T Keogh and A Keogh

Marian House

Inspection report

Marian House
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 15 and 17 November 2016 and was an unannounced comprehensive rating inspection. The location was last inspected in November 2014 and was rated as 'Good' overall.

Marian House is a registered care home providing accommodation and personal care for up to 20 people with learning disabilities. At the time of our inspection there were 19 people living at the home.

There was a registered manager in post at the time of our inspection. 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 were kept safe. Staff had received training and understood the different types of abuse and knew what action they would take if they thought a person was at risk of harm. Staff were able to recognise the signs of abuse and raise concerns if needed. Staff were provided with sufficient guidance on how to support people's medical care and support needs. People's medicines were managed and administered safely and as prescribed.

People were supported by enough staff that had been safely recruited. People and relatives felt that staff demonstrated the appropriate skills and knowledge to provide good care and support. Staff were trained and supported so that they had the knowledge and skills they required to enable them to care for people in a way that met their individual needs and preferences.

People were encouraged to make choices and were involved in the care and support they received. Staff had an awareness of the Mental Capacity Act and Deprivation of Liberty Safeguarding (DoLS) and how to support people within their best interests. Staff were respectful of people's diverse needs and the importance of promoting equality.

Staff were caring and treated people with dignity and respect. People's independence was respected and promoted and staff responded to people's support needs in a timely manner. People and their relatives felt they could speak with the provider about their worries or concerns and were confident that they would be listened to and have their concerns addressed.

Staff spoke positively about the provider and the supportive culture they had established at the home. The provider had quality assurance and audit systems in place to monitor the care and support people received, ensuring that the quality of service provided remained consistent and effective.

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 protected from the risk of harm and abuse because the provider had effective systems in place and staff were aware of the processes they needed to follow.

Risks to people was appropriately assessed and recorded to support their safety and well-being.

People were supported by adequate numbers of staff on duty so that their needs were met.

People received their prescribed medicines as and when required.

Is the service effective?

Good

The service was effective.

People's needs were met because staff had effective skills and knowledge to meet these needs.

People's rights were protected because staff understood the legal principles to ensure that people were not unlawfully restricted and received care in line with their best interests.

People were supported with their nutritional needs.

People were supported to stay healthy.

Is the service caring?

Good

The service was caring.

People were supported by staff that were caring and knew them well.

People's dignity, privacy and independence were promoted and maintained as much as reasonably possible.

People were treated with kindness and respect.

Is the service responsive?

Good

The service was responsive.

People were supported to engage in activities that they enjoyed.

People's needs and preferences were assessed to ensure that their needs
would be met in their preferred way.

People were well supported to maintain relationships with people who were important to them.

Complaints procedures were in place for people and relatives to voice their
concerns.

Is the service well-led?

Good

The service was well led.

The provider had systems in place to assess and monitor the quality of the service.

People and relatives felt the management team was approachable and responsive to their requests.

Staff were supported and guided by the management team.

Marian 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 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 15 and 17 November 2016 and was unannounced. The membership of the inspection team comprised of one inspector.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the services does well and improvements they plan to make. We also contacted the National Health Service (NHS) commissioning service and referred to the Health Watch website for any relevant information to support our inspection.

We spoke with four people who used the service, three relatives, three members of staff, the registered manager, the deputy manager and the training manager. We looked at records that included three people's care records and the recruitment and training records for three staff. This was to check staff was suitably recruited, trained and supported to deliver care to meet each person's individual needs. We also looked at records relating to the management of the service and a selection of policies and procedures including complaints and audits carried out to monitor and improve the service provided. We also looked at records relating to the management of the service and a selection of the service's policies and procedures to check people received a quality service.

We also carried out a Short Observational Framework for Inspection (SOFI), which is an observational tool used to help us collect evidence about the experience of people who use services, especially where people may not be able to fully describe this themselves because of cognitive or other problems.

Good

Is the service safe?

Our findings

People and relatives we spoke with told us they felt safe with the service provided and that staff supported them with their care needs. A person we spoke with said, "Yes, I feel safe, it's a safe place [location]". A relative we spoke with said, "No concerns at all, we [relatives] know she's [person using the service] safe and well looked after". We saw that the provider had processes in place to support staff with information if they had any concerns about people's safety. Staff we spoke with told us that they received regular training in keeping people safe from abuse and could recognise the different types of abuse. A staff member we spoke with gave us an example of some of the signs and symptoms that might alert them to be concerned. For example they told us that if a person was withdrawn, nervous or showed signs of bruising, then they would associate this with them being physically abused. They said, "I'd inform the manager if I suspected that anyone was at risk".

