Liaise Loddon Limited

Marika 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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

This was an unannounced inspection and took place on the 26 June 2017. The inspection was planned in response to some concerns that had been shared with the Care Quality Commission.

The service provides care and support for up to seven people who may have a learning disability, a mental health condition or physical disabilities. Some people using the service displayed behaviours that were challenging to others and required interventions from staff to keep them and others safe. Some people could not speak with us due to their difficulty in communicating.

There is a registered manager at Marika House. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

The provider had outstanding arrangements in place to assess, monitor, analyse and learn from incidents where people's behaviours challenged. Exceptional outcomes were achieved for people because the provider had gone the extra mile to implement excellent person centred training for staff which was specific to people's individual health and social circumstances.

Staff received training appropriate to people's needs and were regularly monitored by a senior member of staff to ensure they delivered effective care. Where people displayed physical behaviours that challenged others, staff responded appropriately by using redirection techniques and only used physical interventions as a last resort. Records showed the provider monitored incidents where physical interventions were used and had informed the local authority, behavioural support teams and healthcare professionals and the Care Quality Commission when these types of techniques were used.

Staff were knowledgeable about the requirements of the Mental Capacity Act 2005 and worked with advocacy agencies, healthcare professionals and family members to ensure decisions made in people's best interests were reached and documented appropriately

People were not unlawfully deprived of their liberty without authorisation from the local authority. Staff were knowledgeable about the deprivation of liberty safeguards (DoLS) in place for people and accurately described the content detailed in people's authorisations.

People were protected from possible harm. Staff were able to identify the different signs of abuse and were knowledgeable about the homes safeguarding processes and procedures. They consistently told us they would contact CQC and the local authority if they felt someone was at risk of abuse. Notifications sent to CQC and discussions with the local authority safeguarding team confirmed this.

Staff interacted with people and showed respect when they delivered care. Relatives and healthcare professionals consistently told us staff engaged with people effectively and encouraged people to

participate in activities. People's records documented their hobbies, interests and described what they enjoyed doing in their spare time.

Records showed staff supported people regularly to attend various health related appointments. Examples of these included visits to see the GP, hospital appointments and assessments with other organisations such as the community mental health team.

People received support that met their needs because staff regularly involved them in reviewing their care plans. Records showed reviews took place on a regular basis or when someone's needs changed.

The service had an open culture where people told us they were encouraged to discuss what was important to them. We consistently observed positive interaction between staff and 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 remains safe. People felt safe because the provider had systems in place to recognise and respond to allegations of abuse or incidents.

People received their medicines when they needed them. Medicines were stored and managed safely.

There were sufficient numbers of staff deployed to ensure the needs of people could be met. Staff recruitment was robust and followed policies and procedures that ensured only those considered suitable to work with people who were at risk were employed.

Is the service effective?

Good

The service remains effective. Staff received training to ensure that they had the skills and additional specialist knowledge to meet people's individual needs.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and how to act in people's best interests.

People's dietary needs were assessed and taken into account when providing them with meals. Meal times were managed effectively to make sure people had an enjoyable experience and received the support they needed.

Is the service caring?

Good

The service remains caring. Staff knew people well and communicated with them in a kind and relaxed manner.

Good supportive relationships had been developed between the home and people's family members.

People were supported to maintain their dignity and privacy and to be as independent as possible.

Is the service responsive?

Outstanding

The service was extremely responsive. The provider had

outstanding arrangements in place to help and support people who displayed behaviours that challenged.

People's needs were assessed before they moved into the home to ensure their needs could be met. Input and support from healthcare professionals when reviewing people's care needs improved people's quality of life significantly.

People received care and supported when they needed it. Staff were knowledgeable about people's support needs, interests and preferences.

Is the service well-led?

Good

The service was well-led. People felt there was an open, welcoming and approachable culture within the home.

Staff felt valued and supported by the registered manager and the provider.

The provider regularly sought the views of people living at the home, their relatives and staff to improve the service.

Marika 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 26 June, was unannounced and carried out by one inspector.

Before our inspection we reviewed previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

During our visit we spoke with the registered manager, the operations manager and four members of staff.

We pathway tracked three people using the service. This is when we follow a person's experience through the service and get their views on the care they received. This allows us to capture information about a sample of people receiving care or treatment. We looked at staff duty rosters, four staff recruitment files, feedback questionnaires from relatives

We last inspected the home on 20 November 2014 where no concerns were identified.

