

# Canterbury Oast Trust

# The Mariners

## 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

We inspected The Mariners on 27 September 2016. The Mariners provides accommodation and support for up to ten people. The age range of people living at the service is 34 – 48. The service provides care and support to people living with a range of learning disabilities. There were nine people living at the service on the day of our inspection.

We last inspected The Mariners on 7 February 2014 where we found it to be compliant with all areas inspected.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People were happy and relaxed and supported to live safely in their home environment. There were sufficient numbers of staff to support them. Appropriate checks were undertaken to ensure staff were suitable to work within the care sector. Staff were knowledgeable and trained in safeguarding and the actions they should take if they suspected abuse was taking place. A range of appropriate training was provided to ensure staff have the skills and knowledge to meet people's needs.

Staff had spent time with people, getting to know them, gaining an understanding of their personal history, their support needs and building rapport with them. People were able to access a choice of healthy food and drink ensuring their nutritional needs were met.

Medicines were managed safely and in accordance with current regulations and guidance. There were systems in place to ensure that medicines in use were stored, administered, and disposed of appropriately.

People's needs had been assessed and detailed care plans developed. Care plans contained risk assessments for a wide range of daily living needs. People consistently received the care they required, and staff members were clear on people's individual needs. Care was provided with kindness and compassion. Staff members were responsive to people's changing support needs. People's health and wellbeing carefully monitored and staff regularly liaised with a range of healthcare professionals for advice and guidance.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found that the manager understood when an application should be made and how to submit one. Where people lacked the mental capacity to make specific decisions the home was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in people's best interests.

People were provided with opportunities to take part in a wide range of personal interests, activities and life

skills and regularly accessed the local and wider area. People were supported to take an active role in decision making regarding their own routines and those of the home.

The registered manager was well supported by the provider and staff spoke positively about working at The Mariners and about the support they received from senior staff.

There were a range of systems to monitor the quality of service and enable senior staff to have clear oversight of areas that required attention.

## 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.

Staff were trained in how to protect people from abuse and knew what to do if they suspected it had taken place.

Risks associated with people's daily living were well managed. Incidents and accidents were reported, investigated and managed.

Staffing levels were sufficient to ensure people received a safe level of care. Recruitment records demonstrated there were systems in place to ensure staff were suitable to work within the care sector.

Medicines were stored appropriately and associated records showed that medicines were ordered, administered and disposed of in line with regulations.

### Is the service effective?

Good ●

The service was effective.

Mental capacity assessments were undertaken for people if required and their freedom was not unlawfully restricted.

People had enough food and drink and were supported to make healthy choices. They were encouraged to be involved in selecting and cooking meals.

People had access and were supported to health care professional appointments for regular check-ups as needed.

Staff had undertaken essential training as well as additional training specific to the needs of people. They had regular supervisions with their manager.

### Is the service caring?

Good ●

The service was caring.

Staff provided people with support in a caring manner. People

were treated with kindness and compassion.

People were supported to make decisions about their care.  
People's needs were understood by staff and they were met in a caring way.

People's care records were maintained safely and people's information kept confidentially.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People were supported to take part in a range of activities which were chosen in line with their preferences.

Support plans detailed how people had chosen to receive care which was personalised to meet their needs.

People and their relatives were asked for their views about the service. There were systems in place to listen to and respond to people's comments and complaints.

### **Is the service well-led?**

**Good** ●

The service was well-led.

There was a range of effective systems to assess the quality of the service which provided senior staff with oversight of the service.

Staff felt supported by management, said they were listened to, and understood what was expected of them.

The provider had established effective links with the local community which afforded people both work and social opportunities.

# The Mariners

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected the service on the 27 September 2016. This was an unannounced inspection which was undertaken by one inspector.

We looked in detail at care plans and examined records which related to the running of the service. We looked at four support plans and three staff files, staff training records and quality assurance documentation to support our findings. We reviewed records that related to how the home was managed. We also 'pathway tracked' people living at The Mariners. This is when we look at care documentation in depth and obtain views on how people found living there. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

We looked at all areas of the service, including people's bedrooms, bathrooms, and communal lounge and dining areas. During our inspection we spoke with five people who live at the service, two support staff the assistant manager and the registered manager.

