

AMA Generic Limited

Maranatha Residential Home

Inspection report

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Date of inspection visit:
25 October 2021

Date of publication:
09 November 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Maranatha Residential Home is a residential care home that provides personal care to up to 15 people in one adapted building. There were 13 people living at the service at the time of our inspection, some of whom required support with dementia.

People's experience of using this service and what we found

People and relatives were positive about their experiences at the service. Feedback from one relative was 'The staff are courteous, helpful and hardworking.'

Care and treatment were planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. Staff had received appropriate training. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. Medication was dispensed by staff who had received training to do so.

The registered manager had put systems in place to monitor and provide good care and these were reviewed on a regular basis.

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

Rating at last inspection The last rating for this service was requires improvement (published 12 November 2019). At this inspection the service has improved to good.

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Maranatha Residential Home on our website at www.cqc.org.uk.

Follow up

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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Maranatha Residential Home

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The service was inspected by one inspector

Service and service type

Maranatha residential home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and from our direct

monitoring call. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with four members of staff including the provider, registered manager, care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The provider had made improvements to the premises since our last inspections. They had completed a number of refurbishment projects including having, windows replaced, bathrooms and sinks upgraded, flooring replaced and redecoration of people's rooms and general areas.
- Staircases had been made safe to prevent the risk of falls and the external fire escape stairs had been repaired.
- We spoke to the provider who told us the refurbishment was an on-going project which they were overseeing.
- Risks assessments were in place to identify specific support needs people might need. Risk assessments identified if people were at risk of falls, pressure sores or malnutrition and what staff could do to lessen these risks.
- The registered manager completed regular audits of the environment to identify any issues and addressed these with the provider.
- Regular maintenance checks were completed to ensure equipment was safe to use.
- A fire risk assessment had recently been completed for the service and each person had a fire evacuation plan.
- In the event of an evacuation the registered manager had put together a grab bag containing all the information needed to facilitate continued support.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to keep people safe and protect them from safeguarding concerns. The provider had policies in place for staff to follow on 'whistle blowing' and staff received regular training on how to safeguard people. One member of staff told us, "if there was something wrong, I would go to a senior or the manager. If nothing was done, I could go to the CQC or Council."
- People told us they felt safe living at the service. One person said, "I have a call bell which is very reassuring especially at night."
- The registered manager knew how to raise safeguarding concerns and reported these as appropriate. When required the registered manager had worked with the local authority safeguarding team to investigate concerns.

Staffing and recruitment

- There was a consistent staff team at the service. The registered manager told us they were a small team that worked well together.
- People and relatives were complimentary of the staff team. One relative commented, "You can't fault the

care."

- There was an effective recruitment process in place. The registered manager checked staff recruited were suitable for the role they were employed for.

Using medicines safely

- People were supported to take their medicines safely.
- Staff were trained, and their competency checked to support people with medicines.
- People told us they were supported to take their medicines. One person said, "Staff give me my medication when I need it, and it is always on time." A relative told us, "Staff are on top of the medication."
- Medicine records we reviewed were in good order. There were suitable systems in place for the storage, ordering, administering, monitoring and disposal of medicines.
- Regular audits were completed to check medicines were being managed safely. A recent audit completed by a pharmacist was positive about the medicine management at the service.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The registered manager had systems in place to monitor accidents, incidents, safeguarding and falls. They completed an analysis of information and shared lessons learned with staff during meetings and daily handovers.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager had developed systems at the service to increase their monitoring and oversight. The provider had sourced support from a consultant to help coach the registered manager and implement governance systems.
- We saw action plans were implemented identifying timescales, and who is responsible for taking any actions at the service, such as environment repairs.
- The registered manager was keen to continue to improve the service and implement quality improvements. The registered manager understood their responsibilities to manage risks and work to regulatory requirements.
- The registered manager understood their requirements for duty of candour to be open and honest if things go wrong.

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

- There was a positive and inclusive culture aimed at achieving good outcomes for people. We received positive feedback from people and relatives, who told us they were happy living at the service and happy with the support they received. Feedback from one relative was, 'I feel my relative is well cared for and feels safe and happy.'
- Staff spoke positively about the people they supported. One member of staff said, "I treat people like my family and do my level best to give first class care. The type of care I would want to receive."
- Staff also spoke positively about the registered manager. One member of staff said, "The manager is very good and gives us plenty of support. They are always around."

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

- The registered manager engaged with people and relatives and sought feedback from stakeholders at the service. A relative told us they registered manager would send any updates through email or would telephone.
- The registered manager used surveys to gain feedback and analysed these for any themes. In addition, they spent time each day talking with people to get their feedback.
- Staff had regular meetings to share ideas and discuss people's care and the running of the service.

Working in partnership with others; Continuous learning and improving care

- Staff worked in partnership with other healthcare professionals such as GPs and palliative care nurses to ensure people's needs were met and they had positive outcomes whilst living at the service. One relative told us, "My relative health has really improved since being here."
- Staff told us they were supported to keep up to date with training and to develop their skills. We saw staff had regular supervision where training was discussed.
- The registered manager told us they were always happy to develop their skills and work with other professionals to develop these.