

Liaise Loddon Limited

Marika House

Inspection report

Stockbridge road
Romsey
Hampshire
Tel: 01794 368352

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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 

Overall summary

This was an unannounced inspection.

The service provides care and support for up to five people who may have a learning disability, a mental health condition or physical disabilities. Some people using the service displayed behaviours that were challenging to others are required physical interventions from staff to keep them and others safe. Some people could not speak with us due to difficulty in communicating effectively.

There is a registered manager at Marika House. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Record showed the provider monitored incidents where behaviours were and responded promptly by informing the local authority safeguarding team, the Care Quality Commission (CQC), behavioural support team and advocacy agencies.

Summary of findings

Staff were knowledgeable about the requirements of the Mental Capacity Act 2005 and worked with advocacy agencies, healthcare professionals and family members to ensure decisions made in people's best interests were appropriately documented.

People were not unlawfully deprived of their liberty without authorisation from the local authority. Staff were knowledgeable about the deprivation of liberty safeguards (DoLS) in place for people and accurately described the content detailed in people's authorisations.

People were protected from possible harm. Staff were able to identify the different signs of abuse and were knowledgeable about the homes safeguarding processes and procedures. They consistently told us they would contact CQC and the local authority if they felt someone was at risk of abuse. Notifications sent to CQC and discussions with the local authority safeguarding team confirmed this.

Staff received training appropriate to people's needs and were regularly monitored by a senior member of staff to ensure they delivered effective care. Where people displayed physical behaviours that challenged others, staff responded appropriately by using redirection techniques and only used restraint as a last resort. Records showed the provider had informed the local

authority and healthcare professionals when this was applied. Records of physical restraint and challenging behaviours were used as part of people's care reviews to consider the least restrictive intervention.

Staff interacted with people and showed respect when they delivered care. Relatives and healthcare professionals consistently told us staff engaged with people effectively and encouraged people to participate in activities. People's records documented their hobbies, interests and described what they enjoyed doing in their spare time.

Records showed staff supported people regularly to attend various health related appointments. Examples of these included visits to see the GP, hospital appointments and assessments with other organisations such as the community mental health team.

People received support that met their needs because staff regularly involved them in reviewing their care plans. Records showed reviews took place on a regular basis or when someone's needs changed.

The service had an open culture where people told us they were encouraged to discuss what was important to them. We consistently observed positive interaction between staff and people.

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's human rights were protected and staff were knowledgeable about the different signs of abuse and understood their responsibility to report it.

The service had good arrangements in place to protect people from behaviours that may challenge. Healthcare professionals told us the service had robust strategies in place to keep people safe. There were enough suitability skilled, qualified and experienced staff to keep people safe. Staff had regular training in the use of restraint.

The service had appropriate arrangements in place for the storage and disposal of medicines.

Good



Is the service effective?

The service was effective. People's needs were consistently met by staff who had received a thorough, effective induction and ongoing learning and development.

Staff were frequently monitored and observed to ensure the care and support they delivered was accurate and effective.

People's health and care needs were kept under review with regular communication with external healthcare professionals.

Good



Is the service caring?

The service was caring. People described the care they received as good and told us their needs were met. Staff were knowledgeable about people's interests and care was delivered the way people needed it.

Staff respected people, displayed kindness and compassion, and people were empowered to participate in activities and maintain their independence.

Good



Is the service responsive?

The service was responsive. People's support plans were accurate, regularly reviewed and updated when required.

Where appropriate, people were encouraged to build and maintain family and personal relationships.

People knew how to complain and told us who they would contact if they were unhappy. The provider responded appropriately to any concerns raised.

Good



Is the service well-led?

The service was well-led. The service had an open culture where people were encouraged to express their views. We observed staff interacting with people positively and encouraging independence.

The provider regularly assessed and monitored the quality of the service to ensure care was to a good standard. People, relatives and healthcare professionals had frequent opportunity to give their views on the service and any comments were acted upon.

All levels of staff had clear lines of accountability for their roles and responsibilities.

Good



Marika 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 inspection took place on 20 November 2014 and was unannounced.