Before our inspection we reviewed the information we held about the home, including the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We considered information which had been shared with us by the local authority, members of the public, relatives and healthcare professionals. We reviewed notifications of incidents and safeguarding documentation that the provider had sent us since our last inspection. A notification is information about important events which the provider is required to tell us about by law.

# Is the service safe?

## Our findings

People living at The Mariners told us they felt safe. People at the service had lived there for extended periods and were comfortable and confident in their surroundings. Where environmental risk had been identified an assessment had been undertaken to establish how they could be reduced. The registered manager had recently reviewed and updated the environmental risk assessment for the service. Although this addressed multiple areas within the service such as stairs, storage of chemicals and legionella we found an area related to security had not been fully assessed. The service was directly linked via an interconnecting door to a café/tea room which was also owned and operated by the provider. This interconnecting door was not locked and had no facility to be locked. The registered manager told us this interconnecting door provided access to a fire exit and could not be locked. However as the café/tea rooms were open to the public not all security risks had been considered in relation to potential unauthorised access to the service whilst the café/tea rooms were open. The registered manager offered assurances they had not experienced any incidents related to this arrangement however committed to liaise with the providers facilities manager to review the risks and explore alternative for the door to enable it to provide more secure separation.

Staff had a good understanding of the types of abuse and the actions they should take if they believed people were at risk. Risks related to people's care and routines had been comprehensively assessed and documented within people's support plans. These had been reviewed and updated. Areas which had been assessed included travelling independently, cleaning and cooking. We noted a person who had begun to experience more difficulty with stairs had, with their involvement, changed rooms to downstairs one. A member of staff said, "As the risks increased it was the right move to make and they are very happy." Support plans also contained risk assessment in regard to people's behaviours that challenge and additional health care needs. Risk assessments included appropriate measures to protect people and to also promote people's independence. For example a person enjoyed cooking for a friend who routinely visited the service and risks associated with their presence in the home had been considered.

Staff told us if an accident or incident occurred they completed documentation. The documentation was reviewed by a senior member of staff who would, if appropriate, report to the local authority. Incident and accident forms had been carefully completed and provided clear summary of immediate actions taken and where relevant the further follow up actions taken to reduce risk.

Medicines were stored, administered, recorded and disposed of safely. Some people living at the service had made the choice to store and administer their own medicines. The provider had put systems in place to enable people to remain independent with their medicines yet to also retain oversight of this to ensure people's safety. A member of staff said, "We want people to keep the skills to manage their own medication but we also have a responsibility to make sure they are doing it in line with their agreed prescription." There was clear guidance on how to support people to take their medicines including 'as required' (PRN) medicines. The temperatures at which medicines were stored were checked and recorded daily; this included those stored in people's rooms. An up-to-date copy of sample staff signatures was available which provided clear accountability of which staff member administered medicines. Where people were assisted with creams these were dated when opened to ensure expiry dates were monitored. People were supported

to have their medicines routinely reviewed with the appropriate health care professionals. We looked at a sample of medication administration records (MAR) and found them competently completed. Staff were knowledgeable about people's medicines and had appropriate information available to guide them. People who were using 'homely remedies' had documentation in place to confirm their GP had authorised its use.

Staffing rotas evidenced there were two staff on duty at all times. People told us they felt there were enough staff working at the service to support them. One person said, "There are always staff around; either for a chat or if I have a question." People did not have to wait for support; staffing levels were sufficient to allow people to be supported or interacted with when needed. Staff were relaxed and unrushed as they moved around the service. One person requested support with their washing and a staff member was on hand to assist. Another person required assistance with the microwave and a staff member asked if they would like help. The registered manager told us if a person's behaviour changed or support needs increased they would review the number of staff in the service. We saw staff giving people the time they needed throughout the inspection. One person made a suggestion and wanted to discuss their idea; staff made time to sit with them and patiently discuss the issue. All staff spoken with said that they felt the home had sufficient numbers of staff.

