

AMA Generic Limited

Maranatha Residential Home

Inspection report

211 York Road
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Essex
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

Maranatha Residential Home is a residential care home that provides personal care to up to 15 people in one adapted building. There were 14 people living at the service at the time of our inspection, most of whom were living with dementia.

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

Improvement was needed around the providers management of risk to ensure the premises remained safe and fit for purpose. The laundry required attention to prevent and control the risk of infection and we have made a recommendation for the provider to refer to the Code of Practice Prevention and Control of Infection.

The registered manager and staff had developed positive and trusting relationships with people that helped to keep them safe. They had a full awareness and understanding of abuse and their responsibilities to protect people. Safe recruitment practices were carried out. There were not enough staff at night to ensure the safety of people.

The atmosphere of the service was comfortable, homely and clean but additional environmental adaptations were needed to better support people living with dementia. We have made a recommendation for the provider and registered manager to consider creating a more enabling, stimulating and dementia friendly environment for people.

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.

Staff treated people with kindness and compassion and respected their privacy and dignity. Positive relationships had developed between people and staff. The home encouraged and supported people to maintain relationships that were important to them.

The staff worked well with external health care professionals and people were supported with their needs and accessed health services when required. People received their medicines in a safe and supportive way.

The culture of the service was positive, open and transparent with good leadership. Governance systems needed further development to inform an on-going plan for improvement, particularly in dementia care.

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

Rating at last inspection

The last rating for this service was good (published 29 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not consistently well led.

Details are in our well led findings below.

Requires Improvement ●

Maranatha Residential 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

This inspection was carried out by one inspector.

Service and service type

Maranatha Residential 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 information we had received about the service since the last inspection. This included information the provider must let us know about, such as incidents that may have occurred, and any safeguarding concerns. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

We did not request a Provider Information Return prior to this inspection. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make.

During the inspection-

Some people living in the service could not easily give their views and opinions about their care. To help us gain a better understanding of people's experiences we observed interactions between people and staff in communal areas, and a mealtime.

We spoke with two people living at the service. We spoke with four members of staff including the registered manager, senior care workers and care workers.

We reviewed a range of records, this included four people's care records, medication records and records relating to the management of the service. We reviewed two staff recruitment, training and supervision records.

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 now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The provider needed to improve their management of risk and keep the premises safe and fit for purpose. The registered manager had identified risk to people's safety around the premises but there were no timescales for action to address these.
- For example, window restrictors were ineffective. The chains did not meet safety standards; they were not sufficiently robust to withstand damage and foreseeable forces applied by an individual and in most cases, they were broken.
- Whilst the provider had secured wardrobes to the wall to prevent the risk of them falling or pulled over; the fixing device was ineffective in one case and the weight of the wardrobe had pulled it out of the wall.
- The staircase was open and accessible to people who lacked capacity and may not recognise the risk they posed. The provider had not recognised the potential risk to people from falling down the stairs and therefore proper risk management strategies to reduce the risk were not in place.
- There were loose paving stones in the garden area. The external escape stairs had some covering moss on them and peeling paint causing them to be slippery. This meant the routes of escape in an emergency were not without hazard.

Preventing and controlling infection

- The laundry room was not designed or maintained to limit the risk of cross infection. Wall surfaces were permeable and did not allow for effective cleaning. The laundry did not provide appropriate areas for the segregation of dirty and clean linen.
- There was only one sink in the laundry room; the surround was broken with exposed brickwork, and water pipes were corroded. There were no sluice facilities or equivalent for the emptying cleaning and disinfecting of commodes. Staff washed commode pans in this sink. There were no separate hand washing facilities for staff.

We recommend the provider refers to the Code of Practice for Prevention and Control of Infection.

Using medicines safely

- The medicine trolley was secured in a conservatory type room which had a large expanse of window, with no effective shading. Although staff took and recorded the temperature each day, they did not take it at key times when the sun was at its hottest. On the day of inspection, at 10.45am the thermometer read 29.5 degrees, this was by no means a hot day and had not reached the hottest point of the day. The mobile fan

was ineffective. Medication not stored at the manufacturer's recommended temperature can compromise their effectiveness and pose a risk to person's safety.