We saw that staff acted in an appropriate way to keep people safe and were knowledgeable about the potential risks to people. Staff told us that risk assessments relating to people's health and living environment were completed every six months, although they were vigilant in identifying any daily concerns that may arise. A relative we spoke with said, "We know they [staff] look at potential risks to [person's name] to try to minimise them. A member of staff we spoke with told us, "[Person's name] has poor eyesight, so we let him know if there are any wet floors". We saw that the provider carried out regular risk assessments which involved the person, their family and staff. We saw that risk assessments were updated in care plans regularly.

The provider had emergency procedures in place to support people in the event of a fire, and staff were able to explain how they followed these in practice to ensure that people were kept safe from potential harm. A member of staff explained to us how the area of the fire is indicated on a central panel and that all rooms have fire doors fitted to protect the people living at the home. Another member of staff told us, "We've [staff] had 'Evac-chair' [evacuation chair] training". An evacuation chair is an aid which can be used by trained staff to move people, who have mobility issues, for a safe stairway descent during an emergency situation.

A staff member we spoke with told us how they would deal with an emergency, such as, if they found an unconscious person. They said, "I'd press the emergency buzzer, check their [person using the service] vital signs and place them in the recovery position".

Everyone we spoke with felt there was sufficient numbers of staff working at the home to meet people's needs and keep them free from risk of harm or abuse. The provider had systems in place to ensure that there were enough staff on duty with the appropriate skills and knowledge to ensure that people were cared for safely. A relative we spoke with told us, "There's always someone [staff] around when you need them". A member of staff we spoke with said, "There's generally enough staff, we all work set shift patterns so we usually work with the same people [staff]". We observed that there were enough staff available to respond to people's needs and that they were attentive when support was requested. The provider had processes in place to ensure that people were continually supported by staff that knew them well and maintained consistency of care. The PIR that we received from Marian House prior to our inspection Identified that they

were adequately staffed to support people safely.

The provider had a recruitment policy in place and staff told us that they had completed a range of employment checks before they started work. Records we looked at and staff we spoke with told us that the provider had recruited them appropriately and that references and Disclosure and Barring Service (DBS) checks had been completed. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and helps to prevent unsuitable people from working with people who require care.

People and relative's we spoke with told us they had no concerns with the administration of medicines. A person we spoke with told us, "They [staff] get me my medicine on time". A relative we spoke with said, "They [staff] keep on top of things. They monitor her [person using the service] medicines and really look after her". We saw that the provider had systems in place to ensure that medicines were managed appropriately. This included how medicines were received, stored, recorded and returned to the pharmacy when necessary. We saw that daily records were maintained by staff showing when people had received their medicines as prescribed. Staff told us that they understood people's individual communication methods to indicate if they were in pain or discomfort and when medicines were needed on an 'as required' basis. We saw that the provider had a PRN protocol in place to support people when they required medicines on an as required basis.

Good

Is the service effective?

Our findings

We saw that staff had received appropriate training and had the skills they required in order to meet people's needs. A relative we spoke with said, "They [staff] really know what they're doing and what [person's name] needs". Another relative told us, "They [staff] seem well trained and they all know what they're doing". The provider had systems in place to monitor and review staff learning and development to ensure that they were skilled and knowledgeable to provide good care and support to people. Staff we spoke with told us that they felt they were provided with the appropriate training to support people effectively. A member of staff we spoke with told us, "We [staff] have lots of training". Another member of staff told us, "As well as the general training, we get specialist training too, for example; dementia, autism and downs syndrome". We saw that the manager responded to requests made by staff and was aware of the knowledge and skills that they needed to support people who used the service. The training manager told us that along with identifying staff training needs during staff supervision, they also operate an open forum, called 'Wise Wednesday', where staff can discuss team learning and development needs. We saw that new staff were trained in accordance with the Care Certificate. The Care Certificate offers guidance on the basic skills and knowledge needed to work with people requiring health and social care support. We saw that the provider maintained training records for each member of staff ensuring that they were appropriately skilled to perform their duties. We saw that records were maintained highlighting when refresher training was due. We saw from the information provided on the PIR, that staff had received an appropriate amount of training to support people effectively.

