

# Canterbury Oast Trust

# The Mariners

## Inspection report

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Date of inspection visit:  
30 April 2019

Date of publication:  
31 May 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?	Requires Improvement ●

# Summary of findings

## Overall summary

About the service: The Mariners is a residential care home providing personal care and accommodation for 10 people aged 18-65 with learning disabilities/and or autism. The service was full at the time of inspection. Accommodation is provided over several floors in a period property on the main high street. For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

People's experience of using this service:

Peoples experience of using the service remained good. People spoke positively about the opportunities they had to do things for themselves, try out new things and the support they receive from staff to enable them to take more control of their lives. A relative told us that they were very happy with the way their relative, who usually took time to adapt to change, had in fact settled quickly and was "really happy", they found staff very supportive and they and other relatives said they were kept informed and involved. A visiting care manager undertaking a review of the care of someone at the service told us that they were very satisfied with the support the person was receiving and had no concerns at all.

The premises is a period building and as such there are limitations and restrictions on what can be done to modernise it. This aside, décor in communal areas is very tired and carpeting in communal areas needs updating. Peoples bedrooms however are personalised and decorated to their own specific preferences. The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. This ensured that people could live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

The registered manager provides continuity and consistency of leadership in the way the service is managed and developed, this had enabled trusted relationships to build between people and the registered manager. Staff felt well supported and received regular supervision and appraisal from their line manager. A trustee visit happens annually and a report of this was available to view. There is however, a lack of evidence of regular formal quality assurance oversight from the provider representative and how they could evidence their assurance that people received a safe and appropriate service for their needs. This is an area for improvement.

Staff encouraged positive risk taking for people to enable them to live as ordinary a life as possible. People were independent in most areas of their daily support and staffing levels reflected this, there were enough staff to meet people's day to day needs. Medicines were managed safely and five people were empowered and enabled to take over the administration of their own medicines.

. People's needs were routinely reviewed and reassessed to ensure they had the right support and care was planned and delivered to meet their specific needs and preferences. Staff were well trained; staff retention was good and staff demonstrated excellent knowledge and understanding of people's individual needs. People ate well, were encouraged to eat healthily and were supported to cook for themselves on some days.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. When people were unable to make decisions about their care and support, the principles of the Mental Capacity Act (2005) were followed.

Staff showed themselves to be kind and caring in their interactions with people and fostered a warm and considerate attitude between people in the service. The atmosphere in the service was welcoming and staff and people were friendly to visitors. People and their relatives were informed and involved in decisions that affected people's support. People had their own keys to their rooms and their privacy and dignity was respected by each other and staff. People were supported and enabled to form meaningful relationships with others.

People were supported and given choices to do things that interested them, they had access to a wide range of activities and entertainments and participated in voluntary work placements in a local café.

People were supported to remain well and were supported with routine and specialist health checks and appointments with health professionals. Staff were trained to support people with healthcare conditions such as Diabetes and epilepsy. People and relative's concerns were listened to and acted upon to help improve people's experience of care and support offered.

Rating at last inspection: Good (report published in October 2016)

Why we inspected: This was a scheduled inspection based on the previous rating. We found the evidence continued to support a Good rating overall.

Follow up: We will continue to monitor the service through the information we receive.

## 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?

Requires Improvement ●

The service was not always Well-Led

Details are in our Well-Led findings below

# The Mariners

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was conducted by one inspector.

#### Service and service type:

The Mariners is a care home. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (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:

The inspection was unannounced.

#### What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We assessed the information in the provider information return. This is key information providers are required to send us about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection, we spoke with four people who used the service, to ask about their experience of the care provided and one visiting family member. We observed staff providing support to people in the communal areas of the service. This was so we could understand people's experiences. By observing the care received, we could determine if they were comfortable with the support they were provided with.

We spoke with two members of staff including the deputy manager. We also spoke with the registered manager.

We reviewed a range of records about people's care and how the service was managed. This included looking at two people's care records and a sample of people's medicines administration records. We reviewed records of meetings, staff rotas and staff training records. We also reviewed the records of accidents, incidents, complaints and quality assurance audits the management team had completed.

