

Prime Care (GB) Limited

Marina Care Home

Inspection report

109 Leyland Road
Southport
Merseyside
PR9 0JL

Tel: 01704533184
Website: www.leylandresthome.co.uk

Date of inspection visit:
18 January 2018
19 January 2018

Date of publication:
26 February 2018

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

This inspection took place on 18 and 19 January 2018 and was unannounced.

Marina Care 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 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 our inspection.

There was a registered manager in post. 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.

When we carried out a previous inspection in November 2016 we rated the service 'requires improvement' in safe, effective, responsive and well-led with an overall rating of 'requires improvement'. At this inspection we looked to see whether improvements had been made to ensure the provider was meeting the fundamental standards of care. We found the home had made significant improvements to address the issues found in the last inspection.

During the previous inspection we found some areas were odorous and the care provider told us they were in the process of replacing carpets which were heavily stained to eradicate this. During this inspection we observed that the care home had been refurbished to a good standard and had addressed the previous issues. We found the home to be generally clean and free from odours. The manager told us that the refurbishments were still on-going and a number of rooms still required decorating; this was due to be completed within 2018.

We looked at whether the environment was safe including fire safety. During the last inspection in November 2016 we spoke to the fire officer who told us they had served an urgent notice of enforcement to the home which required them to carry out urgent work. We also found that there were hazards posed for people such as not all toilet/bathrooms being easily accessible or having signs. During this inspection we found that home was safe and all work had been completed and they were now compliant with fire safety regulations. All bathrooms had signs and were now easily accessible for people.

There was evidence of regular safety checks being completed by the home and action being taken where issues were identified.

Medicines were being managed and stored safely.

Staff were aware of different types of abuse and how to report safeguarding incidents. Those that were reported had been done so appropriately. They were also aware of the whistleblowing policy. Staff were able to explain how to keep people safe from abuse. People's individual risks were appropriately assessed and reviewed in order to keep people safe. Staff had received appropriate training in safeguarding.

Staff recruitment files were found to reflect safe recruitment processes. Each file contained an application form with detailed employment history, photographic identification, references and evidence of DBS checks.

Staff had received training in areas such as infection control, health and safety and manual handling.

Accidents and incidents were reported and recorded and showed evidence of analysis and review and action taken where needed.

People living in the home told us they felt safe.

Principles of the Mental Capacity Act (MCA) 2005 legislation were being followed and Deprivation of Liberty Safeguards (DoLS) applications were completed correctly and in line with current legislation. Staff showed a basic knowledge and understanding of both MCA and DoLS. Best interest decisions were being made appropriately, however we identified that paperwork lacked sufficient detail to show who was involved in the decision making process and what the issues/concerns were.

During the inspection we observed appropriate levels of staff on duty people that we spoke with told us there were staff available if they needed them.

People living in the home spoke positively about the food provided. There was a choice of meals and drinks and snacks were available if requested.

We found people were being supported to access appropriate medical and health care such as; GP, chiropodist, optician and district nurses.

Staff supervisions and appraisals had been completed regularly and were clearly documented. Staff told us they felt well supported by the management team and were able to request additional support through supervisions if required.

We saw evidence of people receiving care that was person centred and based on individual needs and risks. Care files were showed that people (and their relatives) were involved in their care planning and they were provided with choices and were listened to. Care files were reviewed regularly.

We observed staff interactions with people living in the home and found them to be caring and treated people with respect and dignity. Staff were seen to be kind and patient with people. Staff that we spoke to provided good knowledge and understanding of dignity and respect.

In the last inspection we were told by people living in the home that there were not enough activities but that it was improving. During the inspection we saw evidence of activities being provided for people living in the home and people were observed engaging in activities with staff. We saw evidence that an external activities coordinator attended daily and provided both group and individual activities for people.

A complaints procedure was in place for the home and we saw evidence that complaints were dealt with effectively by the manager.

We saw evidence of systems and processes for monitoring the quality and safety of the home and actions being taken when issues were identified.

People living in the home and staff spoke positively about the manager and told us that things had improved greatly since that last inspection.

The management team were very responsive during the inspection and able to provide information on request.

