

S E J Clarkson

Marlborough House

Inspection report

54 Kirkley Cliff Road
Lowestoft
Suffolk
NR33 0BF
Tel: 01502 501284

Date of inspection visit: 17 July 2015
Date of publication: 09/10/2015

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 

Overall summary

Marlborough House provides care and support for up to 12 people with a learning disability. At the time of our visit there were 12 people living at Marlborough House.

The inspection was unannounced and took place on the 17 July 2015.

The home had a registered manager in place. 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 requirements in the Health and Social Care Act 2008 and associated regulations about the service is run.

People told us they felt safe living at Marlborough House and that the staff helped them to feel safe and secure in their home. There were systems in place to reduce the risks to people and protect them from harm.

Summary of findings

The service had in place robust recruitment procedures which ensured that staff had the appropriate skills, background and qualifications for the role. There were enough suitably trained and supported staff available to support people during our inspection.

There were effective systems in place to ensure that medicines were stored, managed and administered safely. People received appropriate support to take their medicines.

Staff told us they felt supported by the management of the service and that the training they received provided them with a good understanding of topics such as the Deprivation of Liberty Safeguards (DoLS). People and their relatives spoke highly of the staff.

The service was complying with the requirements of the Mental Capacity Act (2005) and the DoLS. Appropriate DoLS applications had been made where required and

assessments of people's capacity were completed appropriately. People were supported to make decisions independently and were encouraged to develop independent living skills.

People were encouraged and supported to take part in many activities they enjoyed, within the service and outside of the service.

People told us the staff were caring and kind towards them.

There were systems in place to monitor the quality of the service and to identify shortfalls or areas for improvement. There was an open culture at the service. People using the service, their relatives and staff were given the opportunity to express their views and these were acted on by the service. There was a complaints procedure in place and people told us they knew how to make a complaint if they weren't happy.

Summary of findings

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 was safe.

There were enough staff to meet people's needs. Recruitment procedures were robust.

People's medicines were managed, stored and administered safely.

Risks to people's safety were planned for, monitored and well managed by the service.

Good



Is the service effective?

The service was effective.

Staff received appropriate training, support and development which enabled them to meet people's needs effectively.

People were provided with a range of food and drinks which met their nutritional needs.

Consent was obtained appropriately. Staff and the registered manager complied with the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Good



Is the service caring?

The service was caring.

Staff knew people well and treated them in a kind, caring and respectful manner.

People formed close bonds with the staff and a caring atmosphere was promoted by the provider and the registered manager.

Good



Is the service responsive?

The service was responsive.

People received care which was planned and delivered in line with their personalised support plan.

People had input in the planning of their care.

People and their relatives were supported to give feedback on the service and suggest areas for improvement.

There was a complaints procedure in place and people knew how to make a complaint.

People were supported to pursue their interests and to access activities of their choice in the community.

Good



Is the service well-led?

The service was well-led.

There was an effective system in place to monitor the quality of the service and identify shortfalls.

There was an open and inclusive culture in the home, with staff and people using the service encouraged to help shape the service they received.

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 was planned to check 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 inspection took place on 17 July 2015 and was unannounced. The inspection was undertaken by one inspector.

The provider completed a provider information return (PIR). This is a form that asks the provider to give key information about the service for example what the service does well and any improvements they intend to make. Before the inspection we examined previous inspection records and notifications we had received. A notification is information about important events which the service is required to tell us about by law.

We spoke with seven people, one relative and three staff. We looked at the care records for nine people, including their care plans and risk assessments. We looked at staff recruitment files, medicine records, minutes of meetings and documents relating to the monitoring of the service.

Is the service safe?

Our findings

People told us they felt safe. One person said, "I always feel safe." Another person told us, "I am safe." The relative of one person commented, "I know [relative] is completely safe here, I have no concerns in that area." We observed that staff were proactive in supporting people to remain safe, for example, supporting people to use kitchen appliances such as ovens safely. Staff demonstrated a good understanding of safeguarding policies and procedures.

