

Mr & Mrs D B Mirsky

# Marbleside Care

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Marbleside Care is a supported living service for people with a learning disability. Some people lived in flats while others shared a house and amenities such as kitchens, bathrooms and lounges. People received care and support to help them live independently in the community. There were 12 people using the service at the time of our inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

### People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The management team had developed a culture centred around each person. Everyone was seen as an individual and their values and choices were respected. People were involved in all areas of their care and the service. Decisions about the service were made together by everyone.

During the pandemic restrictions, people had planned activities in their own home. Everyone had joined in and told us they had enjoyed themselves. People had been involved in recruiting staff and there were enough staff to support people when they wanted.

People had control over all areas of their life and were supported to achieve their goals and ambitions. They were supported to take managed risks when they wanted to. People were supported to remain comfortable in their own home at the end of their life.

Everyone knew how to protect themselves from COVID-19. Staff followed national guidance and people were supported to keep their homes clean.

People were confident to raise any concerns they had and these were addressed. People were supported to understand the risks of abuse and keep themselves safe. When concerns were raised the registered manager and staff took quick action to protect people. People's medicines were managed safely.

People were asked for their views weekly and these were acted on to ensure people's needs and wishes were always met. An effective quality assurance process was in place and any shortfalls were identified and addressed. The registered manager analysed why things had gone wrong and took action to stop them.

happening again. Staff were kept informed of any changes and were clear about their roles in the service.

The registered manager was part of local and national groups and kept up to date with changes in guidance and best practice. They used these to develop the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 27 July 2019).

Why we inspected

We carried out an announced comprehensive inspection of this service on 24 and 25 June 2019. We found the provider had taken action to meet legal requirements and improve the service. However, we needed to be assured that improvements made would be embedded and sustained.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Marbleside Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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 was safe.

Details are in our safe findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Marbleside Care

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was completed by two inspectors.

#### Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was to check if any one had suspected or confirmed COVID 19 and arrange for information to be sent to us. We also needed to ensure people who wished to speak with us during the inspection were available.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with eight people about their experience of the care provided. We spoke with the registered manager and the deputy manager.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision.

After the inspection

We spoke with the provider and three staff by telephone. We continued to seek clarification from the registered manager to validate evidence found. We looked at staffing rotas, quality assurance checks, complaints, staff and service user meetings and training records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe being supported by staff from Marbleside Care. Staff had supported people to understand the risks of abuse and remain safe. When people had concerns about their safety and wellbeing, they raised these with staff. Their concerns were taken seriously and had been acted on.
- The registered manager discussed safeguarding concerns with the local authority safeguarding team and acted on their advice to keep people safe. They had supported safeguarding investigations and taken prompt action to prevent further risks to people. When required the registered manager had referred staff to the Disclosure and Barring Service.
- One person told us they had been the victim of financial abuse. They understood what had happened to them and felt supported by staff. The person had been supported to receive victim support from the police and was reassured by staff. They were supported to monitor their finances and were confident similar abuse would not happen again.
- Staff had completed training and knew about different types of abuse. They were comfortable to report any concerns to the registered manager and provider. Staff were confident that action would be taken. Staff knew how to raise concerns outside of the service if they needed to.

Assessing risk, safety monitoring and management

- People were supported to take risks to develop and maintain their independence and support their wellbeing. This included preparing their own hot meals and going out alone.
- Risks associated with people's lifestyle choices had been identified and action had been agreed to keep them as safe as possible. This included supporting people with their sexuality and relationships.
- Some people had chosen to return to doing some day to day activities after the COVID-19 pandemic lock down. This included going to the shops. Other people had chosen not to return to doing things outside of their home. People reviewed their decisions with staff and told us staff supported them to remain safe when they went out. Everyone was supported to follow social distancing guidance and remain as safe as possible. One person told us, "Staff want us to be safe".

Staffing and recruitment

- People were supported by staff who had the time and skills to encourage their independence. There were enough staff deployed each day to support people achieve their goals in their home and the community. One person told us, "We have loads of staff, I can now go out more".
- The registered manager had identified the local authority was not commissioning enough staff to support people. They had worked with local authority staff to review people's support needs and the time staff spent supporting them. The commissioned hours had increased, and a new staffing structure was due to begin shortly after our inspection.

- People were involved in the safe recruitment of staff. People met candidates and their views were used as part of the selection process. Checks on staff's character and previous employment, including dates of employment and reasons for any gaps in employment, had been obtained. Criminal record checks with the Disclosure and Barring Service had been completed.
- A full recruitment process was completed when promotion opportunities became available at the service. Candidates were required to apply and say what skills they had for the role. Candidates were interviewed and formally appointed.