We saw evidence during this inspection that the manager had worked hard to improve the quality of the service and their continued effort to further improve. Their vision and value was to provide person centred care with happy people in the home and their families whilst keeping people safe. This was evidenced throughout our inspection.

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.

Staff were aware of different types of abuse and how to keep people safe from harm.

Robust recruitment processes were in place.

Risks were appropriately assessed and reviewed regularly.

Systems and processes were in place to ensure the environment was safe.

Medicines were managed and administered safely and in accordance with best practice guidance.

Is the service effective?

Good ●

The service was effective.

Staff had received the appropriate training to give them the skills and knowledge required to carry out their role.

Principles of the Mental Capacity Act (MCA) 2005 were being followed.

People were being supported to receive appropriate medical and health care when needed.

Staff were being supported through the use of regular supervisions and appraisals.

People's nutritional needs were being met.

Is the service caring?

Good ●

The service was caring.

Staff treated people with respect and dignity and demonstrated they were patient and kind.

Staff supported people to maintain their privacy and dignity in all

aspects of their care.

People were encouraged to express their views and were involved in their care planning.

Is the service responsive?

Good ●

The service was responsive.

Care plans were based on individual needs and were assessed and reviewed regularly.

A complaints procedure was in place and complaints were dealt with effectively by the manager.

A range of activities were being provided for people living in the home.

People were supported in their end of life care.

Is the service well-led?

Good ●

The service was well-led

The service showed a clear commitment to improving the service they delivered.

People living in the home spoke positively about the management team.

Staff felt supported by the manager in their role.

Marina Care 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 18 and 19 January 2018 and was unannounced. The inspection team consisted of one adult social care inspector and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the service. This included the statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the commissioners of the service.

We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke with the manager, assistant manager, eight members of care staff, one kitchen staff, one external activities coordinator, six people living in the home, and four visitors.

We made observations around the care home, we looked at the care files for four people, four staff recruitment files, medicine administration charts and other records relevant to the quality monitoring of the service. We also observed the delivery of care at various points during the inspection.

Is the service safe?

Our findings

People we spoke with during the inspection told us they felt safe living at the home. Their comments included, "Of course we're safe, why do you ask?", "Yes we're safe and warm here", "I trust them all here" and "I feel safer here than I did at home".

Marina Care Home had a clear safeguarding policy that provided detailed information for staff and was easily accessible. The policy outlined various types of abuse and the actions that staff should take if a safeguarding concern was identified. Training records showed evidence that staff had received training in safeguarding. Staff we spoke with were able to clearly explain how they would keep people safe and safeguard them from abuse. Staff were able to tell us how they would report safeguarding concerns if managers or senior staff were not available. Comments included, "Well I would first report it to a senior, if they weren't available I would report it to a manager and if not I would go straight to social services.". Staff were also able to tell us what they would do if a person living in the home did not want any action taken, for example, "Well I would still have to report it because other people might be at risk but I would make sure that I told the person what I had to do.".

The service had a detailed whistleblowing policy that provided detailed guidance for staff and had been reviewed and updated. The policy provided examples of where staff could use whistleblowing and ways to report concerns for example to a line manager, registered manager, the provider or to CQC. Staff we spoke with were able to provide a good understanding of the whistleblowing policy and how they could report concerns confidentially.

People's individual risks were appropriately assessed and reviewed to help ensure that they were kept safe without unnecessarily restricting their independence. Care files contained risk assessments for falls, pressure relief, weight loss and behaviour that may challenge. For example, one person's care file showed that they presented with behaviour that may challenge whilst being provided personal care. The risk assessment clearly detailed what the triggers were and guidance for staff to manage this behaviour and prevent it from occurring by using diversion techniques and allowing time for the person to calm down and clearly explaining to them what they are doing. Another care file that we looked at identified that a person was at high risk of developing pressure sores. The risk assessment provided clear guidance for staff to manage this by regularly checking for any wounds/sores and what action to take should any be identified. Whilst the person did not currently have any pressure sores the assessments provided further guidance including the use of pressure mattresses/cushions and regular repositioning if they developed pressure sores.

