Craysell Limited

Marlborough House

Inspection report

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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 took place on 16 and 17 November 2017 and was unannounced

Marlborough House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 registered to provide personal care and accommodation to up to 40 people who are frail or living with dementia. Accommodation is provided in a converted residential dwelling over two floors. At the time of our inspection 35 people were using the service.

Following the last inspection in June 2016 we asked the provider to complete an action plan to show what they would do and by when to improve the key questions; Safe and Well led, to at least good.

At the last inspection we found that improvements were needed in obtaining a full employment history for new staff before they were employed At this inspection we found that improvements had been made in this area and a full history was available for all new and existing staff. We also found that action had not been taken when the systems in place had identified shortfalls. At this inspection we found action had been taken and improvements made.

People told us they felt safe living in the home. One person said, "I am happy living here and I feel very safe."

There were systems and processes in place to minimise risks to people. These included a robust recruitment process and making sure staff knew how to recognise and report abuse. There were sufficient staff to safely meet the needs of people living in the home. People told us they thought there were plenty of staff and they did not have to wait long for their call bells to be responded to. Records showed that there were adequate numbers of staff available to meet the assessed needs of people in a timely manner.

Medicines were managed safely, securely stored, correctly recorded and only administered by on duty nurses and team leaders that were trained and assessed as competent to give medicines.

People received effective care from staff who understood their needs. Staff were able to tell us about people's specific likes and dislikes. People told us they thought staff were well trained and understood them well. The registered manager and staff were very pro-active in arranging for people to see health care professionals according to their individual needs.

People and relatives told us that the food was good. We reviewed the menu which showed that people were offered a variety of healthy meals. We saw that food was regularly discussed and recorded at resident meetings.

All staff attended induction training before they started to work in the home. All staff said they had plenty of opportunities for training and the organisation also promoted dementia awareness training for all their staff.

People could enjoy a full programme of activities and staff had built up links with the local community to ensure people could stay in touch with organisations such as their place of worship and the local school.

People said they received care and support from caring and kind staff. Comments included, "The staff are all very caring, They listen to you and make you feel important." And "They are all very nice very caring and very respectful."

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives.

People told us they could talk with staff and the registered manager if they wished to raise a concern. One person said, "I know who to talk to if I have a complaint but it has never come to that."

People were supported at the end of their life to have a comfortable pain free death. Care plans showed people's advance decisions were taken into consideration and acted upon.

There were formal and informal quality assurance systems in place to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care.

The service was well run by a registered manager who had the skills and experience to run the home so people received high quality person-centred care. The registered manager led a team of staff who shared their commitment to high standards of care and clear vision of the type of home they hoped to create for people.

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.

People were supported by staff who had been well recruited to make sure they were safe to work with vulnerable people.

There were sufficient staff to maintain people's safety and meet their needs.

People's medicines were safely administered by staff who had received appropriate training to carry out the task.

Is the service effective?

Good

The service was effective.

People's health and well-being was monitored by staff and advice and guidance was sought from healthcare professionals to meet specific needs.

People had access to a good diet and food was provided which met their specific needs and wishes.

People received care with their consent or in their best interests if they were unable to give full consent.

Is the service caring?

Good

The service was caring.

People were cared for by staff who were kind and patient.

People's privacy and dignity were respected and they received support in a way that respected their choices.

Is the service responsive?

Good

The service was responsive.

People were able to make choices about their day to day lives.

People were able to take part in organised activities or choose to

occupy their time in their preferred way.

People said they would be comfortable to speak with a member of staff if they had any complaints about their care or support.

Is the service well-led?

Good

The service was well led.

The registered manager promoted inclusion and encouraged an open working environment.

Staff received feedback from the management and felt recognised for their work.

Quality monitoring systems were in place which ensured the management had a good oversight of service delivery

The home was led by a management team that was approachable and respected by the people, relatives and staff.

The home was continuously working to learn, improve and measure the delivery of care to people.

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 inspection took place on 16 and 17 November 2017. The first day of the inspection was carried out by one adult social care inspector and an expert by experience and was unannounced. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day was carried out by one adult social care inspector and was announced.

At the last inspection in June 2016 we identified that recruitment files did not always show evidence of applicants' full employment history, and that actions were not always taken when systems in place identified shortfalls.

