Prospects for People with Learning Disabilities

Marion 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

This unannounced inspection took place on 28 and 30 June and 4 July 2016. Marion House is a small care home that provides accommodation and support for up to eight people with a learning disability. At the time of the inspection there were five people living at the home. The home is run by a Christian based organisation and predominantly accommodates individuals who are practising their faith.

Marion House has a registered manager. 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.

The house had a homely and friendly feel. Staff and people looked relaxed and staff supported people in an unhurried friendly and reassuring way. A family member told us, "My brother has been a resident of Marion House since 1987 and, nearly 30 years later, my sisters and I are as impressed with the service as we have ever been."

The people living in the home were settled and had established a community amongst themselves as they had lived at Marion House for a considerable period. One person had called Marion House their home for nearly 30 years and the newest person to move into the home had been there for over five years. There was also a strong, stable staff group.

People were safeguarded because staff had been trained in the protection of adults and knew what they needed to do in the event of a safeguarding concern. Medicines were managed safely to make sure people received their medicines as prescribed.

There were sufficient staff on duty to meet people's needs. The manager tried to ensure that staffing rotas were flexible to ensure that peoples wishes and activity preferences could be met. People confirmed that this was the case.

Staff told us they felt supported and could gain informal advice or guidance whenever they needed to. Staff were trained to make sure they were able to meet the individual needs of people living at the home.

Where people were able to make their own decisions staff sought their consent before they supported them. Where people may have lacked capacity to make a specific decision staff were acting in accordance with the Mental Capacity Act 2005.

People were treated with kindness and compassion in their day-to-day care. Staff knew the people they were caring for and supporting, including their preferences and personal histories.

People had support plans that reflected their personal history, individual preferences and interests. Staff

had read people's support plans and used the information to make sure they helped the individual in the way they wanted or needed to be supported.

People had a keyworker. A key worker is a named member of staff that was responsible for ensuring people's care needs were met. This included supporting them with activities and spending time with them.

The service had a positive, open, person-centred culture. Staff said they felt able to raise any concerns with the registered manager and were confident that they would be addressed. They were also aware of how to raise concerns and whistleblow with external agencies such as Care Quality Commission.

The manager regularly worked alongside staff which gave them an insight into how their staff cared for and supported people. It also enabled them to share good practice and assess people's staff's abilities and the quality of care and support that was being provided.

Quality assurance systems, developed by the provider, had been implemented within the service. This meant that there were satisfactory arrangements in place to monitor the quality and safety of the service provided.

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.

People were safeguarded because staff recognised signs of abuse and understood the action they needed to take.

People's medicines were managed safely.

Risks to people were assessed and plans put in place that protected people whilst enabling them to participate in their daily activities.

Is the service effective?

Good

The service was effective.

Staff were supported to understand their role, and how best to support people. All the staff we spoke with said they felt they had the right knowledge and skills to support people effectively.

People were supported to access healthcare professionals when they needed to.

People's rights were protected because staff were acting in accordance with the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

Staff were caring in their approach. People had good relationships with staff and freely approached them to ask for support, or to spend time with them.

People's care plans described who and what was important to the individual and also contained information about people's life story. This meant that staff were able to learn about people in order to better support them.

Is the service responsive?

Good

The service was responsive.

People had care plans that provided staff with detailed guidance on how they wanted or needed to be supported.

People participated in a range of activities that they enjoyed. The registered manager planned the staff rotas to ensure people's needs could be responded to in a flexible way.

There was an effective complaints system.

Is the service well-led?

Good

The service was well led.

People's feedback was sought and acted upon.

There were effective quality assurance systems in place to check the service for safety and quality.

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 inspection took place on 28 and 30 June and 4 July 2016 and was unannounced. One inspector visited the service on all three days of the inspection.

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 PIR and other information we held about the service; this included incidents they had notified us about. Additionally, we contacted various health and social care professionals who had contact with the home. We also looked at information about incidents the provider had notified us of and requested information from the local authority.

