

AMA Generic Limited

Maranatha Residential Home

Inspection report

211 York Road
Southend On Sea
Essex
SS1 2RU

Tel: 01702467675

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20 February 2017

27 February 2017

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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

The service offers both personal care and accommodation and support for up to 15 older people who may also have care needs associated with dementia. The service has two floors and there is access to these via a passenger lift and staircase. On the day of our inspection they had one vacancy and they do not provide nursing care.

The service had a registered manager. 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 2008 and associated Regulations about how the service is run.

At the last inspection the service was rated as Good. At this inspection the service remained Good.

The service was safe. Staff showed knowledge of safeguarding procedures and knew what actions they would take to protect people. People were kept safe and risk assessments had been completed to show how people were supported with everyday risks. Recruitment checks had been carried out before staff started work to ensure that they were suitable to work in a care setting. There were sufficient numbers of staff on duty. People's medication was well managed and people received their medication as prescribed.

The service was effective. Staff had been offered training to help ensure they had the skills and knowledge required for their role as a care worker. They also received regular support and felt well supported by management.

People were supported to be able to eat and drink sufficient amounts to meet their needs. People were supported to maintain their health and had access to a range of healthcare providers such as their GP, dentists, chiropodists and opticians. The service kept clear records about all healthcare visits.

The service was caring. People had agreed to their care and had been asked how they would like this to be provided. Where this had not been possible family and other healthcare professionals had been involved. People were treated with dignity and respect and staff provided care in a kind, caring and sensitive manner. Meetings had been held for the people living at the service, relatives and for the staff. People felt listened to and that their views and opinions had been sought and the service had made appropriate improvements.

The service was responsive. Assessments had been carried out and care plans were developed around people's needs and preferences. The service had a clear complaints procedure in place which was clearly displayed. This provided information on the process and the timespan for response.

The service was well-led. Staff, relatives, healthcare professionals and those living at the service spoke positively about the registered manager and felt the service was well managed. There were systems in place to regularly assess the quality of the service and that people were kept safe.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Maranatha Residential Home

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 checked 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.

The inspection was an unannounced comprehensive inspection and took place on the 7 and 20 February 2017. We made telephone calls to relatives and care staff on the 28 February 2017.

The inspection was undertaken by two inspectors on the first day and one on the second. Before the inspection we reviewed the information we held about the service. This included notifications, which are documents submitted to us to advise of events that have happened in the service and the provider is required to tell us about. We also looked at information and data gathered from the Local Authority during their contract monitoring visits.

As part of the inspection we spoke with the registered manager and seven members of the care team. During the course of both days we spoke with five residents and seven relatives for their views about the service, and where possible we have added their comments within the report. We also spoke with a healthcare professional whose comments have been used in the report where possible.

Not everyone who used the service were able to communicate verbally with us. Due to this we observed people, spoke with staff, reviewed records and looked at other information which helped us to assess how their care needs were being met. We spent time observing care in the communal areas and also the dining room.

As part of the inspection we reviewed four people's care records. This included their care plans and risk

assessments. We looked at the files of two new staff members, which included their support records. We also looked at a sample of the service's policies, their audits, the staff rotas, complaint and compliment records, medication records and training.

Is the service safe?

Our findings

At this inspection we found the same level of protection from abuse and risks to people's safety as at the previous inspection, and the service's rating continues to be Good.

People living at the service and their visitors all reported that the home was a safe and caring place to be. One relative stated, "My mum is in the right place, we know she is safe." Another added that they felt their relative was, "Sheltered and covered with love."

Staff we spoke with knew what action to take if they had any concerns and how to protect people from abuse and avoidable harm. The registered manager had in the past been proactive in reporting any concerns to the local authority or the CQC and followed correct procedures. All care staff had received training, but some were waiting for updates which had been booked. We have since received written confirmation that this has been completed. Staff were aware of their responsibilities and how to take appropriate action if they had any concerns, but most stated that they would speak with senior staff or the registered manager. 'Ask SAL' posters were within the service and these provided contact details of an outside organisation that could be contacted if people had any concerns or issues around people's welfare. The service had systems in place to help protect people from potential harm and this included a whistle blowing procedure for staff.

