Borough Care Ltd

Marbury House

Inspection report

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12 December 2018

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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

This inspection was carried out over two days between 11 and 12 December 2018. Our initial visit on 11 December was unannounced.

Marbury 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.

Marbury House provides accommodation and personal care for up to 41 people who require intermediate care following a hospital stay. The home works in conjunction with the local authority and health services to provide short-term, intensive rehabilitation for people. Physiotherapy, occupational therapy, nursing teams and social care professionals are on site and work with the Marbury House staff to assist people to return home or on to longer term care. The team based within the home are called The Active Recovery Team. People can receive this intermediate care at Marbury House for up to 6 weeks.

At our last inspection in January 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service 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 responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

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.

The service worked effectively with partner agencies and other professionals to ensure care staff followed current, good practice.

Support plans were comprehensive and reflected people's consent, care needs, risks and individual preferences for care and support.

Systems and procedures were in place to monitor and assess the quality of the service. These checks had been consistently completed and there was a clear and effective procedure for monitoring the delivery of the service.

There was an emphasis on promoting dignity, choice and independence for people supported by the

service. Staff told us they aspired to care for people in the best way they can and their job satisfaction came from seeing people's health improve during their stay at Marbury House.

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?

Good

The service remains good.

Is the service effective?

Good

The service remains good.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Good

The service remains good.

Is the service well-led?

Good

The service remains good.

Marbury 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.

The inspection took place on 11 and 12 December 2018 and day one was unannounced. The inspection was carried out by two adult social care inspectors, a medicines inspector and an expert by experience on day one. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. This person had experience of services for older people. Day two was carried out by one adult social care inspector.

Before we visited the home, we checked information we held about the service, including information gathered from local authorities and statutory notifications sent to us by the provider. Statutory notifications are information the provider is legally required to send us about significant events that happen within the service.

On this occasion, we had asked the service to complete a Provider Information Return (PIR) and this had been returned to us. This is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the two days of inspection, we reviewed a variety of documents, policies and procedures relating to the delivery of care and the administration and management of the home and staff. This included four people's individual care records, a sample of people's administration of medication records and five staff personnel files. We also looked at files for staff training and checked that regular induction and supervision had taken place.

We attended the early morning staff handover meeting on the first day of our inspection to assess daily communication transfer of people's immediate care needs. We also attended a multi-disciplinary meeting with health and local authority professionals.

We walked around the home and looked in all communal areas, bathrooms, the kitchen area, store rooms, hairdressing room, the medication and treatment rooms and the laundry room. We also looked in several people's bedrooms.

As part of the inspection process we observed how staff interacted and supported people at mealtimes and throughout the two days of our visit in various areas of the home. We spoke with eight people who use the service and two relatives. We also spoke with the registered manager, the two deputy managers, the activities and lifestyle facilitator (ALF), the laundress, the cook and assistant cook, the catering manager and four care staff members. We spoke with the two managers of the health and social care team based within the home and a visiting GP.

Good

Is the service safe?

Our findings

People we spoke with, who lived at Marbury House, told us they felt safe. One person told us, "The staff make me feel safe and have built my confidence up." Another person told us, "All the staff make me feel good and safe." Visitors also gave us positive feedback explaining how they felt their relative was safe, one visitor told us, "My relative feels safe, the staff do several checks at night."

Health and social care professionals told us the service ensured the safety of the people living at the home was paramount and worked well with the Active Recovery team to keep people safe. They gave us several examples where they felt the management team had worked well together to ensure people's safety. One example was regarding the home's policy not to admit people after 6.30pm; this was because staffing levels reduced after 8pm and new admissions would impact on patient safety. The manager would only take people where they could safely meet their needs. They told us communication at the home was good, staff were very keen to improve their skills through training and the service acted quickly when required, for example, if someone was unwell.

A medicines inspector assisted us during this inspection to review the management and administration of medicines at Marbury House. We found an up to date medicines policy was in place, medicines were kept securely at recommended temperatures. We observed one medication round and found medicines were administered safely. We reviewed medicine administration records (MARs), cream charts and medicine trolleys; we found these were in order. Medicine audits had been carried out and were effective in checking that medicines management was safe.

