

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

Mariantonia House Residential care home is registered to provide care and accommodation to up to 13 people who have a learning disability. At the time of our inspection 13 people were living there.

The inspection took place on 26 April 2016 and was unannounced. We returned to the home on 4 May in order to speak with people we were unable to see on our first visit. Our second visit to the home was also unannounced.

At the time of our inspection registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt well looked after and safe living at the home. Staff were able to tell us how they made sure people were safe and the action they would take if they felt people were at risk of abuse.

Risks to people's safety were taken into account and staff were aware of how to reduce these. People's medicines were looked after by staff and people told us they received these regularly. Records were maintained to show when staff had administered people's prescribed medicines.

People gave their consent before they provided care and support. People received care from staff who had received training and were knowledgeable about people care needs. Healthcare professionals were involved in people's care as needed to maintain people's well-being. Relatives told us they were happy with the care their family member received.

People who lived at the home responded positively to staff. Staff supported people in a kind and caring way and communicated with people appropriately. Staff enjoyed their work and received regular support from the registered manager. There were enough staff available to support people so their care needs were able to be met. The suitability of new staff members was checked before they started work. People who lived at the home and staff felt involved in the running of the home and were consulted by the registered manager. The registered manager knew people well and about their care needs. The registered manager was aware of how the service was maintained. Systems were in place to audit people's medicines and to ensure equipment and services were safe for people. People knew how to make a complaint if they were unhappy with the care provided.

People were supported to do things they enjoyed doing in the home and in the wider community. People liked the food available to them and were able to make a choice of what they wanted to eat and drink. The registered manager was usually at the home and knew people's care needs. Care plans were in place and were regularly reviewed and updated.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were supported by staff who had an awareness of how to protect people from the risk of abuse. There were enough staff available to keep people safe. Risks to people's care had been considered and had received their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective.

People's consent was obtained and staff were aware of the risk if people having their liberty unlawful withheld. People had a choice of what they ate and drank. Healthcare professionals were involved in people's care as needed.

### Is the service caring?

Good ●

The service was caring.

People received care and support from staff who were kind and considerate. People were treated with respect and their right to privacy and dignity was promoted.

### Is the service responsive?

Good ●

The service was responsive.

People were able to take part reviewing and planning their care. People participated in interests and hobbies they enjoyed. People and their relatives felt confident they would be able to raise concerns with the registered manager.

### Is the service well-led?

Good ●

The service was well led.

People were aware of the registered manager. Staff liked working at the home and felt supported by management. Systems were in place to monitor the quality of the service provided.

# Mariantonia House Residential Care Home

## **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 was planned to check 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 28 April and 4 May 2016 and was unannounced. The inspection team consisted of one inspector.

As part of the inspection we looked at the information we held about the service provided at the home. This included statutory notifications. Statutory notifications include important events and occurrences such as accidents and serious injury which the provider is required to send us by law.

We spent time with people who lived at the home and had discussions with eleven people about the care and support they received. We looked at how staff supported people throughout the time we were at the home.

We spoke with the registered manager, the deputy manager registered provider and five members of staff.

We looked at the records relating to two people who lived at the home as well as people's medicine records and audits. We also looked at staff records and quality audits.

# Is the service safe?

## Our findings

We were able to speak with most people who lived at the home. People either told us or indicated to us they felt safe living at the home. One person told us, "I feel a lot safer now I live here" and added, "I have no concerns about the care we have." Another person told us, "It's safe living here." A further person told us, "It's like a real home here. I feel safe living here".

Relatives we spoke with told us they believed their family member to be safe living at the home. They told us they knew their family member was, "Well looked after and safe." The same relative told us, "It's a lot off our mind not to have any worries about the care provided."

Staff we spoke with told us they were confident the care provided for people was safe. One member of staff told us, "My interest is to ensure people are safe. I have not seen anything here which has worried me."

The registered manager was aware of their responsibility to report any actual or suspected abuse and knew who they would need to inform. We spoke with staff members and they were able to described different types of abuse people could be subjected to while living at a care home. All the staff were able to tell us about the action they would take in the event of them believing people were not safe. One member of staff told us, "I would bring it to the manager's attention as well as the Care Quality Commission (CQC) if I had any concerns about abuse." Staff told us they had not witnessed any abusive practices within the home. Staff confirmed they had undertaken training and were confident the registered manager would take action if concerns were identified to ensure people were safe and their needs met.

Staff were able to describe areas of risk people who lived at the home could potentially be subject to. Risk assessments were in place to describe how these were managed and how risks could be reduced. For example we saw risk assessments regarding the use of the stairs, falls and potential risks when people were outside the home.

The registered manager told us there had been no recent accidents or incidents involving people who lived at the home. Staff members we spoke with confirmed this. One member of staff told us they could not remember the last time there had been an accident in the home involving people who lived there.

