Mr Anthony Doherty

Mariana 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

About the service
Mariana House is a care home providing personal care to for up to 23 older people. At the time of inspection, there were 19 people living at the home. There were 15 single rooms and four shared rooms at the home.

People's experience of using this service and what we found
People felt safe living at the home. Risk assessments to keep people safe were completed and reviewed. Staff were able to describe what actions they would take to report any safeguarding concerns and relatives felt their relative was safe while being supported by the staff team. Staff were recruited safely. The safety of the home was regularly monitored.

People were appropriately assessed to ensure the home could meet their needs. People had access to health and medical support and were promptly seen by a medical professional when required. Support with eating and drinking was person centred and people were able to choose what they ate each day. Staff received a thorough induction into their job role and training. The home worked in line with the Mental Capacity Act 2005.

People and their relatives felt well cared for. The staff team were described as kind, caring and friendly. People were supported to make their own decisions and staff could describe people's personal preferences. Relatives told us their relative was treated with dignity and respect at all times.

Care plans to support people were thorough and staff were able to describe how best to support people. People and relatives were involved in the care planning and plans were regularly reviewed to ensure they remained accurate. People were able to join in a range of activities and reminiscence sessions. Karaoke and bingo were firm favourites. Complaints were listened and responded to. Any outcomes were shared. People were supported to remain at the home for end of life support. End of life care was planned carefully taking into account the person's wishes.

The manager and the provider were actively involved in the running of the home. Staff told us they were well supported by both and received regular supervision and appraisal. The manager and provider were aware of their responsibilities of being registered with the Care Quality Commission (CQC). Audits to monitor and improve the service were in place. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported/ this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
The last rating for this service was requires improvement (published 15 June 2018) and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do

and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected
This was a planned inspection based on the previous rating.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Mariana House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection team consisted of one inspector.

Mariana House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At this inspection, the registered manager, who was also the provider had decided to relinquish their role of registered manager and had recruited a new manager with the appropriate skills and competencies to manage the home. The new manager's registration was currently in progress. Throughout the report, we will refer to the new manager as 'the manager'.

This inspection was unannounced.

What we did before the inspection
Before the inspection, we looked at notifications the provider had sent us and spoke with the local authority who did not provide any concerning information.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.
We used all of this information to plan our inspection.

During the inspection
During the inspection we spoke with the manager, the deputy manager and the provider. We spoke with three staff members, two people living at the home and five family members. We also spoke to a visiting health professional.

We looked at two care plans and associated records, three people's medicines records and medicines. We looked at information in relation to the health and safety of the home, the meal time experience and activities. We also looked at audits to monitor and improve the home. We reviewed two staff recruitment files and supervision and training records.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe while living at Mariana House. Everyone could tell us who they would speak to if they had any concerns. One relative told us, "[Name] is safe here, I feel she is absolutely safe." Another relative said, "[Name] is safe here, he is settled here, he's not sad to see us go."
- Staff received training and were aware of what action to take should they suspect abuse was occurring. Comments included, "I would tell the manager."; "I would tell the senior or the manager, I would even go to the police" and "I am confident the manager would deal with it."
- Staff could describe signs and symptoms of abuse and they were aware of the whistle blowing policy to protect them should they need to raise concerns.
- The provider had a safeguarding policy and followed the local authority policy for protecting vulnerable adults. Staff were familiar with both polices. All safeguarding concerns had been raised appropriately.

Assessing risk, safety monitoring and management

- Risks people presented were assessed, monitored and reviewed. Where people were placed at risk, appropriate strategies were put in place to mitigate the risk. For example, falls monitoring equipment to alert staff when someone maybe mobile and is at risk of falls. Staff were able to describe the risks each person presented and the strategies in place to reduce each risk.
- Risks throughout the home were assessed and monitored. The home had a fire risk assessment and legionella risk assessment in place which gave strategies to reduce either from occurring.
- Personal evacuation plans were in place for people who needed assistance in evacuating the building in an emergency. Staff were able to describe who required what support.
- The provider had oversight of the external health and safety of the home. Regular maintenance checks were completed by professionals on the passenger lift and moving and handling equipment, firefighting equipment, gas, electrical and water safety. Internal checks were also completed on fire alarms, emergency lighting, nurse call alarms and water temperatures.

Staffing and recruitment

- Staff were recruited safely. Appropriate pre-employment checks were in place before any new staff members commenced employment.
- Staffing levels were satisfactory. People and relatives told us there were always enough staff around. Rotas reflected staffing levels were consistent.