Good

Is the service safe?

Our findings

Healthcare professionals and relatives told us people were safe. A relative said, "My son has risk assessments and these are clearly documented in his annual reviews. I am always aware of how his immobility is managed." A healthcare professional said, "The staff are really on the ball with safety, I trust them".

Staff understood the signs of abuse and knew how to report concerns. They completed safeguarding training and had regular updates. Staff said they would have no hesitation in reporting any concerns to a senior member of staff, and knew how to report concerns to external agencies. The registered manager responded to a concern raised with the local authority about potential abuse, and had taken robust action to improve staff practice to safeguard a person. There were robust systems in place to support people with their monies and account for all expenditure. These measures reduced people's risk of financial abuse.

Personalised risk assessments promoted people's safety and reduced risks for people as much as possible. For example, a person was assessed as at increased risk of choking by a speech and language therapist (SALT) because of difficulties chewing and swallowing their food. The person's support plan had detailed information about how to reduce risks for that person. This included advice about preparing the person's food to a soft consistency, supervising them at mealtimes and encouraging them to chew and swallow each mouthful before eating again. At lunchtime, staff followed this advice which minimised the person's choking risk.

People were supported by staff to receive their medicines safely and on time. The service used a monitored dosage system on a monthly cycle for each person. Staff were trained and assessed to make sure they had the required skills and knowledge to administer medicines safely. Medicines administered were well documented in people's Medicine Administration Records (MAR), as were records of prescribed creams. Medicines were checked and medicine administration records were audited regularly and action taken to follow up any discrepancies or gaps in documentation. Reviews were completed for each person with input from their advocate, relative and relevant healthcare professional such as a GP. This demonstrated health professionals were checking regularly that people's medicines were still relevant and effective for their health needs.

Accidents and incidents were reported and included measures to reduce risks for people. For example, any slips, trips or falls were reviewed to identify any avoidable factors, so they could be addressed to reduce the risk of recurrence. Environmental risk assessments were completed for each room and showed measures taken to reduce risks. For example, in response to a falls risk identified in the garden, a gate was recently installed at the top of a flight of steps. The provider had systems in place that staff used to monitor the safety of the environment such as checks on health and safety, infection control, medicines management, and fire prevention measures. These were up to date and showed repairs and maintenance of the building was regularly undertaken. Equipment was regularly serviced and tested as were gas, electrical and fire equipment. Regular checks of the hot water system, fire alarm and fire extinguishers, smoke alarms, and fire exits were also undertaken. An internal audit in March 2017 sated, "Fire risk assessments were reviewed recently and are in date. Five fire evacuation drills have taken place so far in 2017, which is excellent" and

"Fire alarms have been tested weekly, emergency lights are being tested at least monthly, monthly checks to smoke seals were being completed monthly as were firefighting equipment checks and the fire precautions review document.".

There were sufficient numbers of staff within the service to keep people safe and meet their needs. A detailed assessment of each person's needs included a calculation about their staffing support needs. The registered manager monitored staffing levels to ensure each person's funded staffing levels were still appropriate and were being maintained. An audit in March 2017 stated, "The staffing board has recently been re-done at Marika and looks great. It is large, clear and well-presented. It was up to date, showing who was working that day. (Person) also has her own staffing board which was also up to date".

The home environment was clean and tidy and we observed that people were encouraged to help clean their own rooms. Protective clothing was available and in use by staff. Training records showed that staff had completed training in infection prevention and control and we saw that staff put their learning in to practice.

The registered manager had in place robust recruitment processes which ensured only staff suitable to work in a social care setting were employed. Recruitment records for each staff member included a Disclosure and Barring Service (DBS) check. DBS checks help employers to make safer recruitment decisions. There was also a proof of identity, an application form, a full employment history and satisfactory references had been obtained.

Good

Is the service effective?

Our findings

Relatives and staff told us they felt well cared for by staff who has received effective training. One relative commented, "As far as I am aware the carers have in service training days and on my own observation, know how to look after him and seem skilled". A healthcare professional commented, "The care given is excellent. One example is the care worker accompanied one of my clients (People) into the sensory hydro pool he attends offsite, a new experience for him. The care worker ensured the client (Person) was supported in this environment at all times, allowing him time and space to experience and benefit from soothing and calming environment"

The provider had a comprehensive staff training programme to ensure staff had the right knowledge and skills to meet people's individual needs, which benefited the people living at the home. A training matrix showed all staff undertook regular training and updates on topics such as safeguarding adults, health and safety, moving and handling and infection control. The provider also had a comprehensive range of staff training; relevant to the needs of people they supported training such as learning about autism, learning disabilities and non-verbal communication methods, such as Makaton, (a form of sign language).

