T Keogh and A Keogh

Marian House

Inspection report

803 Chester Road
Erdington
Birmingham
B24 0BX
Tel: 0121 3736140
Website:

Date of inspection visit: 11 and 12 November 2014
Date of publication: 28/01/2015

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

Overall summary

The inspection took place on 11 and 12 November 2014 and was unannounced. At the last inspection carried out on 19 September 2013 we found that the provider was meeting all of the requirements of the regulations inspected.

Marian House is a care home which is registered to provide care to up to 20 people. The home specialises in the care of people with a learning disability and physical disabilities. At the time of our inspection there were 20 people living at Marian House.

Marian House is required to have a registered manager in post. 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 and associated Regulations about how the service is run. At the time of this inspection a registered manager was in post.

Two people that we spoke with commented to us that they, "Felt safe" at Marian House. All of the relatives

Summary of findings

spoken with told us that they believed their family member was safe living there. Staff we spoke with told us that they thought people were safe. There were arrangements in place to protect people from the risk of harm because risks had been assessed and actions put in to place to reduce the risk of harm to people.

People had their prescribed medicines available to them and appropriate records were kept when medicines were administered by trained care staff.

People had mental capacity assessments completed. We saw that an advocacy service was available to people when a specific decision needed to be made. We found that the provider was meeting the requirements set out in the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS).

The staff on duty knew the people they were supporting. We saw that they were kind and caring towards people that lived there. Throughout our inspection we observed person centred care that focused upon the individual and involved them in their care and making choices.

The home had a safe system in place to recruit new staff and carried out necessary pre-employment checks. Staff received an induction and on-going training and supervision so that they had the knowledge and skills to meet people's needs. All of the staff we spoke with understood their job role and responsibilities.

We found that effective systems were in place to monitor and improve the quality of service people received.

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?
The service was safe.

People who use the service were protected from the risk of harm.

Suitable arrangements were in place to ensure that people received their prescribed medicines.

Good

Is the service effective?
The service was effective.

Needs were met and best practice was shared by staff that were supported in their roles to provide effective care.

Mental capacity assessments had been completed for people so that actions were in accordance with people's wishes and best interests. The requirements of the Mental Capacity Act 2005 were met.

Good

Is the service caring?
The service was caring.

People received care from staff and were kind and polite to them.

From our observations we found that staff took time with people and engaged with them in a positive way.

Good

Is the service responsive?
The service was responsive.

People's needs had been assessed and support was provided as planned by staff who knew their needs.

People were supported to make choices about their daily lives and raise concerns they may have by staff who were responsive to their changing needs.

Good

Is the service well-led?
The service was responsive.

People's needs had been assessed and support was provided as planned by staff who knew their needs.

People were supported to make choices about their daily lives and raise concerns they may have by staff who were responsive to their changing needs.

Good

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 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.

The inspection was unannounced and took place on 11 and 12 November 2014 and carried out by one inspector.

Before the inspection, we asked 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. The PIR was completed and returned to us as requested.

We also reviewed all of the information we held about the home. These included statutory notifications received from the provider. We spoke with the local authority and three healthcare professionals and asked them if they had information or concerns about the home, which they did not.

We spoke with three people that lived at the home. We were unable to speak with other people due to their limited verbal communication skills so we spent time observing their care in the communal areas of the home. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who use the service. We spent time with 19 of the people that lived at Marian House. We also spoke with nine people's relatives, seven care staff, the deputy manager and registered manager.

We looked at three people's care records and other records that related to people's care to see if they were accurate and up to date. We also looked at new staff employment records, staff training records, and quality assurance feedback and audits, complaints and incident and accident records.

Good

Is the service safe?

Our findings

Three people that we spoke with at Marian House told us that they felt safe there. One person told us, "If I am not happy about something I will tell staff." We spoke with nine peoples' relatives and all of them told us that they felt that their family member was safe at the home. One relative told us, "I feel that [Person's name] is very safe at the home and that staff are attentive to them."

All of the staff spoken with understood their responsibilities in relation to raising concerns about people's safety. They told us that they were confident about recognising and reporting abuse. One staff member told us, "The manager and deputy are approachable. I've never needed to raise a concern but I'd tell them if I had concerns about anyone at all." Most staff were aware of how to escalate concerns to external agencies such as Social Services or the Care Quality Commission if their concerns were not responded to appropriately. The registered manager told us that further training was booked for new staff that had not yet completed all of the relevant training for them to keep people safe. This meant that systems were in place so that all staff have the training they need so that they know how to keep people safe.