We spoke with three of the five people who lived at Marion House to find out about their viewpoint of the service. We also observed staff interactions with people to assess the quality of service the people received. We spoke with three staff, in addition to the manager and an area manager of the organisation.

We sampled specific care records for all of the people who lived at the home. We also looked at records relating to the management of the service including staffing rotas, three staff recruitment, appraisal and training records, accident and incident records, premises maintenance records, staff meeting minutes and medicine administration records.

Good

Is the service safe?

Our findings

People told us they felt safe, and their relatives told us their family member was cared for safely. One relative told us, "Great care is taken to look after the security and wellbeing of the residents".

An independent support group had recently visited the home to gather people's views about living at Marion House. They noted in their report that, "People told us that staff help them to keep safe when they go out."

One of the health professionals that we contacted told us, "I have no concerns under [the registered manager's] management. If something were to fail (e.g. equipment need replacement/repair), [the registered manager] would know who to contact and what to say. I have no evidence of any staff conducting unsafe practice, but I know if this were to arise, it would be dealt with swiftly and appropriately by their management."

Staff had received training on the protection of adults. All the staff we spoke with were aware of how to respond to, and report, concerns about abuse. There were also posters about safeguarding adults displayed in the home to support people and staff on what action they needed to take if they were concerned or worried about someone. Satisfactory policies and procedures were also available in the home for staff to refer to.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Risk assessments included areas such as accessing the community, using public transport and participation in various activities. These were written in a way that protected people whilst enabling them to undertake everyday activities and recognising their strengths and abilities.

Environmental risks were managed safely. There were risk assessments for different areas of the home and for various systems such as the heating, hot water, electricity and gas supplies. There were comprehensive maintenance and servicing records for all of the equipment and fire prevention systems.

The staffing rota showed there was always a minimum of two staff on duty during the day and one waking member and one sleep-in member of staff at night. There were times, especially during the weekends, when three members of staff were on duty during the day to enable people to take part in activities of their choice. The manager worked Monday to Friday during the daytime and told us they were often at the home outside of these hours. There was also an on call system to ensure staff could access support whenever it was required. People told us they were able to do the things they wished to do and felt supported by staff to do this. During the first day of the inspection, one of the home's vehicles was unavailable which meant one person could not attend a class. Staff had discussed this with the person, provided an alternative activity in the home and rearranged the class for another day which the person told us they were happy with.

The service followed safe recruitment practices. Staff files included application forms, records of interview, proof of identity and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure that people were protected as far as

possible from individuals who were known to be unsuitable to work in the care industry.

Medicines were managed safely. There were appropriate storage facilities with lockable medicine cabinets. Medication administration records (MAR) were well maintained with no gaps. Allergies and a photo of the individual concerned were kept with people's MAR charts so that staff could identify people correctly and make sure they were not given any medicine to which they could have an adverse reaction. Some people were prescribed 'as required' medicines to manage pain. Plans were in place to indicate the circumstances when such medicines should be administered and staff had a clear understanding of this. Unused medicines were returned to the pharmacy for disposal and a record was kept. Staff had been trained in administering medicines and there was a system in place to check their competence. One person had recently been prescribed medicines in liquid form. The registered manager had sought clarification and further training from the pharmacist as this was a new method of administration for staff. Having clarified this, the registered manager had instructed staff, checked their competency and kept clear records of this as well as ensuring that there was always at least one member of staff on duty able to administer this medicine until the whole staff group had been trained and deemed competent.

Good

Is the service effective?

Our findings

One of the relatives we contacted told us that they were unable to visit their family member very often but that the staff were very good at keeping them up to date with how the person was and always contacted them whenever there were concerns. One person told us that staff helped them to see a doctor whenever they needed to.

One of the health professionals that we contacted told us, "Any suggestions I have made are actioned promptly. I have met the staff at a staff meeting and all seemed to be working well as a team."

