

## Century Healthcare Limited

# Mariners Court Care Home

### Inspection report

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Date of inspection visit:  
11 September 2019  
16 September 2019

Date of publication:  
19 November 2019

### 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

### About the service

Mariner's Court Care Home is a residential care home, providing personal and nursing care to up to 26 older people. At the time of the inspection, the service was supporting 23 people who were living with dementia. The service is an adapted three storey building on the promenade at Fleetwood, with lift access to all floors.

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

Staff managed people's medicines well and kept the home clean and tidy. Staff managed risks well and had plans to follow in case of emergencies. The service had systems to protect people from the risk of abuse and improper treatment.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service met people's nutritional needs and worked with them to make sure food provision also reflected their preferences. Staff supported people with their healthcare needs and worked well with external healthcare professionals. People were cared for by staff who were well supported and had the right skills and knowledge to meet their needs effectively, following good practice guidance.

People were treated well, with kindness and compassion by staff who respected their privacy and dignity and promoted inclusion.

The service put people at the heart of the care they received. Staff used detailed assessments to identify people's needs and preferences and worked to ensure people were happy with the care they received. The service made sure people were supported to communicate and planned activities to enhance people's wellbeing.

The service was led by a registered manager who was described as approachable, well-organised and caring. The culture at the service was open and inclusive. Staff understood their roles and responsibilities. The provider monitored the quality of the service using a range of systems.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)  
Rating at last inspection The last rating for this service was good (published 15 March 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Mariners Court Care 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.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Mariner's Court Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 all the information we had received about the service and previous inspection reports. We spoke with the local authority to gain feedback about their experience of working with the service. 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. We used all this information to plan our inspection.

#### During the inspection

We observed interactions between people who lived at the home and . We looked around the building to

make sure it was clean and safe. We spoke with four people's relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, managing director, operations manager, care staff, domestic staff, and the chef.

We reviewed a range of records. This included five people's care records and multiple medicines records. We reviewed a variety of records related to the management of the service, including policies and procedures, maintenance records and checks on the quality and safety of the service.

After the inspection

We continued to seek clarification from the provider to corroborate evidence we had found and received information from the operations manager about staff training data. We spoke with a healthcare professional over the telephone to gain feedback about their experiences of working with the service.

# 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.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Relatives we spoke with told us they felt their loved ones were safe. Comments we received included, "Oh yes, [family member] is safe there." And, "[Family member] is safe, we've had no problems at all."
- The provider had systems to record, report and analyse any allegations of abuse. Staff had received training to recognise abuse and knew what action to take to keep people safe, including reporting any allegations to external agencies.

Assessing risk, safety monitoring and management

- Staff managed risks to people's safety well. They thoroughly assessed and regularly reviewed risks to people, to manage any identified risks and keep people safe from avoidable harm. Staff were familiar with people's individual risk management plans.
- The provider ensured the environment and equipment were safe. We saw the premises were suitably maintained. The registered manager ensured equipment was inspected and serviced when it needed to be and had plans to keep people safe in the event of an emergency.

Staffing and recruitment

- The service was staffed sufficiently. People's relatives told us there were always enough staff on duty. One said, "There are always enough staff, usually three or four around when I visit." Staff told us they felt there were enough staff deployed to meet people's needs and to keep them safe.
- The registered manager followed safe recruitment practices and kept all the records, as required by law. Staff and managers we spoke with confirmed the recruitment process remained the same as at the last inspection.

Using medicines safely

- Medicines were managed safely and properly. People received their medicines when they should. Only staff who had been trained, and had their competence assessed, administered people's medicines. Where people were prescribed medicines for use 'when required', staff produced written instructions and information about how and when these medicines could be given to people, to ensure they were used safely.

Preventing and controlling infection

- People were protected against the risk of infection. Staff received training related to infection prevention and control and followed good practice in their work. We observed staff wearing personal protective equipment, such as disposable gloves and aprons, to help protect people. Relatives we spoke with

commented on how the home was always clean and tidy. One said, "It's always clean, [family member]'s bedroom is always tidy, and the bed is made." Another told us, "I like how clean it is, there are never any smells."

