

Prime Care (GB) Limited

# Marina Care Home

## 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 ●

# Summary of findings

## Overall summary

### About the service

The care home provides accommodation and personal care for up to 33 people. The building is a large Victorian house with three floors and lift access to all floors. There were 29 people living in the home at the time of the inspection.

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

The management team ensured good levels and deployment of staff consistently met people's needs in a timely way. Recruitment processes remained robust. The building was clean and hygienic with sufficient stocks of PPE, which staff consistently used as per national guidance. Care and support was planned to ensure people's needs and wishes were taken into account. Risks were assessed and carefully monitored to ensure individuals safety. People received their medicines safely.

People received support with their healthcare and nutritional needs. They 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. There was a programme of staff training and regular updates were in place for staff to improve their skills.

We observed staff interactions with people living in the home and found them to be caring, patient and treated people with respect and kindness. One person said, "Everyone here are so kind and patient, I feel at home." Another said, "A wonderful place with the nicest people working and running the home."

Activities were varied, staff had worked hard with people to provide meaningful social activities to provide stimulation and exercise. One person said, "Always lots going on here." There was a complaints process which people and relatives were aware of.

The management team had extensive auditing systems to maintain ongoing oversight of the service and make improvements where necessary. Quality assurance processes ensured people were able to give their views of the service. We found the management team acted upon suggestions to improve the lives of people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

This service was registered with us on June 2019.

### 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.

# Marina 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Marina Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 they registered with CQC. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements

they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all this information to plan our inspection.

During the inspection

We spoke with five people living in the home, five members of staff, the deputy manager, the registered manager and cook. We looked at care and support records of two people who lived at Marina Care Home and looked around the premises. We observed staff interaction with people. In addition, we reviewed a range of records. This included medication records, staff files in relation to recruitment and the staff training records. We also reviewed a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at their quality assurance systems and care planning.

# 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

- Staff told us they had received training around keeping people safe and protecting them from abuse. One staff member said, "We have good training around safeguarding and abuse procedures and I know what to look for should I be concerned."
- Staff were able to describe good practice in safeguarding people to protect them from harm, or unsafe care.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The registered manager had good processes in place to manage people's safety and reduce risks to them. Risks to people and the service were assessed and managed. This helped to protect people's safety One person said, "I feel safe here we are well looked after."
- The registered manager reviewed incidents as part of lessons learned, to ensure risks were reassessed to prevent reoccurrence where possible and update any actions that were identified. Any learning was discussed with the staff team at individual and group meetings.

Staffing and recruitment

- The registered manager ensured appropriate staffing arrangements were in place to meet people's needs in a person-centred and timely way. This was confirmed by talking with people. A staff member said, "We do have staff available to look after residents and we are encouraged to spend time with them and are not hurried."
- Continued recruitment processes ensured people would be supported by staff with appropriate experience and character. Systems had remained the same since the previous inspection. Staff spoken with and recruitment records looked at confirmed this.

Using medicines safely

- The registered manager had good systems and procedures to manage medication safely for people. Staff received competency training on a regular basis. We observed staff ensured the trolley was secure whilst away from it and signed records afterwards to confirm people had their medicines
- The staff maintained appropriate records for the receipt, administration and disposal of medicines. There were written protocols to guide staff on the administration of medicines prescribed 'as and when' required.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider had processes to admit people safely to the service.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.



# 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 ensured people's needs were assessed prior to admittance to the home. Assessments were comprehensive and provided information to help ensure effective care could be planned and delivered.
- People's diverse needs were detailed in their assessment and met in practice. This included support required in relation to their culture, religion and diet preferences.
- Care records were regularly reviewed and updated monthly or when people's needs had changed.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and carried out their roles effectively. A staff member said, "No issue with training we are supported to develop our skills." There was a programme of training and updating specific training such as 'falls management and safeguarding'. Records we looked at confirmed this.
- Staff told us they felt supported by the registered manager and received one to one supervision sessions which they found useful and supportive.

Supporting people to eat and drink enough to maintain a balanced diet; 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 with their healthcare needs and staff had developed relationships with other agencies and professionals to provide a flexible and effective service.
- People had a health action plan and a hospital passport. This supported the individual if hospital appointments were required or they needed treatment.
- People were provided with meals of quality and choice. Comments received confirmed this. They included, "We have a great cook and the meals are fantastic." Another person said, "I have a cooked breakfast every day and love it." Also, "We are fortunate the cooks are of quality, good wholesome foods with lots of choice."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

- Staff had received training and understood the relevant requirements of the MCA. Staff confirmed they asked for people's consent before providing support, explaining the reasons behind this and giving people enough time to think about their decision before taking action.
- People's capacity to make decisions was considered as part of the assessment process. We saw evidence of this in care plans. The best interest decision making process was followed where necessary, and appropriate documentation completed where appropriate.
- The registered manager had submitted applications for DoLS authorisations, as appropriate.

