

Century Healthcare Limited

Mariners Court 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

The inspection visit at Mariner's Court took place on 30 January 2017 and was unannounced.

Mariner's Court is a large detached residence, overlooking the boating lake in the seaside town of Fleetwood. The home provides 24-hour personal care and accommodation for up to 26 older people. Bedrooms have en-suite facilities and a through floor lift provides access to the first and second floors. There is a dining room, three lounges and an activities room on the ground floor. There is a secure garden to the rear of the property, with outdoor seating areas and car parking to the front of the property. At the time of our visit, 23 people lived at the home.

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.

A breach of legal requirements was found at the last inspection. The provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance. The systems in place to monitor safety had not been effective. This was because we found two incidents had not been fully documented or reported and action had not been taken in response to a number of unwitnessed incidents. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements. At this inspection on 30 January 2017 we checked that they had followed their plan and to confirm that they now met legal requirements.

We found the registered manager had systems to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

We looked at the recruitment of two staff members. We found appropriate checks had been undertaken before they had commenced their employment confirming they were safe to work with vulnerable people.

Staff spoken with and records seen confirmed a structured induction training and development programme was in place. Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and social needs.

Individual risk assessments had been completed for people who lived at the home. This helped to ensure risks had been identified and measures put in place to reduce risks to people's safety and wellbeing. Written plans of care provided a good level of guidance for staff with regard to supporting people safely.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people

who may lack capacity to make their own decisions.

The environment was maintained, clean and hygienic when we visited. We saw staff followed infection control guidelines.

We found sufficient staffing levels were in place to provide support people required. We saw staff members could undertake tasks supporting people without feeling rushed.

We found medication procedures at the home were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medicines were stored appropriately.

People who were able told us they were happy with the variety and choice of meals available to them. Relatives we spoke with were complimentary about the meals provided. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration.

During our inspection we observed people were involved in activities which they appeared to enjoy. A range of activities were provided at the home to help ensure people received a good level of stimulation.

The service had a complaints procedure which was made available to people on their admission to the home. Relatives we spoke with told us they were happy and had no complaints.

Care plans were organised and had identified the care and support people required. We found they were informative about care people had received. They had been kept under review and updated when necessary to reflect people's changing needs.

We found people had access to healthcare professionals and their healthcare needs had been met.

We observed staff supporting people with their care during the inspection visit. We saw they were kind, caring, patient and attentive.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys and care reviews. We found people were satisfied with the service they received.

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 had been trained in safeguarding and were knowledgeable about abuse and the ways to recognise and report it.

Risks to people were managed by staff, who were aware of the assessments to reduce potential harm to people.

There were enough staff available to meet people's needs, wants and wishes safely. Recruitment procedures the service had were safe.

Medicines were administered and stored in a safe manner.

Is the service effective?

Good ●

The service was effective.

Staff had the appropriate training to meet people's needs.

There were regular meetings between individual staff and the management team to review their role and responsibilities.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). They had knowledge of the process to follow.

People were protected against the risks of dehydration and malnutrition.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion in their day-to-day care. Relatives spoke positively about the care at Mariner's Court.

Staff had developed positive caring relationships with people who lived at the home and knew them well.

People and, where appropriate, their relatives, were involved in making decisions about their care and the support they received.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their needs, likes and dislikes.

The provider offered activities to stimulate and maintain people's social health.

People and their relatives told us they knew how to make a complaint. They felt confident the management team would deal with any issues raised.

Is the service well-led?

Good ●

The service was well-led.

The registered manager had a visible presence throughout the home. People and staff felt the management team were supportive and approachable.

The management team had oversight of and acted to maintain the quality of the service provided.

People, their relatives and staff were involved in making decisions about how the service was delivered.

Mariners Court 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.

The inspection team consisted of two adult social care inspectors.

Prior to this inspection, we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are submitted to the Care Quality Commission and tell us about important events the provider is required to send us.

People who lived at the home were not able to share their experiences of life at the home in detail. We had very brief conversations with some people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed how staff interacted with people who lived at the home and how staff supported people during meal times and during individual tasks and activities.

We spoke with a range of people about Mariner's Court. They included three relatives who visited the home regularly. We spoke with the registered manager, director of nursing and five staff.