Before the inspection the provider completed 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. We reviewed the information included in the PIR

along with information we held about the service. We looked at previous inspection reports and notifications we had received. A notification is information about important events which the service is required to tell us about by law

The inspection was conducted by one inspector.

We looked at the care records for three people and reviewed the homes quality assurance audits and documentation. We looked at the policies and general information available for people such as safeguarding incidents and feedback questionnaires completed by relatives and professionals. We looked at six staff personnel records including their recruitment and training details.

We spoke with the registered manager, the learning disabilities operations manager, three support workers, two healthcare professionals, two people who use the service and two relatives.

At the last inspection on 24 May 2013 we had not identified any concerns with the service

Is the service safe?

Our findings

Healthcare professionals and relatives told us the service was safe. One relative said: “The staff do a good job in making people safe, it’s not easy for them but they know what they are doing”. A healthcare professional said: “The staff are well trained and have good relationships with the safeguarding team”.

Staff were knowledgeable about their responsibilities when reporting safeguarding concerns. Records showed staff received training in safeguarding adults and were required to repeat this on an annual basis. Staff were able to recognise and understand abuse, respond appropriately and make the necessary reports to the registered manager and external agencies. The providers safeguarding policy documented the different forms of abuse and provided guidance about how to raise a safeguarding alert. It detailed contact information about the Care Quality Commission, the local authority and the Police. Team meeting documents detailed the importance of disclosing any concerning information to a senior member of staff.

The provider had effective arrangements in place to review risk on a daily basis. Staff told us they communicated with each other during the day to share information about any risks and said they informed the registered manager of any concerns when they arose. Staff completed daily records which provided details of care people received including any incidents of behaviours that challenged. The registered manager told us these notes were used to help recognise patterns in behaviours and supported people’s care reviews.

Risk assessments and safeguarding protocols were detailed and contained strategies for staff and people to follow should behaviours become challenging to others. One support worker said: “We have to restrain some people living here for their own safety and for other people”. An advocate told us the plans were robust, provided good information and direction for staff to follow should physical intervention be required. They told us staff had received training in using different interventions and were pleased with how the staff communicated with them. The advocate

said: “As a representative I asked the service to tell me each time physical interventions are used. We now have an understanding where I receive a weekly report containing the times intervention is used”. The registered manager told us these updates were important to ensure the person’s representative was kept informed. They said: “We work together to review the persons care and discuss ways to reduce physical intervention”. The specialist learning disability manager said: “We look at ways to continually consider the least restrictive option”.

There were sufficient staff with the right competencies, knowledge and skill mix to meet people’s needs. For example, staff employed had previous experience in supporting people with a learning disability and had received training in supporting people with complex behaviours. Staffing levels had been assessed in accordance with people’s care needs and the team leader told us they regularly reviewed staffing levels and when required, additional support workers were employed to ensure people were supported effectively. One support worker told us they employed additional staff to meet the emotional needs of one person in the service.

People were protected from potential abuse as the provider had robust recruitment systems in place to assess the suitability and character of staff before they commenced employment.

Documentation included previous employment references and pre-employment checks. Records also showed staff were required to undergo a Disclosure and Barring Service (DBS) check. DBS enables employers to make safer recruitment decisions by identifying candidates who may be unsuitable to work with people.

Arrangements were in place for the safe storage and management of medicines, including controlled drugs (CD). CD are medicines which may be misused and there are specific ways in which they must be stored and recorded. Documentation stated reasons for the administration and dosage given. Medicines that were no longer required or were out of date were appropriately disposed of on a regular basis with a local contactor and documented accordingly.

Is the service effective?

Our findings

A healthcare professional told us staff had received good training to help meet people's needs. They said: "I have seen how they interact with people living here and I have seen how they deal with challenging behaviour and its good"

Staff were equipped with the necessary knowledge and skills to meet people's needs. For example, they were knowledgeable about best practice strategies to be used when applying restraint and described the interventions they used to de-escalate behaviours that were challenging. Records showed they had been appropriately trained and incident records documented the type of restraint used, length of time restraint was applied and reasons for its use. One support worker said: "Physical restraint is used as a last resort but we must use it at times to make sure they don't hurt themselves or anyone else". Another support worker said: "I have had some really good training and I know what I have to do when I restrain someone".

