

AMA Generic Limited

Maranatha Residential Home

Inspection report

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19 April 2016

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 19 and 20 October 2015. During this visit we found three breaches of the regulations. We also issued a warning notice in retrospect of the concerns identified during our inspection and to evidence that the provider's monitoring systems had not identified these concerns before our inspection had taken place. At the previous inspection the provider had immediately complied with our warning notice.

Concerns raised included the provider's audit and governance systems, which were found not to be effective and had not highlighted the areas of concern that were found during the inspection. Although the service had some quality assurance systems and audits in place, these were not adequate as they did not identify the areas of concern regarding risks in the environment, people's deprivation of liberty, and complaints as part of this process. We also found that the service had not ensured that the premises and equipment used had been well maintained and kept safe. There were a number of issues raised around risks in the environment and also infection control.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches of regulation and also improvements they were to make with their quality assurance. We undertook a focused inspection on 19 April 2016 to check that they had followed their plan and to confirm that they now met legal requirements.

This report only covers our findings in relation to these requirements. You can read the report of our last comprehensive inspection by selecting the 'all reports' link for Maranatha Residential Home on our website at www.cqc.org.uk

Maranatha Residential Home offers both personal care and accommodation for up to 15 older people who may also have care needs associated with dementia care.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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 2008 and associated Regulations about how the service is run.

At our focused inspection on 16 April 2016, we found that since our last inspection, audit and governance systems had been put in place to support the management and running of the service. Improvements had been put in place with regard to quality assurance and to rectify concerns raised regarding risks in the environment, people's deprivation of liberty, and complaints management.

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.

The equipment and premises were consistently managed and maintained to a safe level and helped to keep people safe.

Is the service effective?

Good ●

This service was effective.

Staff had knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) had been followed.

Is the service responsive?

Good ●

This service was responsive.

People knew how to raise concerns and complaints and could be confident that these would be recorded and investigated.

Is the service well-led?

Good ●

This service was well-led.

Action had been taken to develop the service's quality assurance systems and these were seen to be effective.

Staff understood their role and were confident to question practice and report any concerns.

Maranatha Residential Home

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 undertook an unannounced focused inspection of Maranatha Residential Home on 19 April 2016.

The inspection was undertaken by one inspector.

Before the inspection, we looked at information that we had received about the service. This included information we received prior to the inspection, any concerns and notifications from the provider. Statutory notifications include information about important events, which the provider is required to send us by law.

During our visit we spoke with the registered manager and the responsible individual. We also spoke with four care staff on duty and the cook. Four people who received care and support were spoken with and the care within the service observed. We also looked at quality assurance records, audits, complaints records and completed a tour of the building to check for risks relating to the environment and equipment.

Is the service safe?

Our findings

During our comprehensive inspection of the service on the 19 and 20 October 2015, we found a breach in the regulations. This was due to the provider not ensuring that people were protected from the risk of harm because the premises and equipment were not being safely maintained. An action plan was submitted by the provider to show how they were going to meet the breach in regulations and achieve compliance.

This visit was to check against the plan of action for compliance.

During this inspection we found the service had been proactive in ensuring the action plan had been fully implemented and compliance achieved.

The registered manager had now produced a file which contained copies of safety certificates for the service relating to gas, electricity, the passenger lift and fire appliances. Information was easy to find and safety checks were in place to help keep people safe. Since our last inspection the registered manager had also implemented a check list which had been completed each week to look at the environment and ensure the fixtures and fittings within the service were safe and in good order. These had been completed regularly and where issues had been raised, these had been placed in the maintenance book and dated when action completed. Fire systems, hoists and the nurse call system had all been regularly checked to ensure they were safe and well maintained to ensure peoples' and others safety. The service had risk assessments in place in relation to the general premises and environment. Water temperatures were now being regularly checked and were found to be within the recommended safety temperatures.

The service was odour free and cleaner since our last inspection and many of the carpets in people's bedrooms had been replaced. The service had also purchased a carpet cleaner which enabled staff to 'deep clean' carpets as and when required.

Concerns were identified at the last inspection around a bathing hoist which was rusty and in need of repair. The bathing seat had lost its plastic coating and was no longer protected and this raised concerns around infection control. During this visit we found the registered manager had arranged for the bath seat to be replaced and this was now safe and met infection control requirements. It was noted that frames around the toilets and raised toilet seats had also been replaced and were now clean and safe.