People we spoke with told us staff were always available to them if they needed support or assistance. One person told us, "We always have staff available." People told us they did not have to wait for a member of staff if they wanted something such as support to go out. People confirmed they were cared for by a regular staff team who they knew well. Staff confirmed there was flexibility in the rota to make sure staff were available to take people out such as in the evening to a club. People we spoke with were aware there were no staff awake at night and told us they knew how to call on a member of staff if they needed support.

The provider ensured safe recruitment procedures were in place. A recently appointed member of staff confirmed employment checks had been carried out before they commenced working for the provider. These checks included having a Disclosure and Barring Service (DBS) and obtaining references from

previous employers. The DBS is a national service that keeps records of criminal convictions. The provider had used the information received to ensure suitable people were employed so people using the service were not placed at risk.

People told us staff supported them with their medicines. One person told us, "Staff manage my medication as I was getting into a mess with them. They (staff) do my medication twice a day." Another person told us, "I have my tablets from the staff when I need them." Staff kept records of people's medicines. We saw these were kept up to date and were completed fully. Audits were undertaken to ensure the provider's procedures were kept to and people had received their medicines as prescribed. The registered manager undertook to extend the audit and recording systems to household remedies as these were not taking place at the time of our inspection. Staff we spoke with confirmed they had received training in the administration of medicines and told us they were confident they had the knowledge and skills to safely give people their medicines.

# Is the service effective?

## Our findings

People we spoke with believed staff members had the right skills to care for them. One person told us, "Staff seem to have regular training events" and added, "The staff are very experienced and professional." Another person told us, "The staff all know what they are doing."

Staff told us they received training so they had the knowledge needed to care for people who lived at the home. One member of staff told us, "We get all the training we need. We can speak with the manager and get any additional training." Staff were able to tell us about forthcoming refresher training they had scheduled to keep them up to date with training and best practice. We saw staff responded well to people when they needed support and showed they had a clear understanding of people's needs and conditions. For example if a person showed signs of anxiety staff were able to support the person to maintain their well-being.

Staff told us they felt well supported by the management and attended regular one to one meetings during which they were able to express any concerns or talk about their training needs.

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 interest and as least restrictive as possible.

Throughout our inspection we saw people made choices. For example where they spent their time, what they wanted to eat and drink and when they wanted to go out. Staff ensured they had people's consent before they provided any care or support for the person.

We checked whether the registered manager was working within the principles of the MCA. People can only be deprived of their liberty to receive care and treatment when this 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 (DoLS). The registered manager confirmed they had submitted applications for authorisation to the local authority as the supervisory body. At the time of our inspection none of the applications made had been authorised.

We spoke with staff and found they had an understanding of the MCA and DoLS. Staff were aware of who had a DoLS application held with the local authority. Information and flow charts regarding DoLS was available for staff members to refer to if needed. Assessments on people's capacity to make decisions had taken place. Where needed best interest decisions were in place which had involved relevant people such as professionals, family members and staff from the home.

Everyone we spoke with told us they liked and enjoyed the food and drink provided at the home. One person told us, "We get good food here" and added, "We have a good choice." Another person told us, "We

have good food". A further person described the food as, "Brilliant" and, "You can ask for what you want".

We saw people helped themselves to drinks throughout the day. One person told us, "If I want a drink I either make one or ask for one". Another person told us, "I can help myself to a drink anytime."

People we spoke with told us they received any medical care they needed. One person told us, "If I need a doctor an appointment is made. Staff are good at getting us appointments". The same person told us the, "Chiropodist comes out once a month" and "I was taken to see an optician and I got my eyes checked out properly". Another person told us, "If I'm not well I go to my room. The staff would take me to see the doctor if I wanted one." A further person told us, "Staff take me to the doctor".



# Is the service caring?

## Our findings

People we spoke with told us they liked the staff who worked at the home. One person told us, "All the staff are helpful". The same person told us, "I believe good care is provided here." Another person told us, "The staff are lovely. We are all friends". A further person told us the staff made them, "Feel happy" and they liked living at the home.

Throughout the inspection we saw people who lived at the home and staff members engage in friendly conversations. We saw people laugh with staff and people were seen smiling and giving a thumb up when speaking with staff. While preparing a mid-day snack one member of staff was heard singing and was involved in friendly banter with people. There was a calm and relaxed atmosphere within the home throughout our inspection.

One relative we spoke with described the care provided as, "Brilliant" and, "We (the family) couldn't wish for anything better than the care here." The care provided was also described as, "Wonderful" and "Great".

Staff understood people's care and support needs and knew how these were best met for each individual. For example staff knew people's likes and dislikes. We saw staff encouraged people to be as independent as possible. While making lunch for people one member of staff called out, 'Kettles boiled. Does someone want to come and make some drinks'.

