



Making Social Care  
Better for People

Inspecting for better lives

# Key inspection report

## Care homes for older people

<b>Name:</b>	Marlborough Lodge
<b>Address:</b>	83/84 London Road Marlborough Wiltshire SN8 2AN

The quality rating for this care home is:

three star excellent service

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full assessment of the service. We call this a 'key' inspection.

<b>Lead inspector:</b>	<b>Date:</b>
Elaine Barber	2   6   0   1   2   0   0   9

This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

**Outcome area (for example Choice of home)**

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

**This is what people staying in this care home experience:**

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

Copies of the National Minimum Standards – Care Homes for Older People can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

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- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Our duty to regulate social care services is set out in the Care Standards Act 2000.

## Reader Information

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## Information about the care home

Name of care home:	Marlborough Lodge
Address:	London Road 83/84 Marlborough Wiltshire SN8 2AN
Telephone number:	01672512288
Fax number:	F/P01672512288
Email address:	sueharper3@btinternet.com
Provider web address:	

Name of registered provider(s):	David Llewellyn Harper, Susan Lesley Harper
Name of registered manager (if applicable)	
Susan Lesley Harper	
Type of registration:	care home
Number of places registered:	18

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	18
Additional conditions:		
Date of last inspection		

### Brief description of the care home

Marlborough Lodge is a private care home offering accommodation and personal care to 18 older people.

Marlborough Lodge is two Victorian houses, which have been made into one building. The home is situated on the A4, Marlborough to Hungerford Road on the outskirts of Marlborough, and is just ten to fifteen minutes walk or two minutes drive from the town centre. A bus service to the town centre passes the home and the bus stop is nearby.

The home provides accommodation in single bedrooms. Five bedrooms have en-suite facilities. There is a large lounge and a large dining room with some additional comfortable chairs. A new extension has been built including three of the single

### Brief description of the care home

bedrooms with en-suite toilets, a conservatory and a bathroom. There is a small front garden and a larger back garden with a secluded patio area and flower beds. There are adequate parking facilities.

There are at least four care staff on duty during the day supported by the manager, care manager, a handyman, cooks, a laundress and a housekeeper. At night there are two care staff on duty.

The fees are between 400 and 675 pounds a week.

Information about the home is available in a statement of purpose and service user guide. Inspection reports are available from the home and from the Commission Website, [www.csci.org.uk](http://www.csci.org.uk).

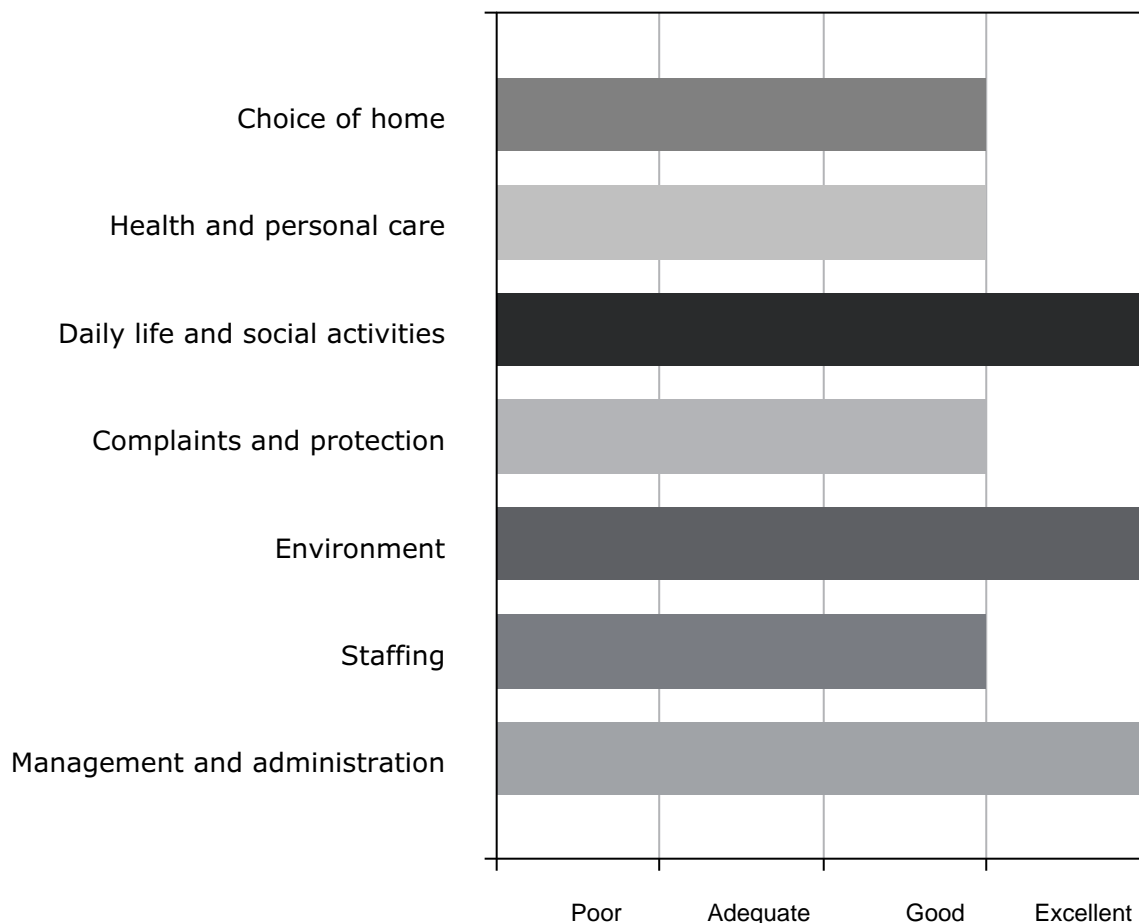
## Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

