

Mr & Mrs A Magro

Mariantonia House Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Mariantonia House is a residential care home that accommodates up to 13 people living with learning disabilities, autistic spectrum disorder, dementia or mental health. At the time of our inspection there were 12 people living at the home.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

What life is like for people using this service:

People received safe support with their medicines by competent staff members. The provider had systems in place to respond to any medicine errors. The provider completed regular checks to ensure that people were receiving the right medicine at the right time and people's medicines were stored correctly.

The provider had systems in place to encourage and respond to any complaints or compliments from people or visitors. The provider, and management team, had good links with the local community which people benefited from.

People received safe care and support as the staff team had been trained to recognise signs of abuse, or risk and understood what to do to safely support people. Staff members followed effective infection prevention and control procedures. When risks to people's health and welfare were identified, the provider acted to minimise the likelihood of occurrence.

The provider supported staff in providing effective care for people through person-centred care planning, training and supervision. People were promptly referred to additional healthcare services when required. People were supported to maintain a healthy diet and had choice regarding food and drink. The environment where people lived was well maintained and suited their individual needs and preferences.

People received help and support from a kind and compassionate staff team with whom they had positive relationships. People were supported by staff members who were aware of their individual protected characteristics like age and gender. People were supported to develop their independence.

People participated in a range of activities that met their individual choices and preferences and that they found interesting and stimulating. People were provided with information in a way that they could understand. Policies and guidelines that were important to people were provided in a format they could easily access.

The provider had systems in place to ensure the Care Quality Commission was notified of significant events

in a timely manner and in accordance with their registration. The provider had effective systems to monitor the quality of the service they provided and to drive improvements where needed.

More information in Detailed Findings below.

Rating at last inspection: Good (date last report published 09 June 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection, 'Good.'

Follow up:

We will continue to monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Mariantonia House Residential Care Home

Detailed findings

Background to this inspection

The 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.

Inspection team:

One inspector carried out this inspection.

Service and service type

Mariantonia House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection site visit took place on 27 March 2019 and was unannounced.

What we did:

Before our inspection visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which

may have occurred. A statutory notification is information about important events, which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information as part of our planning. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services.

We spoke with six people living at Mariantonia House and one relative. In addition, we spoke with the registered manager, the administrator and one support worker.

We reviewed a range of records. This included two people's care and medication records. We confirmed the safe recruitment of one staff member and reviewed records relating to the provider's quality monitoring, health and safety and staff training.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of ill-treatment and abuse as staff members had received training and knew how to recognise and respond to concerns.
- One person told us, "I'm absolutely fine here. I feel safe and secure and at times protected from the outside world."
- Information was available to people, staff, relatives and visitors on how to report any concerns.
- The provider had made appropriate notifications to the local authority to keep people safe.
- The environment and equipment was safe and well maintained.

Assessing risk, safety monitoring and management.

- People's care plans contained risk assessments linked to their support needs. These explained the actions staff should take to promote people's safety and ensure their needs were met appropriately. Risk assessments were updated following significant events or on the advice of healthcare professionals.
- Checks to the physical environment were completed regularly to ensure it was safe for those living there. One person told us they reported a problem with their shower and this was repaired immediately by the provider.
- We saw staff members followed people's individual risk assessments to ensure safe and consistent care and support.

Staffing and recruitment

- People were supported by enough staff who were available to safely support them.
- We saw people were promptly supported when they needed assistance. One person said, "I know there is always someone there if I need them. Someone is available 24 hours a day."
- The provider followed safe recruitment processes when employing new staff members. The provider had systems in place to address any unsafe staff behaviour including disciplinary processes and re-training if needed.

Using medicines safely.

- People were safely supported with their medicines by a trained and competent staff team.
- One person said, "I like them (staff) to look after my medicines. I used to forget but I am now reminded and this works so much better for me." Another person told us they thought the staff members supporting them with their medicines were trained and competent to do so.
- The provider had systems in place to respond to any medicine errors, including contact with healthcare professionals and, if needed, retraining of staff members.
- People had guidelines in place for staff to safely support them with 'when required' medicines including the maximum dosage within a 24-hour period to keep people safe.