Before the inspection, the provider completed a Provider Information Return (PIR). 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. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During this inspection we spoke with 13 people living at the home, 11 members of staff, 11 visiting relatives and two visiting healthcare professionals. We also spoke with the registered manager and the regional manager. We spent time observing care practices in communal areas of the home.

We looked at a number of records relating to individual care and the running of the home. These included five care and support plans, three staff personnel files, training and supervision records and minutes of meetings held at the home.

Good

Is the service safe?

Our findings

The service had improved from requires improvement to good.

At the last inspection in June 2016 we found recruitment files did not always show evidence of the applicants' full employment history. At this inspection we found there had been a marked improvement in the way the recruitment process was followed. We saw evidence of full employment histories, reasons for gaps and references from previous health care providers.

People told us they felt safe living in Marlborough House. One person said, "I am very happy and feel very safe, they are all nice to me." Another person said, "Safe? Yes I feel safe, it's so quiet here that's why". Another person said, "I definitely feel safe because there's someone here all the time even at night". One relative said, "I am more than happy that [the person] is safe here they [staff] are all really good and caring."

The provider had systems and processes which helped to minimise risks of abuse to people. These included a robust recruitment process and ensuring staff understood how to recognise and report concerns. The staff we spoke with had completed training about how to recognise and report abuse and all were confident that anything reported within the home would be dealt with to make sure people were safe. One member of staff said, "I have absolutely no worries about talking with the manager if I have a concern. I know they will deal with it properly. There is a very open culture here."

There were sufficient numbers of staff to keep people safe and meet their needs. People who spent time in their rooms had access to call bells which enabled them to summon assistance when they required it. People said if they rang their bell staff came quickly, meaning that people did not wait for extended periods of time when they wanted help. One person said, "I think there are plenty of staff, they certainly seem to answer me quickly enough when I call." Another person however said they thought there were not enough staff and preferred the regular staff to agency. They told us, "Staffing has improved and they use fewer agencies but you could always have more couldn't you?"

Systems were in place to identify and reduce the risks to people living in the home. People's care plans included detailed and informative risk assessments. These documents were individualised and provided staff with a clear description of any risks and guidance on the support people needed to manage these safely. Staff understood the support people needed to promote their independence and freedom, yet minimise the risks. We saw evidence of risk assessments relating to pressure area care, nutrition and hydration and the risk of falls. We looked at the care plan for a person who had been assessed as being at high risk of developing pressure ulcers and the staff had contacted appropriate professionals to make sure they had suitable pressure relieving equipment.

People were protected against the risks of the spread of infection because all areas of the home were kept clean. There were handwashing facilities throughout the home and alcohol gel by the front door. Staff had access to personal protective equipment such as disposable gloves and aprons which also helped to minimise risks to people.

Registered nurses were responsible for the management of medicines. We observed a registered nurse on part of a medicine round. They demonstrated an awareness of the needs and preferences of the people they administered the medicines to.

We saw systems were in place to ensure people's medicines were managed consistently and safely by staff. Medicines, including controlled drugs were obtained, stored, administered and disposed of appropriately. Controlled drugs are medicines which have special requirements about storage and recording. The registered nurses checked the use of medicines that the GP needed to review. Where people had been prescribed medicines on an 'as required' basis, such as pain killers, plans were in place for pain management, including the use of pain scales to identify the severity of pain. People told us they received their medicines on time and when they requested if in pain. One person said, "The staff are on the ball with the medicines, just had the flu jab so ok for another winter."

Medicine competency records of individual staff who were responsible for administration of medicines were thorough and detailed. The provider recorded when staff last had a competency assessment on their training matrix and this meant people could be confident staff who administered medicines were competent and up to date in their practice.

To ensure the environment for people was kept safe specialist contractors were commissioned to carry out fire, gas, water and electrical safety checks. There were risk assessments in place relating to health and safety and fire safety.

Risks to people in emergency situations were reduced because, a fire risk assessment was in place and arrangements had been made for this to be reviewed annually. Personal emergency evacuation plans (PEEP's) had been prepared: these detailed what room the person lived in and the support the person would require in the event of a fire.

There was a system in place to record any accidents or incidents that occurred. These would be reported directly to the registered manager so appropriate action could be taken. The time and place of any accident/incident was analysed to establish any trends or patterns and monitor if changes to practice needed to be made.

Good

Is the service effective?

Our findings

People continued to receive care that was effective.