three star excellent service

### Our judgement for each outcome:



### How we did our inspection:

We asked the home to complete an 'Annual Quality Assurance Assessment', known as the AQAA. This was their own assessment of how they were performing. It also gave us information about what has happened during the last year, and about their plans for the future. We sent out surveys so that these could be completed by the people who lived in the home and by the staff. We had surveys back from fourteen people who lived in the home and nine staff members. We also received surveys from two care managers and three health care professionals. We looked at all the information that we had received about the home since the last inspection. This helped us to decide what we should focus on during our inspection. We visited the home on the 15th January 2009 and again on 26th January 2009.

We talked to the registered manager, the care manager and the training officer. We looked at some of the agency's records and talked to two members of staff. We met with eleven people who lived in the home and asked them about their experience of living in the home.

The judgments contained in this report have been made from all the evidence gathered during the inspection, including the visits.

The last inspection of the home was on 31st January 2007.

## What the care home does well:

People were given the information that they needed to decide whether the home was the right place for them. People had the opportunity to visit the home before they moved in. One person told us 'The manager and care manager were more than helpful when I came to see Marlborough Lodge and gave me all the time and answers I needed.' Another person said, 'Taken on a tour of the building and spoken to by the owner.' Each person had a contract and a statement of their terms and conditions with the home to safeguard their interests. Their needs were fully assessed to ensure that all their needs would be met.

People's health, personal, social care and diversity needs were being met. Each person had an individual plan and a record of the outcomes that they wished to achieve from living in the home. Risks were assessed and action was identified to manage any risks. Each person also had a manual handling assessment to ensure they were assisted appropriately. People said that their personal and medical needs were being met. Relatives, staff and professionals said that the standard of care was very high.

People found that the lifestyle in the home matched their expectations and needs. There was a range of activities and outings to suit individual preferences. Staff had a creative approach to activities and introduced new ideas, for example arranging for a donkey to visit and Punch and Judy to bring the seaside to the home. People maintained contact with their family and friends and the local community as they wished. Two visitors said that they were welcome in the home at any time. People could exercise personal autonomy and choice. People were treated as individuals and were very much themselves. People had a varied, appealing and balanced diet. Most people said that the food was very good. Comments included 'Very nice', 'Very Good', 'Lovely', 'Excellent food', 'Very nice home cooking, lovely,' and 'Top notch! Five star.'

There was a complaints procedure and people knew how to make a complaint. People were confident that their complaints would be listened to, taken seriously and acted upon. There was a procedure about protecting people from abuse and staff had received training about prevention of abuse. Staff were aware of the abuse procedures so that people were protected from abuse.

People lived in a safe, well-maintained environment with access to comfortable indoor and outdoor communal facilities. There was a large lounge, another large lounge dining area and a new conservatory. Each person had a single bedroom which was individually decorated and furnished. The accommodation was well decorated. There were three bathrooms, and people had wash basins in their rooms. People had sufficient and suitable toilets and washing facilities and there were sufficient bathrooms to meet their needs. There was a separate laundry room with a washing machine and tumble drier and a separate sluice. People said that the home was always fresh and clean. The home was clean, pleasant and hygienic.

There were usually four care staff on duty. The manager had recently raised the staffing levels to meet people's changing needs and so that staff could do more activities with people. People's needs were being met by sufficient staff with an appropriate mix of skills. There was a range of training and some staff had National

Vocational Qualifications (NVQ). Other staff were working towards NVQ. People were supported by staff who were trained, qualified and competent to do their jobs.

The home was run and managed by the manager and care manager. Both were appropriately qualified and had sufficient experience so that people benefited from living in a well run home.

The manager conducted surveys of people's views about the home and developed a plan to make improvements. People's views underpinned all quality assurance and improvement so that the home was run in people's best interests.

Some people managed their own money and had a lockable storage space to keep it in. Staff helped other people to manage small amounts for money and kept records of deposits and withdrawals. People's financial interests were safeguarded.

There were health and safety policies and regular health and safety and fire safety checks were made. Equipment was serviced and staff had relevant training. The health, safety and welfare of the people who lived in the home and the staff were promoted and protected.

In the surveys we asked everyone if there was anything else you would like to tell us. The people who lived in the home said: 'All treated the same and very well.' 'I am very happy in the new part.' (The new extension.) 'I cannot praise Marlborough Lodge highly enough.' 'This is a fantastic care home, I could not wish for more. My mother could not be in better hands.' 'Its a lovely cosy, homely and friendly care home. A pleasure.' 'The quality of care provided by Marlborough Lodge is of the highest standards. The staff are both caring and professional.'