People's care plans included assessments of risks and how these could be reduced to help keep people safe. People were supported to take risks and where possible encouraged to make choices and decisions during their daily lives. Feedback included, "Staff's approach is always in a way we understand, which makes me feel safe because I always know what is happening before it happens." Systems were in place to record and monitor incidents and accidents and these were monitored and reviewed by the registered manager. An 'emergency bag' had been produced which had people's contact details, a first aid kit and personal escape plans for each person and care staff could gain access to this in an emergency.

Regular weekly and monthly checks had been completed to help ensure the service had been well maintained and that people lived in a safe environment. Appropriate monitoring and maintenance of the premises and equipment had also been on-going and since our last inspection the service had completed some decorating and made areas of the service safer. For example safety locks had been placed on a door leading onto a staircase outside the building. The registered manager had a book that they would write any maintenance that needed to be completed and this was then organised. On the day of our inspection one bedroom was having a new wash basin fitted due to leaking. It was noted that this had only been put in the maintenance book the day before. One relative stated, "The building is old but the rooms are always clean and tidy. Recently the bedroom was redecorated and the staff are always making sure it is clean and smells fresh."

The registered manager had systems in place to monitor people's level of dependency and to identify the number of staff needed to provide people's care. The registered manager advised that staffing levels consisted of two staff and one senior in the morning, two staff and one senior in the afternoon and two staff

at night. Annual leave and sickness was covered by the regular staff, which assisted with continuity of care. The service also had ancillary staff and this included a part time cook and domestic. The registered manager was supernumery to the staffing numbers. We noted that during the inspection that there was always a good level of care staff available to meet people's individual needs. People were seen to be well supported and we saw good examples from care staff where people were provided and assisted with care promptly when they needed it.

The service had a recruitment policy in place to help ensure correct checks had been completed on all new staff. We viewed the files of the last two recruited staff and these contained the required documentation. One file had two references that had been sought from friends and did not have a last employer or character reference. This practice was discussed with the registered manager. By the second day of our inspection the manager had produced a recruitment chart and added notes and information to assist with this process and ensure safe practice was followed. The service also had a probationary period in place and a disciplinary procedure, which could be used when there were concerns around staff practice which would help to keep people safe.

People had received their medicines safely and as prescribed. Medication had been administered, stored safely and recorded in line with the service's medication policy. Regular audits had been completed and staff had attended regular training and received regular competency checks.

Is the service effective?

Our findings

At this inspection we found staff had the same level of skills, experience and support to enable them to effectively meet people's needs as we found the previous inspection. People continued to be supported with their health and dietary needs. The service's rating continues to be Good.

Newly recruited care staff had completed an induction and this included information about the running of the service and guidance and advice on how to meet people's needs. One staff member was also in the process of completing the Care Certificate, which is recognised qualification and induction into care. Staff who had completed their induction confirmed, "When I started I went through the induction and how the home operates, medication and the day to day running of the service." Another added, "The induction lasted three to four days with the manager. They showed me how to care for the residents and explained how to care for each person. We were also given people's care plans so we learned how to write the daily notes." Staff added that they had found the induction good and that staff had been 'very supportive.'

Care staff had received support through one to one sessions and regular meetings. Annual appraisals had not taken place but the registered manager was in the process of developing these further to help ensure they were appropriate and meaningful to the staff. Staff confirmed they received regular support and added that felt supported by the management and the senior care staff. Feedback from staff included, "We get supervision every three months with the manager or senior staff. We discuss things liked how to protect people and we also discuss how the team is working together." Staff we spoke with confirmed they had also received regular training and updates and felt they had the knowledge and skills to carry out their roles and responsibilities as a care worker.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA) 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether staff were working within the principles of MCA and DoLS. We found the manager had an understanding of MCA and DoLS and had made appropriate referrals. Staff we spoke with demonstrated some awareness of the MCA and DoLS, but had not received any formal training. This was discussed with the registered manager and we have since received written confirmation that care staff had completed e-learning in this subject.

