

Embrace Lifestyles (FL) Limited

Marlborough House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Care service description

Marlborough House provides accommodation and support for up to nine people who may have a learning disability and autistic spectrum disorder. Each person had a single room and there were two shower rooms and a bathroom, kitchen, dining room, lounge, activities room and 'snug'. There are two small accessible gardens, which are totally paved, with seating and pots at the rear of the service. At the time of the inspection nine people were living at the service.

Rating at last inspection

At the last inspection on 6 and 7 July 2016, the service was rated Good overall and Requires Improvement in the 'Well-led' domain.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 6 and 7 July 2016. A breach of legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014, Good governance. We undertook this unannounced focused inspection to check that the provider had followed their plan and to confirm that the service now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Marlborough House on our website at www.cqc.org.uk.

At this inspection we found the service remained Good overall and is now rated Good in the Well-led domain.

Why the service is rated Good

The service has a registered manager who was available and supported us during the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

There was an open and inclusive culture in the service, people using the service were fully involved and consulted about the care and support they received. People were at ease in the service, choosing where they wanted to spend their time and had a positive relationship with the staff team who understood each individual well.

Staff said they felt comfortable approaching the registered manager for help and support at any time. The registered manager had an open door policy and spent time with people to understand their personal

needs well. The registered manager had taken action to address the shortfalls found at the previous inspection which were no longer a concern.

The registered manager and provider had well-embedded processes in place for auditing and monitoring quality. When areas needing improvements were highlighted, realistic timescales were implemented for action to take place. Any areas that had been identified as needing improvement were reviewed to ensure the quality of the service increased.

External stakeholders such as healthcare professionals gave positive feedback about the service and said the management communicated well with them about people's needs. When people required input from other healthcare professionals the registered manager and staff team responded quickly offering the appropriate levels of support specific to individual needs.

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 well-led?

Good ●

We found that action had been taken to improve leadership and management.

There was a clearly embedded positive culture. Staff felt well supported by the registered manager who had good oversight of the service.

People's feedback was sought and acted on so the service could continue to improve. People were encouraged to be involved in all aspects of the service.

The registered manager and provider had well-embedded systems for monitoring and auditing quality to drive improvement.

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 focused unannounced inspection took place on 2 March 2017. This inspection was carried out to check that improvements to meet legal requirements planned by the provider after our 6 and 7 July 2016 inspection had been made. We inspected the service against one of the five questions we ask about services: is the service Well-led? This is because the service was previously not meeting some legal requirements. This inspection was carried out by one inspector.

The provider had not completed a Provider Information Return (PIR), because we carried out this inspection before the required return date, therefore the registered manager was in the process of completing the form. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection we reviewed all the information we held about the service, looked at the previous inspection report and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

During the inspection we spoke to eight people, two staff, one visitor and the registered manager. Some people were not able to express their views clearly due to their limited communication. We observed interactions between staff and people. After the inspection we received feedback from one relative and one healthcare professional. We looked at three people's care plans, associated risk assessments and guidance, audits and quality assurance information.

At our last inspection one breach of Regulation was identified.

Is the service well-led?

Our findings

A relative said, "I consider that the service is well led and managed. I am impressed with the high standard of care. I am very satisfied with the level of commitment and caring approach shown by all the staff at the home. I am so pleased that my relative is resident there. It feels like a family home, the ethos and atmosphere is warm and friendly".

At our last inspection we found Care plans were difficult to navigate and find relevant information due to the vast quantity of paperwork, some documentation was repetitive and complicated. When we asked staff to find specific information for us they were unable to do this and had to ask the registered manager for assistance.

Care plans had improved since the previous inspection and had been streamlined to minimise the amount of repeated information. Documentation had been reviewed and updated which made the care plans easy to understand and navigate. This meant staff had good guidance to refer to when supporting people with their individual needs. Any new staff employed by the service had robust supporting documentation to guide their working practice.

The registered manager continued to maintain a good oversight and direction of the service. Staff felt well supported and confident in the registered manager's approach and leadership. There were well established aims, objectives and a clear vision. A staff member said, "There are regular meetings with staff and people. I believe there is good support for staff; we work well as a good team. What I like is staff treat this as people's home which is how it should be". A visitor said, "Communication is really great with staff, they inform me of any issues I need to know. Staff get on well with one another and people".

Monthly staff meetings were arranged to discuss areas such as health and safety, key worker arrangements, training, the environment, dignity in care, care plans, risk assessments, and any follow ups from previous meetings. The registered manager said the turn out for the meetings was good and staff were open about their thoughts and not worried about speaking their mind, staff also fed this back when we spoke to them.

People were involved in all aspects of the service. Throughout the inspection people moved freely around the services, choosing where to spend their time. People had positive relationships with each other and the staff team and there was good rapport and humour indicating people were relaxed and at ease in the environment. People frequently approached the registered manager in the office who always responded positively and in an interested way. The registered manager continued to encourage people to provide educational talks to staff during meetings about areas which were of particular importance to them. In January 2017 a person had discussed epilepsy; the registered manager had supported the person before the meeting to put an information pack together which they presented to the staff during the meeting.

The provider had listened to people and acted on feedback. People had completed annual questionnaires to suggest how the service could improve and what they wanted to change. Following the analysis of the completed surveys some people's bedrooms had been re-decorated, a trip to Lease Cliff Hall and London

had been arranged, a sofa had been replaced, a stereo had been purchased for the lounge, people had been offered more take away options for their meals and the garden area had been further improved. A health care professional said, "I have found the service users receive good care. The staff are good at communicating with me and I find the home well led and managed, which is definitely its strong point". Displayed on the wall in the dining room were several posters outlining further improvements that had been made following visits from the provider. Improved safety around medicine practice was included, toilets had been replaced and flooring changed to be more hygienic and all staff had re-read the policies in relation to health and safety so people received safe care and treatment.

In the activity room a wall had many posters outlining how people's feedback had been responded to from the questionnaires distributed in 2016 and 2017. For example the pool table had been repaired and people had been to the theatre to watch a pantomime.

The provider strived to continually improve the service to benefit people living there and had clearly embedded processes for achieving this. Monthly provider visits were conducted to identify areas that needed further work to improve. During visits training, health and safety and files were audited and maintenance and the environment were inspected. The registered manager was issued with a report including an action plan and timescales for improvements to be completed. Outstanding action was reviewed at subsequent visits.

The registered manager conducted their own audits to monitor the safety and effectiveness of the service people received. Included were weekly and monthly checks on medicines, care plans, health and safety and the kitchen. The registered manager used an audit calendar to ensure checks were not missed and delegated appropriately to staff. Health and safety committee meetings were conducted monthly to keep a good overview of everything relating to health and safety. During committee meetings staff focused on particular areas such as slips and trips or lone working so improved processes of safe working could be further embedded.