Martha Trust

Mary House

Inspection report

Mary House
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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	**Requires improvement**

Overall summary

Mary House provides nursing and personal care and accommodation for up to 13 young adults with profound and multiple learning disabilities. There were 12 people living at the home during the inspection they required assistance with all aspect of their care, including washing, dressing, eating and drinking and moving around the home. People were unable to communicate verbally and used body language, facial expressions and some vocal sounds to make their needs known.

We inspected Mary House on 10 and 23 December 2014 and identified a range of concerns. We gave the provider a list of actions to take to meet the regulations.

Although the timescales to meet our regulations have not yet expired. We received concerns about people's safety and undertook a focused inspection on 6 May 2015 to look into these concerns. This report only covers our finding in relation to these concerns.

There was no registered manager in place at the time of this inspection and the home was being managed by senior staff from the charity, Martha Trust, and the deputy manager or the home. A registered manager is a person who has registered with the Care Quality Commission to manage a service. Like registered providers, they are registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associate Regulations about how the service is run.

The trust managers said they had advertised for a manager for the home and they had interviewed some people, but they had not found a suitable applicant. A relative told us they had been involved in the interview and said "We haven't found the right person yet."

Summary of findings

There were not enough staff with the right skills and knowledge working in the home and safeguarding procedures did not ensure that restraint was only used when absolutely necessary.

Medicines were managed safely and systems for the control of infection were in place to protect people.

Risk assessments for pressure sores had been completed and systems were in place to reduce the risk.

Robust recruitment procedures were in place to ensure only people suitable to work at the home were employed.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not consistently safe.

There were not enough staff with the right skills and knowledge working at the home.

Safeguarding procedures did not ensure that restraint was only used when absolutely necessary.

Medicines were administered safely and records were up to date.

Appropriate infection control systems were in place to protect people.

Robust recruitment procedures were in place to ensure only suitable people worked at the home.

Mary House

Detailed findings

Background to this inspection

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

This inspection took place on the 6 May 2015 and was unannounced. The inspection was carried out by an inspector, pharmacy inspector, specialist advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we looked at information provided by the contracts and purchasing officers from the local authority (quality monitoring team). We also looked at information we hold about the service including previous reports, notifications, complaints and any safeguarding concerns. A notification is information about important events which the home is required to send us by law.

As part of the inspection we spoke with all of the people living in the home, four relatives, eight staff, the cook, the deputy manager, the finance manager and the chief executive of the Trust. We observed staff supporting people and reviewed documents; we looked at six care plans, medication records, five staff files, training information and some policies and procedures in relation to the running of the home. We spoke with two health and social care professionals following the inspection.

On this occasion we did not ask the provider to complete 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. This was because we wanted to follow up on a concern and visited at short notice.

Requires improvement

Is the service safe?

Our findings

Relatives said they felt their family members were safe. One relative said, "If I had any concerns about my relative's safety I would talk to the staff immediately and then talk to the management. I would expect something to be done about it." Two other relatives told us they had no concerns about how staff looked after people, and one was pleased to see, "There is now enough staff to provide the one to one care people need." Relatives felt communication had improved and there had been opportunities to discuss the changes at the home with other relatives, management and staff.

At the last inspection on 10 and 23 December 2014 we found improvements were required with regard to staffing, infection control, medication and risk assessments for incidents and accidents. We found some of these concerns had been addressed, but others still needed improvement.

The management and staff felt there were enough staff working in the home, and the staff rotas reflected the number of staff available to support people during the inspection. Staff said, "There are enough of us working here now." "We are able to take people out more" and, "There is always time to spend with people doing something they want to do, and today we have a visiting musician who is very popular." Staff assisted people with their meals and personal care; they supported people to participate in activities, which included swimming, and people were taken out to a coffee shop and a garden centre.

However, although staff and relatives were positive about the increased number of staff since the last inspection we observed new employees were not supported, by more experienced staff, to understand people's needs and provide personalised care. In the sensory kitchen we saw staff making themselves drinks and chatting with each other, but not with people who live at Mary House. One member of staff was having a drink on her own. A newer member of staff was sitting at the table with people, but there was no interaction. The lack of interaction with people and staff when they sat communally meant that people at this time were not engaged and were ignored. We spoke to the registered nurse who said, "This shouldn't happen and it doesn't happen when I'm there". However, we saw this lack of interaction on several occasions. As most people could not communicate clearly with words, different types of interaction dependant on their needs was required. We did not see more experienced staff, supporting less experienced staff to do this. There were not enough staff, with the right skills and an understanding of people's individual needs, to ensure that people's needs were met and they were involved in decisions about the care and support provided.