Staff told us they had the training and skills they needed to meet people's needs. Training topics included understanding learning disabilities, dementia awareness, food hygiene, infection control, fire safety and moving and handling. New staff were supported to complete the care certificate which was recently introduced by Skills for Care. Skills for Care is a national organisation that sets the standards people working in adult social care need to meet before they can safely work unsupervised.

Another health professional told us, "Not only are they responsive to all of our requests and advice, they are proactive in considering future issues and keen to problem solve these (with our support) before they happen. We recently offered to give them dementia training. Within one month [the registered manager] had arranged for our team to deliver the training to most of their team.

Staff told us that they received effective support which included regular supervision. They said they could ask for informal support or guidance whenever they needed to. The manager had implemented a system of annual appraisals for staff which was a review of their work and an opportunity to plan for further training or career development.

Consent to care and treatment was sought in line with legislation and guidance where people had capacity to make their own decisions. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had a good understanding of how people liked to live their lives and the help they required to do this. During the inspection there were many examples of staff enabling people to do things such as remembering that a particular programme was on the television and helping the person to select the correct channel, planning the rota to ensure people could attend activities such as horse riding and pottery classes outside of the home and recognising people's non-verbal communications and providing the support they required. Our observation confirmed people's consent was sought through-out the day and in many different ways. For example, staff provided options and asked peoples permission before supporting them, saying things like, "Would you like a drink?" or, "What would you like to eat for lunch?" or, "What would you like to do this morning?" People responded with their decision and staff acted on it. Records also confirmed people had

consented to their care or support where they had capacity to do so.

People's rights were protected because the staff acted in accordance with the MCA. People and their relatives told us staff provided the care and support they needed and that their wishes regarding their care were respected. Care plans and records had been updated to reflect MCA principles. Care plans contained consent forms and these had been signed by the people receiving care or the person they had nominated to do this for them. The registered manager had ensured that where someone lacked capacity to make a specific decision, a best interest assessment was carried out.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). These safeguards can only be used when there is no other way of supporting a person safely. The responsibility for applying to authorise a deprivation of liberty rested with the manager. We looked at whether the service was applying the DoLS appropriately. The manager had made the appropriate applications and understood they needed to have a system in place to alert them when they needed to review whether a further application was required.

The manager told us they helped people to plan a healthy eating seasonal menu, based on people's dietary needs and preferences, for a week at a time. Staff also supported people to shop for any items that were needed from their menu plans. People were supported to make their own meals or to contribute to making a meal. The main meal was provided in the evening as many people chose to be out of the home taking part in activities during the day and took packed lunches with them. People who were in the home at lunchtime also had a light meal and this was a social occasion with people and staff all sitting together. During the first morning of the inspection, two people had baked scones and jam buns. These were served at lunchtime so that everyone could share and enjoy them.

People's support plans included information about how to help people to stay healthy. Staff had received training in emergency first aid and knew how to respond in the event of a medical emergency. They had also received training in relation to specific health needs that people has which require specialised emergency care. Staff responded to people's healthcare needs promptly. For example, one person had a sight problem and they had been supported to see an optician. Another person had a medical condition that meant staff were supporting them to see specialist doctors. People were supported to see a range of other healthcare professionals as they needed to, including their GP, specialist nurses and dentist.

Good

Is the service caring?

Our findings

People appeared happy and contented. People told us that staff were kind and caring. They readily sought out staff to talk to or spend time with them. Staff had a relaxed, unhurried approach and appeared interested in the person and spending quality time with the person.

A relative told us, "Marion House has been a wonderful home for [person's name], indeed he has always referred to it as "home". The Christian compassion and concern from the staff from day one has meant that he has always felt loved and valued. Great efforts have been made to create a warm family atmosphere and as [person's name] needs change, it is amazing to see the solidarity of the whole community in supporting him."