Staff told us they had regular supervision and appraisals to support their development. A member of staff we spoke with told us how they had regular supervision, which included scenario based questions to identify specific development needs. They continued, "They [manager] ask me how I'm doing and how they can support me". We saw staff development plans showing how staff were supported with training and supervision. We saw that the manager held regular staff meetings and was accessible to staff on a daily basis. We saw that staff freely approached the manager for support, guidance and advice when needed.

People we spoke with told us that staff asked them about their care needs and gave them choices about how they received their care on a daily basis. One person said, "They [staff] ask me if I'm alright, and if I need anything". However, not all of the people living at Marian House were able to verbally express how they preferred to receive their care and support. However, staff were able to explain the different ways that they communicated with people living at the home. A member of staff gave us an example, "[Person's name] will tap my left or right hand to indicate what she wants, for example; Sausage or Fish". Another member of staff we spoke with told us, "Some people we have to talk to in small sentences. [Person's name] will shout if she's unhappy. We also use Makaton". Makaton is a language programme using signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech in spoken word order. Throughout our time at the home we saw good interaction between people and staff. We saw that staff used a variety of communication techniques, including visual prompts.

Not all of the people who lived at the home had the mental capacity to make informed choices and decisions about aspects of their lives. Staff told us that they understood about acting in a person's best

interest and how they would support people to make informed decisions. Staff understood the importance of gaining a person's consent before supporting their care needs. A person we spoke with told us, "They [staff] ask me what I like". A relative we spoke with told us, "Consent, yes, the staff are very good, they talk to her [person using the service] all the time".

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 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). We saw that people's capacity had been assessed and that the provider had made appropriate DoLS applications to the Local Authority.
Staff were knowledgeable about supporting people whose behaviour might become challenging to manage in order to keep people safe. One member of staff gave us an example of how they supported a person. They told us, "We [staff] move away, but make sure that they [person using the service] and other service users are safe". We saw that people's care plans included information of the types of triggers that might result in them becoming unsettled and presenting with behaviours that are described as challenging. People's care plans also showed staff how they were to support the individual at this time.

People and relatives we spoke with told us they were happy with the food at the home. A person we spoke with said, "There's always plenty to eat and the food's really nice". A relative we spoke with said, "The food's lovely here and there's different colours [food types] on the plate, which is good for people with dementia". People with certain types of dementia can sometimes have difficulty distinguishing between objects of similar colour. We saw menus were available with photographs to help people make decisions about what they would like to eat. We saw that there was a good selection of food available and observed that people had access to food and drink whenever they wanted throughout the day. We saw people having drinks and snacks when they wanted to. We saw that staff and people using the service had weekly meetings to plan menus.
We saw that staff supported people at lunchtime. Food was well presented and a range of sauces and condiments were available. Staff were patient and talked to people throughout, supporting them to eat at a pace that suited them.

Staff we spoke with were able to tell us about people's nutritional needs and knew what food people liked and disliked. We saw that there was involvement from health care professionals where required and staff monitored people's food intake if necessary in accordance with their health care needs. A person we spoke with told us, "I like the food, the staff know I have a soft diet and they get it for me". A relative we spoke with told us, "[Person's name] had an issue with her weight, but they [provider] got a dietician in and now she's fine". A staff member told us that people received three main meals each day and had access to snacks and drinks when required. They also told us that they monitor people's weight and cholesterol where required.

People and relatives we spoke with told us that their family member's health needs were being met. A person we spoke with said, "If I need to see my doctor they [staff] get him for me". A relative told us, "Doctors are brought in whenever she [person using the service] needs them". We saw from care plans that people were supported to access a variety of health and social care professionals. For example, psychiatrists, dentists, opticians and GP's, as required, so that their health care needs were met and monitored regularly. We saw that people living at Marian House all had an Annual Health Plan [AHP], which contained information about their health care support needs.

Good

Is the service caring?