Using medicines safely

- People were supported to receive their medicines safely and as prescribed from a medical professional.
- Staff were trained to administer medicines and had regular competency checks on their ability to do so.

The trained staff felt competent to administer medicines.

● We reviewed medicines for three people and the medication administration records were appropriately completed. We also checked the boxed medicines for the same people and found the numbers correctly reflected what had been administered.

● A nominated senior staff member had good oversight of medicines and had clear records for receipt and disposal of all medicines. Medicines were regularly audited to assure the provider they were being administered safely and as prescribed.

Preventing and controlling infection

● The home was clean and well maintained.

● Staff told us, and we saw they had access to personal protective equipment such as gloves and aprons.

● Cleaning schedules were followed to assist in keeping the home clean. There were regular audits on cleanliness.

● Staff were aware of their responsibilities to report any concerns which may lead to infection in people.

Learning lessons when things go wrong

● Accidents and incidents were recorded and reviewed to look for patterns and themes. Where accidents caused an injury, appropriate medical help and advice was taken promptly.

● When a pattern occurred, such as regular falls, strategies were put in to place to reduce the continuation of the occurrence.

● Relatives told us, "I am always informed when something occurs." and "I am always kept in the loop."

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received a thorough assessment of their needs prior to using the service. Assessments fed into care plans and highlighted key aspects of the person's needs such as how to communicate to the individual or what needed to be done to effectively deliver personal care.
- Family members confirmed with us, an assessment of needs had taken place and told us they had been able to give detailed information to the manager about the person's care needs.
- People's personal choices and preferences had been captured in the assessment process. This included cultural and religious requirements, preference of sex of staff member supporting them and likes and dislikes for foods, drinks and activities and how the person wished to be supported.

Staff support: induction, training, skills and experience

- Staff received an induction when they began working at the home. The induction was linked to the Care Certificate and included an introduction to people living at the home, key aspects of health and safety for the home and allowed the staff member to shadow more experienced workers. The care certificate is a set of agreed standards, staff members who work in social care adhere to.
- Staff received training suitable for their job role. The majority of training was done in a face to face environment and staff felt they gained good understanding during the sessions. Training was regularly updated. Staff told us, "The training is good as it's face to face and I get so much from it."
- The staff team had a variety of personal, paid and voluntary experience which enabled them to be experienced in providing care for the people they supported.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to receive a healthy and nutritious diet. Menu choices were set out in pictorial format to help people choose their option.
- We observed lunch time and people were served a meal of their choice. The lunchtime experience was pleasant with people sitting with people of their choice. Condiments were available on the nicely set tables. Relatives told us, "We told the staff what food he doesn't like, they are fine with that"; Mum has lots of food choices" and "The food is delightful, he couldn't want for more."
- People who required assistance with eating and drinking were helped with patience and dignity.
- The manager had developed 'Thirsty Thursday' and 'Fruity Friday' to encourage people to make their own smoothies and remain hydrated. For the warmer months, a hydration champion was being developed to ensure staff continually monitored people's hydration needs.
- People who required an alternative diet were catered for. More recently, people from the Polish community had moved into the home and the manager had sourced meal ideas to ensure they felt included. People who required soft or pureed diets due to swallowing difficulties were catered for and the

kitchen staff followed instructions from medical professionals to ensure the food was the correct consistency. Staff told us, "We are always updated with any changes to residents' dietary intake."
● Where people were at risk of weight loss or dehydration, medical advice was taken and food and fluid intake was monitored and recorded.

Staff working with other agencies to provide consistent, effective, timely care
● Four people had recently moved to the service and the service had obtained copies of their previous care plans to enable the staff team to consistently manage the care and support required for each person. Staff told us they had been able to read all the information for each new person.
● Where possible, people kept the same GP when moving into the home, this allowed the person to maintain continuity for the monitoring of their health.
● The manager had devised an allocation sheet, so staff knew where they were working each day and night, this meant staff were deployed effectively and ensured people were assisted with personal care and support at the right time and according with their care plan.

Adapting service, design, decoration to meet people's needs
● The home was able to meet the needs of an aging population and had equipment available to assist people with any mobility needs.
● Bedrooms had access to a sink and commode and were furnished with fitted wardrobes and single beds. Shared bedrooms also had single beds, or a double bed was available if a couple wished to live together. There were also privacy screens in each room.
● Corridors were wide and clear for people with mobility difficulties to access. The lounge, dining area and gardens were fully accessible.