Medicines were managed in line with The National Institute for Health and Care Excellence (NICE) national guidance. This showed the registered manager had systems to protect people from unsafe storage and administration of medicines.

We found all areas of the home to be clean and tidy and we saw that staff wore appropriate personal protective equipment (PPE) to minimise the risk of infection. We looked in the laundry and found there was a system of clean and dirty flow to ensure clean laundry was not contaminated. The laundry was clean and organised with hand-washing facilities and PPE available. Regular infection control audits were carried out and cleaning schedules were in place.

We reviewed recruitment records to check they contained required information that showed robust and safe recruitment practices had been followed to ensure that suitable staff had been employed to care for people. We found safe recruitment practice at the home.

We looked at the staffing arrangements to check if safe and appropriate levels of staff were on duty during the day and night. We found there were enough staff on duty to meet people's needs. The Active Recovery service also placed extra staff at the home if someone staying at the home required extra support.

Accidents and incidents were managed effectively, analysed and action taken to mitigate any further potential risks.

People had a comprehensive risk management plan in place that had identified specific, individual risks to each person. These plans outlined each risk and actions to be taken by staff to help reduce the risk of harm.

A safeguarding policy and training was in place. Staff were knowledgeable in recognising signs of potential abuse and the action they needed to take help protect people from the risk of abuse.

We saw that fire checks had been carried out regularly. Other safety check systems for the home and equipment, such as, hoists, electricity systems, asbestos, legionella and gas boiler checks were in place and up to date.

Good

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

The service was working within the principles of the MCA and any authorisations to deprive people of their liberty had been submitted as required. Capacity assessments had been carried out and we saw clear evidence that people and their families had been involved in planning their care and support.

The deputy manager maintained regular oversight of staff training and ensured all training was up to date. We saw records of staff induction, supervision and annual appraisals. The deputy manager told us there was an expectation that all staff would achieve the Care Certificate and NVQ level 2 qualification. Staff told us they felt confident and suitably trained to carry out their duties. Staff at Marbury House also benefitted from training provided by the on-site Active Recovery staff. They told us Marbury House staff had a good work ethic, were always committed and keen to learn; even coming in on their days off to attend training sessions.

We looked at the menus and food choices available to people staying at the home. People were given choice every day from the set menu and the menu for the current day was displayed on dining tables. We observed people being given options during mealtimes and we saw one person being offered an alternative when they had not eaten their meal. Culturally and religiously sensitive food was available. Themed mealtimes were also provided; most recently a Spanish tapas night.

People with certain health conditions require their food to be prepared in a specific way to ensure they can eat their food comfortably and safely. For example, some people need their food mashed or pureed due to swallowing difficulties. In addition, people who had been prescribed a fortified diet need to have their food enriched with high calorie additions, such as cream, at each meal time. We spoke with the cook and looked at information kept in the kitchen area to inform them of these specific dietary requirements. All people living at Marbury House were monitored for food and drink intake and the health service dietician visited the home every week to review people's diets. We found that the cook was knowledgeable and able to name all the people who required a special diet and describe their individual needs and how they were being met.

People were supported to maintain their health and well-being and during the inspection we saw medical attention was sought quickly when any concerns around people's wellbeing arose. On-site therapists provided the necessary rehabilitation and the home had shared care plans with health staff. Nursing staff were also present at the home each day to advise and assist care staff. Healthcare professionals told us they were confident care staff would notice if someone was unwell and would act quickly.

We saw that referrals had been made where staff had identified a specific need, for example, the speech and language therapy (SALT) team and dietician. District nurses discussed people's skin integrity with a member of the management team at a weekly meeting at the home. During the inspection we spoke with one of the GPs who visit the home every day except Thursdays. They told us they had strong communication links with staff and were pleased with the working practices at Marbury House.

Good

Is the service caring?

Our findings

People we spoke with who lived at Marbury House told us they felt well cared for at the home. One person told us, "I have enjoyed my stay here; the staff are helpful and I will miss them." Other comments we received included, "All the staff are good; they know me and are very good. They look after me, I can talk to them."