Other risks associated with the safety of the building and the service had been assessed appropriately. For example, routine checks related to fire safety were undertaken and recorded for example emergency lighting. Staff told us they had undertaken fire drills at various times during the day and night and simulated evacuations. People had personal emergency evacuation plans (PEEP) completed which would provide guidance for staff and emergency services on peoples 'likely reaction' in an emergency. Staff had been trained in fire safety and could identify their role within an emergency. The provider had contingency plans established should people be unable to return to the service in the event of an unplanned event.

Maintenance contracts had been established to safeguard equipment such as boilers and electrics. Routine maintenance and servicing of equipment such as fire alarm, portable appliance testing (PAT) had been undertaken. Staff were clear on how to raise issues regarding maintenance. A member of staff said, "We have a good relationship with the maintenance team and they will come out quickly if there is a problem."

Staff records evidenced staff were recruited in line with safe practice. Employment histories had been checked, suitable references obtained and staff had undertaken Disclosure and Barring Service checks (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.



## Is the service effective?

### Our findings

People living at The Mariners were supported by staff who were knowledgeable about their needs and the support and assistance they required. People told us they trusted the staff to support them when they either needed or requested it. One person said, "The staff will always come and help me if I get stuck with something tricky."

Staff had received training to enable them to support people and assist them to be effective in their roles. Records showed that staff turnover was low and there was a stable experienced staff team. One senior staff member said, "We are very fortunate that our staff tend to stay once they work here, they must enjoy working here and that benefits everyone." Staff had undertaken a range of training to support them in their roles; this included areas such as safeguarding, fire awareness, medication and moving and handling. Additional training had been completed to enable staff to support people's specific needs such as epilepsy autism/Asperger's awareness, conflict resolution and Makaton. Makaton is a language programme using signs and symbols to help people to communicate. Staff told us they felt the training they underwent was helpful and well delivered. One told us, "We do almost all our training in a classroom with a subject specialist; I find this a good way to take in information." Staff received regular supervision. This was completed by the registered manager or assistant manager on a rolling two month basis. Supervision meetings covered a broad range of areas such as health and safety, training and personal matters. Staff told us they felt supported by senior staff and saw the registered manager regularly and felt confident they could book time with them if required.

Staff understood the principles of the Mental Capacity Act (MCA) and provided examples of how they would follow these in respect to people's daily care routines. Where appropriate clear reference was in people's care documentation that mental capacity had been considered prior to a decision being made where capacity was in question. Decisions taken in people's best interests in relation to daily living routines had a clear rationale; for more significant decisions such as health interventions evidence of a multidisciplinary approach was evident. Staff routinely asked people for their consent and agreement to support care. For example we heard staff say, "Are you ready to go out now?" and, "Would you like me to help with your meal planning?" All staff had attended MCA and Deprivation of Liberty Safeguards (DoLS) training. A staff member said, "Given time and patience most residents here are more than able to make most of their own decisions and we support those." The CQC is required by law to monitor the operation of DoLS. No one living at the service was living under a DoLS authorisation. However the registered manager was aware of their responsibilities in regard to when and how an application should be made.

People were supported to maintain good health. People had health section within their support plan which provided comprehensive information on the background to their health and associated support needs. Some people living at the Mariners were living with epilepsy; staff were knowledgeable about their individual conditions and the actions they should take if people had seizures. Records demonstrated a wide range of health care professionals were involved to support people to maintain good health such as occupational therapists and physiotherapists. People were also supported to attend routine appointments with podiatrists, opticians and dentists. One person told us, "Staff remind me when I need to see my dentist, I go

on my own but staff would come with me if I asked." One staff member told us, "We have known residents living here a long time which allows us to pick up when they are not quite themselves." People's body weight was routinely recorded; staff told us this was used as an indicator of potential changes in health and wellbeing. During our inspection we overheard staff liaising with various health care professionals to seek clarification and book appointments.