Supporting people to live healthier lives, access healthcare services and support
● People were supported to access support from a host of health professionals including GPs, district nurses, speech and language therapists and dieticians. Visits from professionals were recorded in people's care files and information related to the visit shared with the staff team where appropriate.
●Relatives told us they were always informed when the GP had visited or any other health professional and felt their relative received good levels of health surveillance. Comments included, "Staff tell us anything that's untoward" and "I feel very involved in [Name's] care."
● We saw where concerns were noted about people's health, this was raised promptly with the appropriate health professional. For example, when staff noted a person's swallowing was deteriorating, a discussion was held with the GP and a timely referral to speech and language therapy made.
● We spoke to a visiting health professional who told us, "Marianna House is a lovely home, the staff are lovely, and they take good care of the residents. Anything we ask of the staff to help the residents is always done."

Ensuring consent to care and treatment in line with law and guidance
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 Act 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.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People who were being deprived of their liberty were done so under the mental capacity act.
- People had their capacity assessed and where concerns were raised about particular decisions, appropriate referrals were made to the local authority to deprive the person of the liberty.
- People and the families were included as far as possible in decisions about people's care and support and decisions to deprive people of their liberty were made in their best interests.
- All decisions and any restrictions on people were recorded in care plans and staff could describe if people had any restrictions in place.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
- People and their relatives told us they were treated well by kind and caring staff.
- We noted the interactions between people and staff were kind, patient and caring and staff spoke to people in a calming tone and appropriate language.
- One person who had recently moved into the home told us, "The staff have been lovely, very kind."
- The home had begun to develop information to support people from lesbian gay, bisexual and transsexual (LGBT+) communities. Literature was available for people to read and the manager told us they were tentatively beginning to have conversations with people where it was appropriate.
- People were able to receive visits from their chosen church and engage in prayer and worship meetings.
- Relatives told us, "[Name] is happy and safe, the staff are very caring, and they are always popping in and out of her room. She is content and settled."

Supporting people to express their views and be involved in making decisions about their care
- People and relatives told us they were involved in planning their care. Relatives told us people had choices and were included in the running of the home.
- People and relatives were able to attend regular meetings with the manager to share information and raise ideas.
- People could choose how to spend their day, if they wanted to attend activities and where they spent time and the times they got up and went to bed.
- Where decisions were needed to be made about care and support, such as when people's needs changed, we saw they and their relatives were consulted as much as possible. One relative told us, "When [Name] came here, she was end of life, she wouldn't eat or drink and had been in bed for two and a half years. That was six months ago. Now she's up every day, she's clean, she eats and drinks, she has a good quality of life. I have been very involved, but I do not lie awake at night worrying."

Respecting and promoting people's privacy, dignity and independence
- We observed staff knocking on doors and gaining permission to enter people's rooms. Staff attended to people quickly when they needed assistance and used appropriate personal protective equipment when assisting people to eat and drink. Doors were closed when people were in the bathroom or having personal care delivered in their rooms.
- Staff encouraged people to do as much as they could for themselves and explained to us they assist people when needed. One staff member said, "I assist with personal care, but I encourage the person to do as much as possible for themselves. I always ensure bedrooms curtains are closed when delivering personal

care and check the resident is comfortable."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This meant people's needs were met through good organisation and delivery.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

At our last inspection the provider had demonstrated, care and support was not always delivered in a person centred way and people were not always involved in decisions relating to their care. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 9.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans in place which captured their needs and preferences. People and their relatives had been actively involved in producing the care plans and were part of regular reviews to ensure information remained current.
- Care plans were person centred and gave detailed information to staff on how to support each person. Staff could describe how to effectively care for each person and told us, "We read all the care plans and we are involved in the reviews."
- People had "This is me" booklets within their care files which gave detailed information about their life history. Staff told us they were used to start conversations with people and gave them good insight into people's lives.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was presented to people in alternative format such as large print. Recently, some people from the Polish community had moved into the home and information in relation to the home had been printed in Polish.
- There was signage used around the to identify rooms and areas. The signage was 'dementia friendly' and displayed the name of the room in English and in Polish. Dementia friendly signage uses a combination of colour contrast theory, light reflectance, pictorial images and words to aid understanding.
- There was pictorial information displayed in communal areas showing the current date and weather

conditions.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

● People were supported to take part in activities. The home had built links with a local university who had provided the home with reminiscence objects including old postcards of Great British holidays and old-style Punch and Judy puppets. There were different themes and the home was currently talking with people about their favourite summer holidays and the objects were used to start off conversations.