We looked around the home to make sure it was a safe and comfortable environment and observed how staff helped and communicated with people who lived there. We checked three care documents and medicines records in relation to six people who lived at the home. We looked at two staff files and reviewed records about staff training and support.

We looked at documentation related to the management and safety of the home. This included health and safety certification, staff rotas, team meeting minutes and findings from monthly audits.

Is the service safe?

Our findings

People were unable to tell us in detail whether they thought the home was safe, but when asked confirmed they felt safe. Relatives we spoke with also told us they felt their loved ones were safe living at the home. Comments we received from relatives included, "It's definitely safe, there are always staff around." And, "It's 100% safe. The staff are lovely and there's always enough of them."

We asked about staffing levels during our inspection and received positive feedback. Staff we spoke with told us they felt there were always enough staff on duty to ensure people's needs were met safely. We looked at staffing rotas, which showed a consistent level of staff were deployed. When we discussed staffing with the registered manager, they told us they had long-standing and stable staff team. This included a bank of staff who could be called upon to cover shifts when required.

We observed staff going about their duties. We noted staff were not rushing and had time to respond to people in a safe and timely manner. We saw the deployment of staff throughout the day was organised. This showed the provider had ensured a sufficient number of staff were deployed to meet people's needs safely.

People were protected from the risk of abuse because staff understood how to identify and report it. Staff had information to help them identify abuse and respond in line with the provider's policy and procedures if it occurred. They told us they had received detailed training in keeping people safe from abuse and this was confirmed in staff training records. Staff we spoke with explained how they would deal with safeguarding concerns and told us they had complete confidence in the registered manager to deal appropriately with any issues.

During our inspection, we looked at processes for managing the documentation related to the administration and storage of medicines. We looked at Medicine Administration Record (MAR) forms for six people. We also observed the administration of medicines by trained staff.

We observed consent was gained from each person before staff administered their medicine. The MAR was then signed immediately. We did this to see if documentation was correctly completed and best practice procedures were followed.

Medicine audit forms were seen and checked as correct. Records looked at showed trained staff received competency observations to ensure their skills and knowledge were maintained. Medicines were stored clearly and safely within the trolley. When not in use we observed the medicine trolley was locked and tethered to prevent its removal from the home.

Controlled Drugs were stored correctly in line with The National Institute for Health and Care Excellence (NICE) national guidance. The controlled drugs book had no missed signatures and the drug totals were correct. This showed the provider had systems to protect people from the unsafe storage and administration of medicines.

We looked at care records for three people who lived at the home. We did this to check how risks to people

were identified and managed. We found individualised risk assessments were carried out appropriate to people's needs. Care documentation contained instructions for staff to ensure risks were minimised. During our observations, we noted people were supported as described within their care plan. Staff we spoke with and the registered manager confirmed assessments of people's needs and individual risk assessments had been completed. They were reviewed and updated regularly in line with changes in people's needs. This was also evident when we looked at documented assessments.

We checked how accidents and incidents had been recorded and responded to. Any accidents or incidents had been recorded as soon as possible after the incident. We saw the recording form had the description of the incident and any action taken by staff. The registered manager explained they analysed accidents and incidents to identify any trends or themes, in order to take action to reduce the risk of it happening again.

We looked at each area of the home, including bedrooms, the laundry room, bathrooms, toilets, the kitchen and communal areas. We found these areas were clean, tidy, and well maintained. We observed personal protective equipment was available around the home and staff made use of it appropriately, for example, wearing disposable gloves and aprons when necessary. We looked at records, which confirmed regular testing and certification of utilities systems were carried out in line with legal requirements.

A recruitment and induction process ensured staff recruited had the relevant skills to support people who lived at the home. We found the provider had followed safe practices in relation to the recruitment of new staff. We looked at two staff files which contained the required information. This included a Disclosure and Barring Service (DBS) check. A DBS check helps employers to make safer recruiting decisions. We saw references from previous employers had also been sought. These checks helped to minimise the risks to people of the recruitment of potentially unsuitable candidates. Staff personnel files also contained records of interviews and checks on candidates' identity. Each of the staff we spoke with confirmed they had not been offered employment until checks on their suitability had been undertaken. This showed the provider followed a robust and safe process when recruiting new staff.