The staff that we spoke with showed that they knew how to protect people from the risk of injury. One staff member told us, "I like the way that the manager has written people's risk assessments as it makes it clear and straight forward for the staff to understand and what we should do to keep people safe." We saw that staff kept floor space clear of obstacles that some people were identified as being at risk of tripping over. Care records sampled showed us that risks to people had been assessed and actions put in place to reduce the risk of harm to people.

All of the staff spoken with told us that they would record any accident or incident that occurred. Where accidents and incidents had occurred action had been taken to prevent recurrence so that people were kept safe.

We spoke with staff about what they did in emergency situations. One staff member told us, "Staff can give first aid to people as needed but we would call 999 if someone, for example, had a fall just to get them checked as well." Care records informed us that some people that lived at the home had swallowing difficulties which led us to ask staff about what they would do if a person choked. Staff spoken with demonstrated to us that they knew the correct first aid action to take. Training records showed that most staff had completed first aid and fire safety training. This meant that most staff had the knowledge and skills to deal with emergency situations that may arise so that people should receive safe and appropriate care in emergency situations.

All of the relatives spoken with told us that they believed there were sufficient numbers of staff to safely support people. The registered manager told us that people's needs were reviewed on a regular basis and staffing levels were based upon the needs of people. Staff confirmed this to us. One staff member told us, "One person's needs have changed and the manager put an extra staff member on shift." During our inspection our observations confirmed this and we saw that peoples' needs were met in a safe and timely way.

One member of staff told us, "I am quite new to my job role. I had an interview before I started and know that the manager did employment checks before I started work." We looked at four staff files and found that the necessary pre-employment checks had been completed. This showed that the provider had a safe system in place to recruit new staff.

We observed that staff administered people's medicines to them safely and followed the provider's medication policy. One staff member told us, "I have completed medication training and understand the policy we have." We looked at two people's Medicine Administration Records (MAR) to see whether medicines were available to administer to people at the times prescribed by their doctor and found that they were. We looked to see if peoples' medicines were recorded accurately and stored safely when received into the home. We found one person's record showed what medicines and how much had been received but found no record was available for the other person. Accurate records for people's medicines are required to show that their medicines are handled safely. We discussed this with the deputy manager who told us they had made the record but could not locate it. They agreed that it would be more robust to make the record of medicines received on peoples' MARs so that additional loose-sheet records were not mislaid.

We saw that some people had medicine prescribed to them on a 'when required' basis. Staff that administered people's medicines to them told us that they would refer to people's written protocols when needed. We looked at the

Good

Is the service safe?

written protocols that were in place to see if staff had the information they needed and found that they did. We saw that healthcare professionals had been involved with two people's 'when required' medicine protocols and that this was in line with the requirements of the Mental Capacity Act 2005.

Good

Is the service effective?

Our findings

Most people who lived at the home had limited verbal communication and used non-verbal communication such as facial expressions, gestures and noises. We saw that staff responded to people's non-verbal communication. We observed that one person made a sound when eating their meal and staff commented to them, "You are enjoying this food." This showed that the staff member understood the person's communication method.

The registered manager told us that some of the people that lived at the home had been diagnosed with further cognitive healthcare conditions in addition to their learning disability. We saw that further information and guidance was sought for them and the staff team supporting them from a specialist nurse. One staff member told us, "The information from the specialist nurse has been really helpful. They visit on a regular basis so we can ask them anything if we need to." The specialist nurse told us, "I find staff have a caring approach to people and always listen and act upon the healthcare advice and support I give. This promotes effective care to the person."

The deputy manager told us, "We are developing a care plan for [Person's name] communication skills based on the guidance given by [Healthcare Professional's name] in using, for example, a small model bus to communicate 'going out'. Their professional guidance is helping us with our skills for effective communication with [Person's name]." During our inspection we observed effective communication between staff and people that lived there. Care records confirmed specialist healthcare advice was sought when required. This showed us that staff practices were based on best practice guidance to improve communication with people.