Our findings

People we spoke with told us that staff were caring and compassionate. A person said to us, "This [Marian House] is a nice place, I like the people living here and I'm happy here". They continued, "It's a great place, with great carers [staff]". A relative we spoke with said, "I've got no concerns, it's [provider] perfect, I would recommend it to anyone". The atmosphere at the home was warm and welcoming. From our observations we could see that people enjoyed the company of staff and they were relaxed in their presence. We saw that staff were attentive and had a kind and caring approach towards people. There was light hearted interaction between people and staff throughout our time at the home.

We saw that the provider supported people to express their views so that they were involved in making decisions on how their care was delivered. We saw that people and relatives were involved in developing care plans that were personalised and contained detailed information about how staff would support people's needs. A relative we spoke with told us, "We were very involved in [person's name] care planning". A member of staff told us, "We have key worker sessions every month, where we consult the resident [person using the service] on how things are going". They also explained how staff referred to peoples' care files and have conversations about their likes and dislikes. People's care and support needs were supported by staff who knew them well, providing a consistent understanding of what people wanted.

We saw that people were supported to make decisions about what they did, where they went and what they liked to do. A person we spoke with told us, "I like sport and I watch things on SKY [TV]. I go to watch [name of football team], I'm a season ticket holder". Another person we spoke with said, "I went to the market with mum and dad today". A third person told us that they liked to go out for coffee twice a day and we saw that staff supported them to do this. During our visit we saw people making choices about what they preferred to do throughout the day.

Relatives we spoke with and observations we made showed us that people were treated with dignity and respect. A relative we spoke with told us, "They [staff] shut the door when providing her [person using the service] personal care and explain to her what's going on. They also keep her covered". A member of staff we spoke with explained to us how they promoted people's privacy and dignity within the home. They said, "We [staff] don't talk over people, but we do talk to them throughout [personal care]. We cover them with a towel when washing them. And we don't talk about service users in the main [communal] areas of the home". Staff we spoke with explained to us the importance of ensuring that peoples' right to confidentiality was upheld. Staff we spoke with told us how they would not discuss anything they were told in confidence unless a person's safety was compromised, in which case they would alert the manager.

Everyone we spoke with told us there were no restrictions on visiting times. A person we spoke with told us, "My brother visits every week and I go shopping with him". A relative told us, "There's no restrictions on visiting times, we come and go as we please".

People and staff told us how independence was encouraged as far reasonably practicable. A person we spoke with told us, "I shave myself. I do all my [personal] care myself". They also told us, "I have a safe in my

room so that I can keep my money safe". A member of staff we spoke with said, "We encourage people to help around the place [home], perhaps a bit of washing up. Some shower themselves if they're able". Another member of staff said, "[Person's name] goes to college every day. He'll make a cup of tea and do some cooking". Throughout our visit we saw that people's independence was supported by staff. For example; we saw a person being encouraged, by a member of staff, to walk independently with the aid of a walking frame.

Good

Is the service responsive?

Our findings

We saw that staff knew people well and were focussed on providing person centred care. We saw that people were encouraged to make as many decisions about their care and support as was practicable. Relatives we spoke with told us they were all involved with their family member's care reviews (as required) and were in regular contact with the home about people's care and support needs. A relative we spoke with told us "Yes, we have review meetings and we talk to them [registered manager] a lot". We saw records of care planning meetings involving people and their relatives. We saw detailed, personalised care plans that identified how people liked to receive their care.

We saw that staff were responsive to people's individual care and support needs. We observed staff responding to people's needs promptly when required throughout the day. A relative we spoke with told us, "She [person using the service] is well cared for, they [staff] are very responsive to her needs". Another relative told us, "They're [staff] very responsive if her [person using the service] needs change. Doctors are accessed whenever we need them and they're quick with her medicine if she has a fit [seizure]".

We saw that all people living at the home had their own rooms and chose whether to stay in them or to join the communal areas. Rooms were clean and personalised to suit people's preferences. A person we spoke with told us, "I like my room, I'm having a new 'tele' [television]". A relative told us how they had changed the curtains in their family member's room to suit her taste.

