Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Marion House

40 The Avenue, Moordown, Bournemouth, BH9 2UW

Tel: 01202522110

Date of Inspection: 01 October 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Prospects for People with Learning Disabilities
Registered Manager	Miss Helen Bond
Overview of the service	Marion House is situated in a residential area. It is registered to provide accommodation for people who have learning disabilities. Nursing care is not provided. The home can accommodate up to eight people. The home is run by a Christian based organisation and predominantly accommodates individuals who are practising their faith.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 1 October 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

In this report the name of a registered manager appears who was not in post and not managing the regulatory activities at this location at the time of the inspection. Their name appears because they were still a Registered Manager on our register at the time.

We spoke with four people who lived in the home and three members of staff. We pathway tracked three people,this involved looking at their care and medication records, and when possible speaking with the person or staff supporting them. We assessed how medicines were handled and stored at the home.

People we spoke with considered their needs were met. Care plan which detailed how people would like support to be provided and actions needed to minimise any risk to them.

There were safe systems in place for managing medicines in the home. Audits were undertaken regularly to ensure people received medicines appropriately.

People were supported by a staff team who had received appropriate training and supervision. Competency assessments for areas such as medications had been carried out prior to a member of staff handling medicines.

The provider had suitable systems in place to assess and monitor the quality of the service provision. This included gathering the views of people who live in the home.

Records required for the running of the home were maintained, up to date and accurate. There were suitable lockable storage facilities for records and passwords if records were held electronically.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at three care plans and found that they consisted of a client profile action plan which covered what areas an individual required support with, such as washing and dressing. These actions plans indicated where risk assessments were needed and where specific care plans should be implemented.

For example, one person had specific communication needs and would get frustrated if they felt they were not being understood. Their assessment of need had guidance on how the person communicated using Makaton and non-verbal signs. The care plan detailed what sort of questions and words the person understood and the risk assessment indicated how staff should respond if the individual became frustrated at not being understood.

When needed photographs, pictures and easy read words had been used to ensure people could understand the content of their care plans.

There were details in care plans of how individuals wanted to be supported with personal care and their particular routines. These included what the individual was able to do for themselves, such as cleaning their teeth or shaving. For example: "squeeze shampoo into X's hand and [they] will wash [their] hair".

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.
Risk assessments detailed steps to take to minimise harm. For example, people in the home were supported to clean and tidy their rooms and communal areas. There were details on where and how chemical cleaning products should be stored and the need for staff to ensure people wore protective clothing such as gloves when handling these products.

We saw staff supported people to carry out activities they chose to do. For example, two

people were going to a garden centre to look around and have a cup of coffee. Another person was going out for a coffee with a care worker. One person was independently preparing their packed lunch to be taken to the day centre. This person was able to tell us who was on duty and what activities other people were doing. One person returned from a pottery class and told us about the piece they were working on.

People living in the home were supported to maintain contact with their families and friends. On the three care plans we looked at there were details of important people in the person's life. There was information on contact arrangements, such as telephone calls and weekend visits to families.

We saw that people were seen by health professional such as the GP, chiropodist and optician when needed. People were weighed each month as a means of monitoring their health. One person had been exhibiting signs of distress which altered their behaviour and they would hit other people and staff. The home had arranged for a review of their care to be made by the placing authority and had implemented action plans to ensure the person was kept safe. At the time of inspection they were awaiting a visit from the placing authority to reassess this individual's needs.

End of life wishes had been recorded and whether there was a funeral plan in place.

There were arrangements in place to deal with foreseeable emergencies. Each person had a personal emergency evacuation plan which detailed steps staff should take to ensure they left the building as quickly as possible in the event of a fire.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We looked at the medication records for all the people living in the home. We found that when assistance was required with medication there was clear guidance on what support was needed and how to ensure medicines were administered and handled safely. For example, care plans and body maps were in place for the application of creams.

Appropriate arrangements were in place in relation to obtaining medicine. One member of staff took a prescription to the chemist to get it filled, as it was noted that one person was running out of their prescribed medication.

Medicines were handled appropriately. People's medications were kept in lockable cupboards in their rooms and they were supported by staff to be independent in taking their medicines. Each person had a medication risk assessment in place which detailed what support they needed.

