

# Mr & Mrs H Emambocus

## Marina Lodge

### 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 

#### Overall summary

This inspection was carried out on 25 November 2014 and was unannounced. At our last visit to Marina Lodge in September 2013 we did not ask for any improvements to be made.

Marina Lodge provides accommodation and personal care for up to 8 younger adults with mental health conditions in single room accommodation. The property had no garden but was situated within walking distance to public gardens. There was on road parking and a small outdoor space.

There was a registered manager at this service who had been registered since 2011 with the Care Quality Commission. 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 and associated Regulations about how the service is run.

The service was safe and people said that they felt safe.

# Summary of findings

Staff were recruited safely with appropriate checks carried out to ensure staff were suitable to work in a care setting.

Staff knew how to alert the appropriate person if necessary. Staff had been trained to meet the needs of people who used this service. They were supported by the registered manager and received regular supervision.

We saw that staff were caring and spoke respectfully to people.

People who used the service knew how to make a complaint or raise concerns. They attended meetings with the registered manager where they could discuss any matters that they wished.

There was an effective quality assurance system in place at this service.

# Summary of findings

## 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 safe and people told us that they felt safe living at Marina Lodge.

Safe recruitment practices were followed to ensure that people were suitable to work at this setting.

Staff were aware of how to recognise and report any abuse. They had been trained in safeguarding.

Good



### Is the service effective?

Staff had received appropriate training to enable them to care for people at this service.

They were supported through supervision by senior staff.

The service cared for people at this service in line with the principles of the Mental Capacity Act 2005 and Mental Health Act

Good



### Is the service caring?

The service was caring. Staff were respectful towards people who used the service.

People told us that staff were like a family

People were able to access advocacy services if they needed to.

Good



### Is the service responsive?

This service was responsive. Care plans focussed on a person's needs.

People who used the service knew how to make a complaint or raise concerns.

Good



### Is the service well-led?

The service was well led and was focussed on continual improvements.

There was an effective quality assurance system in place.

Plans were in place for emergencies such as a fire.

Good



# Marina Lodge

## 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.

This inspection took place on 25 November 2014 and was unannounced.

The inspection team was made up of one inspector and a specialist advisor in mental health. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key

information about the service, what the service does well and improvements they plan to make. We used this information to help us plan this inspection. We also looked at notifications and other information we held about this service.

We spoke with five people who used the service, one member of staff, the providers, one of whom was the registered manager and one relative. We looked at six care and support plans and medication administration records, observed a lunchtime period and medicines being administered as well as inspecting documents relating to the running of the service.

We spoke to the local authority commissioners about this service and they told us that they had no current concerns.

# Is the service safe?

## Our findings

We found this service to be safe. We found this service was safe. People who used the service told us that they felt safe living at Marina Lodge.

We looked at care plans of people who used the service and saw that risks had been identified but there were no clear actions noted to assist staff in managing those risks. For instance we saw that one person had started to take medication for a medical condition but there was no clear action plan to inform staff what to do in case of changes in condition in the persons care plan but we did see that there were some instructions in the daily notes for this person. We discussed this with the registered manager who was confident that staff would know what to do using the information available to them.

The home was well maintained and safety checks had been carried out to ensure that people who used the service were living in a safe environment. On each floor of the home there was an emergency call press button alert system that was in good working order. We tested the system and staff responded in good time to the alert.

The registered manager told us that staff did not engage in any restraint procedures at this service following good practice guidelines. If the staff were concerned and needed assistance they told us that they would call the police. We were told by the registered manager and saw from the training records that staff had been trained in verbal de-escalation techniques. Staff were able to describe how they would deal with and report any incidents in detail showing that they would be able to manage incidents.

The registered manager told us that the staff had access to a crisis team who provided advice and guidance but that this was not always effective as response times could be slow. The registered manager or their deputy provided an on call service for the staff so that they could access assistance at any time. This meant that staff always had access to support.

Safe recruitment practices were followed. We examined staff recruitment files and saw that appropriate checks had been made to determine whether or not people were suitable to work at this service. People had been checked through the Disclosure and Barring service to check if they had a criminal record and had two references to check their suitability to work in a care setting.