Environmental risks were also considered and we saw evidence of this in relation to legionella, fire, water, hazardous liquids and general health and safety around the building. Each person living in the home had a personal emergency evacuation plan (PEEP) that identified their individual risk level. The PEEP that the home had developed did not contain guidance for staff in safely removing people in an emergency, however the home used a separate emergency evacuation form that detailed any mobility or communication difficulties and guidance for staff. During the inspection the registered manager made changes to the PEEP

forms to reflect the information contained in the emergency evacuation form.

We saw evidence of regular fire safety checks and inspections being completed both internally and externally; such as alarms and fire extinguishers. Safety certificates and reports relating to gas safety, portable appliance testing (PAT), food hygiene and lift servicing were also seen during this inspection. All windows within the home had been fitted with restrictors to reduce the risk of people living in the home being harmed and these were checked regularly.

During the last inspection in November 2016 we spoke with the fire safety officer who told us that they had issued enforcement action which required the home to carry out urgent work. We saw evidence that the registered manager had worked closely with the fire officer to identify and address the issues highlighted.

During the inspection we identified that staff were deployed in sufficient numbers to meet people's needs; this was evidenced by viewing staffing rotas for three weeks and by observing the staff working on the day of the inspection. The home uses a dependency tool to appropriately assess the required levels of staff against the needs of the people living there. People living in the home told us there were enough staff to look after them. One person said, "There's always someone to look out for you here.". Staff that we spoke with told us they felt there were enough staff to be able to carry out their role effectively and meet the needs of people living in the home. Comments included, "Staffing levels are quite good, we try to cater for the busy periods. We now have domestic staff so that care staff can see to residents and we plan for any appointments that people have by bringing extra staff in where needed", "Staffing levels are really good, most of the time we can deliver one to one care depending on how busy it is but staff are usually brought in if it is really busy" and "Staffing levels are really good, I don't feel that we struggle".

During the inspection we observed staff responding to people's needs quickly; for example whilst a senior staff member was administering medication to a person in their room they heard another person shouting. The staff member immediately attended to this person whilst also ensuring that the other person's medication was administered safely.

We checked four staff recruitment files and found they reflected safe recruitment practice in line with the provider's recruitment policy. Each file contained an application form with a detailed employment history, photographic identification, references and evidence of Disclosure and Barring Service (DBS) checks. DBS checks are used by employers to establish if recruits have a criminal record or are barred from working with vulnerable adults or children.

We observed a member of staff while they administered some medicines and checked records, storage arrangements and audits. We found that all medication was stored in a locked trolley that was kept in a locked office and secured to the wall. This trolley was observed to be locked at all times when not being used. The medicine trolley was clean and tidy and all open bottles of medicine were checked and found to be dated – this was good practice as it ensured that medicines administered were within their expiry dates and safe to use.

Some MAR (Medicine Administration Records) sheets were checked and no errors were found. They were clearly documented to demonstrate people had received their medicine. There was evidence of staff correctly recording where medication had been refused or not given. The medicine file contained PRN (as required) protocols for staff to follow and included clear guidance for when medication should be administered. During the inspection we saw that one person received two types of PRN pain relief. This person experienced daily pain and records indicated that they were being given pain relief several times a day. We addressed this with the registered manager and they told us they would contact relevant health

professionals to discuss this. On the second day of the inspection the registered manager told us that they had contacted the GP and they were visiting the person to complete a review of their medication.

We completed a stock check of the medicines in the trolley and no errors were found.

The treatment room was checked and found to be clean, orderly and well stocked. The temperatures of the room and refrigerator were recorded regularly and remained within safe limits.

Monitoring of these temperatures is important because some medicines can be damaged by storage at excessive temperatures.

The home did not have any people receiving covert (hidden in food or drink for their best interests) medication but the staff member administering medication had a good knowledge of how to manage covert medication and who to seek guidance from.

Controlled drugs were locked securely in a separate cupboard from all other medication. The controlled drugs book was completed correctly with two signatures for administration. Stocks were counted and one error was found. This was discussed with the registered manager and they immediately address the issue.

The medication policy contained guidance for staff in a number areas such as medication storage, administration, destruction and return. The document also contained guidance regarding self-medication, covert medication and controlled drugs. The policy was easily accessible for staff to read.