# Is the service safe?

## Our findings

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- There had been no safeguarding issues since the last inspection.
- The provider had ensured that effective safeguarding systems were in place by providing staff with safeguarding training to give them awareness and understanding of the actions they needed to take to keep people safe.
- Staff understood who they needed to report any concerns they might have to within the organisation and external agencies where necessary.
- Accessible information was displayed to inform people in the service about keeping safe and this was discussed with them.

Assessing risk, safety monitoring and management

- The processes continued to be in place that protected people from experiencing avoidable harm.
- Each person had individualised risk assessments in place in response to specific health and safety issues such as risk from diabetes, or seizures, safety in the community and on public transport, safety when horse-riding, cooking or other activities.
- Records showed that staff consulted with health professionals where a new risk presented itself for example, a potential choking risk was referred to the speech and language team who undertook an assessment and offered advice
- Risk assessments were kept under regular review, so when things changed measures in place were still appropriate to minimise the risk of harm occurring.
- A personal emergency evacuation plan (peep) was in place for each person, this described the support each person needed to evacuate the premises safely. People told us they evacuated the building when fire drills were held and knew where to meet in a safe place outside the building.
- Equipment testing and servicing was in place to ensure this was in safe working order.
- The premises were maintained and safe, but would benefit from upgrading in some areas. Staff and people thought that important repairs were appropriately prioritised to ensure people were not affected by them.

Staffing and recruitment

- People and staff told us that there were enough staff on duty to be available to help and advise people with their day to day support needs. We observed staff accompanying people out to an activity, supporting people to make their lunch and helping people participate in preparation of the evening meal.
- People were very independent and staffing levels reflected this. Staff rotas showed planned staffing levels

were being achieved.

over if needed was usually provided from within the staff team. A small number of flexi bank staff who were familiar with the people in the service could be called on to provide cover shifts. This helped provide continuity to people, and provide support hours flexibly when needed.

- Staff were recruited safely. All required information and checks were obtained prior to staff commencing work to ensure their suitability, this included previous work references, health information, proof of identity and work history. A criminal records check using the Disclosure and Barring service was also conducted, which would show any criminal convictions spent or current and if they were barred from working with people who need care and support.

#### Using medicines safely

- Medicines continued to be managed safely.
- Appropriate systems were in place for the ordering, storage and disposal of medicines.
- People were enabled and supported to take control of their own medicine administration fully or partly and risk assessments were in place for those who did.
- One person showed us their medicine storage box and showed how they recorded the medicines they took each day and how this was audited by staff. The person also recorded the room temperature they stored the medicines in which was within the appropriate range.
- A medicines audit was undertaken daily of those people who administered their own medicines and a weekly audit was undertaken to ensure all areas of medicine management were being carried out safely.

#### Preventing and controlling infection

- The premises were visibly clean. People and support staff worked together to undertake cleaning and household tasks such as dusting and hoovering. Staff completed additional tasks to maintain the service and equipment in a clean condition.
- People were responsible for keeping their own bedrooms clean and tidy.
- Staff had completed training in infection control and understood the measures needed to prevent the spread of infection. They had access to personal protective clothing and supplies of cleaning materials as needed.

#### Learning lessons when things go wrong

- There were low levels of accidents and incidents. Staff knew how to record and report these and records showed they took appropriate action to keep people safe from harm.
- The registered manager analysed accidents and trends. The provider's senior management team checked the actions taken.
- Evidence was available that when something went wrong there was an appropriate response and the registered manager used any incidents as a learning opportunity, for example a slip in the shower led to the introduction of a shower mat for one person.



# 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

Good: ☐ 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

- People's needs were assessed routinely each month to ensure any changes had been taken account of and people received the right support. Reviews were undertaken sooner if changes in need were identified.
- An assessment process was in place for new people referred to the service this included seeking additional information from other professionals, face to face meetings with the person and opportunities for them to visit, this helped staff to decide if the person needs could be met appropriately and safely.
- A relative told us that although they had been consulted about their relative's move to the service they were anxious because their relative took time to accept changes. However, they had been pleasantly surprised at how quickly they had settled and were very happy living in the service now.