All of the staff spoken with told us that they had completed an induction and training when they started work at Marian House. Training records showed us that most staff had completed most of the training that they needed to support people with their needs effectively. The registered manager had further training booked for new staff and as an update for other staff. Staff told us that they had regular supervision with either the deputy or registered manager. One staff member told us, "We have staff meetings which are useful and also one to one meetings. We also have a staff communication book so we can check that for anything we need to know that we might have missed." This showed that staff were supported to have the skills and knowledge to carry out their job roles effectively.

We saw that some people that lived at the home may not have the mental capacity to make an informed choice about decisions in their lives. We asked staff about their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA is a law about making decisions and what to do if people cannot make some decisions for themselves. DoLS are part of the Act. They aim to make sure that people in care homes, are looked after in a way that does not inappropriately restrict or deprive them of their freedom.

Most staff demonstrated an understanding of the MCA and DoLS to us. The registered manager told us that they planned further MCA and DoLS training for new staff and as a refresher for other staff members. Mental capacity assessments had been completed for all of the people that lived there. We saw that advocacy services had been made available to people if specific decisions needed to be made. This showed that arrangements were in place for people to be supported to make decisions about their lives.

The registered manager told us that one person's care needs had recently changed and that they required one to one support in the home which impacted upon their liberty. We saw that the person's care records reflected their current identified needs and that the registered manager had arranged a multi-disciplinary team meeting to discuss the person's care and what was in their best interests and whether a DoL was required. This showed us that the registered manager acted in accordance with their legal responsibilities under the MCA and DoLS and 'best interest' meetings were arranged where people lacked mental capacity themselves.

The front was secured with a key code lock and although the code was accessible to people that lived there staff told us that only two people would be able to use the code independently so that they could go out. A staff member told us, "No one that lives here goes out on their own as it would not be safe for them." The registered manager confirmed this and we saw that this was reflected in people's risk assessments. However, DoLS had not been applied for 18 of the 20 people that lived there. We discussed this with the registered manager who told us

Good

Is the service effective?

that applications for DoLS for 18 people would be made. During the course of our inspection we saw that this action was taken and details of this placed into people's care records.

We observed staff support to people during their teatime meal. We saw that staff were relaxed and well organised in whom they were supporting and that people were not rushed. Staff empowered people to make a choice about what they ate for their evening meal. We saw that one person was shown the selection of food and pointed to what they wanted. Another person was shown two plated selections and took the one they wanted. Other people were offered 'taste tests' of food by staff members. One staff member told us, "Some people cannot tell us what they want to eat. At mealtimes, we offer a small taste of the different foods and based upon their response to the taste we know if that is their choice of food for the meal. We also note any particular favourites or dislikes and tell the cook." We saw that the mealtime was relaxed and that the staff team worked together to ensure the meal was an enjoyable experience for people.

People that were able to speak with us told us that the food at the home was good. One person told us, "It is delicious." We observed that other people smiled during their teatime meal and ate all of their meal. Staff were able to tell us about people's nutritional needs and their likes and dislikes.

One staff member told us, "We don't have a set repeating menu here. Instead, at the end of each week staff sit with people and based upon what people tell us or what they have enjoyed but have not had for a while, we plan the next week's menu. We try to encourage variety and a balanced nutritional diet for people."

Some people that lived there were able to use a kitchenette to make themselves a drink when they wanted to. One person told us, "I can make a drink in here for myself." Some other people required staff support to access drinks. We observed that they were offered drinks frequently and that staff took time to support them, talking with them about what was happening for example on a television programme whilst they were encouraged to have their drink. This ensured that people were supported to eat and drink enough.

Staff told us, and care records confirmed, that people were able to access appropriate health care that included dieticians, dentists, opticians and GPs. We saw that some people had healthcare conditions that required monitoring records to be maintained. One person's doctor told us, "The staff always keep the health information that we ask for so that we can monitor the person's health condition. I have found that the staff team are very effective at following guidance given." This ensured that the person received the healthcare support that they required.

Good

Is the service caring?

Our findings

All of the people that we spoke with told us that they liked the staff. One person told us, "My keyworker helps me." Another person told us, "The staff are kind here."

All of the relatives that we spoke with told us that they believed the staff and managers at the home were kind and caring. One relative told us, "I feel that my family member is fortunate to have a place at Marian House. The staff are very caring. [Person's name] is very happy there. I would not want to change anything." Another relative told us, "I feel that my family member is really cared for there."