- Medicines were safely stored in accordance with the recommended storage instructions.
- The provider completed regular quality checks to ensure people received the right medicine at the right time and the stocks of people's medicines were accurate and stored correctly.

Preventing and controlling infection.

- The provider had effective infection prevention and control systems and practices in place which included regular checks to minimise the risks of communicable illnesses which followed recognised best practice. One person said, "This place is so clean, tidy and comfortable. A real home."
- Staff members were provided with personal protective equipment to assist in the prevention of communicable illnesses.

Learning lessons when things go wrong.

- The provider reviewed any incidents or accidents to see if any further action was needed and to minimise the risk of reoccurrence. For example, all incidents, accident and near miss incidents were recorded and passed to senior managers for their review. They analysed these reports to identify if anything else could be done differently in the future to minimise the risks of harm to people.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were consistently good, and feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People's needs were assessed and regularly reviewed. People's physical, mental health and social needs had been holistically assessed in line with recognised best practice.
- One person told us about their care and support plan. They told us they completed it with the help of a staff member. They said, "I think my plan fully reflects what I want. I know where I need help and I know when I don't."
- Staff members could tell us about people's individual needs and wishes. People were supported by staff who knew them well and supported them in a way they wanted.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessment. Staff members could tell us about people's individual characteristics and knew how to best support them.

Staff support: induction, training, skills and experience.

- People were supported by a well-trained staff team who felt supported by the registered manager.
- New staff members completed a structured introduction to their role. This included completion of induction training, for example, adult safeguarding and fire awareness.
- In addition, new staff members worked alongside experienced staff members until they felt confident to support people safely and effectively. Staff members we spoke with found this process supportive.
- Staff members who were new to care were supported to complete the care certificate. The care certificate is a nationally recognised qualification in social care.

Supporting people to eat and drink enough with choice in a balanced diet.

- People were supported to have enough to eat and drink to maintain their well-being.
- One person told us, "We have a full choice of food here. Usually it involves [registered manager's name] cooking several different meals as we all like something different." At this inspection we saw people making individual decisions regarding what they wanted to eat which was freshly prepared. One person went on to say, "It's roast chicken tonight but I am having something different."
- People told us they were supported to be regularly weighed and, if they needed it, a referral was made to the GP or Dietician for advice or guidance.

Staff working with other agencies to provide consistent, effective, timely care.

- Staff members had effective communication systems in place to share appropriate and relevant information with those involved in the continued care and support of people living at Mariantonia House. We saw staff members sharing appropriate information with professionals to ensure an informed and accurate assessment could be made.

Supporting people to live healthier lives, access healthcare services and support.

- People had access to community based healthcare services when they needed it. This included GP, District nurses and dentists. The provider referred people for healthcare assessments promptly if required. One person said, "I can take myself to the GP if I need but I like the support of a staff member to go with me for morale support."
- Staff members we spoke with were knowledgeable about people's healthcare needs and knew how to support them in the best way to meet their personal health outcomes.

Adapting service, design, decoration to meet people's needs.

- The physical environment, within which people lived, was accessible and suitable to their individual needs, including mobility and orientation around their home.
- People had personalised their own rooms.

Ensuring consent to care and treatment in line with law and guidance.

- 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. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.
- In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. At this inspection the provider had not needed to make such an application but understood the process they needed to follow should circumstances change.
- People were supported to have choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems supported this practice. When someone could not make decisions for themselves, the provider and staff knew what to do in order to protect the individual's rights.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported.

- We saw people were treated with compassion by a caring and respectful staff team. One person told us "Everyone here is stunning. Residents and staff alike. We all get on well. There are times when we disagree but that is human nature. It is what it is."
- Throughout this inspection we saw many instances of positive interactions between people and staff members supporting them. We saw people and staff members chatting about subjects they had in common and things which concerned them. One person told us they found such interactions to be supportive.
- Staff members we spoke with talked about those they supported with fondness and compassion.

Supporting people to express their views and be involved in making decisions about their care.