Is the service effective?

Our findings

People who lived at the home were unable to tell us in detail about how effective the care was at Mariner's Court. Visiting relatives gave us positive feedback about how effective the care and support provided was. They felt staff were skilled to meet the needs of people and provide effective care. One relative told us, "The staff are wonderful, they definitely know what they're doing." Another relative commented, "[Relative] was in a bad way before, but since moving to Mariner's Court, she's come on leaps and bounds, she's much better. The staff have done very well." A third relative told us, "The staff all know what they're doing. They deal with difficult situations very well and put people at ease."

We looked at how the provider ensured staff had the skills and knowledge to carry out their role. When new staff were employed, they completed a comprehensive induction and shadowed staff that were more experienced before they carried out tasks unsupervised. This helped to ensure staff were confident and competent to undertake their role effectively.

New staff were required to complete training in a range of topics courses during their induction which were backed up by more in-depth face to face training courses. We saw staff had received training in a variety of topics such as safeguarding, load management, infection control and fire safety. Staff also confirmed they had received training on topics such as caring for people with dementia and end of life care. Staff we spoke with told us they felt they had received sufficient training to meet people's needs. This helped to ensure the staff team could meet the needs of people who lived at Mariner's court effectively.

The registered provider had developed a training matrix to ensure all staff training needs were met and refreshed on a regular basis. The training matrix showed when staff needed to retrain on individual subjects.

We looked at how the registered manager supported staff. Staff told us they received regular supervision from the registered manager. Records we looked at confirmed staff received regular supervision and an annual appraisal to support them to carry out their duties effectively. The registered manager told us they monitored this carefully to ensure staff received a good level of support. Supervision was a one-to-one support meeting between individual staff and the registered manager, to review their role and responsibilities. The process consisted of a two-way discussion around people who lived at the home, personal development and training needs, as well as any other topic staff wished to discuss. All staff members we spoke with told us they felt they could speak with the registered manager at any time, should they want additional support or guidance. They told us they had confidence in the management team and any issues were resolved promptly.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA 2005.

We looked at care records and found the provider carried out routine assessments of people's capacity. Where people lacked capacity to make decisions, a robust process was followed, to ensure decisions were made in the person's best interests. This showed staff acted lawfully when supporting people to make decisions. Additionally, the provider had introduced recording of people's consent to receiving care and support, which we saw in care documentation.

We spoke with staff to assess their working knowledge of the MCA. Staff we spoke with told us they had received training on the MCA and DoLS. They were aware of the need to consider people's capacity and what to do when someone lacked capacity. One staff member told us, "We give people choices and try to help them take as much control as they can." We observed staff consistently offered choice to people and checked for their agreement before taking any action. The registered manager was aware of the need to support people within the principles of the MCA and had liaised with people and their relatives when submitting applications under DoLS. Where people did not have family or friends to support them, the provider would involve independent advocates to ensure decisions were taken in people's best interests.

We observed mealtimes throughout the day and asked people and relatives about their experiences of the food and drinks offered. People were able to choose where they received their meals, in their bedrooms, in the dining area or other communal areas. People who required assistance with their meal were offered encouragement and supported effectively. Staff did not rush people allowing them sufficient time to eat and enjoy their meal. We saw snacks and drinks were offered between meals. People appeared to enjoy the food provided at breakfast and lunchtime on the day of our inspection. We saw people had been provided with adapted cutlery and crockery to enable them to maintain their independence with eating.

We spoke with the chef who had knowledge of people's likes and preferences. They knew who required special diets and who required food to be served at a prescribed consistency. We visited the kitchen and found it clean and hygienic. Cleaning schedules ensured people were protected against the risks of poor food safety. The home had achieved a food safety rating of five. Services are given their rating when a food safety officer inspects the premises. The rating of five meant the home was found to have very good food safety standards.

People's healthcare needs were carefully monitored and discussed with the person and their relatives as part of the care planning process. Care records seen confirmed visits from GPs and other healthcare professionals such as district nurses. Care plans had sections for general medical conditions and specific conditions such as mental health. The registered manager told us the GP visited to attend to new and ongoing issues. This confirmed good communication protocols were in place for people to receive effective support with their healthcare needs.