The care managers said: 'Marlborough Lodge is an excellent care home and we have a very good working relationship. They discuss with us regularly all our clients and any other issues they have with others, seeking our advice and happily accepting signposting to others or are willing to work with us.' 'They take great care in getting to know both clients and carers and family and involve all family in clients care. Any paper work seen by me is well written and easy to follow. On arrival at the home there is always a friendly relaxed atmosphere. Staff are always attentive to both visitors and residents.'

The healthcare professionals said: 'Good that also have some care staff with particular experience in care of elderly with dementia, since this is an increasing area of need.'

We asked what does the care service do well? The care managers said: 'Cares extremely well for all my clients and works very closely with our service to care in the setting of the home with all our clients.' 'Food. Accommodate people's needs well, approachable, friendly atmosphere.'

Health care professionals said:

'Marlborough Lodge is a very happy residential home. They treat all their residents as if it is their own home and really make sure the residents care plans reflect this.'

'Personal caring/individual approach. Good atmosphere of care in the home. Attention

to detail.'

'Marlborough Lodge is an excellent care home that respects and cares for all its residents in a manner which has never failed to impress me on a professional basis.'

### **What has improved since the last inspection?**

The manager told us in the AQAA about the changes they had made as a result of listening to people who used the service. These included: 'On going changes to individual resident's care plans/risk assessments. Provided another room (conservatory) for families/friends to see residents privately. Changes to dining room - TV/pictures/smaller tables. Milky coffee in the mornings. More choices for tea and desserts at lunch time - employ a cook for the whole day so that tea choices can be varied. Bathing on set days and the number of baths required by resident. Activities - more staff on in the afternoon to enable group and one-to-one activities with designated staff to undertake them. Have tea earlier. Improve the patio and raised garden area & now planted garden - most residents came to garden centre to choose plants. Substantial refurbishment of communal areas - incorporating residents ideas and colours. New call system - with pagers instead of a bell through-out the home. Individual issues raised by residents in their quality assurance questionnaire actioned. New dishwasher purchased. Complaints leaflet around the home. New table mats. More meetings to gain views - e.g bacon & egg once a week, snack or fruit with afternoon cup of tea. Life story work has started.'

Since our last key inspection a new extension had been added to the building. This included three single bedrooms, a bathroom and a conservatory. This meant that each person who lived in the home could have a single room and people could receive visitors in private.

We made a requirement and two recommendations at the last inspection that had been addressed. All the required recruitment checks were carried out so that people would be protected from being cared for by staff who may be unsuitable. We saw that those people who were able to sign their plans had done so to show that they were in agreement with them. The plans were also dated. The records showed that all staff were receiving fire instruction so that they would know how to protect people if there was a fire.

### **What they could do better:**

The manager told us in the AQAA about improvements that they planned to make. These included 'Provide pictorial and written information for enquiries, including a brochure and website and develop a checklist for structured introduction to Marlborough Lodge. Promote more feedback from residents and their families - and record it. Manage administrative time more effectively. Process for maintaining & checking standards. Complaints book & discussion at residents meeting. Training on practice issues. Discussing end of life issues with residents & families - initially at a residents meeting and then individually.'

During our visits the manager told us that they intended to develop the care plans further, introduce health action plans and ensure staff completed life history work with everyone to make the care more person centred. They also said that they planned to enrol more staff for NVQ and extend the range of training, including more in depth

training about dementia. This would ensure that people were cared for by more staff who were qualified and skilled.

We made two recommendations for improvement as a result of this inspection. The new format for care planning should include information about needs relating to disability, gender, age, race, ethnicity, faith and sexual orientation to ensure that these needs will be met. The individual risk assessments for example for hot water temperatures and use of bedrails should be reviewed to ensure that they comply with the new guidance issued by the Health and Safety Executive.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 4.

The report of this inspection is available from our website [www.csci.org.uk](http://www.csci.org.uk). You can get printed copies from [enquiries@csci.gsi.gov.uk](mailto:enquiries@csci.gsi.gov.uk) or by telephoning our order line -0870 240 7535.

## Details of our findings

### Contents

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## Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People were given the information that they needed to decide whether the home was the right place for them. People had the opportunity to visit the home before they moved in. Each person had a contract and a statement of their terms and conditions with the home to safeguard their interests. Each person's needs were fully assessed to ensure that all their needs would be met. The home did not provide intermediate care.

Evidence:

We saw that there was a statement of purpose and a service user guide. The manager told us on our first visit that the statement of purpose was not up to date because of staff changes. On our second visit we saw that the statement of purpose had been updated. The service user guide was in large print and the manager told us that they gave a copy to each person who enquired about moving into the home.

We asked people in their surveys whether they received enough information to decide

## Evidence:

whether the home was the right place for them. All fourteen who completed surveys said 'yes'. One said, 'The manager and care manager were more than helpful when I came to see Marlborough Lodge and gave me all the time and answers I needed.' Another person said, 'Taken on a tour of the building and spoken to by the owner.' We looked at three people's personal files. We saw a record in one file that said that they had visited the home before they moved in.

Each of the three people had an assessment by the home which covered their personal, social and health care needs. People's religious and cultural needs were also recorded. Two of the people also had assessments by social workers. Each person had an additional assessment and care planning book which contained further information about their personal, social, religious, cultural and health needs. The manager and care manager said that they obtained this information to make sure that the care provided was person centred. A care manager completed a survey form and told us that the assessment arrangements made sure that the right information was gathered so that the right service was planned and given to each person.

