

Mr & Mrs H Emambocus

Marina Lodge

Inspection report

46 Victoria Avenue
Scarborough
North Yorkshire
YO11 2QT

Tel: 01723361262

Date of inspection visit:
10 November 2022

Date of publication:
19 December 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Marina Lodge is a residential care home providing personal care to younger adults with mental health needs. The service can support up to 11 people. At the time of this inspection there were 10 people living at the service.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Right Support

The service didn't always provide care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. External fire exits were blocked, there were insufficient bins to dispose of used PPE and a communal bathroom was not clean.

Staff supported people with their medicines in a way that promoted their independence. The use of as and when required medicines were not always appropriately recorded to include why it had been given and if it had been effective.

The service supported people to have the maximum possible choice, control and independence to promote control over their own lives. However, records did not evidence that people were encouraged to achieve their aspirations and goals.

Right Care

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had enough appropriately skilled staff to meet people's needs and keep them safe.

Staff assessed risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

Right Culture

The quality assurance processes in place were not effective and failed to identify and address shortfalls in a timely manner.

Best practice guidance was not always followed which impacted people's privacy and dignity.

Staff turnover was low, which supported people to receive consistent care from staff who knew them well. Safe recruitment processes were not always followed.

The provider worked well in partnership with other health and social care organisations, which helped to improve people's wellbeing. However, they were not actively involved in engagement groups or forums organised by the local authority which aim to improve care services in the local area and share best practice.

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

Rating at last inspection

The last rating for this service was good (published 29 November 2019).

Why we inspected

We received concerns in relation to the quality of care being provided and the providers oversight of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

Enforcement and Recommendations

We have identified breaches in relation to environmental risks, cleanliness, recruitment of staff and quality assurance processes at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Marina Lodge

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 Health and Social Care Act 2008.

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

This inspection was conducted by two inspectors.

Service and service type

Marina Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Marina Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person who used the service about their experience of the care provided. We spent some time observing and listening to staff interactions with people. We spoke with the registered manager and deputy manager.

We conducted a visual inspection of the building and looked at a wide variety of records. These included people's care and medicine records, monitoring documentation, staff files and audits used to monitor the service.

Following the inspection site visit we also contacted 2 relatives and 3 members of staff via telephone to request feedback on the service provided. We also contacted the fire authority to share the concerns found in relation to fire safety.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Staff did not always manage the safety of the living environment and equipment.
- Risks in relation to the environment had not always been identified. For example, rubble was blocking the external fire exit and heavy moss was present on the fire escape route which posed a risk to people in the event of an emergency evacuation.
- Environmental audits were either not effective or did not cover all areas of risk. For example, checks were not in place to ensure windows were appropriately restricted.
- Servicing checks were not always in place to ensure the service remained safe. For example, there had been no legionella water testing and a risk assessment was not in place.

Failure to ensure systems were in place to robustly assess risks relating to the health safety and welfare of people was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff assessed individual risks to people and where appropriate, staff encouraged and enabled people to take positive risks.

The provider took action during the inspection to remove the rubble blocking the emergency exit. Plans were in place to address the issue relating to legionella and checks of window restrictors.

Staffing and recruitment

- Safe recruitment processes were not in place and followed.
- Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Where DBS checks had highlighted previous convictions, thorough action had not been taken to ensure the applicant was of good character and suitable for working with vulnerable adults.
- Records in relation to recruitment lacked essential detail. Gaps in employment had not been explored and references had not always been requested from the applicant's previous employer.

Failure to implement and follow safe recruitment processes was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulations) Regulated Activities 2014.

- The service had enough staff, including one-to-one support for people to take part in activities and visits how and when they wanted. The registered manager adjusted staffing levels according to the needs of

people.

Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely. However, PPE was not disposed of appropriately and there were no clinical waste bins available in the service.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. Areas of the service, such as bathrooms and communal spaces were unhygienic and unclean.
- We were somewhat assured that the provider's infection prevention and control policy was up to date.
- We were somewhat assured that the provider was preventing visitors from catching and spreading infections.
- We were somewhat assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

We have also signposted the provider to resources to develop their approach.

Failure to operate effective infection, prevention and control to reduce the risk of spreading infections is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. However, records did not always provide sufficient information when people were administered 'when required' medicines. For example, records did not include why the medicine had been given and if it had been effective.

We recommend the provider considers current best practice guidance in relation to the management and recording of as and when required medicines and takes action to update their practice accordingly.

- Medicines were stored and administered safely.
- Staff had received appropriate training in medicine management and had their competencies in this area assessed.

Visiting in care homes

Visits to Marina Lodge were in line with government guidelines. No restrictions were in place.

Learning lessons when things go wrong

- Accidents and incidents were not always recorded. For example, when people had suffered a serious injury, appropriate accident forms had not been completed.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguarding people from the risk of abuse.
- The provider and registered manager were aware of local safeguarding processes and who to report any concerns to.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- People felt safe living at Marina Lodge. One person said, "I like it here. It is my home."

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager had the skills, knowledge and experience to perform their role, but they did not always have effective oversight of the services they managed.
- Governance processes were not always effective to hold staff to account, keep people safe, protect people's rights and provide good quality care and support.
- Audits that had been completed were not robust and did not cover all expected areas. For example, the care plan audit only checked to ensure documents were in place and not that they remained relevant and up to date.

Failure to operate effective systems and process to assess, monitor and improve the service was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Records in place did not reflect people's desired outcomes or goals and how these would be achieved.
- Best practice guidance was not always followed which impacted people's privacy and dignity. For example, food and fluid intake was monitored when there was no care or support needs in this area.

We recommend the provider considered current best practice guidance in relation to promoting privacy, dignity and empowering people and takes action to update their practice.

- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. A member of staff said, "We all work well together with the support of the provider."

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 provider agreed with the shortfalls found during inspection and took some immediate action to make improvements.
- The provider understood their responsibilities under the duty of candour. We identified one incident of a serious injury that had not been reported to CQC. The provider stated this was an oversight and action would be put in place to prevent reoccurrence.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider and registered manager were not actively involved in engagement groups or forums organised by the local authority which aim to improve care services in the local area.
- The provider sought feedback from people and those important to them and used the feedback to develop the service. Any actions taken as a result of feedback was shared with people.
- The provider contacted other professionals when needed and followed advice and guidance provided, which helped to improve people's wellbeing. Positive feedback from professionals was received. Comments included, "Staff are very helpful and know people really well. They report any issues or concerns in a timely manner."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure systems were in place to robustly assess risks relating to the health safety and welfare of people.</p> <p>The provider failed to operate effective infection, prevention and control to reduce the risk of spreading infections.</p> <p>12 (2)(a)(b)(d)(h)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to operate effective systems and process to assess, monitor and improve the service.</p> <p>17(1)(2)(a)(b)(c)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider failed to implement and follow safe recruitment processes.</p> <p>19(2)</p>