

Cygnet Learning Disabilities Midlands Limited

Marion 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?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Marion House is a care home, which provides accommodation and personal care to people with autistic spectrum conditions, who may have behaviours that challenge and associated complex needs. The home was registered for five people. At the time of our inspection, two people were using the service. The people we met, had complex needs and were not able to share their views with us verbally. We therefore observed how care was delivered and discussed this with staff, relatives and professionals to help inform our judgements.

The accommodation was over three floors. The ground floor had one bedroom and communal areas, including a lounge, dining room and conservatory. On the first floor, there were further bedrooms and on the second floor a self-contained apartment. Outside there was a large, secure garden area and an interactive sensory activities room.

People's experience of using this service:

There was a friendly, homely and welcoming atmosphere for people using the service.

People received safe care from staff who knew them well. Potential risks to people's health, safety and well-being had been assessed to help keep people safe. There were suitable arrangements for the safe storage, management and disposal of medicines and people were supported to take their medicines by trained staff. There were systems in place to help promote infection control and lessons were learned when things went wrong.

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People had a say in how the service was run by accessing regular meetings, where tailored support was offered to maximise input from people using the service. Information was in a range of formats including visual and audio communication devices to support people's voices to be heard. People's views were considered and had been used to make changes to activities, the environment and the menu.

People's diverse needs had been assessed and care was personalised to meet their desired outcomes. A range of activities were on offer which reflected people's interests. People had regular staff giving care and positive relationships had been developed. People enjoyed the attention and interaction with staff members. Staff respected and promoted people's dignity and made sure they supported them in the way they wished, whilst encouraging them to be as independent as possible. There were sufficient staff to meet people's needs and staff recruitment practices were satisfactory.

The service was managed in a responsive way to support people's changing needs. The registered manager was visible and accessible. There was a management structure in place which gave clear lines of responsibility and accountability. A range of checks were in place to raise standards and drive

improvements within the home. This is one of a number of locations the provider operated nationally and systems had been developed and shared across their locations to support learning and quality improvements.

Partnerships had been developed with the community and health and social care professionals. When people had been unwell, staff had raised the concern and involved health professionals to address their health care needs.

When required, notifications had been completed to inform us of events and incidents, this helped us to monitor any actions the service had taken. Good governance processes were in place, alongside comprehensive auditing checks, including management of any complaints, to ensure quality care was delivered.

Further details and information can be found in the full report.

Rating at the last inspection: This was the first inspection for Marion House since their registration with Care Quality Commission in April 2018.

Why we inspected:

This was a planned full comprehensive inspection to ensure the service was meeting the regulations of the Health and Social Care Act and CQC. We found the service to be Good.

Follow up:

We will continue with ongoing monitoring as per our re-inspection programme and if any concerning information received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Marion House

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. Our inspection checked whether the service was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: Two inspectors.

Service and service type:

Marion House is a care home (without nursing). People in the service receive accommodation and personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice and independence. People using the service received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

The service had a manager registered with CQC. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 24 hours' notice of the inspection site visit, because it is small service and the registered manager covered two locations. We needed to be sure the registered manager would be available to meet with us. This was our first inspection of the service since their registration with us in April 2018.

What we did:

Before the inspection, we asked the service to complete a Provider Information Return. This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when making our judgements about this service. We reviewed the information we held, including notifications sent by the service. Notifications are changes, events and incidents the service must inform us about.

We saw how care and support was delivered to two people in the service, we reviewed a range of records, this included two care records, medication records and one staff file. We looked at training, audits, complaints and records relating to the management of the home. We spoke to the registered manager, the deputy manager and three staff members. We also spoke with the area manager and the regional operations director.

Following the inspection, we spoke with one family member and received feedback from a social care professional.

Is the service safe?

Our findings

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

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

Using medicines safely and learning lessons when things go wrong.

- Medicines were safely managed. Medicine systems were organised and people were receiving their medicines when they should. The provider followed safe protocols for the receipt, storage, administration and disposal of medicines.
- Detailed protocols were in place for as and when required medication (PRN) which gave staff clear guidance on when the medicine should be given. For example, during the inspection staff had identified that one person had a high temperature, they gave them the PRN medicine as detailed in the guidance. This showed that staff had a good understanding of the medicine and how to use it to reduce any ongoing health concerns.
- We saw that for one person, recovery medicine was required due to the risks associated with their epilepsy. Staff received separate training in relation to this medicine. Staff were able to provide details of how and when they would use the medicine which was in line with the guidance.
- We saw when incidents had gone wrong, lessons were learned and investigated fully. For example, a medicine error had resulted in additional safeguards being developed to prevent any reoccurrence.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse as the provider had effective safeguarding systems in place. Staff knew how to recognise signs of abuse and had a good understanding of actions needed. There was an on-call management rota system in place for staff to raise any concerns. One staff member told us, "Safeguarding was always discussed in supervision". This meant that staff were continually reminded of best practice in this area.
- When a safeguard had been raised, the registered manager had investigated it promptly. They then put further measures in place and informed the local authority and ourselves of these changes.