We observed medicines being administered safely and in line with good practice guidelines. Medicine administration records were completed correctly. We saw evidence that weekly medicine audits had been undertaken which recorded all the medication entering this service.

We saw records of incidents and accidents with associated actions but these had not been analysed and trends identified. The registered manager had not demonstrated that lessons had been learned from these incidents.

We saw from records that staff had been trained in safeguarding. The registered manager knew how to make an alert and two safeguarding alerts had been made to the local authority in the last twelve months. Neither of these had been substantiated and we saw records of how the registered manager had taken appropriate action and used the incident as a learning exercise for staff.

# Is the service effective?

## Our findings

This service was effective. Staff employed at this service received training in mandatory subjects such as health and safety, fire safety, equality and diversity, food safety and safeguarding adults. When we looked at staff training records we saw that people who used the service were supported by staff that had also done specific training in subjects such as Mental Capacity Act (MCA) 2005 and Deprivation of Liberty safeguards (DoLs), challenging behaviour and mental health. This meant that people who lived at this service were supported by staff who had been trained appropriately.

We saw from records that staff received regular supervision from a senior member of staff. This gave them the opportunity to discuss work related matters and share information in a one to one meeting. We saw that people had received supervision in line with the services policy which was every two months.

We observed staff supporting people at this service and saw that the service met people's needs. One person told us that the care provided at this service was very structured. They said, "This is helpful as life can be very difficult."

When we looked at care records we saw that people who used the service had signed the care plan to say they agreed with the content. When we read the care plans we saw that people who used the service had access to healthcare professionals. For instance one person took medication that required monitoring so they attended a clinic monthly and another person had seen their GP recently at the surgery.

We saw that Community Treatment orders (CTO) were in evidence in some people's files. These are orders issued by the responsible physician, usually a psychiatrist, when someone has been previously admitted to hospital under the Mental Health Act. The order means that they can live supervised in the community but it safeguards the person because if the person became ill they would then be admitted back to hospital.

We saw that the correct documentation was in place in relation to the CTO's. We also saw that one person had exercised their right to appeal against the order. People's rights were protected under the Mental Health Act.

There was no one at the service who was unable to make their own decisions as defined in the Mental Capacity Act 2005. The registered manager was aware of how to apply to make an application to deprive a person of their liberty but had not had to do so.

People who used the service were able to go out whenever they wished to. Staff told us that they undertook an informal risk assessment of residents wishing to go out and asked people who used the service to provide some information on times of return, who they were meeting, and contact details. This provided some support to people as some people were subject to differing levels of supervision under a CTO and there had been occasions in the past when a person had not returned to the service.

We observed people who used the service making drinks throughout the day and we observed a lunchtime period and saw that people were given sufficient time to eat. The four weekly menus were varied and we saw that people who used the service enjoyed the food. They were able to tell us what was for lunch that day and one person told us, "The food is good".

People sat in a dining room to eat at one large table. The table was set by one of the people who used the service with condiments. People went to the kitchen to choose their food and brought their own lunch to the table which gave people some independence at meal times. There was a family feel to the meal time. The meal was unrushed and people were given time to enjoy their food.

There was no organised programme of activities. People dictated what activities they took part in as part of their daily lives. For instance we met one person who used the service as we arrived who was on their way to orchestra practice. They told us that they were a musician and attended a course on music at the local college.

Another person told us that they enjoyed art. They and a friend painted together every week maintaining their friendship. There was a games area with a snooker table which we saw people using. There was also a lounge area with TV and appropriate activities available for the people who used the service. One person told us, "I can do whatever I like in my room" and we saw that they had a computer which they used to mix music tracks. People were able to maintain their interests at this service.

# Is the service caring?

## Our findings

The service was caring. Staff were kind and treated people respectfully and it was clear that people who used the service and staff had a good rapport. Humour was used by staff to engage with people.

People who used the service told us that the staff were, “Like a family” and “They cannot do enough for you.”

We saw that people who used the service mattered to staff. Staff listened to people. We saw that staff knocked on bedroom doors before entering the bedrooms of people who used the service maintaining people’s privacy.