The registered manager had produced an infection control audit and this had been completed quarterly. This clearly identified who was responsible for infection control within the service and also checked staff's training and understanding. Where concerns had been raised within the audit an action plan had been produced and updated as work carried out. Staff confirmed they had received training on infection control and had access to disposable gloves and aprons. It was noted that bathrooms and toilets had access to paper hand towels, liquid soap and bins with lids to assist with infection control.

At our last visit we found that oxygen cylinders had not been not clearly identified with safety signs and information. During this visit we found that this was clearly labelled on the person's door and assisted in

keeping people safe.

A new fire door had been fitted to the rear of the service to ensure that the provider's fire procedures were safe. This had an alarm fitted so staff were aware when it had been opened and would assist with keeping people safe. Fire risk assessments had also been put in place for a safe route for people if they had to gain access from the garden to the front of the building. The registered manager advised that they were going to change the layout of the garden so that people could enjoy this and have easier access.

The last environmental health inspection of the service's kitchen had been given a food hygiene rating of three stars, which meant it had been rated as 'generally satisfactory.' During our last inspection we found out of date food and bottles, and jars that had not been dated or labelled when opened; so people would not be aware when the contents had passed their 'best' or 'use by' date. Since our last inspection the registered manager had introduced regular checks on the kitchen to ensure good food hygiene was upheld. During this inspection the kitchen looked cleaner and the registered manager advised they intend to do more work which included replacing one section of the kitchen due to the cupboards and sink needing some maintenance. This would also improve infection control.

Is the service effective?

Our findings

During our comprehensive inspection of the service on the 19 and 20 October 2015, we found a breach in the regulations. This was due to the provider not ensuring that Deprivation of Liberty (DoLs) assessments had been requested for those who needed them. Furthermore, the 'do not attempt resuscitation forms' (DNARs) in place had not been reviewed when people's health had improved. An action plan was submitted by the provider to show how they were going to meet the breach in regulations and achieve compliance.

This visit was to check against the plan of action for compliance.

During this inspection we found the service had been proactive in ensuring the action plan had been fully implemented.

The service had policies and procedures on the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff had received further training and now had a better understanding with regard to when mental capacity assessments should be completed. Files seen had documentation to show 'best interest decisions' had been made. The registered manager was aware of their responsibilities regarding DoLS and had raised referrals with the local authority when they had identified that people may be having their liberty deprived, and an assessment was required. Staff spoken with stated they now, "Had a better understanding of keeping people safe" and, "They needed to protect people's choices and rights."

During our last inspection two people were identified as having a 'do not attempt resuscitation' (DNAR) forms in place and the information was not up to date or correct. Since that inspection the registered manager had reviewed each person's document and involved their family, the person in question and other health care professional to ensure the information was up to date and correct. The registered manager had also introduced a system so staff could easily identify which people had DNAR's in place, and also other relevant health care information appropriate to their care.

The service had systems in place to show that people had been approached in relation to giving consent to receiving care and support. Documentation seen showed that people had where possible signed to say they agreed with the care to be provided.

Is the service responsive?

Our findings

During our comprehensive inspection of the service on the 19 and 20 October 2015, we found a breach in the regulations. This was due to the provider not having an effective and accessible system for identifying, receiving, recording, handling and responding to complaints. People could not be sure that their complaints would be listened to and that the service would learn from complaints they had received. An action plan was submitted by the provider to show how they were going to meet the breach in regulations and achieve compliance.

This visit was to check against the plan of action for compliance.

During this inspection we found the service had been proactive in ensuring the action plan had been fully implemented. The complaints procedure was clearly displayed in the foyer and the notice board within the service. This included details of who to contact if people had any concerns and also the contact details of the local authority and the CQC if they needed to contact other professional organisations.

The service's complaint file was viewed. This had documentation to show that complaints had been effectively recorded and included information on how they had been investigated and resolved. The registered manager had introduced a complaint log which provided a quick overview of complaints received and enabled the registered manager to look for any trends or patterns in any complaints or concerns received.

The registered manager had also introduced a 'suggestion box' in the hallway of the service for people to use if they wanted to feedback on any issues, either positive or negative. People spoken with stated that they were aware they could raise complaints and that they had always found the registered manager to be approachable.