Staff received an effective induction into their role. Records showed each member of staff had undertaken a "Skills for Care Common Induction Standards". (CIS) programme. CIS are the standards employees working in adult social care should meet before they can safely work unsupervised. Staff told us the induction and ongoing training provided them with valuable skills to communicate with people who had limited verbal communication skills. We observed staff interacting effectively with one person. Support workers used sign language, hand gestures and their tone of voice and facial expressions frequently changed to provide reassurance and understanding.

Support workers were observed by a senior member of staff to check they were competent to deliver effective care. Staff had regular supervision and appraisal. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. Support workers consistently told us they felt supported in their role and had access to help from their manager and their senior when they needed it. One support worker said: "The office is up stairs but we can go and speak to the manager anytime, we have an open door policy here and the manager is enthusiastic to offer support when needed".

Staff were provided with information and guidance about the different healthy food options people could have. One person took us to the kitchen and showed us a book they used which contained pictures and suggested meal options. They told us the book was used to help them decide what meals they wanted.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Staff were knowledgeable about the people's safeguards and accurately described the content of each person's DoLS authorisation. One support worker said: "They (people) can't go out in the community on their own because they have been assessed as unsafe to do so".

Decisions made in people's best interests were properly assessed. Support workers told us some people using the service did not have capacity to make some decisions. One support worker said: "We need to help people to make the right decisions because they can't understand what we are saying and they can't retain the information". Documentation showed relatives and healthcare professionals were involved in making decisions about people's care. Staff were knowledgeable about the requirements of The Mental Capacity Act 2005 (MCA). The MCA contains five key principles that must be followed when assessing people's capacity to make decisions. These principles were applied. An advocate told us the service had good arrangements in place to gain consent from people and that best interest decisions were regularly reviewed.

People were referred to healthcare services quickly when needed. Records showed staff regularly made contact with the intensive support team, psychiatrists, community psychiatric nurses, the speech and language team and GP practices to discuss specific behaviours and health needs. Documents showed people were supported to attend regular visits to the GP.

Is the service caring?

Our findings

A relative told us the staff were caring. They said: “I speak to staff on the phone and when I visit they are always really kind. They smile, they talk to everyone and they respect what people want”. A healthcare professional said: “The staff are caring, you really have to be caring to work here as people’s behaviours can be stressful at times and they do a good job”.

Support workers interacted with people positively and respected their personal preferences. One support worker told us it was important the person they supported was given enough space to move around their bedroom. They said “[The person] likes to move around their bedroom without staff trying to talk all the time or getting involved with activities”. We observed the person and the support worker. The support worker was calmly spoken, smiled and respected the person’s personal space.

Staff told us how they made sure people’s privacy and dignity was respected. They told us they addressed people by their preferred names, explained what they were doing when they provided care and sought permission to carry out personal care tasks. They explained how they offered

people choices, for example, with the clothes people wanted to wear or the food they wanted to eat. One person told us they were offered different choices. They said: “I can have what I want. They [staff] explain things to me and I decide”.

Staff completed a common induction standards programme which included learning about dignity and respect in a care home, personalised support and promoting independence. Support workers told us the learning was useful in understanding how to support people with a learning disability.

People were regularly encouraged to make their views known about their care. People could not always express their views about their care and treatment. A relative told us staff regularly contacted them to seek their views and to express any concerns they had. They said: “I get phone calls and we have meetings to talk about things. [The person] can’t speak so I do it for him”. A healthcare professional told us the staff regularly spoke with people’s relatives and advocacy agencies to ensure people’s choices were promoted. Records showed people and their relatives had been involved in developing and reviewing their care and support.

Is the service responsive?

Our findings

Healthcare professionals and relatives told us the service was responsive to people's needs. One relative told us they had been involved in several care meetings to discuss their family member's progress. They said: "I attend reviews and am invited to meetings". A healthcare professional said staff were knowledgeable about people needs and were able to respond appropriately as the plans in place provided accurate information for them to follow. They said: "The care plans are pretty detailed and they get reviewed a lot so I am sure the staff know what they have to do if they need to respond to challenging behaviour".