We heard people speak with one another using their preferred name. We saw people helped each other and supported one another in daily living tasks. For example one person was seen taking packets of crisps to everyone to have with their mid-day snack. People were seen laying the tables and helping with the washing. One person asked for a certain type of cold drink. The registered manager said they had run out of that variety of drink however offered to go and get some from the local shop.

People told us they could choose what they did during the day. For example people could choose whether they wanted to be in their bedroom or sit in either one of the two lounges or the dining room. One person told us, "Staff uphold people's human rights." People were seen walking around the home when they wished. People told us they could go to bed when they wished and get up when they wanted to.

People told us staff respected their privacy and dignity. The majority of people who lived at the home did not need assistance with personal care such as washing and dressing. People told us staff knocked on their bedroom door and awaited a reply before entering. During our inspection we saw staff knocked and waited as people had told us. Throughout the inspection we staff spoke with people in a respectful way. One relative told us, "Staff treat (family member) with respect and have done a great job."

## Is the service responsive?

### Our findings

People told us they received care and support to meet their needs. One person told us, "I was involved in drawing up the care plan. We (person and staff members) discussed them and what's in them." Another person told us, "I think I have seen a care plan." We looked at the care plans of two people and found they were regularly reviewed and up dated. The information within the care plans matched the information we were given by staff members when we asked them to describe the care and support people needed.

Staff told us they attended handover meetings during which people's care needs were discussed. We were also told by staff they read people's care plans to ensure they were able to meet people's needs effectively. One member of staff told us, "If care needs change the care plans are updated."

During the inspection we saw people looked relaxed and engaged in a range of hobbies and interests. For example people were seen reading books and newspapers as well as playing games such as on a computer. One person told us they liked playing their musical instrument and another person enjoyed working in the garden as well as assisting in household duties such as laying tables and emptying the dishwasher. One person told us, "I like it here. I am able to do what I like doing". The same person told us they enjoyed going out to a craft centre. Other people we spoke with also described the craft centre and told us they liked going there. Another person told us they liked, "Spending time doing craft work and working with animals." The same person told us, "I like making things". A further person told us, "I like everything here".

People told us they liked going on holiday and felt involved in the planning of these. The registered manager was able to tell us about the plans for a holiday and days out this year.

Relatives we spoke with were aware of how their family member spent their day and the interests they had. A member of staff told us, "Always something going on for people."

During the inspection the registered manager was able to show us some satisfaction surveys they had received from professionals. All of them were positive about the care and support people received from the staff team. A comment on one survey stated staff had sought advice and training as a result to ensure a person's care needs could be met.

People we spoke with were confident they could raise concerns with the registered manager or members of staff. People told us they believed the registered manager would listen to their concerns and take action. One person told us they, "Could speak to any member of staff." Another person told us, "If anything wrong I could speak with the manager." The registered manager told us they had not received any complaints about the service provided.

## Is the service well-led?

### Our findings

People we spoke with told us they knew who the registered manager was and confirmed they were usually at the home. We found the registered manager had a good knowledge of people's care needs, their interests and what was important to them as well as about their family members. We saw the registered manager was actively involved in the provision of people's care and support throughout the inspection and demonstrated to us a desire to improve people's lives. People told us the registered manager usually cooked the main meal of the day and people told us they liked this.

Staff told us they liked working for the registered manager and found them to be open to ideas and suggestions. One member of staff described the registered manager as, "Lovely and down to earth." Another member of staff described the registered manager as, "Good and kind" and told us they were, "Very good to staff". A further member of staff told us, "It's lovely here. Seems like a home for people". The same member of staff added, "I have no complaints about the way the home is managed." Staff told us they felt supported by the registered manager. One member of staff told us, "Any problems we have we are able to discuss." Staff confirmed they were able to attend meetings and were able to bring forward ideas and suggestions.

People who lived at the home felt involved in the running and development of the home. Regular consultation with people who lived at the home took place. Throughout the day we heard the registered manager checked people were alright and happy with the care and support they had received. People told us they were able to attend meetings. One person told us, "Once a month we have a meeting". The same person told us during these meetings they were able to discuss a range of topics such as the menu, holidays and anything needing to be repair around the home. We were told suitable action took place following the meetings which made them worthwhile. We were told by this person they felt involved in the running of the home as much as they were able to do so.

Management systems were in place to ensure people were kept safe. For example checks were made on equipment used and services to the home such as gas, fire and water safety.

Audits of people's medicines took place on a monthly basis. The registered manager told us they, "Needed to be able to account for medicines" and therefore saw the importance of carrying out audits and checks. The registered manager was aware of the day to day management of people's care and ensured care plans and risk assessments were regularly reviewed and kept up to date.

The registered manager was aware of the circumstance when the Care Quality Commission (CQC) would need to be informed of events which had occurred at the home. They confirmed there had been no recent situations requiring a notification to be sent.