#### Using medicines safely

- People were supported to manage their medicines safely. They told us staff helped them to take their medicines at the right time. One person told us staff supported them to be as independent as they wanted with their medicines. This made the person feel in control of their medicines. When people went out, they took their medicines with them and staff checked to make sure they had been taken.
- People stored their medicines in their rooms. Some people kindly showed us their medicines storage and records, which were safe and accurate.
- Guidance was in place for staff around 'when required' medicines. This included the maximum dose in a 24 hour period and the signs the person needed the medicine. People told us staff supported them to take 'when required' medicines such as pain relief, when they needed it. People told us they made the decision about when they took these medicines. One person told us, "It's my choice".
- National Institute for Health and Care Excellence (NICE) guidance around medicines in the community was followed. All medicines had been reviewed and were now supplied in their original packaging. Regular stock checks were completed and no errors had been found.

#### Preventing and controlling infection

- People and staff had completed training in relation to COVID-19. Everyone had completed the training together at a social distance.
- People understood the risks of COVID-19 and demonstrated the precautions they took to stay as safe as possible. They showed us the correct way to wash their hands and use hand sanitiser. When people sneezed, their friends reminded them to wash their hands. Plans were in place to support people to isolate if there was a risk they had COVID-19.
- Staff wore face coverings in line with national guidance and followed infection control processes. Staff had decided to change their working practices. Most stayed in accommodation next door to the service and worked for 7 days at a time. This reduced the risk of staff bringing COVID-19 into the service. Risk assessments had been completed for staff at increased risk to reduce the risk of them contracting the virus.
- People were supported and encouraged to keep their bedrooms and kitchens clean. The provider had arranged for cleaning of communal areas to be increased.

#### Learning lessons when things go wrong

- The management team reflected on what had gone wrong and took action to prevent it happening again. For example, some people had been victims of financial abuse. New systems had been put into operation to support people to manage their money. We checked records in relation to three people's finances and found them to be correct.
- Incidents and safeguarding concerns were tracked and analysed to look for any patterns and trends. Incidents were low and no patterns had been found.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had set themselves goals and staff supported them to achieve these. Since our last inspection four people had developed their personal care skills and no longer needed to support from staff. One person told us they knew staff were there if they needed them and this gave them confidence to bath and wash their hair alone. Another person told us, "I can go out anytime I like".
- Some people had life long ambitions they wanted to achieve. One person had always wanted to ride a horse and had been supported to do this regularly. Another person told us about their trip to London to see their favourite football team play. A third person told us they had gone deep sea fishing after asking for support to do this for 10 years. Everyone was very pleased with what they had achieved. Those who wanted had gone on holiday in the summer of 2019. Some people had not been on holiday before.
- One person had decided to lose weight. They had discussed this with staff and agreed a healthy diet. They planned their meals each week and showed us the plate staff had supported them to buy. The plate showed the portion sizes of food types to help the person prepare healthy meals. The person had lost weight and was very pleased with this.
- People were supported to buy things they wanted, including smart televisions and computers. They had agreed budgets with staff and saved up. People were proud to show us what they had purchased, including new beds, televisions, computers and music equipment. One person used their DJ equipment when people had parties and everyone enjoyed this.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was meeting the AIS and information was provided to people in ways they understood. This included important information such as how to complain or the risks of COVID-19. One person showed us a folder they had put together with accessible COVID-19 guidance and explained what the documents said.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People enjoyed learning new skills and had attended colleges and classes. Some people had taken part in dance classes and demonstrated their wonderful ballroom dancing to us. They had completed dance tests and been awarded recognised qualifications. They had attended an award ceremony with other students to collect their awards.

- The activities people took part in outside of their homes had reduced since the COVID-19 pandemic. However, they had worked with staff to develop a programme of activities in their homes which everyone could join in. People enthusiastically showed us pictures and told us about what they had done. This included a music festival in their garden, where people had sung, danced and played music. In preparation people had dyed their own t-shirts and made decorations. One staff member told us, "People are trying new things in terms of activities and food, they are a lot happier".
- People were supported to follow their chosen religion, including when they were unable to visit places of worship during the pandemic. This included take part in ceremonies through video calls.
- People had agreed with staff how they could continue to see their friends and relatives while protecting themselves and others from COVID-19. People had decided to meet outside their home and were supported to follow national social distancing guidelines. People using the service were friends and enjoyed spending time together. They had chosen to live as a social bubble and shared communal areas of the building. The registered manager had plans in place to support people to see visitors in the building in the colder weather. They planned to use a room which was accessible from the garden.

#### Improving care quality in response to complaints or concerns

- People were confident to raise any concerns they had with the staff and management team. Any issues raised had been investigated and action had been taken to resolve them. People were satisfied with the response they received.
- People had raised concerns about the internet connectivity. This had been investigated and needed to be increased to support the new technology people were using. People had received a response from the management team and told us what was being done to address their concerns.
- Staff were supported and encouraged to listen to any concerns or complaints raised with them and share these with the management team. In staff meetings they were reminded to 'never discourage' complaints.
- People had been supported to make complaints about other services they received when they were unhappy with them. For example, one person told us a staff member had supported them to complain about a broken shower on holiday and it had been repaired.