There were comprehensive personalised risk assessments in place for each person using the service. These included information about the risk and how it should be managed without restricting the person's independence.

Assessments included hazards such as using kitchen appliances or risks associated with accessing the community independently. These were reviewed regularly to keep the information up to date and records showed that people and their representatives were involved in these assessments. Staff told us about the risks to individuals using the service and how these were minimised on a day to day basis.

Incidents and accidents were recorded appropriately and there was a system in place to monitor these for trends. Information collated from these records fed into the risk assessments for people and appropriate actions were put in place to minimise the risks to people in future.

Risks to people injuring themselves were minimised because equipment, including electrical appliances and hoists, were serviced regularly and checks had been carried out to ensure they remained fit for purpose. There were contingency plans in place for responding to emergencies such as a fire and these were understood by all staff we spoke with. People using the service also understood these plans and told us what they had practiced with regard to exiting the building safely in an emergency.

There were enough staff to meet people's needs. One person said, "They are always there." Another person told us, "They're everywhere. If I need help they help me." Another person commented, "Enough, yes, enough." A relative of one person told us, "I think there is definitely enough staff to give them all the support they need. [Relative] has the time [relative] needs and that isn't ever compromised." The manager of the home told us about how the staffing levels were calculated based on people's current needs and told us it was under constant review. Staff told us the staffing level was appropriate, one said, "I've never felt stretched. We are able to spend quality time with people." Another staff member commented, "We need extra time to help people develop and we are definitely equipped to do that here."

There were robust recruitment procedures in place to ensure that prospective staff had the skills, knowledge, qualifications and appropriate character to care for people made vulnerable by their circumstances. The checks undertaken included obtaining references from previous employers and ensuring the staff member did not have any relevant criminal convictions. These checks were confirmed by staff members recently employed by the service.

People told us that they received their medicines when they needed them. One person commented, "Every day." Another person said, "I get what I need." One other person told us, "Sometimes my head hurts but then they bring me some tablets and it goes away."

Where people were prescribed 'as required' (PRN) medicines, there was appropriate documentation in place to guide staff on why the medicine had been prescribed and when it would be appropriate to administer this medicine. Medicines were stored and administered safely, and by staff suitably trained to administer them.

Is the service effective?

Our findings

People told us that staff asked for their consent before supporting them with tasks. One person said, "I don't have to let them. Sometimes I do it on my own." Another person said, "They ask if I need help." Four other people agreed that staff asked for their consent before supporting them with tasks, and this was confirmed by our observations. For example, we saw one member of staff asking one person if they wanted help with their personal care. Staff demonstrated a good knowledge of consent processes and explained to us how they obtained people's consent and how they supported people to remain as independent as possible. Where able, people had signed documents to indicate they were happy for their photograph to be taken or that they were happy for staff to support them with their finances.

Staff and the manager were up to date with changes in legislation around the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Appropriate referrals had been made to the local authority to ensure that any restrictions placed on people were lawful and in their best interests. Staff demonstrated a good knowledge of these subjects and how they affected the people they supported.

People told us that the staff had the skills to meet their needs. One person said, "They know." Another person agreed, saying, "They all know what they need to know, they know me." A relative of one person told us, "The staff seem to know what they're doing. They have the right experience, I can't fault their knowledge."

Staff told us that they received the training they needed to meet people's needs effectively. This included training in subjects relevant to their role, such as moving and handling and first aid. Staff demonstrated knowledge of the training they had received and understood how people's needs should be met. The manager told us about plans for future training to improve the knowledge of the staff.

Staff told us they felt supported in their role and had regular one to one meetings with their manager to discuss any issues. Staff and the manager told us these sessions were used as an opportunity to discuss development needs such as extra training or support they might benefit from. For example, one staff member told us that they had requested training in administering a specific epileptic medicine so they could better support someone with epilepsy. Records confirmed that this staff member had undertaken the training they requested.