The lack of sufficient staff with the right skills and knowledge was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had attended safeguarding training and had an understanding of abuse. They were quite clear what action they would take if they had any concerns, and had read the whistleblowing policy. One staff member said, "If I was worried about anything or saw something I didn't think was right I would talk to the manager or senior staff straight away." Another staff member told us, "If I thought something hadn't been done after I'd talked to senior staff I would ring the local authority or the commission." However, we found that the culture within the home did not encourage support and care based on a clear understanding of people's needs, their preferences and choices. This meant people were protected from taking risks that may cause harm, because they had not been appropriately assessed. One example of this was a person's movements had been restricted to prevent them causing harm to themselves. This case had been fully discussed with the relatives, care manager and physiotherapist to find a less restrictive method for this person, but a full best interest meeting had not taken place. Staff said they had not identified this as an issue because the restraint had been made by relatives through the Deprivation of Liberty Safeguards (DoLS). There was a lack of understanding of the use of DoLS and how this is used to safeguard people in the home.

The lack of appropriate safeguarding procedures to ensure restraint was only used when absolutely necessary was a breach of Regulation 13 4(b) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home was clean and as far as possible people were protected from the risk of infection. Housekeeping staff had been employed to ensure all parts of the home were cleaned regularly. They explained the schedule they followed, which included cleaning the communal rooms, people's bedrooms and bathrooms, communal toilets and offices. They were quite clear about their responsibilities,

Requires improvement

Is the service safe?

had attended training in control of substances hazardous to health (COSHH) and knew which cleaning products were used in which area of the home. Care staff were responsible for clearing up after meals and kept the sensory kitchen and dining areas clean and tidy. Staff said they checked this area each time it was used and we saw them clearing the table and wiping down surfaces. Housekeeping staff told us they checked the home before they finished their shift by walking around the building, to ensure it was cleaned to their standards.

Medicines were managed safely. Doctors were contacted to review people's healthcare needs as their condition changed. Clear detailed care plans were available to manage medicines according to instructions from specialist healthcare professionals. These included the use of oxygen, 'as required' medicines (PRN) such as Midazolam for epilepsy and medication people had taken with them for trips out and social leave. Medicines were stored appropriately and medicine administration record (MAR) charts were completed. Staff had attended training for the use of Midazolam for epilepsy and explained clearly how they supported people in the community. One staff member said, "We take the medicine with us when we go out. The records show when they should be administered and we looked at this as part of the training. Each person's is different and we know how to support people to ensure their dignity is respected. There are usually quieter areas so people can have privacy." The records identified when staff should administer the medicines, and this information was also recorded in the care plans.

Detailed assessments had been completed for nine of the 12 people living in the home. These included reviews of the equipment they used, including wheelchairs and mobility aids, and applications had been made for these to be replaced to meet the changing needs of people and ensure they were supported safely. As part of this process risk assessments had identified people who were at risk of developing pressure sores The physiotherapist had assessed people's specific needs with regard to positioning and prevention of pressure damage, for when they were in bed, sitting in wheelchairs or moving around the home. These records were included in the new daily support and activity plans, which were being developed and introduced during the inspection. Staff told us they felt the use of diagrams to show how pillows and cushions were used to support people was much clearer and they had a better understanding of people's needs. One staff member said the training provided by the physiotherapist was very good. The said, "The way it was explained showed how the support can be used to prevent discomfort as well as skin problems, and I thought it was very good, I feel more confident now."

Staff told us they kept records of incidents and accidents, including bruising following the last inspection. Records were kept for people at risk of bruising, body charts were used to show clearly if and when bruising occurred, and these included any action taken to prevent re-occurrence or referrals to health professionals if required.

Recruitment procedures were in place to ensure that only people suitable worked at the home. We looked at personnel files for five new staff; they contained the appropriate information including completed application forms, two references, Disclosure and Barring System (Police) check, interview records and evidence of their residence in the UK.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing **Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.** **Staffing.** **The registered person had not ensured there were sufficient numbers of qualified staff to support people.** **Regulation 18(1).**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.** **Safeguarding service users from abuse and improper treatment.** **The registered person had not ensured that restraint was only used when absolutely necessary. Regulation 13(4) (b) (d).**