Assessing risk, safety monitoring and management

- Risks associated with people's care and support were assessed when they first moved into the service and had been appropriately reviewed. For example, one person had a risk assessment about the equipment they used to keep the person safe when they were in bed. We saw these measures had been reviewed to check the equipment was still needed.
- Emergency plans were in place to ensure people were individually supported in case of a fire, or any other event which may require evacuation from the home.
- The provider completed assessments before people started their care in the home. This ensured any new people would be suitable to the environment and compatible with other people already living at Marion House.

Preventing and controlling infection

- The provider managed the control and prevention of infection well, the home environment was clean and well maintained.
- People were cared for by staff who used proper personal protective clothing, for example gloves and aprons, to prevent the spread of infection. One staff told us, "The cleaning is mainly done at night, there is a schedule we follow". We saw the cleaning had been audited monthly and certificates and records showed regular maintenance of the environment had been completed.
- The Food Standards Agency had rated the home as four. The agency has a sliding scale of ratings from 1 to 5, the rating of 4 is good. Any actions identified by the agency had been addressed.

Staffing and recruitment

- We saw people receiving care, with enough staff to support the needs for that person. When people went out, additional staffing was provided where necessary. We saw this was recorded in their risk assessment and care plans to support their individual needs.
- Staff were recruited safely and checks had been completed to ensure they were suitable to work with people. For example, two references were obtained and suitable checks were made to ensure safe recruitment decisions were made prior to employment.

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

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

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 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 is called the Deprivation of Liberty Safeguards (DoLS).

- People's legal rights were protected because staff followed the principles of the MCA. Staff ensured people were involved in decisions about their care and knew what to do if the decision needed to be in the persons best interest. A staff member said, "It's their right to choose and not for us to judge on ability". Another staff explained to us how they understood about consent and how the use of DoLS directly affected one person's care. For example, one staff member told us that when they accompanied [Name] they could stand back to allow for some privacy, but were always close enough to support if there was a need.
- Staff supported people who did not have capacity, to make decisions in the least restrictive way possible. Staff had been trained and had involved family members and professionals when a best interest meeting was required.

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

- People's needs were assessed before they moved into the service, to ensure their needs and life choices could be met. Assessments included people's medical conditions and recorded care needs around areas such as mobility, communication and nutrition.
- Nationally recognised strategies were used to ensure people received care in line with current best practice and guidelines. Staff applied learning from training they had received, which led to positive outcomes for people. For example, a missed signature on medicine records, meant that further checks were now in place to ensure that people received the correct medicine and accurate records were kept.

Staff support: induction, training, skills and experience

- People were supported by staff who had ongoing training and supervision. Staff told us and records showed, they received one to one, and group sessions. In the group meetings they discussed a 'policy of the month' this meant that staff were trained in current best practice.
- New staff had a planned induction. This included training and shadowing with experienced staff members to ensure that staff were competent in carrying out their role and responsibilities.
- New staff with limited care experience were supported to complete a qualification known as the Care

Certificate. The Care Certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high-quality care.

One staff told us, "There is lots of training we can access, some courses are on-line as well some face to face".

- All staff we spoke with, felt supported in their roles and knew how to access support and advice when needed.

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary needs were assessed and monitored and when needed, health professionals were referred to for guidance.

- Menus had been developed to consider individual choices. To support people to access the daily choice, the menu was recorded onto an audio device. When people pressed the device, they could hear the menu options on offer that day.

- People were supported to try new foods so they could be added to the menu for variety. The provider had included a taste testing session and pictures of different foods were available, to support people's choices.

- Specialist diets for those with specific health conditions were catered for, by staff who had information to ensure the right diet was received.

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

- People received the care they needed to manage their individual needs effectively.

- We saw when people had to spend time in hospital the staff supported them. One relative told us, "When [Name] was in hospital they were really supportive, and stayed with them".

- Staff supported people to have access to external healthcare. There were pictorial books to support people to access information about their health care. Records showed details of the communication and appointments with a range of different healthcare professionals.

- Staff were aware of people's different communication methods and how they may present if they were unwell. We saw staff notice someone was not their usual self. This was explored and responded to by staff to reduce any ongoing pain or anxiety.

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

- People's bedrooms were personalised and displayed pictures and belongings which reflected their interests and family connections.

- The provider engaged in discussions and decisions about the environment people lived in and had taken their needs into account. For example, the garage room offered space for people to enjoy activities in a separate space from their own rooms, or from other communal areas.

- The home had a variety of communal spaces for people, including a room which provided a sensory experience and could assist with relaxation and help people feel at ease.

- People were supported to be independent by the use of pictures and audio devices around the home to help with communication.

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

- There was clear evidence of referrals being made with a range of healthcare professionals. One professional we spoke with said, "[Staff Name] had been relentless in securing the appropriate care for the person".

- Staff recorded the outcome of people's contact with health care professionals in their care plan. We saw people had a 'hospital passport'. This is a document which holds important information to help support people if they needed care in hospital.