All fourteen people who completed surveys said that they had a contract with the home. When we read the files we saw that each of the three people had a contract with social services and the home.

## Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People's health, personal, social care and diversity needs were being met. People were protected by the home's policies and procedures for dealing with medicines. People felt that they were treated with dignity and respect and their right to privacy was upheld.

Evidence:

We made a recommendation at the last inspection that it would be good practice for each person to sign their care plan to show that they have been involved in developing it and are in agreement with it. When a person is not able to sign it would be good practice for a relative to sign on their behalf. We looked at a random sample of care plans and saw that this had been addressed. Those people who were able to sign their plans had done so. The plans were also dated.

We read three people's personal files in more detail. We saw that each person had a care plan which included how their personal, social and health care needs were to be met. The plans included the aims and outcomes that the person wanted to achieve. One person had signed their plan to show their agreement with it. The manager told

## Evidence:

us that the other people was not able to sign. The plans were dated when they were written. The plans included any religious needs and any needs relating to disability. There was no space to record any needs related to culture, ethnicity or sexuality and they were task focused rather than being person centred. We discussed this with the manager and care manager. They told us that these plans were the working tools for staff and contained the information they needed to provide the care. They told us that there was an additional assessment and care planning book for each person which provided person centred information. When we looked at these we saw that they contained information about each person's life history and what was important to them, including family contact, interests, dietary preferences, religious and cultural needs. We asked the health care professionals 'Does the care service respond to the different needs of individuals?' This was in relation to race, ethnicity, age, disability, gender, faith and sexual orientation. The three health care professionals and two care managers said 'always.'

The manager and care manager told us that they planned to introduce a new format for care planning which would help them to be even more person centred. They also planned to introduce life story work with people. On the day of our second visit we saw that one member of staff was doing some life story work with one person and some of the staff. The manager said that this member of staff had done life story work with two people so far.

When we looked at the files we saw that people's health care needs and any medical conditions were recorded in the assessments and care plans. People had risk assessments in relation to falls and pressure areas and appropriate interventions were identified in their care notes. There were opportunities for exercise. People also had manual handling assessments. Nutritional screening formed part of the assessment and a record was kept of nutrition and weight. Some people were having nutritional supplements.

Each person was registered with a GP. They saw the dentist, optician, chiropodist and audiologist as needed. On the morning of our second visit the optician had visited to test people's vision. One person's plan showed that they were seen by the district nurse. Another person's plan said that they spent much of their time in bed and had two hourly turns. We saw that they had a separate record in their room showing each time they were turned and their fluid and nutritional intake. We asked people in their surveys 'Do you receive the medical support you need?' All fourteen people who answered said 'always'. Two care managers who completed surveys said that individual health care needs are always properly monitored and attended to by the care service. They said 'Care plans very detailed giving full info of care needs.' and 'Staff at Marlborough Lodge are excellent and good at contacting professionals if any

## Evidence:

health needs.' Three health care professionals who completed surveys also said that individuals' health care needs are always met by the care service. They said 'They always listen and act appropriately to our advice and help the district nurse service to meet the health care needs of their residents.' We asked does the care service seek advice and act upon it to manage and improve individuals' health care needs? All three said 'always.' One commented 'Appropriately and responsively.' The manager told us that they planned to introduce health action plans with people to ensure all areas of health care needs were met.

We saw that medication was stored in a locked cupboard and a locked trolley. There was a separate cupboard for controlled drugs. This was bolted to the wall to comply with the new requirements for the storage of controlled drugs. There was a controlled drugs register which was appropriately completed with two staff signatures when controlled drugs were administered. A monitored dosage system was used for the majority of the medication and medication administration sheets were supplied by the pharmacist. These were appropriately completed when staff administered medication to people. The sheets were also used for stock control. We saw one of the staff giving tablets to people after lunch. They gave the tablets discretely to each person and signed the medication record after they had seen them take it. We noticed that some people had 'as required' medication. Each of these people had an 'as required' protocol.

On our first visit to the home we saw that one person was taking a homely remedy. The care manager told us that no-one else had any homely remedies. We recommended to the care manager that they contact the pharmacist to make sure that the remedy did not react with their prescribed medication. At our second visit the care manager told us that they had contacted the pharmacist who had advised the remedy could be taken with the prescribed medication. Some staff were receiving training about medication from Swindon College.

We asked the professionals in their surveys whether the care service supported individuals to administer their own medication or managed it correctly where this was not possible. Two health care professionals and two care managers said 'always'. One health care professional said 'sometimes' and commented 'Where this is appropriate to their needs/safety/ability.'

Each person had their own bedroom. There were signs on the doors to show that these rooms were private. Care was provided in the privacy of the bedroom and the bathroom. We observed staff knock on bedroom doors and wait for permission to enter. Each person was individually dressed and their clothes were clean and pressed. One relative told us that the person they were visiting was always wearing clean, tidy

## Evidence:

clothes. They also said that they were always able to see their relative in the privacy of their bedroom. When we had lunch we saw that people were supplied with discrete pinafores made of table napkin material to protect their clothes and maintain their appearance. We noticed that people had individual hairstyles and the care manager told us that the hairdresser came once a week. We asked the professionals in their surveys 'Does the care service respect individuals' privacy and dignity?' The two care managers and three health care professionals said 'always'.

## Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People find that the lifestyle in the home matches their expectations and needs. People maintain contact with their family and friends and the local community as they wish. People can exercise personal autonomy and choice and they receive a varied, appealing and balanced diet.

Evidence:

The manager told us in the AQAA that they had improved the service in the last twelve months by designating care staff to lead activities daily and increasing one to one activities. We saw that people's interests and hobbies were recorded in their care plans. We saw a programme of activities and a record of activities that each person had participated in. The manager said that this helped staff to know which people may need more support to be involved in activities. The manager also said that it was the little things that were important to people like being able to go out to the shop if they wanted. The additional staff employed made it possible to take people to the shop if they wanted to go. The records showed that there were regular activities in the home. We saw photographs of a pantomime that staff had put on before Christmas. The manager told us that one person had wanted to have a helicopter ride and they had arranged this for the person for their birthday.

## Evidence:

The manager and care manager told us about other activities that had taken place including most of the residents going to the garden centre to choose plants for the garden. They also said that the home had taken part in an activities challenge organised nationally, which involved being more creative to encourage people to go out into the fresh air. They had brought the seaside to people who could not get out to the sea including a donkey and Punch and Judy show. When we talked to one person they told us about the donkey visiting, going to choose the plants for the garden and going shopping. On the first day of our inspection some people were playing scrabble in the afternoon. We asked people in their surveys 'Are there activities arranged in the home that you can take part in?' Ten people said that there always were and four said that there usually were. Comments included 'Been shopping for Christmas and to a show.' 'Brilliant things and not patronising in any way.' 'If I want to' 'When I can.' The manager told us that a member of staff had brought in a game console for people to try. People had enjoyed activities like virtual bowling so the manager planned to buy a console for people to use.

On the first day of our visit only a few people were in the lounge as most people had been unwell. On the second day of our visit there were several people in the lounge. Some had visitors and some were playing scrabble. Later in the afternoon there was a sing song.

We noticed that there was information about people's chosen religion in their care plan. When we talked to one person they said that they were a methodist and liked to go to church. However, at the time they were not well enough to go out to church. The manager told us that a vicar came in to give communion. She told us about how she had negotiated to ensure that this continued for the benefit of people. She also planned to move the service to the conservatory so that it did not disturb people in the lounge who chose not to participate.

We saw that each person had information about their family contacts recorded in their care plans. The care manager told us about each person's contact with their family when she showed us around the home. People had family photos in their rooms. They told us that they had visits from family members and went out with them. The manager told us that relatives could visit any time. On the day of our first visit we met two relatives who were visiting people. One told us that they were always welcome. On the second day of our visit there were several family visitors. We met one relative with a resident in their room. The relative told us that they could visit any time and they always met with their relative in the privacy of their room. We observed the care manager talking to the partner of one person who had recently moved in to make sure that they had transport so that they could visit as often as they wished.

## Evidence:

People had a choice of meals except for the main course at lunch which was a set meal. We observed people choosing where to spend their time. Some spent time in their rooms and some were in the lounge or the seating area in dining room. They could also use the conservatory. People could move around the home freely as they chose. People had brought their own items into their rooms and each room was very personal. They had their own clothes and chose their hairstyles. Some people chose to have a daily newspaper. We noticed that the television was not on all the time and was put on when people wanted to watch something. We saw in the assessment and care planning books that there was information about each person's life history and likes and dislikes. This gave a picture for staff of what the person was like and how they liked to live their life. The emphasis in the home was on allowing people to be themselves. The manager told us that she planned to develop the care plans further so that they were even more person centred.

The manager also told us in the AQAA that she planned to introduce life story work with people. One of the staff told us in their survey that they wanted to introduce life story work with people. On the second day of our visit we saw one member of staff discussing life story work with another member of staff and the two staff met with a resident to talk about their life history. The manager told us that the first member of staff had a lot of experience of life story work and wanted to develop with this with the other staff.

We looked at the menu and saw that it was varied and was rotated over a five week period. There was a choice at breakfast and tea and for pudding at lunch time. The main course at lunch was a fixed meal but people were offered an alternative if they did not like the meal. The cook told us that there were no special diets but these would be catered for if needed. The choice of meals at tea time included a cooked meal. The tea time choices were recorded for each person. We observed staff helping some people to eat their meals discretely and without rushing them. The lunch time was a pleasant social occasion as people chatted together during and after lunch.

We spoke to three people at lunch time who told us that the meals were very good. We asked people in their surveys if they liked the meals at the home. They commented, 'Very nice', 'Very Good', 'Lovely', 'Excellent food', 'Very nice home cooking, lovely,' and 'Top notch! Five star.' One relative said 'Not only are the meals nutritious, but if my father misses a meal (due to being asleep, or being out with me) someone always makes a meal for him.'

We saw that drinks were available throughout the day. Nutritional needs and dietary preferences were recorded in the care plans. Supplements were given if needed. We

Evidence:

noted that one person was having supplement drinks and a record was kept in their room when they had a supplement so that it was clear they were having their nutrition.