We looked at each area of the home to check whether the premises were maintained. We found all areas of the home were maintained to a good standard and provided pleasant surroundings for people who lived there. The provider employed several maintenance staff who were allocated to homes within the provider group. Additionally there was an on-call maintenance service provided to attend to any issues that arose out of normal working hours. Any maintenance work that was required was recorded by staff who passed the information in to the registered manager. We saw from records and maintenance staff told us any issues were addressed promptly.

Is the service caring?

Our findings

People we observed appeared happy, relaxed and comfortable with staff. We observed staff treated people with kindness and compassion. The atmosphere within the home was calm throughout our inspection. A relative commented, "It's a lovely place. The staff are very friendly and very helpful. [Relative] can sometimes be a bit down and the carers really cheer him up." Another relative told us, "They're [Staff] all really friendly and caring. It's a very welcoming place to go." A third relative said, "I'm really happy with [Relative] being there. They make a real fuss over people and make sure everyone is well cared for. They're very attentive." Staff we spoke with told us they had received training around providing care and support to people in a way that was dignified and respectful. We saw staff put this into practice during our inspection. We observed many positive and caring interactions between staff and people who lived at the home.

Relationships between people who lived at the home and staff appeared open and friendly. Staff were knowledgeable on people's past histories and present likes and dislikes. There was a rapport which people appeared to enjoy and which showed familiarity.

Relatives we spoke with said they were made to feel welcome. They told us they could visit any time. We saw people went out with visitors during our inspection. Each relative we spoke with told us they found staff cared for them as well as their loved ones, for example if they became upset during a visit. Relatives told us staff treated people who lived at the home and themselves as 'family'. One relative commented, "They [staff] aren't just there to do a job, they really care. You should see them make everyone's faces light up." This showed the staff team had developed strong caring relationships with people and their relatives.

The provider had gathered important information about people, which included their life history, preferences about their care and support, likes and dislikes. This information was added into people's written plans of care in order to make the care and support people received person centred.

The staff we spoke with were knowledgeable about people's individual needs and how they should be met. They said care plans were easy to follow so they always knew what people's needs were. This meant staff knew the people they were caring for and had the knowledge and understanding of support people required.

Staff had received training in order to provide care for people at the end of their life. Staff told us the training had enabled them to ensure peoples' final days were as comfortable as possible. Staff also told us the training had given them skills to help support peoples' relatives and friends at this challenging time. We saw many compliments and 'thank you' cards on display at the home from relatives who's loved ones had spent their final days there. Comments we saw included, 'Thank you for making the last few months of [Person]'s life so happy.' And, 'Thank you for the care and compassion shown to [Person]. Your staff were amazing.' People's preferences in regards to care at the end of their life were discussed with them and, where appropriate, others acting on their behalf. People were supported to make decisions to refuse treatment if they wished to do so. For example, people's records showed they had made choices about whether or not to go into hospital and whether or not they wished to be resuscitated. Information had been recorded about

who the person wished to have with them in their final moments. The registered manager explained they took steps to ensure appropriate medicines were available to ensure people were free of pain during end of life care. This showed the provider had taken steps to ensure people were supported to be comfortable, dignified and pain free at the end of their life.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager confirmed they had information that could be provided to people and their families if this was required. This helped to ensure people's interests would be represented and they could access appropriate services to act on their behalf if needed.

Is the service responsive?

Our findings

People were supported by staff that were experienced, trained and responded to the changing needs in their care. Staff had a good understanding of people's individual needs, likes and wishes. One relative told us, "The staff and management are wonderful. Nothing is too much trouble." Another relative told us, "There's always something going on when I visit, they spend time with each person. I get a written update every month from the manager." A third relative commented, "[Registered Manager] is lovely. She will sort out any problems and keeps me up to date with everything."

To ensure the care and support provided to people was able to meet their needs, the registered manager completed an assessment of people's needs before they moved into the home. The registered manager explained if they were not able to meet people's needs they did not offer a place at the home.