Staff support: induction, training, skills and experience

- There continued to be a programme of induction for new staff during which they completed the care certificate if they were new to care and acted in a supernumerary capacity for the first few weeks of their induction
- Staff completed mandatory training such as fire awareness, food safety, infection control, first aid, safeguarding, mental capacity, moving and handling. This was updated regularly.
- Specialist training was available in response to changing needs. For example, one person had developed type 2 diabetes. A training session had been arranged for staff and the person concerned to raise their awareness and understanding.
- Staff said they felt supported by the registered manager., Face to face meetings called supervisions were conducted every two months with each staff member. The registered manager had completed annual appraisals with staff.

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

- People could make decisions about what they wanted to eat and drink each day and when. They were consulted about meal options throughout the week.
- We observed people making drinks and lunchtime snacks for themselves, one person was seen helping with preparation of the evening meal.
- People were supported to eat healthily and healthy eating cookbooks were available to help people plan meals for themselves.
- People knew what they could and could not eat, for example a person with diabetes told us about things they had to cut out of their diet.

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

- The environment was not accessible to people in wheelchairs or with difficulty in managing stairs but met the needs of the people living in the service.
- People were consulted about changes to the premises and had been supported to personalise their own space with their possessions to reflect their interests.
- People were consulted about redecoration of their bedrooms and chose the colours they wished to have.
- There were enough communal facilities such as baths, showers, toilets. Comfortable and homely communal spaces were available where people could sit and be together or meet with their visitors.
- A large garden was available for people to spend leisure time in or help with gardening.

Staff working with other agencies to provide consistent, effective, timely care;  
Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to arrange an annual health check,
- People could tell staff when they were unwell and staff arranged for any required support from health professionals, supporting people to follow any advice given.
- Each person had a hospital passport that informed hospital staff about their care and health needs and how they preferred to be supported when in hospital. This was shared with the hospital staff and other health agencies if needed.

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 with appropriate legal authority. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). No one in the service was currently subject to a DoLS.
- Staff understood the principles of the MCA and they had received training. Capacity assessments were conducted for people to evidence that they could make decisions about their day to day care needs.
- Staff were aware of the need sometimes for best interest discussions with other relevant professionals, where a more complex decision needed to be made. The registered manager could give a recent example of a health intervention that had been discussed through this process.

# 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

Good: ☐ 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

- We saw that staff engaged well with the people they supported and they treated people with warmth and kindness.
- Staff showed a keen interest and responded positively to people to encourage and give them confidence in their abilities.
- People showed in their contacts with staff that they found these engagements positive and meaningful.
- Our observations and feedback we received from people was complimentary about how staff helped them and the positive relationships they had with staff that helped to develop their skills and live the type of life they wanted to live.
- A relative spoke positively about their experiences of staff and the support they provided to their relative and how well they kept the family informed and made them welcome when they visited.
- Staff had a detailed knowledge and understanding of each person, gained over many years. Care plans provided extensive information of people's background histories and their current needs and strengths, this informed all staff and enabled them to build positive relationships with them.
- People could tell staff about their wishes and preferences but where for some people this was not always clear, staff understood their way of communicating their needs and choices.
- Staff knew people well, to be able to interpret when people were showing signs of mood changes and or distress and could interact to alleviate or redirect heightened emotions.
- A few people in the service identified themselves as being of Christian faith and were supported to attend church services which were important to them

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

- People were involved in discussions about their care and support with regular bi monthly meetings with a staff member allocated to them.
- Staff supported and enabled people to take control of making decisions about their care; and knew when help might be needed from relatives or other external professionals to support decisions.
- A relative told us about how anxious their family had been when their family member first came to the service. They felt their anxieties had been talked through and information about the persons needs and wishes had been discussed to ensure these could be met.
- Staff made people and families aware where necessary of sources of advice and support including advocacy, where help with decisions or other matters were needed.
- People were given opportunities to express their views through house meetings each week.
- Peoples wishes and preferences around which staff worked with them on a one to one basis were listened to acted upon where possible.

