

## Marian House Care Home Limited

# Marian 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: Marian House is a 'care home' that provides care for a maximum of 20 people. The home provides support to people with a learning disability or associated conditions, for example autism and some people who may challenge the service. At the time of the inspection 19 people were using the service.

The service has been developed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that 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 receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 20 people. Nineteen people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. For example, people had a variety of activities of their choosing including attending day service to learn about daily living skills including cooking. A professional commented that people had a good choice of activities and the staff always found new and exciting activities for people to try.

Staff were committed to delivering care in a person-centred way based on people's preferences and wishes. There was a stable staff team who were knowledgeable about the people living at the service and had built trusting and meaningful relationships with them.

Staff were recruited safely and sufficient numbers were employed to ensure people's care and social needs were met. Staff knew how to keep people safe from harm.

There was time for people to have social interaction and activity with staff. Staff encouraged people to maintain links with the local community, their friends and family.

People's care was individualised and focused on promoting their independence as well as their physical and mental well-being. People were supported to take positive risks, to ensure they had as much choice and control of their lives as possible.

The environment had been adapted to meet people's individual needs and keep them safe from harm. For example, overhead hoists and specialist baths. Staff had received appropriate training and support to enable them to carry out their role safely, including the management of medicines.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately. People were involved in shopping, meal planning and preparation. Staff encouraged people to eat a well-balanced diet and make healthy eating choices.

Where restrictions had been put in place to keep people safe this had been done in line with the requirements of the legislation as laid out in the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards. Any restrictive practices were recorded and regularly reviewed to check they were still necessary and proportionate.

There was a clearly defined management structure and regular oversight and input from senior management. Staff were positive about the management of the service and told us the registered manager was very supportive and approachable. Any concerns or worries were listened to, addressed and used as opportunities to make continuous improvements to the service.

Rating at last inspection:

The last rating for this service was good (published 21 December 2016). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected:

This inspection was a scheduled comprehensive inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://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.

# Marian 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. This inspection was planned to check whether the provider 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:

The inspection was carried out by one adult social care inspector and an Expert by Experience. An Expert by Experience is a person who has experience of using or caring for someone who uses this type of service. Their area of expertise was in supporting people with a learning disability.

Service and service type:

Marian 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.

The service had a manager registered with the Care Quality Commission. This means that 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:

The inspection was unannounced.

What we did before the inspection:

We reviewed the Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We also reviewed notifications we had been sent. Notifications are specific issues that registered people must tell us about.

During the inspection:

Due to people's needs we were not able to verbally communicate with people who lived at the service to find out their experience of the care and support they received. We spoke with the provider, registered

manager, deputy manager, six staff members and one relative.

We looked at five people's detailed care records, staff training records, staff rotas, four staff files and other records relating to the running of the service. After the inspection we spoke to one professional to hear their views of the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm by staff who had up to date safeguarding training and knew about the different types of abuse and how to report it.
- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to help ensure people were protected from the risk of abuse.
- Safeguarding processes and concerns were regularly discussed at staff meetings. ●Safeguarding was discussed at resident meetings and meetings with people on a one to one basis to help ensure people understood how to raise concerns.

Assessing risk, safety monitoring and management

- Risks were clearly identified and staff had guidance to help them support people to reduce the risk of avoidable harm.
- People were supported to take positive risks to promote their independence. For example, individual care records detailed what support people needed to enable them to access the community as independently as possible.
- Where people experienced periods of distress or anxiety staff knew how to respond effectively. Care plans documented information for staff to help identify known triggers, so they could respond quickly to prevent situations from escalating.
- The environment was well maintained. Equipment and utilities were regularly checked to ensure they were safe to use.
- On the first day of our visit people did not have individual emergency evacuation plans in place. However, the registered manager completed these immediately to ensure everyone had emergency plans in place outlining the support people would need to evacuate the building in an emergency.

Staffing and recruitment

- There were sufficient numbers of staff employed and on duty to meet people's assessed needs.
- The service used agency or bank staff occasionally, however they were regular staff who knew people well. Additional hours were also covered by existing staff that people knew and trusted. This was to support appointments or staff absences.
- Where people were assessed as needing specific staffing ratios, for example, when going out in the community, this was always provided.
- Staff confirmed staffing levels enabled them to keep people safe and meet their care needs. For example, staff could spend quality time with people.
- Staff had been recruited safely. All pre-employment checks had been carried out including Disclosure and

Barring Service (DBS) checks.

