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 Inspections: 05 December 2012
27 November 2012

Date of Publication: January 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Staffing	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Prospects for People with Learning Disabilities
Registered Managers	Miss Helen Bond Mr. Joseph Daniel Halfpenny
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 27 November 2012 and 5 December 2012, 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 and talked with staff.

What people told us and what we found

People living in the home were able to choose how they spent their time and what activities they wished to participate in. Staff addressed individuals by their preferred name and supported people to maintain their independence.

People and their families had been involved in assessments of needs and developing their care plans. Care plans we examined were person centred and individualised. Records included information about how people preferred to communicate, such as using signs or pictures. There were a range of activities that individuals could participate in, such as shopping, attendance at church and swimming. People were able to maintain their independence, risk assessments were in place to ensure they were safe for example when walking to the shops.

There were suitable safeguarding procedures and practice in place that ensured people were protected from harm.

People were supported by suitable numbers of experienced and qualified staff. We noted that staffing levels were flexible and influenced by activities people wanted to do. Staff confirmed that they had received training appropriate for their roles and were received supervision.

The home had suitable quality monitoring systems in place. People living in the home and their representatives were consulted about the running of the home. Any areas suggested for improvement were acted upon.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected

Reasons for our judgement

We spoke with the manager, four members of staff and three of the people that were at home on the first day of inspection. We observed interactions between staff and people and viewed care records of the three people we spoke with.

People were supported in promoting their independence and community involvement. On arrival at the home we were greeted by a person who lived in the home and they were able to tell us the staff who were on duty and who was at home. We noted in their care plan that they chose to answer the door to greet visitors. The person also said that they had been cleaning and cooking that morning with the support of staff. This was also reflected in their plan.

We were able to have coffee with one person when they went to visit their friend who attends the day centre attached to the home. The person told us that they visit every day and once used to work at the day centre. Another person told us they had assisted with the weekly food shopping.

People were supported to make decisions and their consent was obtained for treatment. We saw that where a person needed assistance to make decisions and consent to care their family members or advocates had been involved. We looked at three care plans and found that each plan included information about the person's preferred method of communication. These included use of pictures, easy read information, signs and the use of closed questions to allow a 'yes' or 'no' answer. There was also information on whether a person wants a male or female care worker to support them with personal care.

Staff were observed calling people by their preferred name and offered a choice of activities for individuals to participate in, such as playing dominos.

When necessary risk assessments had been completed and arrangements put into place to ensure people were safe when going out. These included how many staff were required to accompany an individual when away from the home, to keep the person safe. One person's plan detailed activities where they needed to be accompanied and supported by staff, such as shopping. There was also information where a person would benefit from

being part of a small group. These activities included outings and cooking in the home.

Care plans and daily records showed a person's right to exercise choice had been upheld. We noted words such as 'prompt' and 'encourage' had been used to show this.

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.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

We saw staff supported people to carry out activities they chose to do. For example, one person was preparing their packed lunch for the following day and another had support to have a shower.

People could participate in activities such as visiting cafes, shopping and holidays to places of their choice. One person chose not to take holidays and their holiday budget was spent on days out to places such as museums and garden centres.

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 a person's life. There was information on contact arrangements, such as telephone calls and weekend visits to families.

We looked at three care plans and found that they were written from the person's viewpoint. Pictures and easy read formats had been used to ensure the person was able to understand what had been written. When the person was able they had signed to indicate their involvement in the care planning process. Care plans had been reviewed regularly and updated and changed if needed.

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.

People were supported to maintain contact with their families and friends. Each plan had information on risks that might occur, for example when cooking or going out of the home. The risk assessments detailed the number of staff needed to support the individual when going out to ensure they were safe.

We saw that people were seen by health professional such as the GP, chiropodist and optician when needed. When a person declined to see a health professional this was

noted. Staff also ensured that the individual was offered the opportunity to see a health professional, such as the audiologist for hearing aids, even if they had declined previously.

People were weighed each month as a means of monitoring their health.

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

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

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

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We spoke with two members of staff who had recently started to work at the home. They were able to tell us what safeguarding vulnerable adults was and what actions to take if an allegation was made. One staff member was on their induction and said they had read the home's safeguarding policy. The other member of staff said they were due to go on a five day course where more training on safeguarding would be given.

The manager was able to demonstrate what to do in the event of abuse being suspected and detailed who needed to be informed.

We looked at the home' safeguarding adults policy. This was comprehensive and included details of types of abuse and the relevant bodies to contact. There was clear information on the roles and responsibilities of staff. An easy read version was available for people in the home to access.

We noted that the home held personal money for people. There were records of financial transactions recorded in each of the three care plans we looked at.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place. Appropriate checks were undertaken before staff began work.

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

One member of staff we spoke with said that they had been to the home for dinner when they applied for a job. People had been able to ask them questions and decide whether they wanted the person to work in the home.

We looked at staff files of two people that had been recruited recently and one member of staff who had worked at the home for two years.

All three files contained details of pre-employment checks carried out, such as Criminal Records Bureau (CRB) checks and references from previous employers. Each potential employee had also undergone an independent health check for fitness to work.

There were also interview notes which included questions people living in the home had asked, with responses and their thoughts on the member of staff working at the home.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

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

On the days of our visits there were sufficient numbers of staff available to support people. There were three members of staff on duty to support people.

There were enough qualified, skilled and experienced staff to meet people's needs.

The manager reported that usually there are two to three members of staff available and at night there is one member of staff sleeping in. The manager said if needed another member of staff would work in the extra staff were available in the evenings to support people.

The two members of staff we spoke with said that they considered there were sufficient staff to meet people's needs.

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

Staff received appropriate professional development.

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

We examined three files and saw that each person had received induction training which included infection control, medication handling and safeguarding adults. The two members of staff showed us their induction records. These covered areas such as reading policies and procedures, shadowing other care workers and an introduction to safeguarding. They told us that they would be able to administer medicines when they had completed the relevant training and their competency had been assessed.

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

There was evidence in staff files of supervision sessions and appraisals being carried out. However, this was not always achieved on a regular basis and there were gaps of six months between supervision sessions. The provider may find it useful to note that supervision sessions were not planned in advance to ensure they occur at regular intervals.

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.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented.

The provider took account of complaints and comments to improve the service.

We saw a recent report from Bournemouth Borough Council's contract monitoring team. The report stated that care plans were detailed and comprehensive and gave "a clear picture of individuals and their care needs." The report also stated that information from risk assessments was contained within care plans. The council considered that 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.

We looked at the home's quality assurance system and found that any concerns had been recorded and actions taken if needed. There was information in the office of an annual programme of audits on the service. For example, a review of safeguarding alerts every three months. The home also had a book specifically for people living in the home to record their concerns. People were supported by staff to complete this if needed. We noted that many of the concerns were related to behaviours people did not find acceptable and steps were taken to resolve these issues.

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.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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