People told us they enjoyed the food and their mealtimes at The Mariners. Meals were planned and changed in line with people's choices and preferences. People were involved in selecting meals which then went on to the menu rotation. The service had two kitchens one was referred to as the training kitchen and was used by people when practising their cooking skills in a more controlled environment. Both kitchens were clean and well organised and systems were in place to ensure regular checks such as cooked food and fridge temperatures were recorded. People moved around the main kitchen making their own breakfast and lunches. For example, one person made a salad for their lunch and sat in the services garden in the sunshine to eat it. In the morning we saw people and staff planning meals together prior to visiting a local supermarket to top on fresh groceries they required. The lower ground floor kitchen was a popular communal area point where people congregated and relaxed together. We heard people watching a popular quiz whilst two people prepared the evening meal; people were laughing and answering questions together. Meals times were relaxed and calm, music was playing and people sat in their preferred place and chatted with staff and other people. Fresh fruit was freely available in the lower ground lower kitchen which we saw people help themselves to during our inspection.

## Is the service caring?

### Our findings

People were treated with kindness and consideration in all aspects of their care. People living at The Mariners were relaxed and at ease in their surroundings. When people returned from participating in life skills or activities they were warmly greeted by staff who showed genuine interest and encouraged people to talk about their days. Another person came to the office to pick up their post and chatted to staff about what they had done that day. Staffs interaction with people was kind and caring. One person said, "I really love living here, it's very nice, I like being busy doing different things."

People spoke positively about living at the service. One person spoke with enthusiasm about the recent redecoration of their room and another person told us their bathroom was soon to be updated. People were involved in choosing wallpaper and colour schemes for their rooms. People were supported to live their life in the way they chose. One person told us, "I'm given choices; I always make my own decisions though." Another person said, "They (the staff) involve me in everything." People told us their routines were influenced by their daily planners. On the day of our inspection five people were out of the service for parts of the day participating in a range of activities. One person was visiting family. The three remaining people had chosen to be involved in either a short shopping trip or a fitness session at a nearby pool. People told us they chose when they went to bed and what they did in the evenings. One person told us they enjoyed watching television and another said they used their computer for making video calls to family members. A staff member said, "We do our best to keep the home calm and relaxed so people feel comfortable to make their own choices." Staff supported people to be as independent as possible; for example overseeing people undertaking tasks around the house and in the kitchen. One staff member said, "Taking a step back and giving residents time and space is a valuable lesson I have learnt working here."

Strong bonds had formed between people and the staff who supported them. Some staff had known people for over 17 years and the rapport was underpinned by staff's detailed knowledge of people's needs. Staff strove to provide care in a happy and friendly environment. One person said, "This is my home and I like it." We heard staff patiently explaining options to people and taking time to answer questions. There was laughter and good natured exchanges between staff and people throughout our inspection. One person said, "I like a laugh and a joke." The staff approach was thoughtful and caring. Staff were seen discreetly checking with one person if they required the use of the toilet before they went out. We observed a staff member tell a person their clothes had been ruffled whilst sitting and asked if they would like support straightening them.

People looked comfortable and were supported by staff to maintain their personal and physical appearance. We heard people talking about their clothes and hair styles with staff. People's care plans contained personal information, which recorded details about them and their life. For example we saw that one person identified that regular church attendance was important for them; care records demonstrated this was facilitated. Information in people's support plans had been drawn together by the person, their family and staff. Staff told us they knew people well and had a good understanding of their preferences and personal histories. A staff member told us, "People's likes and dislikes are recorded; we get to know people well because we spend time with them." People were familiar with their support plans and told us they sat

with a member of staff to go through its contents regularly. One person said, "There is a photo of me in my folder."

People told us they felt staff respected their privacy. All people had a key to their rooms which they were seen to use as they came and went from their rooms. One person said, "Staff will knock on my door if they are coming into see me." One person's support plan prompted staff to remind a person to lock the door when visiting the toilet in communal areas so as their dignity was protected.