#### Using medicines safely

- People received their medicines safely and on time. Staff received training in medicines management and had regular competency checks to ensure ongoing safe practice.
- There were suitable arrangements for ordering, receiving, storing and disposal of medicines.
- Medicines were audited regularly with action taken to make ongoing improvements.

#### Preventing and controlling infection

- The premises were clean and free from malodours.
- Staff had access to aprons and gloves to use when supporting people with personal care. This helped prevent the spread of infections.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- When accidents and incidents occurred these were discussed at regular staff meetings, as a learning opportunity.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's individual needs were assessed before they moved into Marian House, this helped to ensure their needs were understood and could be met.
- Assessments of people's individual needs were detailed and expected outcomes were identified and their care and support regularly reviewed. For example, a prospective new person was visiting the service and all parties, including people currently living there, the person themselves, professionals and staff, were involved to ensure the service was suitable for this person.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant skills and qualifications to meet their needs.
- There was a system in place to monitor training to help ensure this was regularly refreshed so staff were kept up to date with best practice. Training methods included online, face to face training and competency assessments.
- Staff training covered those areas identified as necessary for the service and additional training to meet people's specific needs. For example, staff completed epilepsy training.
- New staff completed a comprehensive induction and worked alongside more experienced staff to get to know people. Staff new to care completed the Care Certificate, a set of national standards social care workers are expected to adhere to.
- Regular supervision sessions were arranged where staff were able to discuss any training needs as well as raising issues around working practices. Staff told us they were well supported by management.

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

- Staff assisted people to maintain good nutrition and hydration, encouraging people to eat a well-balanced diet and make healthy eating choices.
- People were supported with shopping and menu planning in line with their needs and preferences.
- Where possible people were involved in meal preparation and the kitchen was suitably equipped to support people to do this.

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

- Staff supported people to see their GP, district nurses, and attend other health appointments regularly.
- If people found attending healthcare appointments difficult, because it might cause them to become

anxious, suitable arrangements were made to ensure people had access to the support they needed. For example, professionals seeing people in the service, at a suitable time and in an environment more comfortable for them.

Additional staff was also provided to support people.

- Information was recorded ready to be shared with other agencies if people needed to access other services such as hospitals.

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

- The premises were suitable for people's needs and provided people with choices about where they could spend their time.
- People had access to a large enclosed garden area, which had been suitably adapted to meet their needs. There were several communal areas for people who wished to have some space and quiet time.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires 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. 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- Mental capacity assessments were completed for people. Staff were provided with training on the Mental Capacity Act 2005 and were aware of how to protect people's rights.
- Where restrictions had been put in place, to keep people safe, this was carried out in line with the requirements of the MCA and associated DoLS. Authorisation for these restrictive practices had been sought and kept under regular review to check they were still necessary and proportionate.
- Decisions taken on behalf of people, who were unable to make decisions for themselves, were in line with the best interest principle. Where possible, relatives who knew the person well were involved in the decision-making process.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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.

- Staff treated people with kindness and compassion. There was a stable staff team who knew people well and what mattered to them. Positive and caring relationships had been developed between people and staff.
- Care plans contained information about people's abilities and skills. Management and staff took a pride in people's achievements and were keen to talk with us about this.
- Relatives and professionals were complementary about the care and support the service provided. Comments from a relative included; "He loves it here. Very happy and safe."

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

- People were supported to make as many decisions as possible about their daily living. Relatives confirmed staff involved them if people needed help and support with decision making. Where needed, staff sought external professional help such as advocacy to support decision making for people.
- People living at the service had limited verbal communication. Care plans contained information about people's specific communication methods. For example, if people used sign language or symbols they could point to so staff knew what they wanted.
- Staff understood each person's communication needs and knew how to recognise what specific signs and gestures meant.

Respecting and promoting people's privacy, dignity and independence.