#### Learning lessons when things go wrong

- The registered manager used a process to learn and make improvements when something went wrong. Staff recorded accidents and incidents, which the registered manager reviewed on a regular basis to identify any trends, themes and areas for improvement. The registered manager also shared details with the operations manager for analysis. They shared any lessons learned with the staff team, to reduce the risk of similar incidents happening again and improve the safety of the service.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager used recognised tools to assess people's needs and referenced good practice guidance and legislation. This helped to ensure people received effective and appropriate care which met their needs and protected their rights. A relative commented, "They look after [family member] very well. He settled immediately and has never wanted to come home."
- Staff assessed people's needs regularly and involved them, or others acting on their behalf, in care planning to ensure their choices and preferences were considered and their needs were met effectively. Staff gathered information from the person, those that knew them well and professionals involved in their care to create written plans of care for staff to follow. Staff knew people's individual needs and preferences well which helped them provide effective care.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and had completed training which gave them the skills they needed to carry out their role effectively. People's relatives and external professionals all gave us positive feedback about how staff supported people. Comments included, "They look after [family member] very well and they looked after [another family member] brilliantly too." And, "Staff all know what they're doing."
- Staff were well supported by senior staff and the registered manager. Staff told us they felt supported through day to day contact, regular supervision and annual appraisals of their performance. Staff had opportunity to discuss any concerns, issues, work performance and development with the registered manager.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to ensure they received a balanced diet and sufficient fluids to maintain their health. They assessed people's nutritional needs and sought professional guidance where people were at risk, for example of malnutrition or difficulties with swallowing. We saw professional guidance was used in care planning to help ensure people's nutritional needs were met effectively.
- The mealtime experience was pleasant, and people's individual needs were met. We saw people were well supported by staff when needed. The food looked and smelled appetising. The chef prepared meals from fresh ingredients each day, including home-made cakes and biscuits. We saw the chef had prepared foods for people who required special diets in an appealing way. For example, they prepared biscuits which were softened and could be eaten with a spoon, but still looked appealing. This meant people who needed a softer diet could still have foods they enjoyed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Staff worked with healthcare professionals to ensure people's healthcare needs were met effectively and consistently. We saw the service worked closely with services such as people's GPs and specialists. Staff incorporated professional guidance into people's care plans.
- The service supported people to live healthier lives with guidance around healthy eating, exercise provision and access to healthcare services.

Adapting service, design, decoration to meet people's needs

- The service was adapted to be safe, accessible, comfortable and homely. Corridors were wide enough to accommodate people who used a wheelchair and lift access was available on all floors. Communal areas provided space for people to relax and were homely in character. The provider ensured the premises were maintained. A relative commented, "It's such a bright place, [family member] loves it."
- The registered manager had considered best practice guidance around environments for people living with dementia and provided some signage to help people to find bathroom and toilet facilities. They had also decorated corridors leading to bedrooms, so they were bright and colourful. Each bedroom door was made up to look like the front door to the person's home, complete with letterboxes and hanging baskets. They had used local place names and pictures of the locality around the home, to provide conversation pieces and to stimulate memories for people who lived at the home.

Ensuring consent to care and treatment in line with law and guidance

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 Act 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 MCA.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff assessed people's capacity to consent to and make decisions about their care. Where people lacked capacity, staff followed the MCA code of practice to ensure any decisions made on their behalf were in their best interests. Staff continued to offer people as much choice and control as possible over their care. The registered manager sought legal authorisation where people were subject to any restrictions for their safety. Where DoLS authorisations were granted, we saw the service ensured any conditions were met.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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 supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with respect, compassion and kindness, by staff who promoted equality and valued diversity. Staff received training which covered equality and diversity and the importance of valuing people's individual backgrounds, cultures and life experiences. We received positive comments from people's relatives about the approach of the staff team. One told us, "They care about them all. They really do." Another said, "They're all kind, caring and approachable. The way they talk to people is very good. They're very patient."