During the last inspection in November 2016 we found some areas of the home were odorous and required refurbishment. The provider told us that they had plans to address this and were in the process of replacing carpets which were heavily stained to eradicate this. Since the previous inspection the home had been refurbished to a good standard and was found to be clean and bright and free from odours. People spoke positively about the refurbishments and from a recent relatives' survey we saw a comment that read, "The home has undergone cosmetic improvements which have brightened the feel of it."

The domestic staff used a detailed cleaning chart to record which rooms had been cleaned and when. Staff made appropriate use of personal protective equipment (PPE) to reduce the risk of infection. Staff had received appropriate training in infection control and those spoken with showed a good understanding of how to control the spread of infection. There was policy in place in relation to infection control that provided guidance for staff.

During the inspection there was evidence of the monitoring and recording of accidents and incidents. We saw that when staff identified that a person had a number of falls in a short period appropriate referrals were made to relevant health professionals.

Is the service effective?

Our findings

During this inspection we looked at whether staff had the appropriate skills and knowledge to meet the needs of people living in the home. We found that staff had received training in areas such as, manual handling, health and safety, food hygiene, infection control, first aid, safeguarding, end of life care, medicine administration and dementia awareness. The majority of training was up to date and records indicated when refresher training was due to be completed.

Staff spoke positively about the training received and felt confident that they had the skills and knowledge required to provide the care needed for people living at Marina Care Home. We saw that staff had been received a detailed induction that was in line with the Care Certificate standards. Some staff had also completed NVQ level 2 in adult social care.

People we spoke with felt that their needs were being met well by staff. Their comments included, "They are very regular with my tablets and always remind me" and "They are always quick to call the doctor out for me". A visiting relative told us, "They do their very best for [Name]".

Staff supervisions and appraisals were carried on a regular basis in line with the provider's policy. There was evidence of detailed discussions and offers of support where appropriate. Staff spoken with stated they felt supported during supervision and were able to discuss any concerns.

People were supported to eat and drink and maintain a healthy diet in accordance with their individual requirements. Lunch was served in a well decorated, well-lit dining room with tables that were well presented with napkins, cutlery, crockery and condiments. Some staff sat and had lunch with people living in the home which made the lunch time event feel relaxed and inclusive. We observed a pleasant atmosphere with good interaction between staff and people in the home whilst staff also supported some people with their meals where required. There was a choice of two main courses and desert was offered to those who wanted it. People told us that the food was always good and plentiful.

We saw in some care files that people required specific dietary support; for example one care file detailed a person with diabetic controlled diet who had poor dietary intake. The support plan provided detailed guidance for staff to monitor the person's weight and encourage them to eat a balanced diet. Staff were to ensure that they considered the person's likes/dislikes, provide assistance and encouragement where needed, ensure they were positioned appropriately at meal times, had access to regular snacks and carry out regular weight checks. The support plan helped to ensure that the person maintained a health weight which was evidenced from the weight charts that were recorded.

People were supported with other health needs in conjunction with community-based healthcare professionals. We saw evidence in care records of consultations and appointments with GPs, district nurses, speech and language therapists and community mental health services. For example, one person had a catheter and the records provided evidence of regular visits by the district nurses to change their catheter. Other records that we looked also detailed regular visits and referrals to health professionals.

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 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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Applications to deprive people of their liberty had been made regularly to the local authority.

Many of the people living at Marina Care Home lacked the capacity to make certain decisions about their care. The records that we saw indicated that the service operated in accordance with the principles of the MCA and where required completed best interests decisions. However, three out of the seven best interests forms that had been completed lacked sufficient detail to evidence what the specific concerns were and who had been involved in the decisions being made (for example family, health/medical and other professionals). This was discussed with the registered manager during the inspection. They told us that they were being supported by another professional organisation to complete the forms appropriately. Following the discussion with the registered manager they produced further best interests forms which showed evidence that they had addressed the issues raised.

During the previous inspection in November 2016 we looked into whether staff had the appropriate knowledge and skills around MCA and DoLS legislation and found that whilst staff were aware of MCA and DoLS their knowledge was at a basic level. During this inspection staff we spoke to showed a good knowledge of MCA and DoLS and were able to provide examples of when a person may be deprived of their liberty. For example, "Well we're basically depriving them of their freedom but we're doing it to keep them safe, so we have things like key codes on the doors or some people might have bedrails."