- We saw people were supported to be involved in making decisions about their care. For example, one person told us about their aspirations for the future. This detailed how the staff members were supporting them to achieve their goals and were supportive when things got difficult and they needed additional support and understanding to remain "on track."
- People were supported to express their individual likes and dislikes. These were known to staff members who supported people to meet their stated decisions. This included, but was not limited to, food, drink and activities. One person said, "I can do pretty much what I want here just as long as it is respectful of others and of course, within the law."
- As part of the care assessment making process the provider had systems in place to identify and support people's protected characteristics from potential discrimination. Protected characteristics are the nine groups protected under the Equality Act 2010. They include, age, disability, gender reassignment, marriage and civil partnership, religion etc. The care and support plans we saw recorded people's protected characteristics and how staff members and the management team assisted them to retain their individual identities.

Respecting and promoting people's privacy, dignity and independence.

- We saw that people were treated with dignity and respect and that their privacy was supported by staff members. We saw information which was confidential to the person was kept securely and only accessed by those with authority to do so.
- People were supported to develop their independence. For example, people told us they were supported to complete educational and vocational activities which helped to build their self-esteem and personal image. This in turn provided them with the skills to potentially move towards more independent living.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People were involved in the development and review of their own care and support plans. We saw these plans gave the staff information on how people wanted to be assisted. One person told us about the care and support plan they completed. They said, "I know what I want out of life. It did get a little confused at one point but I have a support plan which I know reflects what I want and where I want to be. It is mine and I know I can lead the life I want."
- We saw the care and support people received reflected their personal needs and wishes. Staff we spoke with could tell us about those they supported which included what was important to them.
- We saw people's care and support plans were reviewed to account for any personal or health changes.
- People had information presented in a way that they found accessible and in a format, that they could easily comprehend. The management team were aware of the accessible information standards, and were in the process of implementing the standards as part of people individual reviews of care. The Accessible Information Standards sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.
- People took part in activities that they enjoyed, found interesting and stimulating. The activities that people took part in were based on their individual preferences and likes. At this inspection we saw people were involved in educational and vocational placements. In addition, people told us they attended a number of social activities including meals out or drinks with friends.

Improving care quality in response to complaints or concerns.

- We saw information was available to people, in a format appropriate to their communication styles on how to raise a complaint or a concern if they needed to do so.
- The provider had systems in place to record and investigate and to respond to any complaints raised with them.

End of life care and support.

- At the time of this inspection Mariantonia House was not supporting anyone who was receiving end of life care. However, their care planning and assessment processes would be used, in conjunction with other involved professionals, to support someone at such a time.

Is the service well-led?

Our findings

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- People told us, and we saw, they knew who the registered manager was. One person said, "[Registered manager's name] is just a stunning person. They are there when I need them and they are supportive." Another person told us the registered manager was available when they needed them and could talk about anything they needed. They went on to say, "I find them supportive and caring. Just what I like in a person."
- Staff members we spoke with told us they found the management team supportive and approachable. One staff member said, "We don't tend to do a lot of formal meetings or stuff like that but we do talk all the time and share information and ideas. It is such a small home and team we are able to do this and it works very well."
- We saw the management team, and provider, had systems in place to investigate and feedback on any incidents, accidents or complaints.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- At this inspection a registered manager was in post and present throughout this inspection site visit. The registered manager understood the requirements of registration with the Care Quality Commission. The provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.
- We saw the last rated inspection was displayed in accordance with the law at Mariantonia House.

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

- We saw that people were involved in decisions about where they lived and the support they required. For example, people told us about the planned building work and the change of use for one room.
- Staff members told us they felt listened to by the management team and their views and opinions were valued. Staff members were encouraged to attend staff meetings. One staff member said, "No idea is a wrong idea here. Our views are just as valued as the next person."
- Staff members understood the policies and procedures that informed their practice including the whistleblowing policy. They were confident they would be supported by the registered manager should they ever need to raise such a concern.

Continuous learning and improving care.

- The management team and provider had systems in place to monitor the quality of the service that they provided. This included regular checks on the environment, checks of the medicine administration records and reviews of the care and support people received.
- The registered manager told us that they kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes.

Working in partnership with others.

- The management team had established and maintained good links with the local community and with other healthcare professionals which people benefited from.