People received care and support from staff who had the skills and knowledge to meet their needs. People said they felt all the staff were well trained and knew their needs well. One person said, "The staff are well trained, there's no reason to doubt that." Another person said, "'They're all very supportive, we have a really good banter'. A visiting healthcare professional said, "I find the staff to be very knowledgeable about the person I want to visit and talk about. They are really good at listening to what I say and taking on board any changes, I think they work well with us."

Staff received the training they required to safely fulfil their roles and effectively support people. The provider had created a training matrix which showed when staff had completed training and when up dates were required. This helped to make sure people received care and support from staff who had up to date skills and knowledge to meet their needs. The training matrix showed a small number of staff still needed to complete some mandatory training. In order to address this, the provider had notified staff that training sessions had been booked and when they needed to attend. The provider also supported registered nurses to maintain their registration through continued personal development.

Staff told us they had received enough support from the registered manager to meet people's care needs. The registered manager completed an annual appraisal for each member of staff to discuss their performance, training needs and where improvements were required. They also completed one to one supervision meetings on a more regular basis as well as regular team meetings when wider issues could be discussed. For example we saw record keeping and consent to care had been discussed with staff at team meetings.

New staff received an induction including information relating to the Care Certificate and shadowing more experienced staff. The Care Certificate was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people. The certificate is a modular induction and training process designed to ensure staff are suitably trained to provide a high standard of care and support. Staff confirmed they had spent time in induction training and shadowing other staff before working unsupervised.

People were complimentary about the staff who supported them. One person said, "Staff are very good. I definitely have confidence in them." A member of staff said, "The training is very good. Things change so much so it keeps you up to date." The registered manager explained how they were supported by the local community matron to access training relevant to the needs of the people living in the home. For example staff had received training in the correct use of inhalers and diabetes.

People received the care and support they required because staff assessed their needs and took account of their wishes when they provided support. Each person had a care plan which identified their needs and showed how these needs would be met by staff. Care plans had been regularly reviewed and changes had

been made when people's needs had changed. Care plans had just been transferred to an electronic planning system. This system had a portal that enabled the GP to complete their records from the surgery rather than taking up time whilst they were in the home. All staff we spoke with had a very good knowledge about each person and what was important to them.

Staff worked with other professionals to make sure people received the care and treatment they needed. A registered nurse was always on duty with care staff to ensure people's nursing needs were monitored and met. Care plans evidenced that people's health and well-being was monitored and the staff sought advice and guidance where necessary. For example, staff had raised concerns about a person's food intake and had contacted their GP for support. This had led to a referral to a speech and language therapist.

People told us they had good access to healthcare professionals according to their individual needs. One person told us they had seen their social worker and another said the staff made sure they saw a doctor when they needed to. They commented, "They arrange a doctor at a moment's notice if you are poorly." Care records showed people had access to a range of professionals to promote their health and well-being such as GPs, nurses, opticians and dieticians.

People had their nutritional needs assessed and were supported to have a good diet. The staff sought appropriate advice regarding people's food and fluid needs and put recommendations into practice. For example; one person required a fortified diet to increase their calorie intake and this was provided. Another person needed their food to be pureed and at lunch time we saw their meal was served in accordance with the instructions in their care plan. People received the support they required to eat their meals. Where a person required physical support to eat staff provided this in a discreet and dignified manner.

People were complimentary about the food served. Comments included; "Food is good. You get what you ask for," "Food is wonderful" and "Food is very nice, always fresh fruit and veg."

People only received care and support with their consent, or in their best interests if they were unable to give consent. We heard staff asking people if they wished to be helped and staff respected their decisions.

Care plans we looked at showed people's ability to make specific decisions had been assessed. Records showed how the staff had tried to involve people as far as possible in decision making. For example, one care plan showed how the person had commented on how they liked staff to respond to them.

Staff had received training about the Mental Capacity Act 2005 (MCA). The 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.

Staff spoken with were aware of the need to assess people's capacity to make specific decisions. Where appropriate they had involved family and professional representatives to ensure decisions made were in people's best interests. Care plans contained assessments of people's capacity to make certain decisions and where necessary, a best interest meeting was held with appropriate people involved in their care and decision making.

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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

DoLS applications had been made when necessary and the registered manager had followed up decisions with the local authority. When a DoLS application was accepted the registered manager completed the necessary notification to CQC.

All areas of the home were well lit and there was signage to enable people to find their way around. Toilet and bathroom doors were clearly labelled to enable people to find the right rooms.