Supporting people to express their views and be involved in making decisions about their care

- Staff involved people, as far as possible, in decisions about their care and how the service was run and invited people to share their views. People who lived at the home were living with dementia in various stages. This often made it very difficult for staff to obtain their views in detail. Where people were unable to express their views, staff involved people who knew them well, or involved independent advocates, to ensure decisions were made in their best interests.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and offered compassionate support. One person became confused. Staff offered the person a lot of reassurance and engaged with them in a positive and caring way, to help calm the person. It was clear staff knew people very well and were very patient and compassionate when helping people who could become agitated. Relatives we spoke with told us staff dealt very well with some very challenging circumstances. One commented, "They do a tremendous job in difficult circumstances. I can't say a wrong word about them, they've been fantastic."
- Staff respected people's privacy. People shared communal areas in their home but also had private bedrooms. We observed staff knocked on people's doors and identified themselves before entering.
- The service protected people's private information. Information was stored securely and was not left visible, for example on desks or noticeboards.
- Staff promoted people's independence as far as possible. Staff supported people to make choices and to do what they could for themselves. For example, prompting people to support them with personal care or eating, rather than taking over and doing the task for them.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support which was personalised to them. Staff assessed people's needs and recorded their preferences in relation to health and social needs when they first moved into the home. Staff involved people and, where appropriate, others acting on their behalf, in regular reviews to ensure planned care continued to meet their needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service met people's communication needs. Staff assessed people's communication needs and recorded this information as part of the initial assessment and care planning process. Staff described how they supported people to communicate. Information about people's communication needs was shared with other services when appropriate, for example, if someone needed to attend hospital.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were provided with and supported to participate in activities to help maintain their social health. We saw staff supported people with activities in the home, such as exercises, quizzes, baking, arts and crafts and trips out to local attractions. A local primary school visited each week. People had 'buddies' from the group of children who visited. They would sit and read together and exchange gifts at Christmas. This helped people to maintain a link with the local community and younger people.

- People were supported to maintain relationships with those close to them. Staff supported people to call relatives on the telephone and relatives we spoke with told us there were no restrictions on when they were able to visit.

Improving care quality in response to complaints or concerns

- The provider had processes to ensure complaints were dealt with properly. The service had received no complaints since the last inspection. The provider's processes treated any concerns or complaints as an opportunity to learn and to improve the service.

- Relatives and staff all told us they would have no hesitation in speaking with the registered manager if they had a concern or complaint. They were confident any issues would be resolved swiftly. One relative told us, "They talk to me if there's a problem or they can see a problem developing. I've no complaints, but I'm

sure I could make a complaint and it would be resolved."

#### End of life care and support

- The service had processes to support people to have a dignified and pain-free death. At the time of our inspection, the service was supporting one person at the end of their life. The registered manager ensured all relevant support was available to ensure people received the necessary support to remain in their own home.
- The service followed best practice guidance in relation to planning end of life care. The registered manager had recorded people's end of life decisions and had links with appropriate external professionals. People's preferences and spiritual needs were recorded.

# 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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager had created a culture that was open, inclusive and put people at the heart of the service. Staff ensured people's needs were met through ongoing review of their care and referenced current legislation and best practice guidance to achieve good outcomes for people. One relative told us, "I would recommend it. They treat [family member] very well. They do everything she needs, and they do it well. They're fantastic."

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 had a policy and procedure which provided guidance around the duty of candour responsibility if something was to go wrong. The registered manager knew how to share information with relevant parties, when necessary.

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

- The management team understood their legal obligations, including conditions of CQC registration and those of other organisations. We found the service was well-organised, with clear lines of responsibility and accountability.
- The registered manager and staff were experienced, knowledgeable and familiar with the needs of people they supported. Staff were enthusiastic about their working roles. All staff had a clear understanding of their job roles and how to provide high-quality care. A relative commented, "I've nothing but praise for all the staff. They are doing a grand job."

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

- The service engaged with people, others acting on their behalf and staff in an inclusive way. The registered manager used face to face meetings, and satisfaction questionnaires to gain feedback about the service.
- The registered manager continually engaged with staff. Staff meetings were held, along with individual meetings with the manager. The provider also used a staff satisfaction survey to encourage feedback from staff about how the service was performing.

Continuous learning and improving care

- The provider used a variety of method to assess, monitor and improve the quality of the service provided. We saw they used audits, feedback from people and relatives, staff and healthcare professionals to identify areas for improvement. Where improvements could be made, the registered manager consulted people and their relatives, so they were involved in shaping how the service developed.

#### Working in partnership with others

- The service worked in partnership with a range of healthcare professionals and local schools. This helped to ensure people's needs continued to be met and their wellbeing enhanced. Healthcare professionals gave us very positive feedback about how the service worked with them to achieve good outcomes for people.