

M S Ali

Marine View Rest Home

Inspection report

279 Kingsway
Hove
East Sussex
BN3 4LJ

Tel: 01273417696

Date of inspection visit:
10 November 2020
11 November 2020

Date of publication:
04 December 2020

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

Marine View Rest Home is a residential care home providing nursing care and support for up to 19 people. At the time of the inspection, the service was supporting 13 people. People were living with a range of mental health needs including dementia and degenerative conditions.

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

Due to the COVID-19 pandemic, the provider had ensured that appropriate infection control procedures were in place to keep people safe. This included increased cleaning and ensuring adequate supplies of personal protective equipment (PPE) were available. Staff completed training in relation to COVID-19. We were assured the provider managed infection prevention and control through the COVID-19 pandemic.

The provider and staff had worked hard to develop strong leadership. Quality monitoring systems had been embedded and morale was high amongst the staff team. We received positive feedback in relation to the care people received and how the service was run. One relative told us, "It's a terrific place with nice staff, they treat [my relative] well".

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 Good (published 14 May 2019).

Why we inspected

We undertook this focused inspection in light of concerns we had received in respect to the care people were receiving. Concerns included quality monitoring and assessments of risk. A decision was made for us to inspect and examine those risks. Therefore, this report covers our findings in relation to the Key Questions: Is it Safe? and Is it Well-led?. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe and Well-led sections of this full report.

For those key questions not looked at on this occasion, the ratings from the previous comprehensive inspection were used in calculating the overall rating at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Marine View Rest 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.

Marine View Rest 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. This was a focussed inspection due to information of concern we had received.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Marine View Rest 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.

Notice of inspection

We gave a short notice period of the inspection. This was because of the COVID-19 (coronavirus) pandemic. We wanted to be sure that no-one at the service was displaying any symptoms of the virus and needed to know about the provider's infection control procedures to make sure we worked in line with their guidance. Due to the COVID-19 (coronavirus) pandemic, we needed to limit the time we spent at the service.

What we did before the inspection

Before the inspection we reviewed the information we held about the service and the service provider. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used this information to plan our inspection.

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.

During the inspection

Many people were either unable or unwilling to speak with us, however we spoke with the provider, the deputy manager, a retained care consultant and two care staff. We spent a short time in the home whilst

people were eating their lunch. This allowed us to safely look at areas of the home and gave us an opportunity to observe staff interactions with people.

We reviewed a range of records. This included four people's care records, medicine records, and further records relating to the quality assurance of the service, including accident and incident records.

After the inspection

We spoke with one person living at the service and one relative by telephone to gain further feedback around the care delivered.

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 Good. At this inspection, this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Care staff were trained in the administration of medicines. A member of staff explained the medicines procedures to us. They were knowledgeable and knew what medicine people needed and how they liked to take them.
- The medicines people took were recorded in Medication Administration Records (MAR). The MARs we saw were completed accurately and correctly. We saw evidence of audit activity that showed where any errors were found, that action had been taken and recorded.
- Medicines were stored appropriately and securely in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely. Nobody we spoke with expressed any concerns around medicines.

Assessing risk, safety monitoring and management;

- Staff knew people well and understood risks associated with their care. For example, people's dietary requirements and lifestyle choices. Care plans contained information regarding people's mobility and falls risk. People were supported to stay safe and move around freely.
- Where people had health conditions, there was guidance and risk assessments in care plans. Staff had received appropriate training, had competency assessments in place and were following assessed guidance issued by health professionals to manage people's specific health needs. People's behaviours that may challenge were managed well.
- A relative told us, "They are very good for him [my relative], he has issues with certain things, and they get that".

Staffing and recruitment

- Relatives told us there were enough staff to meet their loved ones needs safely. One person told us, "I can't fault them with that, there's always staff when I need them". A member of staff said, "We have enough staff for the number of residents we have". Our observations supported this, and we saw people and staff spending social time together, as well as staff responding to people's requests and needs. We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave.
- The provider had a dependency tool which helped them assess their staffing levels. Staff also used their knowledge of people to determine if more support was needed.
- Records demonstrated staff were recruited in line with safe practice and equal opportunities protocols. For example, employment histories had been checked, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and updates. There was also information on how to raise any issues or concerns displayed around the service.
- There had been some recent safeguarding investigations carried out by the local authority safeguarding team. We saw evidence staff had assisted and complied appropriately with all investigations.

Learning lessons when things go wrong

- Staff took appropriate action following accidents and incidents to ensure people's safety. We saw that specific details and any follow up action to prevent a re-occurrence was recorded, and any subsequent action was shared and analysed to look for any trends or patterns.

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.

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 in May 2019, 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- At the last inspection, we found areas of improvement were needed, as the provider had not always notified the CQC of changes and incidents that affected the service. Notifications are information about important events the service is required to send us by law. At this inspection we saw improvements had been made.
- Notifications had been sent to the CQC in a timely manner. We also saw a number of audits, checks and monitoring systems including, the environment, medicines, training and supervision, care plans and infection control. These systems had been implemented to show where shortfalls were, and to enable staff to take action.
- Staff told us about the positive impact they made to people living at the service. The deputy manager told us, "We keep people safe, not just from COVID-19, but mentally and physically as well. We explain what is going on in the world at the moment and we spend a lot of time with them to reassure them". This was echoed by staff and one member of staff told us, "The people who live here know they are safe, we keep some of them off the streets, they are well cared for, with good food and caring staff".
- Records were detailed, accessible and provided staff with the information they needed to provide person centred care and drive improvement.
- The culture of the service was positive and inclusive. Although we only spent a short time in the service, we saw a relaxed atmosphere between people and staff. Staff spoke about people with care and compassion. They told us of the importance of keeping people safe and well-looked after especially during the COVID-19 pandemic. People, relatives and staff spoke highly of the service. Their comments reflected the kindness of staff. A member of staff said, "It's like a family here, we all support each other". A person living at the service added, "They are here for me, I can talk to all the staff".

Working in partnership with others

- The service liaised with organisations within the local community. For example, the Local Authority, Clinical Commissioning Group and community nurses to share information and learning around local issues and best practice in care delivery, as well as to assist each other in investigating any concerns. Due to the COVID-19 pandemic lockdown and visitor restrictions, these professionals were not routinely visiting the service, but were providing remote support and guidance.

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

- Staff were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment. Relative's told us that staff contacted them about any changes in their relative's health or wellbeing.