People told us they were able to choose what they wanted to eat or drink. One person said, "I can have whatever I want." Another person told us, "The food is yummy, I can help myself." Another person showed us the food they liked in the fridge. Our observations confirmed what people had told us. People were supported to complete tasks such as food preparation independently, where possible. Where people required support with meal preparation or to eat and drink, these needs were assessed and planned for. Staff demonstrated a good knowledge of what support people required.

People's healthcare needs were met effectively. People said that they saw the doctor, dentist or other health professionals when needed. Staff told us that people were encouraged to access these services independently in the community, but that the doctor would be called for people if they fell unwell at home. One person said, "I go dentist every six months down the road, walk there myself." Another person told us, "The doctor sees me whenever, he's nice. [Staff] help me make appointment to go in." One other person said, "[Staff] ring up and then I go there on my own." We observed a staff member encouraging one person to walk to the dentist to make themselves an appointment. Records confirmed that staff documented when people were supported to see health professionals and the reason for these visits. Information about the services people accessed such as GP's and dentists were documented in their care records.

Is the service caring?

Our findings

People told us the staff were caring and kind, one person said, “They’re always nice, always nice.” Another person told us, “They do care. If I am upset they care and give me a hug.” A relative of one person told us, “The staff are very caring. They have such a rapport with my [relative].”

Staff spoke about people in a kind and caring way. Staff responded to people’s needs in a caring and respectful manner. For example, on the day of our visit some people using the service were upset following bereavement. Staff were comforting people by hugging them and spending one to one time with them talking affectionately about the good memories they had of the person who had passed away. We observed that people were comforted by the presence and actions of staff.

Staff had positive relationships with people using the service and demonstrated a good knowledge of their physical, social and emotional needs. People told us they felt listened to by staff, one said, “I can tell them anything.” Another person said, “I am upset today and they are listening.”

People told us that staff supported them to live their lives as independently as possible. One person said, “If I don’t

want to do something they don’t make me.” Another person said, “I choose what I want.” One other person said, “I can go out when I want to and they leave me alone when I want.” A relative of one person told us, “[Relative] can be really independent here and has come on leaps and bounds. The support [relative] receives is excellent.”

People’s care records identified in detail what areas of their care they could attend to independently, and what they needed support with. People were encouraged to set goals, for example, learning a new skill such as making drinks for themselves. Staff told us about how they supported people to reach these goals and learn life skills.

People told us, and we observed that staff respected people’s privacy and dignity. For example, knocking on people’s bedroom doors before entering. People were supported to have keys to their bedrooms and staff told us they did not enter the person’s bedroom without their consent or without their presence. One person commented, “I have a key because it is my place and people can only go in there when I want.” When staff spoke with people about their personal care needs, for example when they wanted to have a shower, this was done discreetly and privately.

Is the service responsive?

Our findings

People told us that staff responded to their needs appropriately and provided them with support when they needed it. One person said, “They are there when I need.” Another person commented “They help me.” One other person told us, “I can have help when I need.” A relative of one person told us, “From my observations, the staff are very quick in helping [relative] if [relative] needs it.”

People’s care records clearly identified their needs and what support they required with day to day living tasks such as preparing meals or with personal care. There were additional grab sheets summarising people’s needs which were designed to accompany them to hospital if needed to ensure continuity of care. Staff we spoke with demonstrated a good knowledge of the support that individuals required and referred to people’s care records in their conversations with us.

People and their representatives told us they actively participated in the planning of their care. We showed one person their care records and asked them about them. They said, “That is me,” and commented, “We look at that every month.” They showed us their signature and said, “I signed it myself.” We asked another person about their care records and they told us where we could find them. They commented, “They’re all about me and who I am. I like to look at them sometimes.” A relative of one person told us, “We are involved in any planning. We regularly sit down with [relative] and the staff and discuss how things are going. Most of the time things stay the same but on occasions [relative] suggests revisions and other things [relative] wants written in there.”