It was clear from care records and discussions with people and relatives that their consent was sought in relation to care being provided. Where people had capacity to make decisions about their care it was clear that their consent had been obtained. Staff we spoke with provided good knowledge and understanding around consent and understood that whether a person lacked capacity or not obtaining their wishes was still important; their comments included, "We have to take on views and wishes of everyone whether they have capacity or not" and "Sometimes we would get consent from family, or from other professionals but we also get consent from the people themselves, we still have to take people's wishes on board".

Some people living at Marina Care Home have dementia. In the previous inspection we found that the home was not considered to be a dementia friendly environment. During this inspection we found that the refurbishments that had been completed had addressed many of previous issues such as appropriate lighting, colour schemes, floor coverings and assistive technology and clear signage. For example toilet/bathroom doors displayed clear signage for people living in the home to know that they were a toilet or bathroom.

Is the service caring?

Our findings

During the inspection we made observations of how caring the service was and asked the views of the people who lived there. People spoke positively about the care provided to them by staff with comments like, "Yes this service is caring", "They do all my washing and even do my ironing", "You couldn't wish for better staff", "They make this my home", "They've always got time for me" and "The assistant manager comes in on their day off to take me to church". A relative told us how caring staff were; they said "[Name] was so loved here, the staff were just fantastic, they sat up all night with [Name]. I couldn't have asked for anymore from them, they were always quick to get the district nurse to see [Name]".

During our observations we saw staff showed great kindness and care to people and treated them with respect. We saw positive interactions between staff and people living in the home. One person living at Marina Care Home had expressed a wish to own a dog; the registered manager went to great lengths to purchase a dog which has now become a well-loved character within the home. We saw one staff member supporting one person who had difficulty walking and found the staff member to be kind and patient. We observed staff sitting with people living in the home and chatting to them throughout the day. The registered manager was seen to stop what they were doing to speak with people on a regular basis and their interaction was kind and respectful. One person told us "They always find the time to speak to us".

People living in the home looked happy and were observed chatting amongst each other; the environment appeared calm and staff interaction with people looked familiar and natural.

We observed staff treating people with dignity and respect and saw that staff would always knock before entering any rooms. During the inspection we observed one staff member administering medication to a person in their room who had visual and hearing impairments. The staff member knocked and only entered the room when the person gave permission. The staff member was heard speaking to the person in calm and encouraging manner; they constantly offered reassurance and before leaving made sure the person was okay. Staff that we spoke to showed good knowledge of dignity and respect with comments like "Everyone should be treated with dignity and respect", "we always knock on their doors before we go in and make sure we cover people up when providing personal care", and "We always knock on doors, I wouldn't expect anyone to just walk into my home so why would I do it to people living here?"

Staff told us that whilst no one living in the home had asked for female or male only staff to provide personal care some people ask for particular staff to support them; where these staff are on duty this will be respected.

Whilst no people living at Marina Care Home had any equality, diversity or human rights (EDHR) requirements the service had a detailed policy that clearly explained how they would cater for people with any EDHR requirements.

We asked people if they felt listened to and had the opportunity to be included in the planning of their care. The people that we spoke to were unable to say whether they had been included or not but from the records

that we viewed we saw evidence of resident meetings and of detailed personal information and life histories within care files; the information recorded showed evidence that both people living in the home and their relatives had been included in the decisions made about the care being provided.

We saw evidence of positive feedback from relatives through surveys about the care being provided by staff at Marina Care Home. For example one relative wrote, "The ethos here is to put the care of the resident before stats/processes and this is shown in the care of my [Name]. First rate staff."

We saw evidence through professional's surveys that staff were kind and respectful towards people living in the home; one professional wrote "The staff at the home are always very welcoming. They are considerate to the service users ensuring their dignity is always maintained".

We saw evidence through resident surveys that people living in the home felt encouraged to express their views and believed they were given choices about their care by answering either 'agree' or 'strongly agree' to the certain questions such as "Staff encourage me to tell my views", "Staff support my right to choose", "Staff ask for my consent or agreement", and "Staff respect my agreed choices".