When staff first came to work at the home, they undertook a period of intensive induction for one to two weeks. This included working alongside the registered manager and other experienced staff to get to know people, including their care and support needs. All new staff had a probationary period to assess they had the right skills and attitudes to ensure good standards of practice. New staff were undertaking the national care certificate, a nationally recognised set of standards that health and social care workers are expected to adhere to in their daily working life. A newer member of staff said they felt very well supported by other staff that checked they were carrying out their roles and responsibilities to the standard expected. Staff received support through regular one to one supervision, group supervision in handover and at staff meetings. Supervision also included senior staff monitoring staff practice around the home, and providing constructive feedback. Staff had an annual appraisal and regular performance review meetings, where they had an opportunity to discuss their practice and identify any further training and support needs. All staff training, supervision and appraisals were monitored and showed staff were up to date.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff understood the Mental Capacity Act (MCA) and used it confidently. MCA principles were embedded in day to day practice at the home. An internal audit from March 2017 stated, "Staff were observed to be busy but calm and this provided a positive atmosphere within the home. One person was observed being involved in choosing items for his breakfast, and seemed relaxed and happy as the process went on". Where people lacked capacity, staff consulted with families and health and social care professionals in making 'best interest' decisions, which was confirmed by the relatives. Where a person had no close relatives, staff arranged for an independent mental health advocate to represent them. A register of significant decisions made in in each person's best interest was recorded in their care records. For example,

a 'best interest' decision about medical treatment or the introduction of a modified diet for a person with swallowing difficulties. A healthcare professional commented, "One of my clients needed dental work. As the client lacks capacity to consent to serious medical treatment, an IMCA (Independent mental capacity advocate) was instructed."

People can only be deprived of their liberty to receive care and treatment when it is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards. None of the people who lived at the home could safely go outside without the support and supervision of a member of staff. The registered manager said everyone who lived at Marika House had been assessed as lacking capacity, and were under staff supervision to meet their day to day needs. There were appropriate security systems in place on the front door, garden door, emergency exits and windows, so that people couldn't accidentally leave the building, without staff being alerted. When we asked a healthcare professional how they were involved working with the staff at Markia House they commented, "By involving me in the day to day lives of the people I represent, ensuring I have access to all the information I need to ensure that the least restrictive principle is applied with regard to restrictions. I am updated regularly with regard to any incidences of seclusion, am invited to relevant meetings, care reviews etc."

Each person had a comprehensive assessment of their health needs and had detailed instructions for staff about how to meet those needs. Staff worked closely with the local GP, and members of the learning disability team as well as an occupational therapist, speech and language therapist and a physiotherapist. Health professionals said staff were proactive and sought their advice appropriately about people's health needs and followed that advice. The provider used the support and experience of their own internal healthcare professionals to support people in monitoring their mental and physical wellbeing.

People were supported and encouraged to maintain a healthy balanced diet. A relative commented, "There is a balanced healthy diet which is on view to see by a weekly menu. Service users are encouraged to eat healthy food." People were able to communicate with staff about what they wanted to eat and drink by using pictures, symbols and Makaton. We observed the registered manager using sign language to communicate with one person who wanted a drink. People who were at risk of malnutrition, dehydration or significant weight gain or loss had been referred to the appropriate healthcare professionals for support. Menus were located near the kitchen area where people were able to see what they had chosen for lunch and dinner. The provider had sent us photographs which demonstrated people were supported to take part and learn cooking skills with the chef.

Good

Is the service caring?

Our findings

Healthcare professionals and relatives told us staff working at Marika House provided compassionate care. One relative said, "I have never had any doubt about the quality of care at Marika. It is not an easy place to work but each time I visit people are always out and about doing things. I think the staff are caring and they do their best for all of the people living there". A healthcare professionals said, "Staff are very knowledgeable about people's needs and they care about people".