Care records were stored in the staff office. Information was kept confidentially and there were policies and procedures to protect people's confidentiality. Staff had a good understanding of privacy and confidentiality. Staff told us they tried not to bring confidential records into communal areas. We saw they returned to the office to complete paperwork during our inspection.

## Is the service responsive?

### Our findings

People told us they enjoyed living at The Mariners and they felt listened to and staff were responsive to their needs. One person said, "I know the staff will make time for me if I want to talk about something." Support plans clearly identified people's assessed needs and provided clear detail and guidance for staff on individual preferences for all aspects of daily living. Each person had a personal profile which included information on their life, family and background history. Support plans were divided into sections which included areas such as personal care, health care, social care needs and community living. Sections provided clear guidance and prompts for staff to follow whilst supporting people. For example, one care plan stated that a person required regular verbal prompts whilst being supported with washing. Another person's care plan stated they should be reminded not to put too many layers of clothing on in warmer weather. Staff told us they found support plans helpful and easy to navigate to find information they required. Support plans were reviewed monthly, followed by a more comprehensive six monthly review involving family and/or advocates, social workers and the person's 'key worker'. A keyworker is a named member of staff with additional responsibilities for ensuring a person receives the care they need. The six monthly reviews were also used to discuss and set longer term goals and targets for the following six months. One person told us they enjoyed their reviews they said, "I like it when we all talk about what has gone well and what I want to do next."

People were supported to be involved in activities and life skills they enjoyed. All people had an individual weekly planner which identified the designated activity choice for each day. Most people's activities centred around the providers other facilities. The provider operated various commercial sites in the local area which provided income for the charity. These included a farm and a nature reserve. In addition directly attached to The Mariners was a tea room/café where most of the people living at the service spent some of their weekly time assisting with the running of the team room/café. On the day of our inspection one person spent most of the day there serving customers and assisting in the kitchen. Another person spent time at one of the provider's day services taking part in crafts. Three other people spent parts of their week volunteering at a residential service for older people. All people spoke positively about the roles they undertook at these facilities. Throughout our inspection staff encouraged people to become involved in activities. One person attended an afternoon aqua aerobics class another told us they were looking forward to an exercise class they were scheduled to attend that evening. One member of staff said, "Most of the residents living here are happiest when they are busy and involved in things they enjoy." The provider had a dedicated vehicle for people living at the service. Most staff were able to drive the vehicle and people and staff told us it was used regularly to transport people to a range of different events and activities.

Monthly staff meeting minutes evidenced that detailed discussions took place regarding each person's individual support needs. Keyworkers provided updates on areas including people's health and health care appointments, conversations with people's family and people's new goals. Staff spoke confidently about people's personalities, support needs and possible triggers to raised anxiety levels. A staff member told us, "The majority of residents are very independent and some of the support needs are more subtle around emotional support." Staff had good knowledge of the strategies they used to de-escalate when there was conflict between people. A staff member told us the recent training in this area had been helpful in giving

them more confidence when supporting a person who could display behaviours that challenged. Daily care records provided clear detailed descriptors of people's activities, moods and behaviours. Staff told us these were useful for reference if they had been on a day off or on holiday.

People were involved in all aspects of the service; people were seen to be cooking, cleaning gardening and undertaking their own laundry. Daily household tasks were shared amongst people and were discussed at resident meetings. We saw one person check on the weekly planner what task they were scheduled to undertake that evening. Within some people's support plans there were pictures and images of household items which indicated these had been used as tools to discuss and prompt conversation at keyworker meetings.

People and their relatives had been asked for their opinions to determine their satisfaction with the level of the service provided. All results from people were positive. The registered manager acknowledged the number of responses received back from people's families was lower than expected and committed to explore alternatives to collect this such as email. However it was evident there was regular contact with people's families and people told us their family members visited regularly. One person said, "My mum and dad live near me so will come in for a cup of tea." We saw people were involved in making choices which impacted on the both the daily running of the service and one off events such as planning trips and holidays.