Festivals were celebrated in the home that reflected the culture of the people who were living there. These included Christmas, Easter and birthdays. Recently they all celebrated Christmas and New year and traditional Christmas dinner was provided. On the second day of our visit there was a birthday tea for one of the residents. The staff put the dining tables together and dressed the table so that everyone could celebrate together. There was a very festive atmosphere. The chef prepared party food which was very well presented and looked appetising and we observed people enjoying the tea.

## Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People could be confident that their complaints would be listened to, taken seriously and acted upon. People were protected from abuse.

Evidence:

When we read the statement of purpose and service user guide we saw that these contained information about how to make a complaint. The service user guide was in large print which made it easier to read. The manager told us that they had had no formal complaints since the last inspection. She also said that she had decided to record any informal complaint which were dealt with quickly. We saw a book which contained information about some recent informal complaints and the response to these complaints. The manager said that monitoring these informal complaints would help to improve the service. All the fourteen people who completed surveys forms said that they knew how to make a complaint. Nine staff who completed surveys said that they knew what to do if a resident or relative had concerns about the home. Several said that they would give them a copy of the complaints procedure.

The manager told us that she gave each new member of staff a copy of the 'No Secrets' booklet when they had their induction. This is a booklet giving information about the multi-agency safeguarding procedures in Wiltshire. There was a record of this on the induction checklist of each new member of staff. The manager showed us some new easy read booklets about safeguarding which she had recently obtained to

Evidence:

give to staff. When we looked at the training records we saw that each member of staff received training about prevention from abuse as part of their induction.

Two people had bedrails. The manager said that they she was aware that these could be used as a form of restraint. However the two people were at risk of falling out of bed and had risk assessments for bed rails and there was evidence that the rails were being used appropriately to keep them safe.

## Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People lived in a safe, well-maintained environment with access to comfortable indoor and outdoor communal facilities. People had sufficient and suitable toilets and washing facilities and there were sufficient bathrooms to meet their needs. The home was clean, pleasant and hygienic.

Evidence:

When we visited we noticed that the house was in keeping with others in the road. There was a planned schedule of maintenance and renewal. One of the owners was working in the home full time providing maintenance. There was no CCTV. We saw a report, which showed that the home met the requirements of the Environmental Health Officer. There was a lounge/dining area and separate spacious lounge, which provided suitable space in excess of the national minimum standard of 4.1 square metres of shared space for each person. These rooms provided a choice of where to sit and were suitably decorated and furnished. There was a combination of domestic style artificial lighting and natural lighting.

We made a random inspection on 30th November 2007 to look at the new extension. The accommodation in the extension consisted of three single bedrooms each with a large accessible en-suite toilet. Two of the bedrooms were in the region of 14 square meters and the third was about 20 square meters. The bedrooms had all the furniture

## Evidence:

required in the standard. There was a large conservatory with comfortable chairs. The home had sufficient communal space for everyone who lived there already, so this provided extra communal space and provided the opportunity for people to receive visitors in private. A building control completion certificate had been received. There was also a large bathroom with a walk in shower and a hi-lo bath. The ground floor of the home had been recarpeted throughout. New easy chairs and dining tables and chairs had been purchased for the dining room. There was a large flat screen television in the seating area. There was an accessible patio area between the extension and the house. A raised flower bed had been built to the side. The manager told us that the people who lived in the home had been involved in choosing plants for the flower bed. A new call bell system had been installed.

All the bedrooms were single. There were several smaller rooms on the ground floor which met the minimum space requirements of 10 square meters for existing care homes. Many of the other rooms in the main home and all the rooms in the extension exceeded the minimum spatial requirements. All the bedrooms were individually furnished and decorated. They had all the required furniture and fittings. The manager was providing new furniture for the bedrooms. All the bedrooms in the extension had new furniture and decor. Two people who needed them had adjustable beds.

There were sufficient bathroom and toilets facilities to meet people's needs. Five rooms had en-suite toilets. The manager told us in the AQAA that they planned to install more en-suites. The home provided three bathrooms: one on each floor and one in the extension.

When we visited we saw that the home was clean, tidy, comfortable and free from offensive odours. The laundry room was on the ground floor. It had an industrial washing machine and tumble dryer, which were sufficient to meet the needs of people in the home. The manager told us in the AQAA that a new washing machine had been purchased since our last inspection. A laundress was employed five days a week to undertake the washing and ironing duties and the care staff also assisted with this task. People's clothing was labelled or colour coded to ensure that garments were appropriately returned to them.

## Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People's needs were being met by sufficient staff with an appropriate mix of skills. People were supported by staff who were trained and competent to do their jobs. People were protected by the home's recruitment policies and practices

Evidence:

The care manager told us that there was a minimum of four members of care staff on duty throughout the day and three during the evening. The manager said that she had increased the number of staff because of the changing needs of some of the people and so that staff could do more one to one activities with people. The care manager said that there were sometimes five or six care staff in the afternoons so that they could do activities with people. The rota confirmed this. In addition to the care staff there were the owner/manager, the care manager, a training officer, cooks, a laundress, a housekeeper and a handyman. There was one waking night staff member on duty each night and a member of staff sleeping in.