Respecting and promoting people's privacy, dignity and independence

- We noted that staff treated people with dignity and respect providing caring support suited to people's individual needs.
- Staff showed they were alert to people's needs, they were attentive in their conversations with people speaking about everyday support and activity needs. Staff showed real concern that people's rights were upheld. The registered manager discussed a recent incident where they felt someone was experiencing discrimination. They were acting to resolve the matter.
- People showed us that they respected each other's privacy and expected others including staff and visitors to do so also. A person told us staff always knocked before entering and made clear we could not go in people's rooms without permission from them.
- Most people had ensuite bedrooms which gave them additional privacy when carrying out personal care.
- Each person was provided with a key to the front door and a bedroom key to lock their door when out.
- Staff respected people's confidentiality and people's records were kept securely.
- People could spend their free time how they chose and do what they wanted. A person told us that some people liked to sit together in the lounge in the evenings other people preferred to stay in their rooms, people went to bed and got up in accordance with their daily planner responsibilities and their personal preferences.
- People told us about some of the things they liked to do in their free time such as go shopping, watch films, go for walks
- People were supported to learn and develop skills to attain a greater level of independence from staff such as making their own drinks and snacks, breakfasts, and lunches, learning how to manage their own laundry and maintain their own personal space in a clean and tidy manner.
- Peoples wishes and aspirations were listened to and staff helped people make progress towards achieving these.
- Staff respected the fact that some people might not want to be part of an independence training programme, or to follow a weekly plan, in those instances staff sought to work with people to find other activity and interests they may want to participate in.
- Relatives said they were made welcome at the service and staff supported people to maintain these relationships and build new ones with people in their wider social network.

# Is the service responsive?

## Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff demonstrated a good understanding of the needs and characters of each person in the service.
- People's care plans continued to provide clear information about their needs and personal preferences, they guided staff in providing support in the most personalised and acceptable manner to people so that they could live a dignified, respected and fulfilling life.
- Records showed that evaluation of care plans was undertaken monthly or sooner if there were changes.
- People could clearly vocalise their needs but information was recorded where there were specific communication needs so staff understood how to engage with people in a way that suited them.
- Records showed that internal reviews were held six monthly with formal annual reviews held with a care manager, relatives and key work staff.
- A visiting care manager during inspection told us how satisfied they were with the support the person they were reviewing received and was having their needs appropriately met.
- People enjoyed a community presence, being centrally located in the town and spending time each week working in the café run by the organisation, where they met and engaged with members of the public.
- People enjoyed a varied programme of activities suited to their specific interests, this included opportunities for skills development, horticulture and farm work, waitressing, arts and crafts.
- People were encouraged to make known their wishes and aspirations and staff supported them to achieve either individually or as a group. For example, attending activities in the community such as swimming, the cinema, line dancing, and bingo or horse-riding, visiting places of interest and zoos, going to shows and events.

Improving care quality in response to complaints or concerns

- All complaints and minor concerns expressed by people or their relatives were taken seriously and acted upon.
- An accessible version of the complaints procedure was displayed for people.
- The registered manager said they tried to deal with concerns relatives or people might have before they escalated to a complaint. No formal complaints had been received since the last inspection.
- People felt listened to and that their concerns were taken seriously because the registered manager had introduced a grumbles book. This was an acknowledgement of the everyday irritations people can have when living in a group setting. Those who could, recorded their own concerns in the book and staff filled these in on behalf of other people, the registered manager reviewed these and acted where there was a clear issue identified.
- People said they felt able to talk to staff about any issues they had and a relative confirmed that they had not had cause to complain but would feel able to approach staff to do so and felt confident they would address any concerns.

- The Registered manager and staff used any learning from complaints and concerns received as an opportunity to improve service delivery.

#### End of life care and support

- People in the service were fit and healthy and no one at the time of the inspection, was receiving or required end of life care.
- Discussions had taken place with those people who felt able to discuss their future wishes should they become gravely ill or die.
- Peoples preferences for how they wanted to be cared for at the end of their life were recorded in a 'when I die' document.
- Peoples relatives were involved in discussions about last wishes as appropriate.