People were supported to have sufficient to eat and drink and maintain a balanced diet. Staff had an understanding of each individual person's nutritional needs and how these were to be met. People's nutritional requirements had been assessed and documented and this included their likes, dislikes, dietary or cultural needs. There were nutrition and weight charts in place to enable care staff to regularly monitor people and where risks had been identified or where people required assistance from a nutritionist or healthcare professional this had been gained. We completed an observation of a lunchtime meal and found the food looked very appetising, was hot and people told us it was, 'Very nice.' Those people who needed assistance were provided with this appropriately and with dignity and respect. Feedback from relative included, "There is always a member of staff popping in to check on mum to make sure she is comfortable

and to give her a drink" and, "[Person's name] does not eat very well, but if she asked for tea or biscuits the staff are always on hand to get it."

People had been supported to maintain good health and had access to healthcare services and received ongoing support. Referrals had been made to other healthcare professionals when needed and this showed that staff supported people to maintain their health whilst living at the service. Feedback from relatives was very positive about the service and how they always kept them up to date with any changes in health needs. One person added, "[Person's name] is always having problems with chest infections, but the manager is always very quick to get the doctor and the reason they have lived this long is all to do with the loving care they receive." Another person said, "If I was not feeling well 'The Firm' would call the doctor, but I have not needed them that often."

Is the service caring?

Our findings

At this inspection we found people were as happy living at the service as they had been during our previous inspection. The service's rating continues to be Good.

People were seen to be relaxed with care staff and given the time and support they needed. Care was provided with kindness and compassion and people had regular contact from staff during our inspection to ensure they did not need anything and were comfortable. People were observed with care staff and they showed through their body language that they were happy and comfortable with the care being provided. Staff were seen responding to people's needs quickly and they were kind and caring in their approach. Feedback about the care at the service was very complimentary and included, "Mum is always wearing a clean night dress and she has fresh linen every day, I honestly could not ask for more" and, "The staff are super, they are very caring and always smiling. They are affectionate to the people here and I often see them giving people a hug." One relative added, "I have always said to [manager's name] when I need to go into care she better have a room for me." Another person added, "It is wonderful. They are such lovely people. We have been in two other homes and we know what we want and what we are looking for."

We saw that people's privacy and dignity was respected and care staff were polite and courteous and were observed knocking at doors before entering. Staff knew the people they were looking after very well and we heard them addressing people in an appropriate manner; clearly choosing the most appropriate form of address by either using their first name or with a more formal 'Mr or Mrs.' One staff member added, "We treat them like our own family." One health care professional added, "They are really good here. The do amazingly and they have a high level of people with dementia and they are very kind and caring. I would happily place my relative here."

Where possible people had been encouraged to be part of their care and the care staff were observed providing support and encouragement when needed. Each person living at the service was clean, tidy, dressed appropriately for the weather and looked comfortable. People told us that they were well treated and relatives also confirmed this. One relative told us, "[Person's name] looks well, their nails are always done and they have their jewellery on. We are pleased as they have also managed to encourage them to sit at the table, which is great."

Where possible people were supported to express their views about their care and support. All the people at the service had relatives involved in their care and regular contact and visits were made. The registered manager stated they did their best to ensure relatives were involved in any reviews and decisions on care, and if someone did not have access to family or friends that could support them, the service would arrange for an advocacy service to offer independent advice, support and guidance to individuals. Relatives stated that they are always made welcome. One added, "Whenever someone visits they are always offered a cup of tea and made to feel welcome. It is as best as it can be."

Is the service responsive?

Our findings

At this inspection we found people were happy living at the service as they had been during our previous inspection. The rating of the service continues to be Good.

People's needs had been assessed before they moved to the home and the assessment forms identify each person's needs and assisted the service to identify whether they could provide the care required. Where possible people and their relatives had been involved in the care planning process. The care plans we reviewed contained a variety of information about each individual person and identified any care needs due to the person's diversity. When speaking with staff they were aware of people's dietary, cultural or mobility needs.

We found care staff assisted people with their care and were observed being responsive to people's needs. People received the support and assistance they needed and care staff were aware of how each person wanted their care to be provided. Each person was seen to be treated as an individual and received the care they needed and which was relevant to their needs. Only one issue was raised during the inspection and this was regarding having choice on the time people went to bed and got up in the morning. One person stated that this sometimes seemed 'very early' to them and that some people would be assisted back to their bedrooms quite early in the evening, 'just after tea.' They added that they did like to go to bed early as they found they got very tired by early evening. On investigating this further we found that details of when people wanted to get up or go to bed had been recorded in their care plans and this showed that they had been given a choice.