The manager told us in the AQAA that there were twenty care staff and seven care staff had National Vocational Qualification (NVQ) Level 2 or above. The care manager confirmed this and said that she had NVQ Level 3 herself, had done the assessors award and was starting the Registered Managers Award. The manager said that several staff had completed NVQ Level 2 and then left to work elsewhere.

## Evidence:

There was a recruitment procedure. New staff completed an application form, were interviewed and checks and references were taken up. The manager had introduced a new recruitment checklist. This made it easy to see when all the required checks had been received and when the staff member started work. We looked at the files of four new staff. Each had completed an application form with a declaration that they had no offences. They had also completed a health questionnaire to confirm that they were physically and mentally fit. Proof of identity was kept for two members of staff in the form of passports and driving licences. Two staff had no proof of identity. The manager said that they had seen proof when the Criminal Records Bureau Check (CRB) was applied for but they did not keep copies because they did not have their photocopier then.

We saw from the records that the manager obtained two written references for all the staff before they started work. Two of the staff did not start work until their CRB and Protection of Vulnerable Adults (POVA) checks were received. The other two staff started work after their POVA first checks were obtained. We made a requirement at the last inspection that before a new member of staff starts work, two written references must be received, a check must be made of the Protection of Vulnerable Adults List and a Criminal Records Bureau check must be applied for. The member of staff must be supervised by a designated member of staff until the CRB check is received. This had been addressed. The two members of staff had two written references and a POVA first check and a CRB check had been applied for before they started work. The manager told us that they always worked with other staff who supervised them until their CRB check came through. We saw from the rota that they did not work alone.

When we spoke to the training officer she told us that new staff had induction training. She said that she provided three different types of induction each based on the Skills for Care Common Induction standards. She told us that the depth of the training depended upon the member of staff's knowledge and experience of care. She stated that she was reorganising the training and planned to introduce more in depth training about dementia later in the year. The manager had purchased a training pack from the Alzheimers society.

We looked at the training records of four staff. All four had had an induction which included training about person centred care and prevention of abuse. Two had NVQ level 3 and one was a trained nurse. Each member of staff had a training profile. They had all completed training in food hygiene, manual handling, health and safety, first aid, fire instruction and infection control. Two had had training about safe handling of medication. The manager told us that some staff had completed distance learning

Evidence:

training with Swindon college and she found this to be valuable. The care manager told us that four staff had received training in medication, four had training about dementia and two had training about palliative care. Eight staff who completed survey forms said that they were given training that helped them to understand people's individual and diverse needs and kept them up to date with new ways of working. They all said that they had an induction that covered everything that they needed to do the job when they started.

## Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home was run and managed by people who were appropriately qualified and have sufficient experience so that people benefited from living in a well run home. People's views underpinned all quality assurance and improvement so that the home was run in people's best interests. People's financial interests were safeguarded. The health, safety and welfare of the people who lived in the home and the staff were promoted and protected.

Evidence:

The owner, who was also the manager, had appropriate management and supervisory experience and she had overall responsibility for the management of the home. She had a CSS (Certificate in Social Services) qualification and had also achieved the NVQ level 5 in Management as well as being a NVQ Assessor. She was supported by a care manager who had day to day responsibility for the care of the residents. The care manager had an NVQ Level 3 in care, and the NVQ assessors' award and was about to start the registered managers' award. There was also a training officer who had an

## Evidence:

SEN nursing qualification and had also obtained the registered managers' award and the NVQ assessors' award. She was also a qualified trainer in moving and handling. The manager told us in the AQAA that the staffing structure had changed to provide more senior cover. During our visits we saw that the manager, care manager and training officer were available to provide support to staff. At previous inspections we had noted that the manager and care manager were at times working on the rota as care staff. The increase in staffing levels meant that they were free to concentrate on support to staff and management issues.

The manager also told us in the AQAA that they had an open management style that encouraged and developed staff. During our visits we observed open communication between staff members and the manager and care manager. Several staff at different times approached them with queries or ideas. Relatives also called into the office to see the manager on several occasions. The office door was always open. We asked the staff in their surveys whether they had the right support, experience and knowledge to meet the different needs of people. Seven said that they always had. Comments included: 'I can have support at any time from my colleagues and the management. Management and colleagues always available to give advice whenever needed.' 'The manager, care manager and training officer are always on hand for advice and support.' 'The home has an excellent support network. They are encouraged to ask questions to senior staff about issues of the service users needs.' Two staff said that they usually had enough support. They commented: 'But if we are unsure we are always encouraged to seek advice from our manager.' 'If we have any problems my manager is always approachable and very supportive. There is always someone who can help.'

In the surveys we asked everyone if there was anything else you would like to tell us. The people who lived in the home said: 'All treated the same and very well.' 'I am very happy in the new part.' 'I cannot praise Marlborough Lodge highly enough.' 'This is a fantastic care home, I could not wish for more. My mother could not be in better hands.' 'Its a lovely cosy, homely and friendly care home. A pleasure.' 'The quality of care provided by Marlborough Lodge is of the highest standards. The staff are both caring and professional.' The care managers said: 'Marlborough Lodge is an excellent care home and we have a very good working relationship. They discuss with us regularly all our clients and any other issues they have with others, seeking our advice and happily accepting signposting to others or are willing to work with us. They take great care in getting to know both clients and carers and family and involve all family in clients care. Any paper work seen by me is well written and easy to follow. On arrival at the home there is always a friendly relaxed atmosphere. Staff are always attentive to both visitors and residents.' The healthcare professionals said: 'Good that also have some care staff with particular experience in care of elderly with dementia,

Evidence:

since this is an increasing area of need.'