The atmosphere in the home was lively, there were many occasions during the day where staff and people engaged in conversation and laughed. We observed staff speak with people in a friendly and courteous manner, this included communicating by signing and using hand gestures. Records showed staff supported people to access the community regularly.

Each person's physical, medical and social needs had been assessed before they started to receive care and support visits from the provider. Assessment of needs included information about people's likes, dislikes and preferences about how their care was to be provided. Care plans were developed and maintained about every aspect of people's care and were centred on individual needs and requirements. This ensured that the staff were knowledgeable about the person and their individual needs.

There were policies, procedures and training in place to give staff guidance about treating people with privacy and dignity. People were always given choices and that they were treated with dignity and respect. One member of staff communicated with someone using Makaton when asking them if they wanted squash or a cup of tea. The staff member was gentle and allowed the person time to answer. We observed staff consistently respecting people's personal space and when care and support was needed staff responded and communicated in a dignified manner.

Good arrangements were in place to make sure that, where they are able to, people were involved in making decisions and planning their own care. The service had information about advocacy services and contact details, which they could use if they needed someone independent to speak up for people. This included lay advocates or statutory advocates, such as Independent Mental Capacity Advocates, a service they had used recently to represent the person's interests with a 'best interest' decision.

Outstanding ☆

Is the service responsive?

Our findings

Feedback from relatives and healthcare professionals was extremely positive and complimentary about the outcomes staff at Marika House had helped people to achieve. A healthcare professional said, "One of my clients was previously detained on Section 3 in a learning disability assessment and treatment unit and did not thrive. Upon coming to Marika House, this client is now achieving milestones and person centred goals such as going out for lunch, travelling in a car, playing and listening to music with a music therapist and many more things that were not considered achievable in previous placements." A relative said, "I get monthly reports on my son and I speak to the managers on the telephone regularly and the carers when I visit" and "My son is well cared for and his needs are met".

The service was flexible and responsive to people's individual needs and preferences, finding creative ways to enable people to live as full a life as possible. To ensure people were at the centre of making their own decisions and felt in complete control each person had their own daily and weekly planner which contained pictures and symbols of different tasks, social activities and household chores. People were able to move the activities to a different time or day if they preferred. This was an extremely effective system which supported people's independence, choice and allowed them to live the life they wanted. One person showed us how they used their planner and communicated to us that they were in control of making their own decisions. Pictures in care plans showed people took part in activities which included trips to the beach, visits to different cities, shopping trips, bike rides, walks in the forest, cooking sessions, drama and music workshops and various therapy sessions which included swimming therapy and visits to healthcare professionals. A healthcare professional said, "Yes, one of my clients is supported to attend a gym and go dancing and partakes in a healthy eating plan she has designed." A relative said, "(Person doesn't speak much but staff spent a lot of time talking to us about what (Person) enjoys. They use cards with pictures and the use sign language to help (Person) make their own decisions". A healthcare professional said, "I consider Marika House to provide outstanding care for the people living there. The leadership provided is particularly strong with many improvements implemented and maintained. All of my clients residing at Marika House are happy, well cared for and safe.

The provider had effective arrangements in place to ensure staff were skilled and able to respond to people's communication needs. Staff successfully used a range of communication methods to help people communicate effectively. These included using a picture exchange communication system (PECS – which helps people initiate communication by handing out picture cards to convey what the person wants). Other tools used included Makaton (a form of sign language) and objects of reference (these are objects which have special meanings, such as a cup to indicate when a person wants a drink). These communication methods help people with a sensory impairment. This is because providing information through touch, pictures and symbols can be easier for a person with cognitive difficulties to interpret their meaning and ensures that people feel empowered, listened to and valued. Each person had a detailed communication plan which identified their preferred communication methods. A quality audit from March 2017 stated. "One service user was observed approaching a member of staff and using their own adaptations of Makaton. The staff responded appropriately, indicating they are familiar with the individuals own communication and they were able to therefore meet his needs". We consistently observed the registered manager and staff

communicating with people using the appropriate method of communication.