Records showed people's changing needs were promptly identified and kept under review. For example, one document showed strategies relating to specific behaviours had been assessed four times during a period of increased anxiety. Staff told us they reviewed care plans on a monthly basis and relatives told us they had opportunities to express their views about their care and support.

The registered manager told us no complaints had been received in the past 12 months. The services complaints procedure provided information as to how complaints would be dealt with and what people could do if they were not satisfied with the response. Staff told us they would try and rectify any issue at the time it was raised otherwise they would refer the complaint to the registered manager. A healthcare professional told us they had not made any formal complaint's but were satisfied with how the staff responded to suggestions about people's care. They said:

"Anytime I have made a comment it has always been taken on board". Examples included incidents of specific behaviours being documented and shared with advocacy agencies at the advocate's request.

People told us they had regular meetings with staff and others in the service to talk about any complaints or problems they had. One person told us they had a meeting with their support worker and the manager to talk about their progress in maintaining their independence. Staff told us it was difficult to encourage people to express their views but gained feedback from professionals and relatives. They told us they knew when people were happy or unhappy with their care. One support worker said; "We know the signs and noises people make if they are telling us they are not happy".

People received medical treatment in response to accidents and investigations were conducted appropriately. For example, a recent incident record showed how staff responded effectively after someone displayed behaviours that challenged. Their care plans and risk assessments had been reviewed and updated to reflect the change in their care needs. Relatives told us the staff were responsive to incidents, a healthcare professional said: "The staff work with all the right professionals to make sure they meet people's needs. The care plans, the risk assessments and the safeguards in place will show you that". The records relating to the person showed many healthcare professionals were involved in reviewing their care. These included an advocate, a community psychiatric nurse and a behaviour psychologist.

Is the service well-led?

Our findings

Staff, relatives and healthcare professionals told us the service was well-led. One member of staff told us they had confidence in the registered manager and said: “I have a lot of respect for her; she leads by example and is prepared to get involved and help us”. Another member of staff said: “We all know what our job is and we can get help and support from our manager if we need it”. A healthcare professional said: “The manager and senior staff are excellent, they have their eye on the ball and they have good relationships with other agencies. I have a lot of respect for what they do”.

Staff were actively involved in improving the service and were clear about their responsibilities. One support worker said: “We have team meetings and talk about lots of different things. Staff annual leave, improvements we can make in the home and training we may be interested in”. Another support worker said: “All the staff know who does what. We help people to go out in the community and to keep safe and the manager’s help with the paperwork and training”. Records we viewed confirmed this.

The provider had good arrangements in place to monitor the effectiveness of the service. The learning disability operations manager told us they regularly visited the service to check it was operating to a good standard. They told us they spoke with staff, looked at records and had discussions with the manager to review areas of improvement. The registered manager showed us they checked the information contained in people’s care plans was accurate. Other checks included health and safety and reviewing the least restrictive option when reassessing best interest decisions and deprivation of liberty safeguards.

Staff were complimentary about the registered manager and told us they could access support when needed. One support worker said: “The senior staff are good, if we have any problems they always help us and they have been here a long time so they have a lot of knowledge”. Another support worker said: “There is strong leadership here and they deal with any issues head on.”

Staff told us that there was an open culture at the service and they would not hesitate to raise any concerns if they were witness to poor practice taking place. The service had a whistle blowing policy in place which staff confirmed they knew about. All the staff spoken with said they were confident that the manager would deal with any concerns they had and told us they felt able to raise any issues at their team meetings. We read team meeting minutes and these confirmed that staff members contributed to discussions being held.

The manager met formally with support workers regularly and held discussions about any concerns that they had. The registered manager was available to staff for guidance, advice and support out of office hours and weekends via the on-call system. Staff told us that the management team at Marika House was approachable and supportive.

The manager was able to demonstrate they understood people’s individual needs, knew their relatives and were familiar with the strengths and needs of the staff team. The service had a system to manage and report accidents and incidents. All incidents were recorded by support staff

and reviewed by one of the management team. Care records were amended following any incidents if they had an impact on the support provided to people using the service.