- People received their medicines in a timely way and as prescribed by the doctor.
- Staff responsible for managing medicines had received training in relation to the practice of administering medicines. People received their medicines in a supportive way; staff prompted encouraged and reassured people as they took their medicines and were given the time they needed to take them safely.

Staffing and recruitment

- Staffing numbers were based on historic numbers. The provider did not have a system in place for determining staffing levels and ensure sufficient numbers of staff were deployed to meet people's needs and keep them safe, particularly at night.
- Although, if there was an emergency, a sleep-in staff member provided added support, there was only one awake night staff to meet the needs of 14 people. One of which did not go to bed at night, remained downstairs in the lounge and was prone to wandering.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and cared for. Staff had developed a trusting relationship with people and recognised when they were unhappy.
- The registered manager showed how they had worked in partnership with external agencies and multidisciplinary teams during the investigation of raised safeguarding concerns.
- The provider carried out safe recruitment practices. The registered manager had carried out all the necessary checks on staff suitability before they begun to work at the service.

Learning lessons when things go wrong

- The registered manager had a system for reporting and recording incidents, accidents and falls. They reviewed each one and took suitable action when needed. An overview of the information was monitored and analysed to check if there were any emerging trends or patterns, which could be addressed to reduce the likelihood of reoccurrence, and to learn lessons.
- Following a safety incident where a person who lacked capacity left the building alone; the registered manager put in further safety measures to alert staff and prevent reoccurrence.

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 with recommendations to drive further improvement.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- New staff were provided with induction training, including if necessary, support to undertake the Care Certificate. This identifies a set of standards and introductory skills that health, and social care workers should consistently adhere to and includes assessments of competency.
- Staff received training in core subject areas needed to do their job.
- The registered manager provided formal and recorded supervision meetings with staff to support them in their day to day role, review their practice and consider any training needs.
- Staff received training that provided an introduction to dementia care and an awareness of dementia related needs which enabled them to meet people's needs at the moment. However, a more substantive training would benefit staff in terms of meeting people's future needs as their dementia progresses.

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

- Assessments of people's needs were in place, and care and support were reviewed regularly to ensure the service could continue to meet people's needs.
- People were at various stages of their dementia ranging from early onset but had not yet reached advanced stages; the registered manager was looking into how the service was to keep up to date with developments in this area to ensure the care and support provided was right, met people's assessed needs and reflected best practice.

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

- People had access to food and drink throughout the day and the overall dining experience for people was positive.
- Where people were at risk of poor nutrition the right healthcare professionals were consulted for support and advice.
- People had a positive mealtime experience; sitting at tables of four taking part in lively chatter and enjoying the social occasion.
- Staff were patient and supportive, encouraging and prompting people to eat. They were aware of people's dietary needs and any support they needed to maintain a healthy weight.

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

- People were supported to maintain good health. Staff knew people well and were able to identify when

people's needs changed and sought professional advice accordingly. We saw evidence of dietician, district nurse, diabetic nurse, dementia nurse and GP involvement.

- Records showed staff worked in partnership with health and social care organisations. They shared information about people to ensure care and support delivered was correct and effective, and ensured best outcomes.

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.

- Where people were deprived of their liberty, the registered manager had submitted applications to the local authority to seek authorisation to ensure this was lawful.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- Staff ensured people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.

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

- Decoration of the home was not conducive to the needs of people living with dementia. Signage, prime colours and visual clues were not used to orientate people and help them to navigate their way around the building, distinguish rooms, and promote interest.

We recommend the service explores current guidance from a reputable source, such as Social Care Institute for Excellence (SCIE) about creating a more enabling, stimulating and dementia friendly care home environment, based on best practice, in dementia care.

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

- The service provided a relaxed and family home environment. The atmosphere within the service was calm and welcoming.
- People were happy and at ease with staff and positive about the care and support they received from staff. One person said, "They are lovely".
- Our observations of care throughout the inspection showed staff were respectful and courteous; they treated people with dignity, kindness and compassion.

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

- Staff adapted their approach and conversation with people to meet their individual needs. They knew people well and understood their ways, preferred routines and what mattered to them.
- Staff involved people and facilitated choice such as when they got up, went to bed and what they preferred to eat.

Respecting and promoting people's privacy, dignity and independence

- Our observations of interactions between staff and people showed they consistently respected and promoted people's privacy, independence and diversity at all times.
- People's bedrooms reflected the person; they were individual, personalised and contained their own belongings.
- People appeared clean and well groomed.