Since our last inspection CQC had received four anonymous concerns around the paperwork and running of the service. When these had been brought to the registered manager's attention they had been pro-active and to ensure these issues were fully investigated to evidence the detail of the concerns raised, investigation undertaken and actions taken. This meant that people could now be confident that their complaints would be listened to, taken seriously and appropriate action taken.

Since our last inspection the daily activities had been developed further and included local outings. The activities arranged could be found listed on the notice board near the lounge. These included dominoes, puzzles, cards, music, exercise and family visits. Each lounge had a television and most people were observed during the day watching films or drama programmes. The registered manager had started to arrange small outings to the local shops, to the park to feed the ducks and also going out for a meal at a local pub. One person stated they had, "Enjoyed feeding the ducks and would like to go out on more day trips." On discussion with the registered manager we were advised that activities were an area that they wanted to develop further.

During our inspection it was easy to see that the people had good relationships with the staff and received personalised care. There were general conversations and laughter during our visit and people looked relaxed around the staff. People were dressed appropriately for the time of year. Many of the ladies were also wearing bracelets and necklaces and their hair was well groomed. The staff knew the people they cared for very well and knew how people would like to be cared for. There was a homely atmosphere and people were complimentary regarding the staff and living at the service. Feedback received by the service included, "Staff are enthusiastic and patient with the residents. They are all very helpful and likeable."

Is the service well-led?

Our findings

At our comprehensive inspection of the service on the 19 and 20 October 2015, we found a breach in the regulations. This was due to the provider not having an effective system for assessing, monitoring and improving the quality and safety of the service. We also issued a warning notice in relation to the provider not assessing, monitoring and mitigating the risks relating to the health, safety and welfare of people using the service and others who may be at risk. Many of the areas highlighted during the inspection were actioned on the day by the provider and the risks reduced. The warning notice issued to the service was in retrospect of the concerns identified during our inspection and to evidence that the provider's monitoring systems had not identified these concerns before our inspection had taken place.

An action plan was submitted by the provider to show how they were going to meet the breach in regulations.

This visit was to check against the plan of action for compliance.

During this inspection we found the registered manager had listened to the issues raised and been proactive in ensuring the action plan and warning notice had been fully implemented and complied with.

The service had employed an external consultant to assist with introducing systems and processes to help monitor and improve the quality and safety of the service. The consultant visited the service on a three monthly basis to assist the registered manager in monitoring the service. Clear quality audits had been routinely completed since our last inspection and included the environment, equipment, infection control, medication and care management. The audits completed had ensured the environment and equipment was safe, and where issues had been raised these had been recorded and dated when action had been taken. The registered manager had information easily assessable and was able to show the improvements within the service since our last inspection. There was a clear system for monitoring the service and identified timespans when these should be completed.

The registered manager had an 'open door' to the office if people needed to speak with them. Feedback from staff included, "It is so much better, things have improved here. The manager has worked really hard" and, "We have new systems in place and the manager gets things done." Staff were observed working well together as a team and people received good care. Staff told us that morale was very good and they felt supported by the management team and guidance and assistance was available when needed. Many of the staff had worked at the service for some time and this meant that people living at the service benefitted from a cohesive staff team, who worked together to deliver good care. Staff stated they felt they were able to express their views and felt listened to. Staff feedback included, "We all work well as a team" and, "Everything is better. We are happy and work well as a team. [Manager's name] is very good and helps when needed."

Systems were now in place that provided the management team the opportunity to listen to people, their relatives and staff and to use this in a constructive and motivating way. Regular questionnaires and

meetings were now organised and feedback from these were used to further develop the service. The registered manager advised that they aimed to have a BBQ in the summer for relatives to attend, so everyone could socialise together. Feedback the service had received included, "The family are pleased the way [person's name] is looked after. She is always well fed, clean, warm and comforted" and, "The standard of care is very good and my mother thinks she is in a hotel/guest house a lot of the time."

The service had clear aims and objectives and also a 'philosophy of care', which included dignity, independence and choice. The ethos of the service was made clear to people through the service's aims and objectives and staff had a good understanding of the standards and values that people should expect. The management team were very 'hands on,' but the registered manager had now allocated specific time to manage the service. They added they had found this useful as it ensured the day to day audits and monitoring was now completed on a regular basis and they had seen the improvements in the service.