We also used the Short Observational Framework for inspection (SOFI) to look at how comfortable people were in the presence of staff. We saw that people were relaxed during all staff interactions with them. We observed one staff member compliment one person on their attractive nail varnish and the person smiled during the interaction.

We saw that some people had photographs placed next to them. One staff member explained to us that one person's photograph was of them meeting a celebrity and had been a happy event for the person. Staff explained to us that people found their photographs reassuring as they could look at them and this meant they were less anxious. When staff supported one person to move to another room, we saw that they took their photograph and placed this close to the person. We saw that some people liked to have a meaningful object, such as a ball, to hold onto. We saw that such items were safely attached to people's wheelchair so that the person could hold the item when they wanted to. This showed us that there was a strong person centred culture at the home and staff knew what was important to people.

We saw that some people communicated by using facial expressions and noises. We observed that staff reacted appropriately to the person's expression and engaged with them. We saw that people that could not use verbal communication were included in what was happening equally to those people that were able to use verbal communication. This showed us that all of the people that lived at Marian House were valued and staff demonstrated to us positive caring relationships toward everyone there.

Throughout our inspection we observed that staff spoke to people in a relaxed tone of voice to explain to people what was happening. One staff member told us that this approach contributed toward a calm environment and reduced the risk of some people becoming anxious and displaying behaviours that challenged others. One staff member told us, "It is important that we are aware of how one person's behaviours might impact upon another person. We need to be aware of this and act in a relaxed caring way before anyone becomes upset." This showed us that staff had an in-depth knowledge of people's needs.

We saw that people were involved in their own care and making decisions. One staff member told us, "Some people are able to make more decisions about day to day choices than others but we try to always involve people as much as possible in their care and making choices." One staff member told us, "I select two or three outfits that are suitable for the day and weather conditions for [Person's name] and encourage them to touch which outfit they would like to wear. Care records sampled showed that people had been shown various colours and had selected a colour they liked so that their bedroom was decorated in that colour and style. People's care records were presented in a way that they would understand so that they could be as actively involved as they could in their care.

We saw that people were dressed in individual styles of clothing reflecting their age, gender and the weather conditions. We saw that everyone was well presented and looked well cared for. When staff offered support with personal care tasks this was done discreetly. This showed us that staff recognised the importance of people's personal appearance and respected people's dignity.

One person showed us their bedroom and we saw that they had their own key to their room. They told us, "I can use my key. Staff knock on my door when I am in my room." This showed us that people's privacy was respected.

All of the relatives we spoke with told us they were able to visit the home at any time they chose to. One relative told us, "Whenever I visit [Person's name] the staff are polite and welcoming. [Person's name] is always clean and well presented." This meant that people's relatives were not restricted when they visited the home.

Good

Is the service responsive?

Our findings

People who could speak with us told us that they made choices about what they did. One person told us, "I like to go to [Place name] and have friends there." One social care professional worker told us, "Despite [Person's name] moving to Marion House, staff have enabled [Person's name] to maintain the many friendships that they have developed here which are important to them."

All of the relatives spoken with told us that they felt their family members' needs were responded to appropriately by staff at the home. One relative told us, "[Person's name] needs more help and support than they used to. [Person's name] needs a special wheelchair and the staff arranged for them to get that. They are now more comfortable using that."

One relative told us, "We go to [Person's name] care reviews and the staff always update us on any changes." All of the staff demonstrated to us an understanding and awareness of people's needs and what was important to them. Care records sampled showed that care was planned to meet people's individual needs and that this was reviewed when needed.

Throughout our inspection we observed that people's individual needs were met. For example, we saw that one person slept through lunchtime and staff did not wake them for their lunch. One staff member told us, "We never wake them but save a meal and when they wake naturally we give them a bit of time and then offer them their meal." We saw that care plans and staff practices reflected this. This showed us that people received personalised care that was responsive to their individual needs.

One person told us, "I like flower arranging. I make a display every week." People told us about their hobbies and interests and staff demonstrated knowledge of these and what people enjoyed doing or talking about. One staff member told us, "People are supported with their individual interests. [Person's name] really likes music on in the mornings so we put that on for them. [Person's name] enjoys going for a walk, so one staff member always supports them when they want to go out." We observed that when people returned home staff greeted them and showed an interest in what they had been doing whilst they had been out. The registered manager told us that various 'activity sessions' were offered to people at home such as 'DJ music sessions,' 'hand and foot massages' or 'beauty sessions. Staff told us that people smiled during activity sessions and were relaxed when they had, for example, their hand massaged. This showed that people were encouraged to take part in activities of interest to them.