Visitors we spoke with told us they felt their relative was well cared for at the home. One relative told us, "Staff are lovely and good and do care." Another relative told us, "Staff are good and accommodating."

We observed throughout the visit that staff talked kindly to people and were encouraging when providing assistance. Staff were attentive and interacted with people in a sensitive, kind and caring manner. It was clear there were established, friendly relationships between staff, people and their relatives. For example, we saw that one person's relative had brought them in to see staff and had brought gifts after they had returned home; they were welcomed into the home, enjoyed a cup of tea and joined in with the activities going on in the lounge.

We observed many instances of caring interactions between people and staff during the inspection. Staff always explained and asked for consent before assisting people. People who required help with their meals were supported by caring, attentive and patient staff.

People appeared clean, well-groomed and dressed appropriately. The home had a hairdressing room and people were visiting during the inspection to have their hair styled. Staff explained how they would always ensure they treated people with dignity and respect and gave us examples, such as, covering people up when providing personal care and always asking people what they would like to wear.

We saw during the inspection that one person had a hospital appointment and the cook had made them a packed lunch to take with them so they would not go hungry whilst waiting. The cook told us they did this for everyone attending an appointment.

People were supported to make decisions for themselves and were involved in planning their own care. Everyone staying at the home had their own named carer, known as a keyworker; this was so that people could be partnered up with care staff and have one person they could go to if they needed anything. The deputy manager showed us a sensory impairment pack they had purchased to assist people with extra communication needs.

Staff we spoke with were very proud to tell us how much they cared about people staying at the home. They told us they got job satisfaction from seeing people come at stay at Marbury House after being discharged from hospital and seeing them get well enough to leave. One staff member told us, "It's very rewarding knowing that you've helped them progress. Just seeing that improvement in people, I like giving encouragement." Another staff member told us, "This place is so special, I wouldn't want to work anywhere

else…We see people come in poorly and they go out feeling better. We get them home to their families." All staff members we spoke with told us they would be happy to have a family member stay at Marbury House.

The home had produced a staff reward chart as they told us they wanted to ensure staff felt cared for, valued and rewarded in their role. Areas for achievement included care values, aspiration and engagement. The management team paid for gifts that were awarded to staff who had shown these qualities.

Good

Is the service responsive?

Our findings

Care plans were comprehensive, relevant, person-centred and reflected each person's individual care needs and how staff could support them to be as independent as possible. They included the health service therapist's care plans to ensure all information was accessible to staff caring for people. Care plans included information around people's likes, dislikes and preferences, their life history and family involvement. Additionally, people individual communication needs were reflected in care files. These plans were reviewed monthly, or when changes occurred, to ensure these records reflected current care needs and preferences.

We looked at how people's current care needs were communicated between staff and found there were a number of communication exchanges that took place. At each shift change over there would be a handover meeting where staff would discuss each person's current needs. Seniors had their own communication book and deputies emailed handover information to one another each day.

People and their relatives told us they knew who to speak to if they had any comments or complaints about the service. We saw documentary evidence that complaints were responded to and acted upon appropriately. The home had a corporate complaints policy in place outlining how to respond to complaints. Information was displayed in the reception area informing people how they could complain about the service. This information was also contained in the service user guide found in every bedroom.

Activities were a large part of the service on offer at Marbury House. The home had their own activities and lifestyle facilitator (ALF) and had an emphasis on ensuring people received regular stimulating activities to aid their rehabilitation. A full programme of activities was on offer each day and this was displayed around the corridors alongside a printed copy in each person's room of what was on offer that week. The ALF told us they made a point of getting to know each person when they came to stay and finding out if they liked to join in with activities and what they liked to do. There was a tuck shop at the home with a honesty box and the ALF asked people each day if they required anything from the local shop. Alongside the programme of activities, the home brought in entertainers. During our inspection a number of people were having a manicure, and two people were being supported to the local pantomime. Staff at Marbury House had taken part in a number of fundraisers to raise money for people staying at the home. This had included a bungee jump and each staff member bringing an item in for a hamper raffle.