We saw that bathroom/toilet doors had clear signs for people living in the home to be aware that they were a bathroom/toilet.

Is the service responsive?

Our findings

Marina Care Home understood that each person and their needs are different and all require individual support. We saw that care records were person centred and created with the involvement of the person and their relatives. The care records contained extensive information about people's personal history, families, care needs and preferences. For example, one file detailed the person's work history and what makes them feel better when they are anxious. Another record detailed all the things that a person liked to do. The information contained in the files helped staff to provide care that reflected people's individual needs.

The care provided was based on individual needs and files contained plans and assessments that were individual to the person's needs and were reviewed regularly. For example, one care file described that a person that had nutritional difficulties. The support plan provided detailed guidance for staff to manage this whilst also taking into consideration the wishes of the individual. Another care file detailed that a person had difficulty with mobility and how they felt when being transferred. The support plan provided information for staff to allow them to assist with mobility whilst ensuring that the person did not feel anxious or in pain. Other examples included files that contained assessments and support plans for people with behaviour that challenged, visual impairment, cognitive and communication difficulties and specific health needs (such as diabetes and catheters).

We observed that staff were responsive to people's needs in a variety of ways. Examples included, helping people with their drinks, snacks and meals; assisting people in going to the toilet and talking calmly and patiently to people who lived with dementia. People that were spoken to were positive about how responsive staff were to their needs. One person said "Yes I think this service is responsive".

During the inspection we saw that the service recorded activities that had taken place within the home; for example; cake making, quiz, charades and listening to music - the activities log also detailed trips out such as to garden centres to the park and other outings. The manager told us that they use an external activities coordinator who attended daily. They also had entertainers in and held regular themed parties. The activities coordinator had attended during the inspection and was seen spending time with people on a one-to-one basis. We spoke with them; they told us they carried out both group and one-to-one sessions. The people we spoke with told us they enjoyed these sessions and from the observations we made, they seemed to interact in a positive manner. During the inspection we observed someone carrying out gentle sit-down exercises with some of the people living in the home. In the afternoon a singer attended and performed a sing-a-long cabaret that many people appeared to enjoy.

As part of the inspection we checked the complaints policy and any record of complaints. Information about how to make a complaint was displayed and available to people and visitors. People we spoke with told us that no matter how big or small their complaint was it was addressed and sorted out. They told us they were satisfied with the outcome especially if their complaint was taken straight to the management. One person living in the home said, "If I have a complaint I go straight to the top and its sorted out for me". Visiting relatives told us, "If I have a complaint it's sorted out to my satisfaction" and "If anything is wrong I tell them".

When we checked the record of complaints we found that only one had been received in 2017. This was dealt with by the registered manager the same day and family were updated. Following the complaint actions were put in place to address the concern raised. Family were satisfied with the response and the actions by the registered manager.

Staff were conscious of the need to support people and their wishes at the end of their life. We saw and heard examples of how end of life care was planned for in conjunction with the person, their family and healthcare professionals. The end of life policy at Marina Care Home was detailed and followed the six steps of care; the policy provided information and guidance for staff that showed a desire to provide person centred care at the end of people's lives. We saw examples of people living in service who had been at the end of their lives but as result of the level of care provided by staff they were now living a full life at the home .

Is the service well-led?

Our findings

There was a registered manager at Marina Care Home.

We observed that the ratings from the last inspection were clearly displayed within the home and on their website in accordance with CQC guidance.

The service had an extensive and clear management structure with a focus on providing quality care that made people living in the home feel safe and happy.

People living in the home and relatives that visited during the inspection spoke positively about the management team and praised the registered manager for the good work they had done and the improvements they had made in the last 12 months. During the inspection we observed the registered manager to be well liked by people living in the home, relatives and staff. One visiting relative commented that the home had previously been of a poor standard but had improved with the new manager. They told us that the registered manager was "very approachable and would do whatever they could to make people happy". They explained that their relative had been desperate for a dog and that the manager had gone to great lengths to make this happen.

We also saw evidence of positive feedback from professionals about the service through surveys; one comment read, "Within the home we have noticed an improvement in the organisation. Information is easily accessible and staff and management are always willing to help".