## 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

RI: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Overall outcomes for people remained good.
- However, the system of quality assurance needed improvement to ensure that the checks made by provider representatives were clearly documented and available to view. Currently there was no clear link between their findings from visits made to the service to those shortfalls identified from internal audits conducted by service staff. The lack of a clear and integrated plan of action and development failed to provide assurance that the provider representatives had sufficient oversight of the development needs within the service or monitored that these were being addressed.
- Similarly, there was an over reliance on the registered manager developing a standalone improvement plan with no evidence other than in the registered managers supervision notes this was being routinely monitored for progress on outstanding issues. This meant that some larger projects that needed appropriate funding and oversight by the provider were not being well managed or properly planned for. For example, carpeting in some communal halls and stairways which was worn but not currently hazardous had been highlighted for replacement some time ago. This was on the managers development plan, but there was no evidence that this and another issue with Japanese knotweed in the garden were being progressed at provider level and suitably funded for. These are areas for improvement.
- The registered manager and staff carried out an appropriate range of weekly and monthly quality checks to assure themselves that service quality was being maintained. Where shortfalls were identified these were acted upon.
- Staff understood their role and responsibilities within the leadership structure and the lines of accountability within the organisation, they were held to account for their performance where required.
- The registered manager understood her responsibilities the regulatory requirements to report notifiable events and had done so when they had occurred.
- The previous inspection rating was displayed clearly within the service and on the website.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff understood the vision and values of the service to promote and develop independence and enable people to live an ordinary life as possible within the community.
- Staff demonstrated a commitment to delivering high quality support for people through fostering a 'can do' culture and ensuring people led a rich and fulfilling life.
- Staff told us communication was good between staff.

- The manager told us that the staff team worked well together, staff retention was good and there was a core team who knew each other well and could 'second guess each other'. Another staff member told us that and that each staff member had different strengths and this complemented the team
- People's records were well organised, and checked regularly to ensure information was up to date and accurate.
- Staff understood the arrangements for calling out of hours management support if they needed to use this.
- The registered manager could demonstrate that they had a good understanding of each person's history, previous and current needs and the progress they had made since coming to the service.
- The registered manager and staff acted to make improvements to the quality of people's experiences and lives that continued to result in good outcomes for the people concerned.

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

- The registered manager encouraged an inclusive culture that enabled staff and people to give feedback and to act on this to bring about service improvement. For example, asking people for their choices around preferred holiday destinations, choices of activity, educational opportunities and work placements.
- People, relatives and other stakeholders were encouraged to contribute their views through regular feedback surveys, these were analysed to inform service improvements.
- People had opportunities to participate and engage in moving the service forward by sharing their thoughts and views at individual face to face meetings with their allocated support worker or in regular house meetings. Minutes of these were kept as a record.
- The registered manager operated an open-door policy and we observed both staff and people popping in throughout the inspection if there were things they wanted to talk about.
- Staff meetings were held regularly and staff felt confident of bringing issues and ideas for shared discussion.
- Staff received equality and diversity training and this raised their awareness and understanding of people with special characteristics and how these needs could be met. Consideration of special characteristics would be explored within initial and ongoing assessment of people to ensure these could be met appropriately.

Continuous learning and improving care

- The registered manager told us that they had been encouraged to apply for training spaces on free training offered by a local clinical commissioning group and had done so.
- The registered manager demonstrated a willingness to be proactive in looking for other training and opportunities to expand the knowledge and skills of staff and to use the networking available at these events to share and develop good practice in the service.
- The provider kept staff updated regarding changes in policies and procedures, these were sent to the registered manager and cascaded to staff who were required to read updates and changes for any impact on their day to day support of people

Working in partnership with others

- The registered manager attended regular registered manager meetings arranged by the provider where they received updates to provider policies, information about changes in legislation and other good practice and information sharing,
- The registered manager and staff supported people's social networks and weekly activities by working in partnership with other services and organisations to co-ordinate the support people needed.
- There were effective working relationships with care managers, safeguarding team staff and local health



professionals. These relationships helped support the needs and preferences of people in the service and provide them with safe health and social care support when needed.