The service have continued to develop activities and these include dominoes, puzzles, cards, music, exercise and family visits. Each lounge had a television and most people were observed during the day watching films or drama programmes. During our inspection people were seen having one to one time with staff and playing board games or chatting. One person liked to knit and care staff were seen encouraging them and assisting when needed. They did have a person who visited once a week to do exercises and most people joined in with this. People we spoke with told us they could join in with the organised activities if they wished, but some preferred to watch the television or stay in their room, which showed that people's individual choices and preferences were respected. The registered manager had also been taking people out for meals to a local restaurant which had been a huge hit and relatives had requested that this was a regular outing. When the weather was warmer people had been on small outings to the local shops, to the park to feed the ducks and going out for walks. On discussion with the registered manager we were advised that activities were an area that they wanted to develop further to ensure people spent their free time meaningfully.

The service had effective systems in place for people to use if they had a concern or were not happy with the service provided to them. People had been provided with information on how to make a complaint and this was also available within the service. The service had set forms to record details of the any complaints they received and this included how these were investigated and also the outcome. Management were seen to be approachable and they listened to people's experiences, concerns or complaints. Care staff stated that

they felt able to raise any concerns they had. Relatives spoken with said they would be able to speak with management if they had any concerns, but added that they were happy with the service and that they had no concerns. One health care professional stated, "I have no concerns and I think they do amazingly. The care here is fantastic."

Since our last inspection CQC had received a number of anonymous concerns around the paperwork, staffing and running of the service. When these had been brought to the registered manager's attention they had been pro-active and ensured these issues have been fully investigated and provided details on what investigation had been undertaken and any action taken. This meant that people could now be confident that their complaints would be listened to, taken seriously and appropriate action taken.

Is the service well-led?

Our findings

At this inspection we found the service was as well-led as we had found during the previous inspection. The service's rating continues to be Good.

The service had a registered manager who had been in post for nearly three years, so they knew the staff, relatives and people who live at the service very well. A registered manager are like 'registered person' and have legal responsibilities for meeting the requirements in the Health and Social Care act 2008 and associated Regulations about how the service is run.

People told us that the registered manager's door was 'Always open' and they were very approachable. Feedback included, "[Managers name] puts in a lot of hours, she loves all the people there and wants to do the best for them" and, "The attitude of the manager and staff are very good. There is a good duty of care to people and the manager is very approachable."

People received good quality care and the service had a number of systems in place to help monitor the standard of care received. The registered manager was committed to delivering a high standard of care and carried out regular checks and audits such as health and safety, medication and fire systems to ensure people's health and welfare. The service had arranged for support from an independent consultant to help develop their quality assurance systems and help improve the service. The registered manager advised that they had found this support 'Really helpful' as if they were not sure on anything they could gain support and advice when needed. It is clear that the service has improved over the last two inspections and the paperwork is now in place and regular audits completed. People were happy at the service and relatives were very positive about the care provided and staff.

Staff told us they felt supported and enjoyed working at the service. Regular supervision and staff meetings had been organised and staff stated there was 'good team work.' Some staff spoken with had worked at the service for a number of years and were very positive about the management of the home, adding that they had seen improvements since the registered manager had been in post. Feedback from staff included, "She [the manager] is an effective communicator and if we have any problems she listens" and, "The management are very good. We have their telephone numbers and we can ring them at any time." Management had systems in place to help ensure staff were kept up to date with information about the service and the people who lived there and this included staff handover meetings.

Staff were aware of their responsibilities and the service had clear aims and objectives, which included dignity, independence and choice. The ethos of the service was made clear to people through the service's aims and objectives and staff had a good understanding of the standards and values that people should expect.

People who lived at the service and their representatives were provided with opportunities to provide their views about the care and quality of the service. The registered manager was seen speaking with people and relatives during the inspection and we were advised they had daily interaction. The registered manager

knew people well and had a good understanding of their care needs and them as an individual. Feedback from staff included, "We work as a team and as a family. The people come first and the manager loves all the people from her heart."

Quality assurance questionnaires had been sent to relatives and people who used the service to gather their views and opinions. Information from these was collated and an action plan produced where issues had been raised. Meetings had occurred with people who lived at the service and their relatives which showed they had been made included in feedback on the service.