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

- The registered manager sought information about the type and level of support a person needed from the individual and/or their relatives and other professionals, and how they would like their care delivered.
- All staff had a good knowledge of people's needs and were able to explain how they should care and support them.

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

- However, people's care and support plans did not show how the service responded to individuals differing needs in terms of interests, social activity, stimulation, ability and the varying stage of dementia they were at.
- For example, it was recorded in one care plan the person liked to play picture bingo, quiz and puzzles but it was clear they no longer had the ability to participate in these types of activities.
- There were excellent quality conversations going on between staff and people still able to communicate verbally. There were less meaningful activities throughout the day such as reminiscence activities or the use of familiar daily tasks to encourage physical and mental stimulation.
- The service welcomed visitors.

We recommend the service consults with and uses a reputable source to support them in identifying activities which people are interested/able to participate in meaningfully. For example, Alzheimer's society, the Social Care Institute for Excellence and the National Institute for Health and Clinical Excellence.

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 registered manager was aware of their legal responsibility to ensure that the Accessible Information Standards (AIS) were complied with. They were in the process of developing and implementing different communication formats such as pictorial menus to promote visual choice of meals. The AIS is a legal requirement for all health and social care providers to meet and ensure people with a disability or sensory loss can access and understand information they are given.
- The registered manager assessed people's communication needs systematically as part of the service's needs assessment and care planning process. Care plans informed staff of people's preferred method of

communication, detailing how they could support people effectively when they no longer communicated verbally.

Improving care quality in response to complaints or concerns

- Arrangements were in place to record, investigate and respond to any complaints raised with the service. We noted a low incidence of complaints.
- Where people had raised concerns, the registered manager had responded to and investigated them in an open and transparent way.
- Compliments were evident and captured the service's achievements.

End of life care and support

- At the time of our inspection, no one was nearing the end of his or her life.
- Several people had Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions in place, which set out their wishes or a decision made on their behalf by a medical doctor in discussion with relevant family members to not resuscitate if they had a cardiac arrest.
- Staff had addressed preferred priorities of care, where they were able to, with some people to inform their wishes and preferences when they reach the end stages of their life.

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 deteriorated to requires improvement. This is because governance systems were not always reliable and effective; not all risks were addressed.

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

- The provider lacked oversight and was not managing risks to the safety and quality of the service and drive improvement, as identified in the safe domain.
- The registered manager carried out regularly a range of audits to check and assess the quality and safety of the service. However, governance systems needed further development in order to inform an on-going plan for improvement and enhance the quality of the service, particularly in dementia care.
- Staff were clear about their roles and understood what management expected from them.
- Staff were extremely positive about the leadership and support provided by the registered manager. One staff member told us, "[the registered manager] is incredibly supportive to staff and is a good leader. I respect her. Everything is clear, [registered manager] has good values and they impart those values onto others. They always say – they too are willing to learn and do not know everything."

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

- The registered manager had created an inclusive culture that put people at the heart of the service. They were visible within the service; knew each person well and spoke with them, and staff, regularly throughout the day. A staff member told us, "[The registered manager] loves people and will always get them what they need or what they would like."
- The atmosphere in the service was warm, friendly and welcoming. It was clear from our observations and discussions that there was an open and supportive culture towards people and staff. A staff member said, "I believe we provide a home to home environment; very calm and peaceful, no bed time or getting up time, people have choice."

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

- The service positively engaged with external agencies to help people and improve outcomes for them. The registered manager was proactive and eager to develop the service further in relation to dementia care and drive continuous improvement for a quality service.
- There was a strong commitment to equality and inclusion and the provider and management respected and valued staff. A staff member told us, "We are a good team, everybody respects and supports each other, and no one says no. The registered manager comes in at 5.45am and will help the carers; they clean as well if needed."

Continuous learning and improving care; 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 registered manager used information from analysis of incidents and accidents, feedback from people, their relatives and visiting health and social care professionals to continually learn and improve the service delivered.
- The registered manager understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Following an incident, where a person fortunately did not come to any harm, the registered manager was open and transparent with the family. They provided an apology, carried out a full investigation and put measures in place to avoid any reoccurrence of the incident and ensure people's safety.