Staff demonstrated a good knowledge of people’s likes, dislikes, hobbies and interests when speaking with us and when speaking with people using the service. One person talked to us about how the manager of the home printed pictures they liked off the computer for them. Another person told us about the things they liked to do with staff and what they were doing at the weekend. People were excited about going on holiday later in the year, one person said, “I can’t wait to go, we are going to [seaside resort] and we all decided it.” Another person told us, “We are going on holiday and there’s lots to do there they said.”

In the care records for one person we noted that a goal of theirs was to visit the football stadium of their favourite team. We asked the person about this and they told us about their recent visit and showed us photographs the staff had taken during the trip. The person said, “I really wanted to go, I have never been before and it was great. I got a new t-shirt and it was really nice. I want to go again.”

Care records clearly documented what support people required to pursue their interests and what clubs people chose to attend during the week. For one person, it was documented what support they required to attend a college course they were undertaking. One person was supported to maintain a sense of purpose and received a weekly wage from the owner of the service for collecting mail from other services in the area and taking it to the post box. The person told us, “I go to [other care home] and [other care home] and get the letters, then I walk to the post box. Then I go to the office at the end of the week and they give me my earnings and I go to the shop and buy a magazine.”

People told us they could have visitors whenever they wanted, and this reduced the risk of social isolation. One person said, “[Friend] comes over for tea every week and we watch TV.” Another person commented, “I can go out or [friends] can come here.” One other person told us, “No matter the time, people always welcome to see me.” A relative of one person said, “We come all sorts of different times, never have to call ahead, and always very welcome.”

People understood who they could talk to if they had a complaint. One person said, “I just go to [manager].” Another person told us, “I have no complaint. If I am ever upset I tell [manager].” One other person commented, “Never. I never have to complain. [Manager] sorts it all out.” The relative of one person told us, “I’ve never had to complain but I do know how to. We are all given a copy of the complaints procedure and there’s one for [relative] which is easier for [relative] to read.”

We reviewed the contents of a complaint which had been made to the service by an external organisation. Records of the complaint demonstrated that a thorough investigation had been carried out, including speaking to people using the service. As a result, a misunderstanding between the service and the external organisation was resolved.

Is the service well-led?

Our findings

There was an effective system in place to monitor the quality of the service and this identified areas for improvement and shortfalls. The leadership of the service told us about the checks which were undertaken and showed us the records of previous checks which had identified issues which required attention, such as in the maintenance of the building. We saw that where issues had been identified, action plans were put in place to ensure that any risks to people were minimised. These were signed off when the actions had been completed

Incidents and accidents, such as falls, were monitored for trends so that methods for reducing incidents reoccurring could be identified.

There was a culture of openness, honesty and transparency within the service. Staff were involved in discussions about issues in service provision during team meetings. Minutes demonstrated that staff were encouraged to share learning and take responsibility where mistakes had been made. Staff told us they found team meetings useful and felt supported to raise issues and suggest changes they felt needed to be made.

People using the service and their representatives were invited to regular meetings where they could share their views and have control over some aspects of the running of their home. One person told us, "Last time we talked about where we wanted to go on holiday." We reviewed the

minutes of these meetings and found that they were used as an opportunity for people to suggest changes they would like to make to their home or things they would like to do. People's views and comments were listened to and acted on by the service. For example, one person had suggested an upcoming event they wanted to attend in the local area. Staff told us that they had all attended this event and enjoyed it. In another meeting, people discussed food and drink, and collectively decided they wanted to try and eat healthier. The manager told us about their healthy eating plan and one person said, "I try to eat healthy, it still tastes good." People agreed that they felt their comments would be listened to and were valued by the management of the service.

People and their representatives made positive comments about the manager of the service, and told us they felt able to raise concerns with them or go to them with problems. One person said, "I trust [manager]."

The manager told us about the aims of the service with regard to the people they supported. For example, the manager told us one goal was to support people to learn life skills, take part in educational courses and eventually move towards more independent living where they could have more control over their life. The staff we spoke with were aware of these aims and were committed to achieving them. One staff member told us about the new skills one person had learned since coming to live at the service and of their hopes that the person would be able to live independently in the future.