We asked what does the care service do well? The care managers said: 'Cares extremely well for all my clients and works very closely with our service to care in the setting of the home with all our clients.' 'Food. Accommodate people's needs well, approachable, friendly atmosphere.' Health care professionals said: 'Marlborough Lodge is a very happy residential home. They treat all their residents as if it is their own home and really make sure the residents care plans reflect this.' 'Personal caring/individual approach. Good atmosphere of care in the home. Attention to detail.' 'Marlborough Lodge is an excellent care home that respects and cares for all its residents in a manner which has never failed to impress me on a professional basis.'

The policy of the home was for people to manage their own money or appoint an appointee to do so on their behalf. The care manager told us that staff helped some people to manage their personal money and records were kept of withdrawals. We saw that people had individual plastic wallets with their money and a record of transactions. We looked at three of these records and saw that they were accurate. The manager and the care manager audited the finances once a month as part of quality assurance to ensure that they were managed appropriately. Everyone had been provided with lockable storage within their bedrooms to keep their money secure.

We saw that the home had a detailed quality assurance system. This was based on an audit of all standards of care including medication, accidents, training, supervision, complaints and the environment. Surveys had recently been sent out to people who used the service and their relatives and the results had been analysed and recorded. The manager had produced an annual development plan.

The manager had also completed the AQAA and sent it to CSCI as requested. The AQAA was completed fully and included detail about the information we asked for. The manager told us how they collect the views of people who use the service. Examples included: 'Listen to residents when we are working with the residents on a daily basis work a key worker system so that each resident has the opportunity to develop a one-to-one relationship with a staff member and give feedback on all aspects of their care and the home, develop and review care plans with residents/their families or representative, develop and review risk assessments with residents/families or representative, the Manager and/or the Care Manager sees each resident every day and informal feedback and discussion is welcomed, residents meetings, quality assurance questionnaires for residents and families/visitors, open door policy - management accessible any time, we seek residents views about specific issues which affect them - for example how to spend Amenity Money. Monthly Care Planning meetings where key workers advocate any issues on behalf of their residents.'

## Evidence:

They also told us what changes they had made as a result of listening to people who used the service. These included: 'on going changes to individual resident's care plans/risk assessments, provided another room (conservatory) for families/friends to see residents privately, changes to dining room - TV/pictures/smaller tables, milky coffee in the mornings, more choices for tea and desserts at lunch time - employ a cook for the whole day so that tea choices can be varied, bathing on set days and the number of baths required by resident, activities - more staff on in the afternoon to enable group and one-to-one activities with designated staff to undertake them, have tea earlier, improve the patio and raised garden area & now planted garden - most residents came to garden centre to choose plants, substantial refurbishment of communal areas - incorporating residents ideas and colours, new call system - with pagers instead of a bell through-out the home, individual issues raised by residents in their quality assurance questionnaire actioned, new dishwasher purchased, complaints leaflet around the home, new table mats. More meetings to gain views - e.g bacon & egg once a week, snack or fruit with afternoon cup of tea. Life story work has started.'

We saw that there were policies and procedures to ensure a safe working environment. There was an annual health and safety audit as part of quality assurance. All staff had received training in the various mandatory courses including health and safety, first aid, food hygiene and manual handling. Window restrictors had been fitted to all windows above the ground floor, the temperature of the water was restricted and radiators were covered. We saw certificates to show that portable appliances were tested and the stair lift, hoists, boiler and adjustable beds were regularly serviced. The environmental health officer (EHO) conducted an inspection of the kitchen and the health and safety in June 2008 and gave a four star rating.

There were environmental risk assessments and these had been reviewed in September 2008. Each person had a series of individual risk assessments for example for moving and handling, use of the stair lift, transferring, mobilising, use of bedrails and use of the hoist. We saw evidence of monthly review of individual risk assessments. These included the individual risk to the person and the positive outcomes to be achieved by taking the risk. We saw that the manager had printed off the up to date advice from the Health and Safety executive about risks in a care home. She said that she intended to read and consider this. We recommended that she review the risk assessments in the light of this new guidance. We saw that there was a fire risk assessment. We also saw that all the checks of the fire prevention system were taking place at the right intervals. We made a recommendation at the last inspection that all staff should receive fire instruction once a quarter and a record should be kept and when fire drills take place the date should be recorded. The records showed that staff were receiving fire instruction and the date was being recorded.



Are there any outstanding requirements from the last inspection?

Yes

No

## Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
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## Requirements and recommendations from this inspection:

### Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action
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### Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
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### Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No.	Refer to Standard	Good Practice Recommendations
1	7	The new format for care planning should include information about needs relating to disability, gender, age, race, ethnicity, faith and sexual orientation to ensure that these needs will be met.
2	37	The individual risk assessments for example for hot water temperatures and use of bedrails should be reviewed to ensure that they comply with the new guidance issued by the Health and Safety Executive.

## Helpline:

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