To make sure the support remained responsive to people's needs, the management team carried out regular reviews of people's needs and their written plans of care. We saw written plans had been updated in line with changes in people's circumstances. For example, one person's mobility had deteriorated. This meant they were at higher risk of experiencing pressure sores. We saw the person's care plan had been updated to alert staff to this and to guide staff with the extra care the person now needed. This showed the registered manager had a framework that ensured the care delivered was able to respond to people and their care needs.

During our inspection, we looked at three care plans. The plans we looked at enabled us to identify how staff supported people with their daily routines and personal care needs. The provider had gathered information about people's preferences about how their care was delivered, which was added into written plans of care. We saw information related to capacity, behaviour, memory, mental health, emotional needs and communication. There was further information on daily life, social activities, personal care, dietary needs, safety and well-being.

We asked about activities that took place at Mariner's Court. We saw there was a weekly timetable of activities available for people to participate in, if they wished to do so. Staff we spoke with confirmed a range of activities took place at the home including novel reading, bingo, balloon games, arts, film afternoons, crafts and live entertainment. Relatives we spoke with confirmed there were a range of activities provided at the home in order for people to receive stimulation.

Additionally, the home employed an activities coordinator who had spent time finding out what people enjoyed doing and what they found most stimulating. They had found people responded well to music and so had implemented music sessions to engage people. The registered manager told us they had seen a positive impact since these sessions had been delivered.

We found there was a complaints procedure, which described the investigation process, and the responses people could expect if they made a complaint. Staff told us if they received any complaints and people were unhappy with any aspect of their care they would pass this on to the registered manager. We saw no formal

complaints had been received by the service in the last 12 months. Relatives we spoke with and staff all told us they would not hesitate to raise concerns and felt they would be listened to, but no one had any cause for complaint.

Is the service well-led?

Our findings

Relatives we spoke with and staff all gave us very positive feedback about the management team at Mariner's Court. A relative said about the registered manager, "She's wonderful. I can go to her with anything and she'd sort it out." Another said, "[Registered manager] is lovely, she keeps me up to date with everything." Staff members we spoke with told us they received a very good level of support from the registered manager and the management team. They told us the registered manager had a 'no nonsense' attitude when it came to resolving any issues no matter how big or small.

We looked at how the quality of the service was assessed, monitored and improved. We saw a range of checks and audits were in use which covered areas such as care planning, the environment, infection control, medicines and staff training. We looked at completed checks which showed they were undertaken on a regular basis. Where areas for improvement were identified, they were recorded as action points which were continually reviewed and fed back to the senior management team.

We saw the provider gathered feedback from people who used the service relatives and staff members by way of a survey questionnaire. The questions on the survey were designed to cover a range of topics and gave people the chance to feedback their thoughts about how the service was delivered.

We saw minutes from resident's and relative's meetings, as well as staff meetings. The meetings were used to share information about events at the home and any planned changes. We also noted from the minutes that any issues or areas for improvement that had been identified during checks or through the surveys were discussed at each meeting. This gave people, their relatives, staff and management the opportunity to discuss and to come up with a solution together. For example, the surveys had highlighted that some people were not always happy with the alternative choice of food at mealtimes. We saw this had been discussed during meetings and action had been taken by the chef to ensure people's food preferences were catered for.

This showed the provider assessed and monitored the quality of the service provided, in order to improve the experience of people who lived at the home.

Staff we spoke with told us they could approach the registered manager or other members of the management team with any issues, concerns or ideas. Staff were confident they would be listened to and management would take action. Staff told us the service was always well organised, to ensure peoples' care needs were met.

The atmosphere throughout the home was calm and relaxed during the whole inspection. People, relatives and staff told us the management team were visible within the home. They were knowledgeable about the care and support needs of all the people living at the home. Everyone we spoke with told us they could speak to the registered manager or another member of management whenever they needed to.

We found the registered manager knew and understood the requirements for notifying CQC of all incidents

of concern and safeguarding alerts as is required within the law. We saw from our records that we had received notifications, as required. We noted the provider had complied with the legal requirement to provide up to date liability insurance. There was a business continuity plan to demonstrate how the provider planned to operate in emergency situations. The intention of this document was to ensure people continued to be supported safely under urgent circumstances, such as the outbreak of a fire.