- People's right to privacy and confidentiality was respected. Each person had their own private space when they wished to be alone. Confidential information was kept securely.
- People were encouraged to do as much for themselves as possible. People's care plans showed what aspects of care they could manage independently and when staff needed to support them. Staff promoted people to be as independent as possible by encouraging and praising them.
- People were supported to maintain and develop relationships with those close to them. One relative said; "They always keep in touch if needed." Records showed family members had been updated when changes in people's needs were identified.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Care plans were personalised for each person and recorded details about individual's specific needs and wishes. These were reviewed regularly or if people's needs changed to help ensure they remained up to date and accurate.
- Daily notes were kept and these detailed what people had done during the day and information about their physical and emotional well-being. This information was used to handover to staff when shifts changed.
- People's rooms were decorated and furnished to meet their personal tastes and preferences. Personal photographs and posters were on the walls.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained information about the support people might need to access and understand information. For example, their methods of communicating such as sign language. This demonstrated the service was identifying, recording, highlighting and sharing information about people's information and communication needs in line with the Accessible Information Standard.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to pursue their interests and hobbies. Each person had their own personalised activity plan. People undertook a wide selection of activities inside and outside of the service. For example, shopping, meals out and attending a day centre. One person who enjoyed keeping fit was supported to attend a regular gym session to maintain their health and fitness.
- People were supported to develop relationships with others. This included one person, who previously lived in the service visiting their friend and this friend being supported to visit them.
- People shared the service's transport and the registered manager ensured there were sufficient staff on duty to drive when needed. Staff were allocated to work with each person, in the numbers agreed in their care assessment, which meant there were enough staff on duty to provide people with the choice of going out or staying at home.
- Records showed that people went out most days. Days when outside activities did not occur were either due to the person's choice or weather conditions. A relative said; "They try to encourage him to go out or participate in activities."

#### Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how complaints would be responded to and the time scales. The complaints process was available in an easy read version for people to access.
- Residents meeting were held to enable people to raise issues and contribute to the running of the service.
- Relatives knew how to make complaints and felt confident that these would be listened to and acted upon in an open and transparent way. Complaints received were viewed as opportunities to improve the service.

#### End of life care and support:

- Where it was necessary, people had end of life care plans in place, which helped to provide information to staff about how they wanted to be cared for. Care plans took account of people's religious wishes.
- One person was on the 'Golden Standard Framework and Palliative Care' which detailed the care they were receiving.
- There were positive links with external professionals, such as GPs and community nurses.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- Staff and professionals were positive about the management of the service. The registered manager had been appointed since the last inspection. Staff told us the registered manager was very approachable and always available for advice and support. One commented; "Everything has been going well since the registered manager has been in post." Another said; "I think she is doing a brilliant job, hats off to her." The registered manager was knowledgeable about all the people living at the service.
- Relatives expressed confidence in the management team. Comments included; "She's very good and approachable." A professional commented that the registered manager; "Was very good."
- The service had clear visions and values in place focusing on community inclusion and supporting people to live fulfilled lives. For example, people attended local day centres. These values, and any organisational changes, were communicated to staff regularly for example through meetings and discussions.
- The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong.

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

- Roles and responsibilities were clearly defined and understood. The registered manager was supported by a deputy manager and senior staff. Staff were key workers and had an oversight of named individual's care planning.
- The registered manager was very involved in the day to day running of the service including working hands on, alongside staff where required. The provider had a defined organisational management structure and there was regular oversight and input from the provider.
- Staff felt respected, valued and supported and said they were fairly treated. There was a positive attitude in the staff team with the aim of trying to provide the best care possible for the people living at the service. One staff member said; "I feel able to contribute to meetings and raise things with the manager."
- There was good communication between the management team and care staff. Important information about changes in people's care needs was communicated at staff handover meetings each day and regular staff meetings.
- The management and staff worked to drive improvement across the service. They engaged with external

agencies to develop effective systems to ensure care was delivered safely.

- Regular audits took place and these were supported and overseen by provider.
- The provider had notified CQC of any incidents in line with the regulations. Ratings from the previous inspection were displayed in the service and on the provider's website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Regular staff meetings took place to give staff an opportunity to discuss any changes to the organisation, working practices and raise any suggestions. Staff said they felt well supported and that they could talk to management at any time, feeling confident any concerns would be acted on promptly. One worker said, "Good team work and everyone gets on well."
- People, relatives and professionals were asked for their views of the service through questionnaires and informal conversations with management. All feedback received was positive.

Continuous learning and improving care

- The registered provider and manager were keen to ensure a culture of continuous learning and improvement. Including looking how to implement Registering the Right Support. This included ensuring people who use the service lived as full a life as possible and achieve the best possible outcomes that include control, choice and independence.
- The registered manager kept up to date with developments in practice through working with local health and social care professionals.
- Marian House policies and procedures were designed to support staff in their practice.
- The registered manager had forged good links for the benefit of the service with key organisations, reflecting the needs and preferences of people in its care, and, to aid service development.