A health professional told us, "Not only are they able to meet someone's basic needs but I have seen that they care very much for each client's wellbeing. All of the staff I have witnessed working with clients are constantly talking to each person appropriately, explaining everything in a respectful and reassuring way. Even when a person may have behaviours that are challenging, they take such a compassionate approach to resolving the situation and remain caring even when challenged."

Communal areas were equipped to meet people's needs and support them in their interests and hobbies. For example, one person enjoyed pottery, and their creations were on display around the home. Another person enjoyed puzzles and an area close to a window for good lighting had been set aside for this.

People told us their privacy was respected and staff described how they upheld people's privacy and dignity by making sure bedroom doors were shut and knocking at people's doors before they entered their bedroom.

Throughout the inspection we observed people were given the information and explanations they needed, at the time they needed them. This supported people to be independent and make decisions about their day-to-day choices. Staff told us they were able to do this because they knew the people they worked with very well. They also said that individuals' support plans enabled them to understand people's preferences. People's plans described who and what was important to the individual such as family birthdays or likes and dislikes. Support plans also contained information about people's life story. This enabled staff to better understand the person as an individual and know about the important things that had happened in their life.

People's needs in respect of their age, disability, gender and religion were understood by the staff and met in a caring way. For example, some people had specific religious beliefs and staff understood what they needed to do to support them in accordance with their religion.

Good

Is the service responsive?

Our findings

A family member told us, "The staff have been brilliant at responding to [person's name] growing needs and greater dependency. They have proved themselves wonderfully adaptable and kind as well as very conscientious."

One of the health professionals that we contacted told us, "Certain members of staff have worked there for a number of years and have a really good understanding of my patient's needs..... My patient has [a specific diagnosis] which is fairly recent onset. They were previously very able and I have been touched by the compassion the staff show towards them and their efforts to get them to activities they always enjoyed now they can no longer go on their own which has allowed them to keep in contact with friends outside the home."

Staff were supported to understand people's method of communicating because there was clear guidance in people's support plans. For example, one person did not communicate verbally. Their plan explained what the person might mean by the way they were communicating and what staff needed to do to help them. Staff confirmed they understood people's individual communication skills, abilities and preferences and this enabled them to respond to their needs promptly. Staff were skilled at communicating in a variety of methods to make sure they understood what people wanted or needed and were able to make sure people felt as though their voice mattered

During the inspection staff responded to people's needs promptly and took time to make sure they understood what the person needed. On one of the days of the inspection an engineer was servicing and testing the fire warning systems. Staff had known in advance that this would take place and had made plans for one person to go out for an activity as they knew the person would be distressed. They were also aware that the tests may trigger a person's epilepsy so they took care to spend time with the person in their own room, singing songs and watching DVD's whilst making them feel safe in their own environment.

People or their relatives were involved in developing their support plans. Plans were personalised, detailed and created an individual picture of each person, their likes, dislikes, the help and support they required and how they preferred to receive this support. They were written from a position of the person's strengths, for example describing to staff what the person was good at, and how staff could further promote their independence. Staff clearly knew everyone well and were able to describe to us what help or support an individual needed. Records showed that the plans were regularly reviewed and amended as necessary to ensure that an up to date view of each person and their needs was available.

People's plans included guidance for staff on specific health conditions. This helped staff to understand what the person's medical condition meant for them and be better able to care for or support the individual. A health professional told us, "The approach from all staff is a very positive one - they are keen to ask us for help (and know which professionals in the team to approach for different issues), they respond positively to our advice and input, and are very responsive to our requests, actioning them as soon as possible, with all the relevant paperwork in place." Another health professional told us, "In my opinion, the standard of

service they now provide is excellent and I have no current concerns. They are now able to anticipate needs and be proactive rather than reactive. This includes the long term deterioration in health of some of their residents - they are now frequently able to make changes based on someone's anticipated future needs rather than waiting for things to deteriorate and needing to react to this."