#### End of life care and support

- People were supported to remain at home at the end of their life. Staff worked with health care professionals to help people remain comfortable. People had discussed their end of life wishes and these were respected.
- People were supported to understand what was happening when their friends or relatives were at the end of their life. They were supported to attend funerals if they wanted to. Staff supported people to grieve and remember.
- People had chosen to celebrate the lives of their friends and relatives who had passed away. Celebrations included spending time doing things the person liked and talking about them. Everyone told us they had enjoyed the memorials and these had helped them remember the happy times they had spent with others.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team had turned the culture of the service around. Previously there had been a culture of people being dependent on a few staff and staff being in control. Now there was an open culture where people and staff were valued and respected as individuals. People made decisions about what was best for them and everyone was involved in making decisions about the service. One staff member told us, "People are open now and talk to us about what they want. They know we will listen and help them with everything, from what they want to do, to ordering things online". The management team made sure people and staff had the information they needed to make important decisions.
- People had written the service's mission statement with staff. This included, 'Restoring people's confidence by motivating, encouraging and inspiring people to be as independent as possible'. This mission underpinned the service people received. We found people's confidence had grown and they were empowered to take part in the inspection. Everyone told us enthusiastically about the new skills they had developed and the positive impact this had on their life.
- Staff told us they felt respected, valued and supported by the management team. They were confident to make suggestions and these were acted on. One staff member told us, "The manager is supportive, and open to ideas. I can go to them at any time they listen to my ideas or suggestions".
- The registered manager had empowered staff to make decisions and act to ensure people's needs were met quickly. For example, previously staff had reported all health care concerns to a member of the management team. Now, staff contacted people's GPs and other health care professionals directly and shared the outcomes with the rest of the team.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- An effective quality assurance programme was in operation. The quality of the service was assessed against regulations and best practice guidelines. Where improvements were required action was planned and completed to address them. For example, the registered manager had identified more senior support staff were required to provide leadership on each shift. Posts were advertised and candidates had been appointed.
- The management team had clear roles and responsibilities. There was effective communication and each knew what the others were doing. Senior support workers were supported to develop within their role and attend learning experiences, such as conferences.

- The provider and management team had acted on their duty of candour when things had gone wrong. For example, when people had been the victims of financial abuse, they had received an apology and they had been reimbursed.
- The registered manager had notified us of important events that happened at the service. Notifications they sent demonstrated they understood the requirements of regulation and acted to keep people safe. They were open and honest in the information they shared and took responsibility when things had gone wrong.
- Staff were reminded of their role to encourage and support people at regular staff meetings. Any changes were introduced and explained, and staff had the opportunity to ask questions. Staff were told in advance of any big changes and were involved in planning these. Any tasks which needed to be completed were discussed and staff volunteered to complete them.

#### Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's wishes and views were central to how the service was developed. Since the pandemic began people had met weekly to discuss how they wanted to occupy their time at home. Activities had included cooking competitions, walks, fish and chips on the seafront and quizzes. Everyone had enjoyed themed weekends which included being a superhero and learning about other cultures, including foods.
- Staff had been given the opportunity to share their views of the service anonymously, with 88% of staff completing the last satisfaction survey. Staff were positive about their roles and enjoyed working at the service. Some staff asked for support with completing records and this had been provided.
- Staff also shared their views at staff meetings. They were encouraged to raise any concerns and make suggestions. These were then discussed by the team and a way forward was agreed.

#### Continuous learning and improving care

- Systems were in place to continuously learn and develop the service. When concerns were noted action was taken to address them. Open and honest conversations were held to agree on actions to improve the service.
- For example, audits had found records of the care and support people received were not always fully completed. Staff had been reminded of their responsibilities at staff meetings and strategies were put in place to make sure staff always had the time to complete these without being distracted.
- The management team had a continual improvement plan in place. This was regularly reviewed and updated as goals were achieved. The plan had been effective, and the quality of the service had improved from inadequate to good since January 2019. People, staff and the management team were involved in planning further improvements.
- People had benefitted from the improvements and now lived fulfilled lives. Staff morale had increased greatly. One staff member had commented, 'Since the new management team have arrived, there has been a vast improvement in all aspects of Marbleside Care. I feel both the service users and staff are getting the support and consideration they deserve'.

#### Working in partnership with others

- The registered manager worked in partnership with other professionals to ensure people received the support they needed. This included healthcare professionals and funding authorities. This had enabled people to have access to technology to help them live more independently.
- The registered manager was joint chair of the local registered managers network. They attended meetings and offered and received support from other registered managers. The registered manager had taken part in training to support registered managers to lead services well.
- The management team were part of local and national groups, such as Skills for Care. They used these

groups to ensure they were aware of developments and best practice. These were then used to develop the service. The service was a member of the local trade association and the registered manager and two staff had been nominated for awards.

- The registered manager was working with the registered manager of another service and they offered each other mutual support. Plans were in place after the pandemic to complete audits of each other's service. The aim of this was to learn from each other and develop the service further.