● People told us they loved the karaoke in the home and it was a firm favourite of one person whose family told us, "They belt out their favourite songs." The manager had also developed a knit and natter club and people told us they enjoyed making and adding to the 'Mariana' blanket.

● We saw people went on walks with the local dementia club and visited the Caribbean community centre. A staff member held a regular arts and crafts club at the home and people joined in games such as connect 4, play your cards right and dominoes.

● Regular visitors included local schools to sing for the people living at the home and dancers. Religious clergy from all congregations regularly visited the home to offer prayer.

● Relatives told us, "They have plenty to do, I often pop in and [Name] is sat with a glass of Baileys or a Cava in the evening."

Improving care quality in response to complaints or concerns

● People and relatives told us they were aware how to raise a complaint should they need to. People and their relatives were given information on ways to complain and every person we spoke with felt if they had any concerns, they could speak to the manager and were confident, they would be taken seriously.

● Any complaints received had been fully investigated and outcomes shared.

● Comments from relatives were, "I could raise any concern, the home is fantastic, and the staff are so personable, I can be blunt and straight with them."

● Staff told us, "If a relative complained, I would listen to them and reassure them."

End of life care and support

● People could be supported should they be at the end of their life and wish to remain at the home.

● People had care plans in place which documented people's wishes of how they would like to be cared for at the end of their life. Some people had 'do not attempt cardio-pulmonary resuscitation' (DNACPR) records within in their care file. The DNACPR is a form completed by health professionals, usually a doctor and in agreement with the person and their family when resuscitation is unlikely to be successful. Staff were clear on which people were for resuscitation.

● People's care plans confirmed where they wanted to be buried or cremated and what they wished to happen following their death. Families were included in the planning to ensure everyone was aware of the person's wishes.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

At our last inspection, we could not be assured the provider had systems of good governance. This was a breach of regulation 17 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The home had a lovely atmosphere and we noted the manager and provider were very visible. Staff told us the new manager had changed paperwork and ways of working which had improved the home.
- The home had received many compliments from relatives thanking them for the care and support. Comments included, "The home is lovely, and I don't want Dad to go anywhere else, I will wait for a place here" and "Thanks to the managers and staff for the love and care shown."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People, relatives and staff were very positive about the provider and the manager. Relatives said of the manager, "It's like she has always been here." and "She's very approachable."
- The manager and provider understood their responsibilities under duty of candour and had sent all notifiable incidents to the Care Quality Commission (CQC).

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The home had a registered manager in post who was also the provider. Since the last inspection, the provider had made the decision to relinquish their registered managers role and had appointed a new manager to becomes registered with CQC. We checked and saw an application to register with CQC had been received and the provider had ensured the manager had the correct skills and competencies to manage the home.
- The staff team felt well supported by the manager and the provider, comments include, "The provider is lovely, such a caring person and I feel valued here."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● People, relatives and the staff told us they were involved in regular meetings to share ideas and plans for the home.

● Staff received regular supervision and appraisal and told us they are encouraged to attend training and gain further qualification.

Continuous learning and improving care

● The manager completed many audits to monitor and improve the service. Audits including reviewing care files, health related information such as weight loss and concerns around skin integrity, the management of falls and health and safety and infection control. Medicines were regularly audited to assure the manager, they were being given as prescribed.

● The manager and deputy manager completed regular observations on staff which included checking staff knocked on people's door, communicate appropriately and offered choices to the person. They also monitored the meal time experience to ensure people were supported with their meal and the meals were as people preferred them.

● The manager and provider had developed a service improvement plan to work towards. Their main improvement was to develop the questions in their approach to find out more how people from lesbian, gay, bisexual and transvestite (LGBTQ+) communities could be better supported and part of the improvement was to look at staff values and attitudes. We will review this progress at the next inspection.

● Feedback was sought from people and their relatives living at the home. The overall feedback received was very positive with every response saying people felt safe and happy, and enjoyed living at the home. Relatives said there was always regular staff on duty and were always made to feel welcome.

Working in partnership with others

● The manager and provider had made links with other registered managers and health professionals to share information and ideas at health and social care forums.

● The manager and provider had decided to slowly increase the number of people living at the home, in order not to destabilise the home and allow people to integrate and settle. They worked with professionals, people and their families to stagger people moving in.