Good

Is the service caring?

Our findings

The service continued to be caring.

People were cared for by kind and caring staff. Throughout the day we saw staff spoke to people respectfully and showed kindness and patience when supporting them. Staff supported people to move around the home, they did not rush people and offered encouragement and reassurance where appropriate.

Staff knew people well and treated them as individuals. One person liked to sit on their own listening to the TV and staff made sure there was always a programme of their choice playing by them. Another person was being cared for in bed. Staff ensured they were comfortable and warm and spent time with them throughout the day for company.

The registered manager had built up a strong staff team at Marlborough House. This had enabled people to build relationships and friendships with staff and other people who lived at the home. Staff knew people well and throughout the day we heard friendly chatter between people and staff. The registered manager explained how one relative continued to visit the home following the death of their loved one as they felt it had become their home. A visiting relative said they visited daily and joined their relative for lunch and were planning to spend Christmas Day in the home. One person said, "They're very good, I can't knock the staff, it's lovely here." Another person said, "Yes, they are kind and compassionate, they make sure you're alright and they're very good at making sure you're clean."

People's privacy and dignity were respected and their independence was promoted where possible. One person told us how kind staff were when they helped them with personal care. They said, "They help me but don't take over that is important to me." Another person said, "They respect me and are really kind."

People were able to choose who supported them with personal care. One person said they had chosen to have a female member of staff to help them with their personal care and this was always respected. A member of staff said that one person liked them to help them to have a shower and so they made sure they supported them when they were on duty.

People looked clean and well-dressed showing staff took time to support them with personal care when they needed it. One person commented how good the laundry system in the home was. They said, "They take real care. The turnaround is really quick and everything comes back fresh and lovely."

Each person who lived at the home had a single room which they were able to personalise according to their tastes and preferences. Some people had bought their own furniture with them which made their rooms very homely. People were able to see personal and professional visitors in their personal rooms or in communal areas.

People told us they felt involved in decisions about the care they received. Staff knew people well and offered choices to people. The registered manager spoke passionately about how they wanted any

decisions made in the home to come from the people who lived there. They told us, "The Residents are the heart and soul, whatever they want, and how they want to do things. A Relative didn't like the lunch arrangement so it was changed immediately. It starts with the residents. Last week we bought four Moroccon style lamps to give a warmer feel to the lounge. I know it doesn't sound much but they give off different lights and are very pretty." Staff spoken with also reflected this approach and spoke passionately about how they supported the registered manager to listen to and respect people's opinions.

Good

Is the service responsive?

Our findings

People continued to receive care that was responsive to their needs and personalised to their wishes and preferences. People were supported to make choices about most aspects of their day to day lives.

The staff were responsive to people's needs and wishes. Most people were able to make their needs and wishes known on a daily basis. People said they were able to make choices about what time they got up, when they went to bed and how they spent their day. One person told us, "The good thing is you can do what you like here." Another person said, "I like to come here and watch the TV I love this programme."

Before people moved to the home they were visited by a member of the management team to assess and discuss their needs, preferences and aspirations. This helped to determine whether the home was able to meet people's needs and expectations. People and their representatives were encouraged to visit the home before making a decision to move there.

From the initial assessments care plans were devised to ensure staff had information about how people wanted their care needs to be met. Some people were able to tell us they had been asked about their wishes when they first came to live at the home. One person said, "I know we discussed everything, It's one of those things you say how you want things then you move in and it is all different and they recognised that so I am very happy."

The care plan format provided a framework for staff to develop care in a personalised way. We observed care was provided in a very caring way and in line with people's care plans.

People's care plans gave brief information about people's personal routines to make sure staff had basic information about people's preferred ways of living. For example, care plans gave details of the times people liked to go to bed and whether they wished to be checked on during the night. There was a stable staff group who knew people well and ensured they provided care that respected people and their individual choices. One visitor commented that one of the things they really liked about the home was "It is a home from home and staff manage to promote just that."

People could be confident that at the end of their lives they would be treated with compassion and any discomfort would be effectively managed. At the time of the inspection one person was being cared for in bed. Staff constantly monitored them and took the necessary actions to maintain their comfort whilst respecting their wishes.