We saw from people’s care plans that they were encouraged to maintain relationships. One person who used the service told us, “My friend visits every week and we paint together.” This friend visited on the day of our inspection and told us, “I feel welcomed at this home.”

We saw that advocacy services were available to people through links with their care co-ordinator.

Some people chose to go out and did so at will. Staff told us that they carried out an informal risk assessment whenever people went out asking the person who used the service where they were going and what time they would return. This was necessary for some people who were subject to some supervision under the CTO to ensure their safety.

Meetings were held with people who used the service at the service in order for them to express their feelings, wishes and opinions. The agenda was set by the registered manager but people brought items to the registered manager’s attention for discussion. Staff meetings were also held regularly. We saw that all meetings had been recorded. From the records of the meetings we could see that the registered manager used the staff meetings as a means of sharing information and providing learning for staff.

# Is the service responsive?

## Our findings

We looked at people's care and support records and saw that they had been signed by the person who used the service to show they agreed with the planned care. We also saw that each person had a care coordinator or mental health worker who reviewed the persons care regularly along with the staff at Marina Lodge.

There were personal and medical histories in peoples care and support files which gave staff information to help them support people at this service. We could see that the care plans were personalised but did not always reflect the hopes and aspirations of the person who used the service. One person told us "The thing the home do not do well is that they do not help enough with work. I am worried I am this age now and have not worked." We spoke with the registered manager about this and they said that they provide support to people but not rehabilitation which meant that the service did not focus on recovery.

The providers, one of whom was the registered manager, were registered mental health nurses and so were able through their knowledge and training to make sure that people received appropriate care that met good practice guidelines for people with a mental health condition. We

saw from people's records that local community mental health services gave advice and guidance to people who used the service and staff at this service and people who used the service had regular involvement with community mental health services.

We observed when we visited people's rooms that they reflected people's interests. For instance one person had a lot of music DVD's and they told us that they loved music.

We also saw that people who used the service went out separately or as a group for meals or other activities. People who used the service told us that they had recently been on a trip to Hull as a group and had a meal which they had enjoyed.

There was a policy and procedure for people who used the service to use if they wished to raise concerns. This was displayed in the entrance hall of the service. There had been one complaint received within the last twelve months and this had been dealt with appropriately and according to the complaints procedure of this service. Twenty written compliments had been received by the service over the last twelve months. We were able to read some of these comments as a comments book was available for people who lived at or visited the service to complete in the entrance hall.



# Is the service well-led?

## Our findings

This service was well led. We saw from records that this service's culture and values were reinforced constantly at this service through discussion, supervision and staff behaviours. This meant that people who used the service could be confident that the registered manager and staff were building an open culture where people who used the service were able to air their views

All the staff were clear about how to report concerns and said they felt happy to do so. They told us that the registered manager was approachable and one person said, "They are very good."

The staff told us that they felt supported and enjoyed their work. Records showed that all staff received regular supervision. This meant that staff were clear about what was meant by good practice and this would in turn have a beneficial effect on people.

The registered manager had sent out questionnaires recently to visiting professionals and we saw that there had been a good response with positive comments from medical and mental health professionals. The results showed that visiting professionals were satisfied with this service.

There was a clear management structure at Marina Lodge. The staff we spoke with were aware of the roles of the management team and they told us that the registered manager had a hands on approach and was a regular

presence in the service. This was a family run service and one of the providers was the registered manager for this service. During our inspection we spoke with the registered manager and throughout the day both of the providers were able to answer all our questions about the people who used the service

The registered manager carried out quality audits every month. We saw audits had been completed for the environment, medicines and care plans. Where any failures were identified actions were set. These were recorded. The registered manager demonstrated that they were committed to continuous development and improvement of the service.

Records we looked at showed that staff recorded incidents that happened at the service. The registered manager told us that accidents and incidents were all reported and recorded. We did not see any analysis of these incidents.

We saw emergency contingency plans were in place. We saw that there was a fire risk assessment and plan for fire issues and staff were aware of the plans. Safety checks of fire safety equipment and other mains services had been carried out recently and were all up to date.

The registered manager actively sought advice and guidance from other professionals. For example they had sought support from mental health crisis team when needed. They worked with healthcare and mental health professionals in order to reach positive outcomes for the people who used the service.