Appropriate arrangements were in place in relation to the recording of medicine. Medication audits had been carried out daily and no gaps in recording were identified. All the medication administration records (MAR) we looked at had been completed fully and there were details of any known allergies and a recent photograph of the person to aid identification. When medicines were received into the home, the amount received was recorded on the MAR charts. When medicines had been administered there were details of the amount given and the amount of medication remaining. This meant that people received their medicines as prescribed and safely.

The service had a medication policy in place which covered safe handling, administration and recording of medicines. The provider may find it useful to note that some areas of the policy referred to the Commission for Social Care inspection and not the Care Quality Commission.

The acting manager reported that a pharmacist had provided refresher training in handling and administration of medicines and had recently carried out a check on procedures within the home. We noted that the training consisted of a theory session, a practical competency session and a written assessment. Staff told us they would not be allowed to administer medicines until they were deemed competent.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The provider has taken steps to provide care in an environment that is suitably designed and adequately maintained.

We looked around the home and garden. We saw each person had their own bedroom, which they were able to personalise. People were able to use a dining room and lounge and these were visible clean and tidy and free of clutter on the floors. There was a large kitchen which enabled staff to work alongside people when meals were being prepared.

The home had a garden which was level and easily accessible. There were areas for people to sit.

Hazardous substances were locked in cupboards and staff held the keys for these cupboards. The home's emergency lighting system was noted to be operational. We found that a weekly health and safety checklist was carried out by a member of staff and involved people that live in the home. This covered areas such as trip hazards, decoration, condition of the furniture, a check of the fire alarm system and lighting in the home. External checks made as part of this audit included storage of refuse, checks to ensure the external light was working and the condition of fences and gates, to make sure they were secure. Action plans were drawn up and implemented if any issues were identified.

This meant that people lived in a home that met their needs and was safe and maintained.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We spoke with people living in the home, but what they told us did not relate to this standard. Staff received appropriate professional development.

We examined the homes training matrix. New staff members had received induction training which included infection control, medication handling and safeguarding adults.

Training in moving and handling and food hygiene was also given and refreshed when needed. There was evidence of specialist training such as Makaton signing to ensure staff could communicate with people.

The acting manager acknowledged that some refresher training was out of date, but this had been identified and action taken to ensure staff received updates as soon as practically possible. We saw that the training matrix clearly identified refresher training that was overdue and what action had been taken to arrange an update.

Staff received supervision session, but this had not been carried out regularly. We found that supervision sessions had been planned for staff to coincide with shifts they were rostered to work. Staff we spoke with considered that they were supported to carry out their role and received appropriate training.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We spoke with four people and they all said they were happy with the care and support provided. We found that during keyworker sessions people were encouraged to comment on the service provision and make suggestions on what they would like. For example, areas explored included whether staff were following plans of care, any concerns an individual might have and whether they had sufficient contact with family and friends. Each person also had a weekly activity planner and goals they wished to achieve, such as going on holiday or specific skills they wished to develop.

We looked at the home's quality assurance system and found there was information in the office of an annual programme of audits on the service. For example, financial audits of monies held by the home for people. We saw staff ensured records were maintained of money spent and receipts for purchases kept in individual files. Staff also counted the amount of money taken and left prior to completing the records to ensure they were accurate and tallied with the amount held. Other audits carried out included a fire risk assessment, car checks on the vehicle used to transport people and gas and electrical safety.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. We looked at the accident and incident record kept. There was an analysis of incident and trends identified with action taken if needed to reduce risk.

The provider took account of complaints and comments to improve the service. The home's quality assurance system showed that complaints and concerns were dealt with appropriately. When we looked at care plans and complaints records we were able to confirm this.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

Records were kept securely and could be located promptly when needed. When we requested information, this was provided without delay. The offices where records were stored were organised and files could be located immediately.

Records were stored securely in lockable cabinets and records held on computer were password protected. Care records were clearly formatted and the information contained within them accurately reflected the support people needed to meet their needs. For example, when an individual required assistance to mobilise the plan detailed equipment used and the number of staff required to support them.

Records showed that care had been delivered as detailed in the care plan. For example promotion of healthy eating or personal care was being carried out according to the person's wishes.

Care plans and assessments had been reviewed regularly and any changes in care had been recorded. For example, one person had been seen by a speech therapist that was developing a communication passport the person could use to improve their communication.

However, the provider may find it useful to note that some care plans were dated 19 October 2013, which was after our inspection and staff had signed to indicated they had read them in October 2013. This meant that the accuracy of records could not be guaranteed.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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