Livability

Livability Marion House

Inspection report

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Date of inspection visit:
31 July 2018
06 August 2018

Date of publication:
30 August 2018

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

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

Livability Marion House is registered to accommodate up to eight people. At the time of our inspection five people with learning disabilities were living in the home in one adapted building in a residential area of Bournemouth.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and on going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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At this inspection we found the service remained Good.

People were supported by staff who understood the risks they faced and how to support them to reduce these whilst respecting their rights. Staff understood how to identify and report abuse and were confident in their role as advocates when this was appropriate. Staff supported people to take medicines safely.

People were supported by caring staff who had the skills to ensure they lived their lives the way they chose. Communication was considered and staff supported people to understand the choices available to them. This meant 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 and relatives told us they could raise any concerns and these were addressed appropriately.

Quality assurance systems involved people and this led to a safer and better quality service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Livability Marion 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 announced inspection took place on the 31 July 2018. We received feedback from relatives up until 6 August 2018. The inspection team was made up of one inspector.

Before the inspection we reviewed information we held about the service. This included notifications the service had sent us and information received from other parties. The provider had submitted a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with two people and received feedback from the relatives of three people. We spoke with four members of staff, the registered manager, and a social care commissioner. We also looked at the three people's care records, and reviewed records relating to the running of the service. This included two staff records, quality monitoring audits and accident and incident records.

Good

Is the service safe?

Our findings

People were supported by staff who understood the risks they faced and were motivated to support them to live full lives. People were relaxed in the company of staff and initiated conversations and interaction on their own terms. Staff worked with people, relatives and appropriate professionals to monitor, assess risks and develop plans together. This meant that people were able to carry out activities that mattered to them. For example, one person was learning how to use an adapted kettle so that they could continue to make hot drinks.

Staff also understood their role and responsibilities to protect people from abuse. Staff advocated strongly for people to promote their safety and human rights.

People had help from, safely recruited, staff when they needed it. The rota reflected the needs of people and staff were rostered to work at times when people needed and wanted support.

People received their medicines when they needed to. There were systems in place to ensure that this was done safely and effectively in ways that suited individuals. One person told us: "They give them to me when I need them."

People were supported by staff who understood the importance of infection control and helped them to maintain clean and safe environments. When we visited the home was having a deep clean.

There was an open approach to learning when things went wrong. Information was shared appropriately with other professionals and advice sought and shared amongst the staff team.

Good

Is the service effective?

Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS had been applied for appropriately and there were systems in place to ensure that any conditions to DoLS were met.

People were able to consent to their day to day care and support and staff explained how they checked with people. People told us they made decisions about how they spent their time and who they invited into the home. They told us staff always asked them what they wanted. One person said: "I decide and I ask if I need something." People were encouraged to make as many decisions as possible in ways that were meaningful to them. Where people did not have the capacity to make specific decisions these had been made within the framework of the MCA.

People's needs had been assessed and care plans written that reflected these assessments. They were supported by staff who understood their needs and could describe these confidently. They had received appropriate training to ensure they could provide this support safely. People had confidence in the staff. One person told us: "The staff are good." There was a system that ensured that training was kept current and all staff were afforded the chance to undertake nationally recognised qualifications in care. New staff were supported to undertake the care certificate. This is a national training programme to ensure staff who are new to care have a positive induction. Staff told us the support they received gave them the confidence and skills they needed to provide good care. We spoke with the registered manager about specialist training in communication and autism and they acknowledged that this would be beneficial based on people's needs. Some staff had done this training and they told us that they would ensure this was available to all staff.

People were supported to maintain their health. They had access to health professionals and information necessary to support them to maintain their health was detailed in their support plans. Information was shared with professionals to ensure people received coordinated support. This included annual health checks and information about treatments being provided in a way that was accessible to the person. This meant people had been able to undergo treatments with reduced anxiety. One person spoke with staff and the inspector about a forthcoming treatment and staff offered reassurance.

People were supported to plan and prepare their meals in ways that promoted their health and wellbeing. Meal times were social occasions that reflected everyone's needs and preferences. Where people needed support to eat safely this was provided discreetly.

Good

Is the service caring?

Our findings

People were supported by staff who knew them well and cared about them. Staff spoke with respect and kindness about people and their discussions were full of references to shared experiences and knowledge. People told us they liked the staff and relatives spoke positively about the staff team. One relative explained: "All the staff are friendly, helpful and enthusiastic, and always have the best interests of the residents at heart. "

Care and support plans focussed on people's skills and abilities and independence and the importance of choice and how this was promoted and supported was clear throughout. Staff used communication systems that people understood to ensure they were able to contribute to group decisions and make as many decisions as they could about their own day to day lives.

People told us that they could invite people to their home and relatives told us they were always made to feel welcome and included.

Good

Is the service responsive?

Our findings

People received care that reflected their needs and their preferences. They were supported to live their lives in ways that reflected their own wishes and staff were able to provide examples of the importance of this personalised approach. We heard from people and relatives that the care people received was responsive and had led to people living happy and fulfilled lives. This included carrying out activities they loved and beginning to develop networks in the local area. When their needs fluctuated the support they received was adapted to ensure they retained the things that were important in their lives. For example, we saw examples of people's health changing and additional support being provided.

Communication styles were recorded and checks were made to ensure people received information in ways that suited them. This information was recorded to ensure the Accessible Communication standard was adhered to which meant that this information was identified and shared appropriately to support people's communication.

If people had concerns these were listened to by staff and we saw examples of staff advocating for people both within the service and with appropriate professionals. Information about how to complain was available to everyone involved with the service. Relatives told us that senior staff listened if they wanted to address any issues and that actions were taken quickly.

The staff had provided end of life care for a person who had lived with them for many years. The experience had been powerful and moving for all involved. People were supported to remember their friend. Staff were proud of the high quality care the person had received. This was reflected in feedback from the family of the person who praised the "outstanding care" both their loved one and they as a family received. End of life care plans had been developed to ensure that people's specific wishes, requests and needs would be respected as they had been for the person who had recently died.

Good

Is the service well-led?

Our findings

Staff were clear that people should feel at home and live their life in ways that suited them. They described how people liked their days to be and how they supported people to achieve this individually and as a group. People and relatives reflected this and told us how much they liked the friendliness and compassion of the home.

The home had been bought by a new provider, Livability. Provider representatives visited the home regularly to undertake monitoring and support visits. The registered manager explained that this had been a positive move and they felt the values of the provider organisation were a good fit and would support them to develop.

Staff were proud of their work and made comments such as: "I love it here" and "I love my job." They said they felt part of a supportive team and were listened to and supported by the registered manager, senior staff and their colleagues. The registered manager spoke highly of the whole staff team and commented on their dedication and kindness.

Staff understood their responsibilities and knew who they could seek guidance from. The registered manager was focussed on supporting the whole team as they took stock after an emotionally challenging time. 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. All the senior staff knew the people using the service well. They provided care alongside staff and were familiar with people, relatives and other visitors to the home.

People, staff and relatives commented on the approachability and availability of the registered manager and other senior staff. The views of people and relatives were gathered regularly and this contributed to improvement plans. The registered manager explained they were working to ensure this was more independent and had recently appointed a volunteer who they hoped would support people to have their say at resident's meetings.

The provider and staff in the home understood their legal responsibilities and the registered persons had ensured relevant legal requirements, including registration and safety related obligations had been complied with.

Quality assurance processes were in place and reflected the needs of the home. Staff understood their roles within this process and we saw that areas for development were identified and acted on.