Throughout our inspection we saw that people had things to do that they found interesting. They were engaged in activities that they found enjoyable and were supported to maintain their hobbies and interests. A person we spoke with told us, "I like the fishing game". We saw them playing another game with a member of staff and they told us, "I'm good at this, I beat my dad today". Another person we spoke with told us how they enjoyed going on holiday with family members. We saw that people took part in a variety of social activities, including; trips to the ballet, music sessions, exercise classes and arts and crafts. A staff member we spoke with told us "[Person's name] loves going out to parties and [person's name] likes power walking". Another member of staff we spoke with said, "[Person's name] goes to church on Sundays. We [staff] don't stop people being who they want to be". We saw from the PIR that the provider supported people to do things that interested them. The PIR stated, 'We try to empower residents as much as possible to ensure that they are meeting their full potential. We do this by encouraging further education for residents who wish to attend a day centre or college. Currently we have four residents who thoroughly enjoy going to centre or college and is a big part of their daily life. It is in the best interest for these residents to continue to develop and further education gives them the opportunity to do so. For residents who do not attend day centre or college, we have activities that go on throughout the week'.

Relatives we spoke with said they knew how to complain if they needed to and would have no concerns in raising any issues with the management team. A person we spoke with told us; "I know how to complain. If someone was rude to me I'd tell the staff and they'd sort it". A relative told us, "We had an issue once about her [person using the service] clothes going missing, but we told [registered manager's name] and it was soon sorted out". Relatives told us that they knew the complaints procedure and how to escalate any

concerns if they needed to. We found that the provider had procedures in place which outlined a structured approach to dealing with complaints in the event of one being raised.

Relatives told us that they had completed satisfaction surveys and we saw that these had been used by the provider to enhance the quality of service provided for people at the location. We saw that the provider held monthly resident meetings to share information and discuss any concerns. Relatives we spoke with told us that they could contact the manager at any time for information about their family member. A relative we spoke with said, "We get questionnaires from them [provider] quite often and there's always plenty of opportunities for a chat if we need". Another relative told us, "We get surveys every now and then, but I talk to the staff all the time anyway". We saw from the providers PIR, that they monitored and assessed concerns and complaints in order to develop service quality.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post and this meant that the conditions of registration for the service were being met. A registered manager has legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run. The provider had a history of meeting legal requirements and had notified us about events that they were required to by law, including the submission of statutory notifications. Statutory notifications are the forms that providers are legally obliged to send to us, to notify the CQC of certain incidents, events and changes that affect a service or the people using it.

We saw that the provider supported staff and that the staff were clear about their roles and responsibilities. We saw evidence from house meetings that people and staff were involved in how the home was run. For example; menu and activity planning. House meetings provide an opportunity for people living at Marian House, to discuss issues relevant to them, with the manager and staff. We saw that there was a good relationship between the manager, people using the service and staff. Staff told us that they felt confident about raising any issues or concerns with the manager at staff meetings or during supervision. Staff we spoke with told us that they were happy with the way the location was managed, that the manager was approachable and that they felt they were listened to and valued by the manager. A member of staff told us, "I love working here, the [registered] manager's so approachable. They [management] listen and support you, they always have time for you". Another member of staff we spoke with said, "I enjoy my job, the management are really good, they encourage me and tell me I'm doing a good job". A relative told us, "Everywhere should be as good as this, I don't have any problems with them". Relatives we spoke with told us that they felt there was a positive attitude at the home between the manager, staff and their family member.

We saw that the provider had a whistle-blowing policy in place. 'Whistle-blowing' is the term used when someone who works in or for an organisation raises a concern about malpractice, risk (for example, to a person's safety), wrong-doing or some form of illegality. The individual is usually raising the concern because it is in the public interest. That is, it affects others, the general public or the organisation itself. Staff told us that they understood the whistle blowing policy and how to escalate concerns if they needed to, via their management team, the local authority, or CQC. Prior to our visit there had been no whistle blowing notifications raised at the home.

We saw that the provider had systems in place for when the registered manager was unavailable to ensure that quality of service was maintained. Staff we spoke with told us that they knew who to contact in the registered manager's absence.

We saw that quality assurance and audit systems were in place for monitoring the service provision at the location. This included surveys to people and relatives where they were encouraged to share their experiences and views of the service provided at Marian House. We also saw that both internal and external audits were used to identify areas for improvement and to develop and improve the service being provided to people. Prior to the inspection the provider had carried out an audit of the service by completing a

Provider Information Return (PIR) form. We saw that the PIR reflected what we saw on our inspection.