NICE quality standards on the mental wellbeing of older people state that older people in care homes should be encouraged to take an active role in choosing and defining activities that are meaningful to them. This promotes their mental health and well-being. Marbury House had invested in a full-time ALF and a wide range of resources to ensure people received stimulation whilst staying at the home.

As Marbury House is an intermediate care unit, it is not usual for the home to provide end of life care; however, the registered manager told us they had recently accommodated one person who expressed a desire to remain at the home. End of life care plans were put in place and the person and their family had

their wishes fulfilled.

Marbury House care staff had also assisted someone who was unable to attend a close relative's funeral due to health reasons. One staff member arranged to have a family member skype during the funeral and the staff member came in on their day off to play the live stream to them on their tablet device. This enabled the person to feel they were able to participate in their loved one's funeral despite not being well enough to leave the home.

Good

Is the service well-led?

Our findings

The home had a manager in post who had been registered with the Care Quality Commission (CQC) since February 2018 at this location.

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. We found that the registered manager had knowledge and documentation that showed us they were aware of their obligations.

We found the last CQC rating was displayed prominently in the foyer of the home to inform people and their visitors around the outcome of the previous inspection. The previous inspection rating was also present on the home's website as required.

Support structures were in place so that the registered manager and provider had oversight of operations at the home. The registered manager was supported during the inspection by their area manager. We found the registered manager and deputies to be knowledgeable around the provider's quality systems and files were organised and easily accessible. An organised system of auditing was in place and regularly carried out for ensuring an overview of the home. Examples of these audits included, care plans, infection control, health & safety, fire, medicines and building safety. We saw evidence these audits were regularly carried out and any relevant action taken as a result of any areas for improvement identified. The registered manager conducted regular unannounced night audits to check on the quality of care during the night-time.

We saw clear evidence throughout the inspection where improvements had been made as a result of audits, complaints, incidents and service user feedback. The registered manager told us their vision for the service to keep growing and improving to enhance the patient experience at Marbury House.

The registered manager held or was involved in several meetings each week. These included weekly meetings with the Active Recovery Team, multi-disciplinary meetings with health and social care staff, head of department meetings, district nurse meetings and deputy manager meetings. Each day a member of the management team would conduct a walk around of the building. The intermediate care service at Marbury House was fast paced with admissions and discharges daily and these meetings enabled them to keep fully aware of the current operations of the service.

The home and several staff at Marbury House had recently won a number of awards for their service. The registered manager had been selected for the Rising Stars Programme 2018 run by the National Care Forum, . They were one of only 10 people selected each year for this programme. Other accolades included; Unsung Hero Award, Making a Difference Award, Housekeeper of the Year and Home of the Year 2018. The home also has accreditation to the Daisy Dignity in Care Scheme.

We received positive comments regarding the management team from everyone we spoke with during the inspection. They told us the management team was approachable and they felt very involved in their care. One person told us, "I'm involved in the care I receive… I'm not told what to do." And "The manager is nice and cares." One relative told us, "We are always aware of what's going on and they will ring if they have any concerns." Another relative told us, "I feel fully supported by the staff and management and included in their care…and well informed."

The registered manager told us they actively encouraged the opinions of staff, people and their relatives. They ran a residents' forum meetings which actively invited families to come along and discuss the service. For those people who did not attend the meetings, the registered manager distributed a "you said we did" document to ensure everyone had access to the meeting outcomes.

Staff told us they felt very supported and respected in their role and the management team actively encouraged them to make suggestions about the service. Staff felt the management team was approachable and would listen to their opinion.

Professionals spoke highly of the registered manager and the management team. They told us they had a very good working relationship and the registered manager was responsive to the needs of the service and open to change. One professional told us "[Registered manager's] door is always open" and "this is a really good example of an integrated service". The registered manager was involved in a joint health service partnership project around preferred ways for discharge home and self-medication.

During the inspection, the registered manager and management team were visible around the home and it was clear management and staff knew people well. The registered manager and all staff were co-operative and helpful throughout the inspection visits.