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

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

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported with their care. We saw kind and caring interactions when staff were supporting people, showing affection in a respectful way.
- One professional said, "Staff have provided the best care to the people in all aspects of care including mental health, finances and general well-being".
- Staff celebrated people's achievements when they had made improvements. For example, one person had reduced mobility after a period of ill health. After support from the staff they had returned to their previous level of mobility giving them back some independence. One staff member said they, "We're so pleased to have been a part of this improvement".
- Staff knew people well and could recognise the different methods people used to communicate. For example, one person had a 'communication passport' this was incorporated into their care plan which gave staff and other professionals guidance, as to interpretation for the person's words and phrases.

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

- People could express their views and choose how they wanted to spend their day. There were organised activities for people to take part or they could choose another activity to suit their needs on that day. A staff member showed us the scheduled activities, they said, "If they don't want to do the activity, they can choose something else". An evening activity was being planned to support 'Pancake Day'. Other life, or diary events encouraged involvement.
- We saw staff offered drinks and refreshments throughout the day. This was by both verbal communication and the use of pictures to enable the person to choose.
- When people required support with decision making they could access an advocate to help with their care and support needs. There was a poster in the hall showing advocacy services that were available for people if they needed one. Advocacy enables people's voices to be heard on issues important to them.
- People were supported to access lay 'advocacy or 'professional' advocacy or both, if they needed someone to speak up on their behalf.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff respected their decision, and ensured they had their own personal space. For example, where someone had chosen to decline an activity at the last moment, this was acknowledged and respected by the staff.
- People had been supported and encouraged to be independent with their mobility. One person has been assessed for speciality footwear and staff were aware of the benefits this would offer.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

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

- The provider was responsive to people's needs. The care plans had detailed information about the person such as their preferred routines, likes and dislikes. The care plan included things of importance, any protected characteristics under the Equalities Act and any potential risks and how these were managed, using pro-active strategies. This was important, because some people receiving support had limited verbal communication. The information was also provided in an easy to read version so the person was able to access their care plan in a way they could understand.
- People's care plans had been reviewed and updated to ensure consistent care was given by staff. Staff told us there was a verbal handover and a communication book, as well as the daily journal records for each person.
- People had been consulted about activities they wished to do. For example, a variety of options were offered which resulted in a visit to an animal park, this was shared with the family and had been a very positive experience.
- Staff had guidance about people's communication and sensory needs, this was recorded and highlighted in the care plans. The provider promoted the Accessible Information Standards. This standard is a legal requirement which expects providers to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss.

Improving care quality in response to complaints or concerns

- The provider had a complaint policy which was displayed in the reception of the home. There was also an easy read version available. The registered manager told us how any complaints received were investigated and addressed. For example, a complaint had been made which resulted in a change of an external company to address the issue.
- Staff told us they would respond to any concerns from people raised in the house meetings. We saw that signing, pictures or assistive technology, were used to help people with communicating their choices or concerns.

End of life care and support

- At the time of the inspection no one was receiving end of life care. The provider was reviewing their approach to this area, to ensure people's wishes and preferences would be considered. The registered manager told us once reviewed it would be included in the care planning.

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a registered manager in post. We saw open, honest, skilled leadership and staff we spoke with, said both the registered manager and deputy manager were very approachable.
- There was a management structure in place, which gave clear lines of responsibility and accountability. There was a structured approach to operational and clinical governance systems and audits were in place had been used to identify any trends or areas of concern.
- There were quality assurance arrangements in place to raise standards and drive improvements. This was to ensure quality in all areas of the service was checked, maintained, and where necessary improved. Audits were regularly completed included health and safety, medicines, confidentiality, cleaning and infection control. Any required improvements had been actioned and resolved. For example, to improve the safe storage of information, locks had been changed on certain doors to give manager access only.

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

- The registered manager was aware of their responsibilities about reporting significant events to us and other outside agencies and ensured these were done promptly.
- People received person centred care from a staff group who felt supported by the management structure. One staff told us, "All the senior staff have had team leader training which has been beneficial."
- The provider has recently changed the way they communicated with families and staff to ensure a more effective line of communication was in place. A relative told us, "Consistency with communication had previously been a problem". We saw improvements had been made and the families we spoke with said communication had improved.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics and Continuous learning and improving care.

- People were encouraged to make decisions. The provider held regular meetings with people who used the service to plan activities and obtain their input. The next meeting was scheduled to discuss 'people's bedrooms' and staff had already spoken with families about this area and considered what communication methods they would need to enable people to participate.
- Information was displayed throughout the home in accessible formats, there were boards in the foyer, as well as on the walls in the dining room and conservatory, giving information about the day. There were other boards which documented the activities and photographs of people living at Marion House.

- There was a whistle blowing policy which staff were aware of staff also had access to a confidential helpline if they required.
- Staff were encouraged to share their ideas and views about the home with the opportunity to complete a survey. Any areas identified for improvement had been considered and actioned.
- We saw that staff had received regular staff meetings and one staff member told us they felt listened to by the managers and were able to raise any concerns and importantly, issues were dealt with.