The PIR identified a complaints policy was available to people within the home. We found this was available in various formats, such as pictorially, to ensure its accessibility. People's support plans identified how, via peoples one to one 'talk time', staff covered the key information contained within the policy. At the time of our inspection there were no open or recent complaints.

## Is the service well-led?

### Our findings

Both people and staff spoke positively regarding the leadership at The Mariners. People knew the registered manager and assistant manager and felt both were approachable. There was an open and positive culture within the service, which focussed on people's needs.

The provider had established various quality assurance systems to ensure oversight of the service. For example the registered manager checked on the effectiveness of the service by the completion of a 'manager's monthly checklist'. Areas reviewed included care plans, medicines, housekeeping, and health and safety. The registered manager identified recent improvements they had made to this document to ensure it was clearer as to what specific checks had been completed as this audit was shared by both the registered manager and their assistant. They said, "This is still work in progress and I will be developed to make it clear as to what actions need to be taken when an issue is found." This meant it would be easier for the senior staff to have oversight of what issues they identified whilst undertaking these audits. The registered manager committed to continuing to improve the audit documentation to ensure there was increased consistency from whomever undertook the audit.

There were other routine assurance systems in place which support staff completed on a daily and weekly basis, these included infection control, health and safety and medicines. Staff told us the documentation they completed gave prompts for each day of the week identifying specific tasks requiring completion such as checking of first aid boxes and the service vehicle. A detailed annual health and safety review was completed by the provider facilities manager. The January 2016 audit reviewed fire safety, infection control and the procedures in the kitchen such as temperature checks. The audit provided clear action points with associated timelines. The service received annual visits from trustees who sat on the provider's board. The most recent trustee 'visit form' dated April 2016 identified how the service would benefit from the services of a gardener. Staff told us that a gardener had since been employed and had seen an improvement in the management of the outside space. This meant the provider had responded to feedback from their trustees.

The provider had established effective systems to ensure concerns related to the maintenance of the service were well managed. There were clear lines of accountability for both routine repairs and more significant works. Staff told us when equipment required repair or replacement this was undertaken in a timely manner. We noted a section of floor required replacing in a laundry area to ensure it was non-permeable, the registered manager confirmed they were aware of this requirement and provided confirmation of the scheduled date of replacement.

Regular staff meetings took place. Staff told us they provided an opportunity to raise and discuss issues which they considered important to the smooth running of the service. For example a staff member had sought clarification about what documentation people should take home with them whilst visiting family on overnight trips. Another staff member had used the meeting to request a volunteer to support with an aspect of medicine ordering. Minutes also evidenced meetings provided senior staff the chance to remind colleagues about key operational issues. Staff told us these meetings were useful and provided an opportunity to share ideas and provide each other with updates on individual people. Staff who were

unable to attend were provided with minutes of these meetings.

People and staff told us they felt included and very much part of the local community. One staff member said, "Having the tea rooms joined to us means there is a real strong link with locals." Another staff member said, "One of our residents has lived their whole life in Rye and so many locals will recognise them and stop for a chat." All staff told us the provider was able to offer a wide range of opportunities within the charity be that moving between services or into alternative supported living environment or take part in a range of life skills and activities.

The provider produced a regular newsletter and 'in-touch' magazine to keep people and staff informed about news and events that were happening within the organisation. The atmosphere within the service on the day of our inspection was open and inclusive. Staff worked according to people's preferred routines. Staff had access to policies and procedures within the office and online. These were reviewed and kept up to date by the provider's policy group.

The registered manager told us they were well supported by the provider's support services and their direct line manager. During our inspection we saw staff liaising with the provider's head office support function for updates, advice and guidance. The registered manager said, "When working for a larger organisation support is always available." They described the training and support events they had attended such as internal and external manager forums and workshops. Staff were positive about their roles, clear on their responsibilities and the lines of accountability. One staff member said, "I wouldn't want to work anywhere else, great place to work."