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

- Accommodation was accessible, safe, homely and suitable for people's needs. Bathrooms could accommodate people who required support with moving and transferring to the bath.
- People were able to bring their own items into their rooms and to personalise their rooms as they wanted to. Peoples rooms we saw confirmed this.

# 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.

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

- People spoke positively about the management team and staff. They said they were treated with kindness and respect. Comments included, "They all go out of their way to help and be kind." Also, "Nothing but praise the way the staff treat me, so kind and caring".
- The management team and staff focussed on building and maintaining open and honest relationships with people. Staff had received training on equality and diversity issues and one staff member told us how this has enhanced their knowledge to treat people with respect.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected. Staff offered people opportunities to increase their independence and to have freedom and control over their lives. One person said, "If I want to be on my own the staff understand and support that." Another said, "They always knock before coming to my room, they all show respect."

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

- People told us they were involved in making decisions about their care and what was best for them. Whilst some people had not signed their care plans, people told us they had discussed their care needs with the management team and staff.
- People were encouraged to make choices about their day to day routines and activities. This was in line with their preferences., This was confirmed by people we spoke with.

# 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.

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

- People had different lives and received personalised care that was relevant to their needs and choices. People told us they were happy with their care and staff responded to any requests made for assistance.
- Care records had been developed to provide staff with guidance on how to meet people's needs. These included details of people's choices and preferences as well as how they wished to be cared for. Care records were reviewed at regular intervals and more often if people's needs changed.

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.

- Records detailed where the individual had communication needs and what staff should do to ensure the person understood them as best possible.

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

- The management team had kept a record of activities people had undertaken. There had been a variety of activities both individual and group events. For example, recent parties involved the 'European football event' and comments were extremely positive, they included, "[Staff member] puts so much effort into the events we had a fantastic time, she is brilliant". Another person said, "Lots and lots going on the staff never stop, it's really good." Also, "If you have a hobby or preference [staff member] will support you to do it, fantastic"
- Staff worked hard to provide meaningful activities and stimulation for people. One person said, "I like the gardening and [staff member] helps me it's very enjoyable."

Improving care quality in response to complaints or concerns

- People had access to a complaints procedure. The procedure was clear in explaining how a complaint could be made and reassured people their concerns would be dealt with.
- The registered manager had ensured any concerns or issues had been investigated and resolved.

End of life care and support

- Where appropriate end of life plans were put in place and staff had appropriate training. Training documents looked at confirmed this.

# 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.

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

- The service ensured there was a positive culture which was inclusive and person centred, ensuring positive outcomes for people. A staff member said, "It is all about the residents here, that is why I like working here."
- Staff said their views and suggestions were listened to and they felt valued by the management team and organisation.
- Relatives were regularly involved in consultation about the provision of the service and how care was delivered.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 management team had extensive auditing systems to maintain ongoing oversight and continued development of Marina Care Home. They had action plans to address any shortfalls and improve the service. They provided a regular testing scheme for COVID-19 for all staff to follow. They reflected on identified issues transparently and acted to improve the wellbeing of the person they supported. Staff spoken with confirmed this.
- People and staff spoke positively about the way Marina Care Home was run. One person said, "The manager is always around and extremely supportive."
- The registered manager utilised staff meetings to ensure continuous learning and improvements took place. Staff told us they were comfortable in raising any issues or concerns within their one to one meeting or group meetings.
- The registered manager understood their responsibilities to keep CQC informed of events which may affect people and the care delivery. They were open and honest about what achievements had been accomplished. In addition, what had not worked so well and where improvements might be needed.

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

- Systems and processes continued to be developed to ensure people and relatives were fully engaged. For example, this could be through, telephone calls, 'face time' and care reviews.
- Staff involved people in the running of the home and gave consideration to their equality characteristics.

Working in partnership with others

- The registered manager and staff worked closely with other agencies and relatives to share good practice and enhance care delivery.
- The registered manager and staff sought to ensure people experienced the best possible outcomes through following good practice guidelines. This included consultation with health and social care professionals to meet people's needs.