remains good in this area.

People told us that the staff knew them well. One said, "[Staff member] knows me for sure. We talk football even though [staff member] supports [the] wrong team." One other person said, "We are friends, they know what I like and not really like." This was supported by our observations and speaking with staff about people's needs and preferences.

The service continued to ensure that people's care records were person centred to include information about them, such as their hobbies, interests and preferences. The registered manager showed us that they were currently making changes to the care plans to improve upon the personalisation and make them clearer for staff.

The service continued to support people to engage in meaningful activity and maintain a healthy social life. The support people required to engage in activity in the service and in the community was documented in their care records. People told us about the activities they liked doing and the clubs they attended outside of the service. The service gave people the opportunity to take part in group activities as well as following their own interests. For example, on the day of our visit people had planned to go to a nature reserve. One person told us they didn't want to do that but had plans to go to a club instead. This demonstrated that people were supported to engage in activities based on their preferences.

People told us about the holidays they had been on and about where they would like to holiday in 2018. They told us they didn't all have to go to the same place on holiday, and that some people would go on different holidays with staff based on their preferences.

The service was implementing advanced care planning for people using the Gold Standards Framework for end of life care. They were starting conversations with people about their wishes and preferences at the end of their life. The registered manager was mindful of how to speak to people about their wishes without upsetting them. The way these discussions were conducted was based on people's individual needs and understanding.

At the time of our inspection the service had not received any complaints. However, there was a complaints procedure in place which was displayed in a communal area. This was in an easy read format which people with a learning disability could better understand. People told us they knew who to tell if they were unhappy about something. One said, "I would tell [registered manager] or anyone." Another person told us, "I never have a worry but I would tell [registered manager] if I did though."

Is the service well-led?

Our findings

At our last inspection on 17 July 2015 we rated the service 'good' in this key question. At this inspection the service remains good in this area.

There was a registered manager working at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Statutory notifications received by the Care Quality Commission showed us that the manager understood their registration requirements.

The registered manager continued to promote a positive, transparent and inclusive culture within the service. They actively sought the feedback of people using the service, relatives, staff and external health professionals. People using the service and staff told us they felt able to talk to the registered manager about anything they wished. One person said, "[Registered manager] will do anything you want if you ask what you want." Another person told us, "I can talk to [registered manager] about anything I want to." We saw evidence to support that people's views were used to influence what happened in the service. For example, we saw that things people suggested in meetings or surveys such as activities or changes to the décor were actioned.

The registered manager was visible within the service. The registered manager actively participated in providing care and support to people and demonstrated to us that they knew people well. Staff told us the registered manager led by example and supported them in their role. Our observations demonstrated that people knew the registered manager well and had a good relationship with them.

The service continued to maintain good links with the community and other care services. The service is part of a group of similar services owned by the same provider. The managers of these services share best practice and experience to improve the service they provide. The registered manager also attended other externally organised meetings, such as on infection control, to ensure they kept up to date with best practice.

The registered manager and provider continued to assess the quality of the service through a regular programme of audits. Records demonstrated that these were capable of identifying shortfalls which needed to be addressed. Where shortfalls had been identified, records demonstrated that these were acted upon promptly.

Plans were in place to continually improve the service, such as by refreshing the décor in line with people's preferences and developing care plans. The service was actively consulting with people about holidays and trips they would like to take in 2018. The service was also in the process of developing people's care records to further personalise them and make them clearer for staff.

The service worked with other organisations such as Suffolk County Council to improve upon their

understanding and practices. The registered manager had attended courses to improve upon their knowledge and disseminate best practice to staff.