

Athena Healthcare (New Brighton Two) Limited

Marine View Lodge

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Marine View Lodge is a purpose-built residential care home providing personal and nursing care to 68 people aged 65 and over at the time of the inspection. The service can support up to 80 people. Marine View Lodge has four units that provide support for those with residential and nursing needs and people who have come from hospital for a short time.

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

We found that medicines were not managed safely throughout the home. People's risk assessments were clear however, care plans did not always provide detailed and up to date information for staff about how to safely care for each person. We also identified that the daily monitoring information regarding care was not always completed.

Appropriate recruitment processes were in place, however, there was a high use of agency staff that had impacted the provision of care. The manager was actively reducing this with a recruitment drive.

There were a range of provider and manager audits in place, however, it was unclear what audits were undertaken to check that people's care plans contained accurate information.

Accidents, incidents, safeguarding and complaints were managed appropriately and monitored by the management. Infection control standards were also monitored and managed appropriately. A family member told us, "When you go to the vestibule, they have aprons, masks and sanitizer there for you. They also have instructions on how to use it which I think is good. The staff don't come near you, but they wear all the PPE as well."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection: This service was registered with us on 15/05/2019 and this is the first inspection.

Why we inspected

We received concerns in relation to the management of medicines, staffing and people's nursing care needs. 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.

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 coronavirus and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well-led sections of this full report.

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

The provider has taken action to mitigate the risks and this has been effective.

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 monitor the service.

We have identified breaches in relation to the management of medicines. 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 from 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 well-Led findings below.

Requires Improvement ●

Marine View Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

Inspection team

The inspection was carried out by two inspectors, a medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Marine View Lodge 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 who was going through the registration process 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

We gave a short period notice of the inspection because infection control arrangements had to be agreed with the provider prior to our visit to mitigate the risk of any cross contamination or transmission of Covid-19.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we held about the service. We sought feedback from the local authority and professionals who work with the service. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

During the inspection we visited two units, reviewed 11 medicine administration records and looked at medicines related documentation. We observed medicines administration, checked storage and spoke with five staff. We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with an additional four members of staff including the provider and manager.

We reviewed a range of records. This included five people's care records and four staff files in relation to recruitment. 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 audit data, monitoring information and quality assurance records. We spoke with two professionals who regularly interact with the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- We looked at how people received their medicines on two floors in the home and found on one of the floors medicines were not managed safely.
 - Not all people had photographs on their Medicines Administration Records (MAR) which meant staff would have difficulty identifying them.
 - People did not always receive their medicines as prescribed which meant they could be at risk of harm. One MAR chart was inaccurate, and we observed a medicine being omitted in error as document checks had not been completed properly. We also found some stock counts did not match signatures on the MAR and some gaps in records.
 - People were not always given their medicines safely because staff did not always follow the prescribers' directions. We saw one person receiving medicines at the same time, that were prescribed for different times of the day and should not be taken together.
 - Staff did not always have written guidance to follow when they administered medicines prescribed to be given "when required". This meant they did not have the information to tell them when someone may need the medicine or how much to give.
 - Staff did not always record when medicines containing paracetamol were administered and there was a risk that doses could be given too close together.
 - Medicines were not always ordered promptly or stored securely.
 - Not all staff who administered medicines had up to date competency records.
 - Some medicines audits were completed in the home, but these were not consistent and had failed to identify the issues found at this inspection in both of the units we visited.
- This demonstrates a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse, as the provider has systems in place that were effective in identifying and responding to any concerns identified.

Assessing risk, safety monitoring and management;

- People's risks were assessed and described in their care plans. The systems in place to assess risk were comprehensive.
- Information about some people's needs in care plans was inconsistent or lacked sufficient detail. For

example, there was limited information about people's medical conditions and the care they required. We understood that the provider was in the process of changing the electronic care planning system and the service was still in a period of transition between the old and new systems. However, our expectation would be that even during this period the records were updated and had sufficient detail to provide safe care.

- For some people in receipt of nursing care, care plans did not specify what support tasks were the responsibility of nursing staff or care staff. This lack of clarity could place people at risk of receiving inappropriate or unsafe care.
- Some people had challenging behaviours. Some people's care files described clearly how staff could help reduce their distress, whereas others didn't.
- There were some gaps in people's monitoring information, for example, nutrition and fluid intake charts. However, the provider was in the process of transferring to a new care plan system and this new system clearly showed other monitoring information, such as people's medical observations.
- Accident and incidents were documented along with the action taken by staff to support the person's wellbeing at the time the accident or incident occurred. This was audited by the manager and trends were looked for to ensure risks were identified and actioned.

Staffing and recruitment

- Staff files we looked at held the appropriate information needed to ensure fit and proper persons were employed.
- All staff had had their criminal conviction checks renewed since the last inspection.
- During the inspection we saw that there appeared to be an appropriate number of staff on duty.
- However, there were a high number of agency staff that were being used by the provider. We identified this was a factor in the issues we found with planning and delivery of care. This was discussed with the manager and provider who were able to show how they were in the process of reducing this.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; 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; Continuous learning and improving care

- This inspection had been prompted by concerns we had received in regard to the care being delivered. However, we saw evidence that these issues had been recognised by the provider and action was being taken in response to them.
- The provider and manager had a range of audits in place to check the quality and safety of the service. This included staff practice observations and provider audits undertaken by a regional manager.
- It was unclear however, what audits were undertaken to check that the people's care plans contained accurate, sufficient and consistent information about their needs and care.
- We identified a marked difference between each of the units. The care plans and risk assessments that are in place for the nursing units for the most part were quite clear and comprehensive. However, there were some gaps in information in regard to people's needs and conditions.
- The provider was in the process of changing the electronic care planning system. We were able to see the benefits of the new system and how the information on how to support people was significantly clearer.
- The manager had shared information with the CQC as required.
- The provider, manager and the staff we spoke with were clear with regards to what was expected of them within the home.
- The provider and manager were open and transparent about what improvements had been made and what was needed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The families we were able to speak with told us that the pandemic had obviously interfered with their ability to visit the home. However, we were told how people may have their own telephones or how video chats were set up when they could.
- The people we spoke with were able to tell us that they thought the staff were caring however, families we spoke with said they had not been able to enter the home during the pandemic due to the infection control measures. Family members we spoke with told us they had not spoken with the new manager.
- Staff meetings took place regularly to share information and learning with the staff team.

- Referrals to other health and social care professionals were made in a timely manner when people needed additional support.
- Any complaints or concerns about the service brought to the provider's attention had been responded to quickly and appropriately.
- The provider and manager were responsive to feedback given throughout the inspection and immediately acted on the findings. They were also able to discuss how they used feedback from other agencies such as local authority to improve their processes and practices.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Medicines were not managed safely throughout the home.