People's care and support was planned proactively in partnership with them. Staff used innovative and individual ways of involving people so that they feel consulted, empowered, listened to and valued. Healthcare professionals consistently told us staff at Marika House focused on providing exceptional person-centred care to help people achieves outstanding results. A review meeting held between several healthcare professionals and the registered manager recorded an idea to create a training program to increase staff awareness of one person's history and the impact of any traumatic experiences they had suffered in the past. Staff told us the program had taken months to develop and said a significant amount of research and partnership working took place to ensure information was accurate and best practice guidance was detailed in the program. The operations manager was extremely passionate about the training program they had created. The person was fully involved in the process when possible with support from their advocate and the mental health team and said "I'm happy". The program provided extensive detail specific to the person's background, the challenges they had faced if their life and recorded the types of behaviours that may be displayed when they were anxious or distressed. It also listed how staff should respond. This demonstrated that the service worked extensively to ensure staff had robust knowledge of people's backgrounds and how to support them to achieve a more fulfilled life.

Staff told us the number of times they needed to use redirection or physical intervention had reduced dramatically. The training program contained data about the number of physical interventions used to keep the person safe. The data stated in 2013 there were 168 occasions where staff had to physically intervene. Each year that followed the number of interventions had significantly reduced, and in 2016 there were only 29 occasions where staff physical intervention had to be applied. Detailed charts, graphs and incident records were used to support the learning and development of staff, engagement, care planning and risk assessment. A healthcare professional said, "The provider is outstanding at recording and analysing incidents where behaviours challenged and when interventions were used". Another healthcare professional said, "They (Staff) have worked wonders in the last few years". Staff were proud to tell us the person frequently participated in activities which they had not done before. Pictures showed the person regularly attended trampolining and exercised at the gym." The provider had excellent arrangements in place to review and analyse behaviours that may challenge others.

The provider went the extra mile when a review had highlighted the need for different accommodation for one person. The operations manager said, "We actually built (Person) their own home and designed the building, lighting, colours and furniture around their needs and preferences, they were fully involved in the process. (Person) is very complex and has had a very difficult life so we wanted to really push to help as best as we could". Staff told us the change in accommodation, the input from healthcare professionals and a training program had a hugely positive impact on their life and supported them to become more independent and in control of their surroundings. Healthcare professionals told us the new accommodation and the attention to details when planning the building was excellent.

Staff knew what was important to people and were able to describe what worked well for individuals and how they supported them to achieve their full potential. People had extensive care plans in place which contained detailed guidance for staff in relation to each area of need. These were person-centred and guided staff in how to meet people's needs in a safe and individualised way. For example it was important to one person that they had control over making their meals and drinks and there were detailed plans in place to ensure staff knew this was important and how they needed to support the person safely to maintain and develop these skills. Care was personalised, staff knew about people's lives, their families and what they enjoyed doing. The service recognised the individuality of each person regardless of their level of disability or the support they needed. Staff spoke with pride about the people they cared for and celebrated their

achievements. They worked flexibly and organised their day around the needs and wishes of people. Any complaints were appropriately investigated and dealt with in reasonable timescales.

Good

Is the service well-led?

Our findings

Relatives and healthcare professionals told us Marika House was well led. A relative said, "I feel confident that my son is happy in Marika and that the home is well run and organised. I have every confidence in the current managers and directors of the company."

The registered manager was able to demonstrate their understanding of people's individual needs knew their relatives and were familiar with the strengths and needs of the staff team. The service had a system to manage and report accidents and incidents. All incidents were recorded by support staff and reviewed by one of the management team. Care records were amended following any incidents if they had an impact on the support provided to people using the service

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities, meaning we could check that appropriate action had been taken when required. The registered manager was also aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

People were not able to tell us their views about how well led and organised the service was. However during our observations we saw the registered manager and team leaders interacted effectively with people who used the service. People were comfortable with the leadership team and responded to them in the same way as they did with other staff. We saw the registered manager communicate with one person through the use of sign language and were knowledgeable how the person should be supported about when they were anxious.

The registered manager was aware of their responsibilities and ensured that they fulfilled these. We had received notifications from the registered manager notifying us of certain events that occurred in the service. A notification is information about important events which the provider is required to send us by law. We saw copies were kept of all the notifications sent to us to help with the auditing of the service.

As part of the registered manager's drive to continuously improve standards they regularly conducted audits to identify areas of improvement. These included checking the management of medicines, risk assessments, care plans, DoLS, mental capacity assessments and health and safety. They evaluated these audits and created action plans which described how the required improvements would be achieved. For example we saw actions had been put in place to keep people safe whilst additional staff had been employed.

Staff told us they felt able to raise concerns. The service had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, they could approach the local authority or the Care Quality Commission if they felt it necessary.