People had a keyworker. A key worker is a named member of staff that was responsible for ensuring people's care needs were met. This included supporting them with activities and spending time with them. Everyone also had a monthly meeting with their key worker where they could discuss what they felt was going well for them, any changes they wanted to the way they were supported and any concerns that they may have. The meetings were also to plan ahead and to set goals for things they would like to achieve. Keyworkers kept detailed notes of these meetings and then made individual plans of any additional resources such as transport, staffing or other special arrangements that would have to be addressed in order for people to meet their goals. One person had expressed a wish to have a holiday in Devon and another to go to a special religious gathering. Plans were underway between the people and their key workers to achieve this.

Staff told us people enjoyed a variety of activities and commented that people had a good social life. Records confirmed people were able to participate in the activities they enjoyed. One person had been horseriding on the first day of the inspection and another person had been for coffee at a local café that they liked.

The registered manager explained how they planned the staff rota in advance to ensure that they took into account people's social activities and to identify when people may not have enough to do in which case, they would then give people the opportunity to do other things. The day before the last day of the inspection had been a Sunday. The registered manager told us how people had been supported to attend church in the morning, spend time in the garden playing games in the afternoon and visit the pub for drinks and chips in the evening. Staff said that most people had chosen to do all of the things that were available for them to do that day.

Information on making a complaint was displayed in a communal area and the service had a complaints policy. The manager told us they had not received any complaints since the last inspection. Family members told us they understood how to make a complaint.

People were supported to hold regular meetings to enable them to contribute to the running of the home and raise concerns. Records of the meetings showed that recent topics for discussion had included menu plans, activities and outings. One of the recent meetings had been run by a local support group for people with a learning disability. People had said they had found this very successful. The registered manager told us that they felt it was beneficial for both the people living at Marion House and the staff to have an independent person run the meetings so that people could discuss their views without any staff from the home being present, thereby providing an opportunity for people to speak up if they should ever feel unable to do so around staff from the service as well as providing another "independent voice" to advocate for people if they needed this.

Good

Is the service well-led?

Our findings

All of the people, relatives and staff we talked with during the inspection spoke positively about the registered manager and the way the home was managed. People and relatives told us that the registered manager was always available to them if they had queries or concerns and that other staff in the home were also very helpful. They added that they knew that they would be listened to and that action would be taken when they raised any issues.

The service had a positive, open, person-centred culture. Staff said they felt able to raise any concerns with the registered manager and were confident that they would be addressed. They were also aware of how to raise concerns and whistleblow with external agencies such as the Care Quality Commission (CQC). They told us they had regular reminders about safeguarding and whistleblowing during meetings and in supervision sessions and training

People clearly knew the registered manager and throughout the inspection were happy to approach them and the other staff with any concerns that they had. One person was upset about something that had happened. They frequently approached staff to talk about this and every time they did this, staff stopped what they were doing and spent time with the person. This showed people's care and support was person centred and that staff listened to people.

People and their relatives were also asked to feedback their views of the service through quality assurance questionnaires. We reviewed these and found people felt safe and were happy with the support they received from staff. The registered manager had used the feedback they had received to develop an action plan and make improvements.

The registered manager regularly worked alongside staff which gave them an insight into how their staff cared for and supported people. It also enabled them to share good practice and assess staff's abilities and the quality of care and support that was being provided.

The registered manager told us they kept up to date with current guidance, good practice and legislation by attending provider forums, external workshops, conferences, local authority meetings and regularly reviewing guidance material that was published.

There were satisfactory arrangements in place to monitor the quality and safety of the service provided. Quality assurance systems, developed by the provider, had been implemented within the service. This meant that there were satisfactory arrangements in place to monitor the quality and safety of the service provided. Audits were undertaken by staff and management within the service and also by staff from head office. There were weekly, monthly, quarterly and annual audits of various areas including medicines, accidents and incidents, cleaning, the environment and health and safety. Where issues were identified a plan had been put in place to prevent any reoccurrences and the effectiveness of these actions had been checked.

The registered manager had notified CQC about significant events. We use this information to monitor the service and ensure they respond appropriately to keep people safe.