

Prime Care (GB) Limited

Marina Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Marina 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

People and their relatives told us they were safe however; practices did not always demonstrate safe care and treatment. We found medicines were not always well managed. Staff were able to tell us about the risks to people and knew how to support people to minimise the risks. We found recruitment documentation was not always complete, we have made a recommendation about this.

The service was not always well-led. Some records relating to care and the management of the service were either incomplete, inaccurate and/or not kept up to date. We found no impact to people however; this could have compromised the quality and safety of the service provided.

The provider worked with us in a positive manner and provided all the information we requested. Additionally, they responded promptly to our concerns during and after the inspection.

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

Rating at last inspection

The last rating for this service was good (published 13 August 2021).

Why we inspected

We received concerns in relation to infection prevention and control, the management of medicines and documentation. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection. We have found evidence the provider needs to make improvement. Please see the safe and well led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence the provider needs to make improvements. Please see the safe and well led sections of this full report. The registered provider and registered manager responded immediately during and after the inspection. They confirmed improvements had been made and an action plan was in place to continue the improvements needed.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Marina Care Home on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to medicines management, documentation, infection prevention and control and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led

Details are in our effective findings below.

Requires Improvement ●

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.

Inspection team

The inspection was carried out by two inspectors and a member of the medicines team.

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 the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with eleven members of staff including the provider, registered manager, assistant

manager, senior care workers, care workers and the chef. We carried out observations of care to help us understand the experience of people who could not talk with us. We carried out a visual inspection of the home looking at the cleanliness, layout and safety.

We reviewed a range of records. This included six people's care records and seven medicine administration records and medicine related documents. We checked medicines storage and records including those for controlled drugs (medicines liable to misuse). We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with three professionals who have recently visited the service.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines administration records were generally completed accurately however, we found a number of concerns.
- Controlled drugs were not managed safely as there were multiple errors including missing entries, wrong balances and not always having a second signature when administering.
- Medicines prescribed as 'When necessary' did not always have guidance in place to support their safe administration.
- A medicine was found in the unlocked fridge, when asked, staff could not tell us what it was for and there was no care planning information to support its use.
- We found eye drops in the fridge that didn't have date opened on them and were out of date.
- Some prescribed creams were not safely handled because they were not stored, labelled or used correctly.
- Medicines patches were not safely applied as there were no system in place to ensure the site of application was rotated properly.
- Medicines for disposal were not safely managed and stored.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines were effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- The provider had not adequately assessed, and managed risks related to the prevention and control of infection. During the inspection, we found the environment was unclean in several areas. We found equipment in communal bathrooms to be soiled. Peoples personal equipment such as walking aids were visibly unclean.
- We found the premises were not well maintained. We saw paintwork was chipped in some areas which could prevent adequate cleaning.
- We observed staff not following good practice guidelines around the use of PPE.
- The completion of cleaning tasks was not always checked and documented. We viewed recent environmental audits which had not recognised the issues we found. We referred the home to the local Public Health Authority and the provider took immediate action to address some of these concerns.

We found concerns with regards to preventing and controlling infection. This placed people at risk of harm.

This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw there was an adequate supply of PPE at the service and were assured that visitors were asked to wear this when visiting the service.

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

- Accident and incident records were not always fully completed, and it wasn't clear if the actions needed had been completed.
- Risks to people's health, safety and wellbeing were not consistently assessed or planned for. We reviewed six care files and found inconsistencies or missing information in each of them. We viewed three people's care plans that referenced behaviours that could challenge others and the service; however, we did not find adequate risk mitigation plans for staff to follow to ensure these people were being supported safely. We spoke with staff members who could tell us about the risks and the actions they took which reduced the harm to people.
- We found that people's personal emergency evacuation plans did not always contain the correct information to support people.

We found no evidence that people had been significantly harmed however, systems and documentation had not been used effectively. This placed people at risk of harm. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- We looked at recruitment and found some recruitment files were incomplete, we found some gaps in employment were not explained. Additionally, we found references were not always from the most recent health and social employer without explanation.

We recommend that the provider reviews recruitment processes to ensure all the relevant schedule 3 information is evidenced as required.

Systems and processes to safeguard people from the risk of abuse

- The service had procedures to minimise the potential risk of abuse or unsafe care.
- Management and staff understood how to safeguard people and were clear about when to report incidents and safeguarding concerns to other agencies responsible for progressing and investigating safeguarding matters. Staff told us they would not hesitate to raise concerns if they witnessed abuse or poor practice.

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 now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There were systems for promoting person-centred care however, they had not been consistently applied to support the process. Systems for supporting staff training were not adequately implemented to ensure staff were up to date with training.
- The systems in place to assess, monitor and improve the quality of the service people received, were not always operated effectively. We found some inconsistencies in documentation. These included out of date and/or incomplete information. We found issues with medicines management relating to documentation and systems. During the inspection the issues we found had not been recognised by the registered manager or provider.

We found no evidence people had been harmed however, systems were not robust enough to demonstrate leadership and quality assurance was effectively managed. This is a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We found the registered manager and provider knew people very well and were committed to providing a responsive, person-centred service. We observed people were comfortable with the management and staff team.
- Staff told us they felt supported and valued by the management team.
- The management team and staff were able to demonstrate a shared responsibility for promoting people's wellbeing, safety and security.

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

- The management team were aware of how to share information with other professionals, when appropriate. They understood the need to escalate any concerns to outside agencies, so action could be taken. We saw evidence of people being supported to take part in meetings with professionals including their doctors. However, feedback we received about the management team from professionals was not always positive. This was discussed with the registered manager who agreed to address the concerns.
- People told us they had not been regularly asked for feedback.
- Following the inspection, the registered manager and provider took immediate action to start addressing

shortfalls we identified.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider understood their duty of candour responsibilities. Good relationships had been developed between management, staff and people using the service and their family members.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Systems were either not in place or robust enough to demonstrate safety and medicines were effectively managed.</p> <p>The registered provider failed to do all that was reasonably practicable to mitigate the risk and transmission of infection.</p> <p>(1)(2)(a)(b)(g)(h)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had failed to operate effective governance systems, including assurance auditing systems or processes to assess, monitor, drive improvement and ensure compliance.</p> <p>Documentation did not always contain a complete and accurate record of people's needs.</p> <p>(1)(2)(a)(b)(c)(e)(f)</p>