People were supported to make choices about the care they received at the end of their life. The staff worked closely with local healthcare professionals to ensure people's comfort and dignity at the end of their lives was maintained. The registered manager explained that although they were not accredited with the Gold Standard Framework (GSF) they worked to the principles and guidelines. The GSF is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their lives. Care plans contained information about the care the person would, and would not, like to receive

at the end of their lives, including under what circumstances they wished to be admitted to hospital and whether they should be resuscitated. The registered manager and community nursing staff ensured appropriate medicines were available to people nearing the end of their life to manage their pain and promote their dignity.

People were involved in decisions about activities which occurred in the home through residents meetings where activities were regularly discussed. The registered manager explained how they chose a charity to support and held fundraising events. This year's charity had been the Macmillan Nurses. The registered manager explained they had held a barbecue and where planning a pyjama party. A new activities coordinator had been employed the week before the inspection and they had plans in place to introduce any new activities that people requested.

Some people we spoke with said they preferred not to attend organised activities but liked to occupy their own time. The activities organiser explained how they planned to find ways of introducing people to more activities without them feeling they had to attend.

People and visitors said they would be comfortable to make a complaint if they were unhappy with any aspect of their care. Most people said they would speak to the registered manager or the deputy. One person said, "I certainly would complain if I needed to but I have no complaints." Another person said, "I would just talk to [staff member's name] they'd sort out anything."

The home had a complaints procedure which was prominently displayed and was routinely given to people when they moved in. We looked at the complaints procedure and found it was written in large print so people with a visual impairment would be able to access the policy.

Good

Is the service well-led?

Our findings

At the last inspection we found there were systems in place to identify shortfalls however they were not always being used effectively to drive improvements. At this inspection we found this had improved. The systems in place were being used effectively to identify and drive improvements in the home.

There was a quality assurance system in place to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care. The registered nurses continued to carry out monthly audits to identify areas where improvement was required. They completed audits of topics including medicine administration, night care and care plan reviews. In addition, they completed weekly and daily checks, such as reviewing nutrition, hydration and re-positioning charts, and ensured medical equipment was fully functioning. The registered manager carried out spot checks to ensure audits were completed robustly, and that actions required had been identified and addressed. Any actions required were discussed and agreed with the registered manager to ensure people experienced appropriate care and support. We saw that where shortfalls in the service had been identified action had been taken to improve practice. For example the registered manager had introduced a new computerised care planning system. All staff had been involved in the transfer of information to the new system. This meant all staff understood how they could use the system to the best advantage for people in the home.

An independent advisor carried out a monthly CQC style inspection of the home. This meant the registered manager was provided with up to date advice on areas that would benefit from improvements and where staff could further develop the living experience for people in the home.

There was a registered manager in post. A registered manager is a person who has registered with 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.

People told us they felt the home was well led. One person said, "I don't have any problems you mention something and it gets done. I think it is very well led." One visiting healthcare professional said, "I find Marlborough House very well run it is organised and the manager always makes time to listen and discuss the best way forward."

All accidents and incidents which occurred in the home were recorded and analysed and action taken to learn from them. This demonstrated the home had a culture of continuous improvement in the quality of care provided.

The registered manager and provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. For example we saw a letter to relatives and people living in the home about how the home had learnt from a recent incident that had resulted in an inquest. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. A copy of the homes policy and procedure for the Duty of Candour was

available in the entrance for people, staff and visitors to read. This demonstrated the organisations approach to being open and transparent.

There were robust systems in place to share information and seek people's views about the running of the home. These views were acted upon where possible and practical. Resident meetings were held regularly and people's views acted upon. Following a recent meeting people were consulted about the food they would like included in the winter menu list. The home also had strong relationships with the local community and school. People said they enjoyed visits from the children and community events in the garden. The registered manager explained how they had supported one relative to carry out a presentation on their experience of the care home system. The relative told us the support from the home and registered manager had been "amazing."

Staff confirmed that a system of one to one supervision meant they could discuss training needs and any issues regarding the care and support they provided or the running of the home. This also gave the registered manager the opportunity to share best practice training and guidelines with staff either on a personal basis or in group supervision.

The management team attended local provider groups which enabled them to keep up to date with local initiatives and share good practice with their own staff and other providers. The management team also kept their skills and knowledge up to date, though research and training, and through manager meetings within the organisation when they could share what went well and what they did about things that did not go so well.

The registered provider ensured the home was run in line with current legislation and good practice guidelines. There were up to date policies that were available to all staff to make sure they had the information they required to provide safe and effective care.

The provider had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.