We asked two people that lived at the home what they would do if they had any concerns. They both told us that they would tell staff and commented to us, "Staff will sort it out." One staff member told us that a 'picture images book' was used if one person was upset or worried by something. The staff member told us, "[Person's name] may not be able to verbally tell us what the problem is but can point to a picture which will help us understand what their worry has to do with so we can then ask the right questions to put things right for them." This showed that people were encouraged to express any concerns that they had and were listened to.

All of the relatives spoken with told us that they felt they could raise any concern or complaint to the registered manager. One relative told us, "If ever I have needed to raise anything with the manager they have gone out of their way to sort things out quickly." Another relative told us, "I've only had to just mention a small thing and within moments it has been addressed. I have no complaints about the home." The acting manager told us that two complaints had been received since our last inspection in September 2013. Records showed us that these had been investigated and resolved. This meant that concerns or complaints made were dealt with and resolved in a timely way.

Good

Is the service well-led?

Our findings

All of the staff that we spoke with told us that they felt supported and listened to by the registered manager. One staff member told us, "I am quite new to working in care and if I feel unsure about something or don't understand someone's care plan, I can just ask the manager. I never feel I am asking something silly. They take time to explain things to us. I feel that this has made me more confident in my role." Another staff member told us, "The managers are brilliant. They are very good at listening to us. We have staff meetings where we can share information. We always try to make things the best we can for the people that live here and work together to do this." This showed us that systems were in place to ensure that staff received the training and support that they needed for their job role.

All of the staff told us that they had opportunities to develop their skills and knowledge through training. For example, the deputy manager told us that they were being supported to complete their Qualification Credit Framework (QCF) Diploma in Health and Social Care at level 5. The registered manager told us that during staff meetings and individual staff supervision sessions, 'scenario questions' were discussed. Staff told us, and records confirmed that these provided opportunities for staff to refresh and discuss their skills and knowledge and question care practices if needed. This meant that learning opportunities were provided for staff.

The registered manager had been in post for nine years providing consistent leadership. All of the relatives spoken with told us that they knew who the registered manager was and that they were approachable. One relative told us, "The manager is very supportive. I feel that they listen to us and would always act on anything that concerned us." Another relative told us, "Whenever I visit [Person's name] the manager always asks me how I am and whether I am happy with [Person's name] care at the home."

Before the inspection, we asked the provider to complete a Provider Information Return (PIR) which we received. The PIR told us that the registered manager evaluated care practices on a day to day basis in the home. During our inspection we saw that both the registered and deputy managers had a visible presence in the home, for example they frequently spoke with people and staff in all areas of the home. One staff member told us, "Most days managers are here and walk about to make sure everyone is okay. If managers are not here they are always available to be contacted by phone." Another staff member told us, "I think the home is well run by the managers. They know what they are doing."

The registered manager had ensured that information that they were legally obliged to tell us, and other external organisations, such as the Local Authority, about was sent. This meant they were aware of and fulfilled their legal responsibilities.

We saw that resources were available to the registered manager to enable them to support the staff team, for example through purchasing training and specialist equipment to monitor people's weight. This showed us that sufficient resources were available to them to support staff and provide the necessary equipment for staff to carry out their responsibilities.

We saw that there were quality assurance systems in place, such as feedback surveys and audits, to monitor the quality of the service provided to people. Feedback was gained from all of the people that lived there. Different person centred approaches were used to find out people's views. Three people that we spoke with told us that they were asked what they thought about living at the home. One person told, "Staff ask me if I am happy here. I like it here. If I had a problem staff would sort it out. I like everything here." We saw that feedback from people and their relatives collected between January and April 2014. This showed an overall positive response to the service provided. We saw that where room for improvement had been identified, such as to ensure that entertainment offered was fun and lively, action had been taken by the registered manager to ensure home activities offered were what people wanted.

We saw that audits such as those to check people's medication were completed and that these were robust. Where action was needed we saw that this was taken to ensure a good quality service was offered to people.