Staff that we spoke to told us they felt well supported by the manager and found them to be very approachable. One staff member told us, "[Registered manager] is on the ball, nothing is too much trouble; they support the staff and have the resident's best interests at heart". They told us that the manager was firm but fair and always dealt with any issues raised by staff. Staff told us that there was a good level of respect towards the manager. Another staff member said, "[Registered manager] is really nice, they are very easy to approach and if something needs doing they get it done". All staff told us they felt supported not just with work but with personal matters also.

Staff that we spoke to told us that everyone worked well as a team and staff were always willing to help each other. One staff member told us, "They (staff) are like a second family". Staff told us that the registered manager's vision was to provide a happy home for people and their families and to keep people safe. One staff member said, "We just want to make this place the best it can be".

Throughout the inspection the staff and managers were open and responsive. They were able to provide evidence on request and clearly understood management systems and what was required of them. Where information could not be located in files staff and management were immediately able to find the appropriate paperwork.

During this inspection we reviewed the incidents that occurred within the home and found that statutory

notifications had been made appropriately. This helped to ensure that CQC was aware of any risks relating to Marina Care Home.

People living and working at Marina Care Home were engaged and consulted about changes through regular meetings and surveys. We saw evidence of regular meetings being held which clearly documented the wishes and feelings of people and their relatives. For example, we saw evidence of individual 'resident's meetings' held by the management team where people living in the home and their relatives were updated with changes to care needs and were given the opportunity to give their views. One meeting held with a person living at the home and their relative looked at a review of the person's care; the person and their relative stated they were happy with the care being provided and praised staff for what they were doing. Another meeting was held with a person living at the home to discuss them going out on daily walks; the person was asked their views and this was respected by staff.

Staff meetings were held regularly and were clearly documented with various areas discussed such as changes to people's care needs, issues found following various audits (for example medication, cleanliness), and concerns that staff may have. It was evidenced through these meetings that staff were listened to and their views considered. For example, during one staff meeting the cleanliness of the service was discussed as management felt that it was not acceptable. Staff were able to provide their views and opinions and give explanations as to why certain tasks had not been completed. Recommendations were then made to address the issues identified by providing additional staff to support in the cleaning/domestic tasks. It was also evident through staff meetings that any agreed actions following complaints were clearly communicated. For example, the actions following the one complaint made in 2017 had been communicated to staff ensuring that they were all aware of what had been agreed.

Staff surveys evidenced positive responses to questions such as, "I have the necessary materials and equipment to carry out my role", "I am given the opportunity to do what I do best", "I receive regular recognition or praise", "The managers seem to care about me and encourage my development" and "my opinions count".

Marina Care Home had robust systems in place to monitor the quality and safety of the service. During the inspection we saw evidence of regular audits being conducted and action taken when issues were identified. For example, we saw evidence of regular medicine audits, cleaning audits, environmental safety audits such as hazardous liquids, window restrictors and fire safety audits. We also saw evidence that audits were analysed and where issues were identified actions were set to address them. For example, during a cleaning audit it was identified that a person's carpet needed replacing due to strong odours; the manager set an action for this to be replaced and is currently in the process of completing this. Another example was found with audits conducted for window restrictors within the service; some windows had been identified as not having restrictors. This was addressed and all windows now contain restrictors.

During the inspection the registered manager showed us their improvement plans. This detailed work that had been completed in the service to improve the environment. For example, new flooring, decoration, new furniture and also increase in staffing. The improvement plan also detailed plans for 2018. These included some rooms that still required refurbishment, plans to turn some bathrooms into wet rooms to make them more user friendly for people with mobility difficulties and plans to carry out work in the garden to make it more user friendly for people living in the home and enable them to become more involved. The improvement plan provided evidence that the manager was constantly working to improve the quality of the service and environment.

The service showed a continuous commitment to learning and development by supporting staff to access

learning opportunities. Staff that we spoke to told us they were being supported to complete additional training such as NVQ level 2. One staff member said that they were being supported to complete their NVQ level 4 in order to become a senior care worker.

During the inspection we saw evidence that the home worked effectively in partnership with other agencies. This included health and social care professionals such as district nurses, GPs and mental health professionals. The registered manager also told us that they were currently working with a mental health coordinator to ensure that all best interests' paperwork was completed appropriately.