

Century Healthcare Limited

Mariners Court Care Home

Inspection report

45-46 Laidleys Walk
Fleetwood
Lancashire
FY7 7JL

Tel: 01253 872493

Website: www.centuryhealthcare.co.uk

Date of inspection visit: 13 and 14 January 2015

Date of publication: 12/06/2015

Ratings

Overall rating for this service

Requires improvement 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires improvement 

Is the service well-led?

Requires improvement 

Overall summary

This inspection took place over two days on 13 and 14 January 2015. It was unannounced on 13 January 2015 and announced on 14 January 2015.

Mariners Court Care Home is registered to accommodate up to 26 older people who do not require nursing care. The home provides care and support for people living with dementia or how have physical disabilities. At the time of our visit there were 23 people who lived at the home. Mariners Court is a detached property that

overlooks the boating lake on Fleetwood Esplanade and has panoramic views of the Irish sea and the Cumbrian hills. It is a three storey property and there is a lift to all floors.

There was a registered manager in place. 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.

Summary of findings

To support the registered manager there was a management team with responsibilities to oversee quality assurance across the group of seven care homes within the Century Healthcare organisation.

Staff spoken with understood the procedures in place to safeguard vulnerable people from abuse. However risks to one person were not being managed appropriately to keep them safe. We saw staffing levels were sufficient to provide a good level of care. However the planning of staff duties were not organised effectively to ensure there was oversight of people sat in the lounges. 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. You can see what action we told the provider to take at the back of the full version of the report.

During our visit we spent time in all areas of the home, including the lounge and the dining areas. This helped us to observe daily routines and gain an insight into how people's care and support was managed. During our visit we saw staff had developed a good relationship with the people they supported. Those people who were able to talk with us spoke very positively about the service and told us they felt well cared for. One person told us, "The staff give me one hundred percent. They are kind and caring."

Suitable arrangements were in place to ensure safe recruitment practices were followed. Staff spoken with were positive about their work and confirmed they were supported by the management team. Staff received regular training to make sure they had the skills and knowledge to meet people's needs.

We looked at how medicines were managed and found appropriate arrangements for their recording and safe administration. Records we checked were complete and accurate and medicines could be accounted for because their receipt, administration and disposal were recorded accurately.

People were involved and consulted with about their needs and wishes. Care records provided information to direct staff in the safe delivery of people's care and support. However records needed to be kept under review so information reflected the current and changing needs of people.

Staff had a good understanding of people's daily care needs and where necessary, ensured that people who used the service had access to community health care and support. Community professionals reported positive relationships with the service and felt staff were professional and cooperative.

Throughout the inspection, we consulted a variety of people, including people who lived at the home, visiting family members, members of staff in various roles and community professionals. The majority of people we spoke with expressed positive views about the service and spoke highly of staff and managers. However family members of three people who lived at the home told us they had not been happy with their experience of raising concerns.

The management team used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys, 'residents meetings' and care reviews. Overall satisfaction with the service was seen to be positive.

Summary of findings

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 safe.

We received mixed comments from people who lived at the home and family members as to if people felt safe living at the home.

Staff spoken with understood the procedures in place to safeguard vulnerable people from abuse. However risks to one person were not being managed appropriately to keep them safe.

We saw staffing levels were sufficient to provide a good level of care. However people told us this was not always the case and sometimes staff were busy which meant staff were not always available for oversight of people in the lounges.

We reviewed medication administration and practices at the home and saw that appropriate arrangements were in place for storing, recording and monitoring people's medicines.

Requires improvement



Is the service effective?

The service was effective.

Staff had access to on-going training to meet the individual and diverse needs of people they supported.

People were consulted about their care. Where people lacked the capacity to consent, policies and procedures were in place around the Mental Capacity Act 2005 (MCA).

Records showed that all people who lived at the home were assessed to identify the risks associated with poor nutrition and hydration. Where risks had been identified, management plans were in place.

We saw people's needs were monitored and advice had been sought from other health professionals where appropriate.

Good



Is the service caring?

The service was caring.

There was evidence people's preferences, likes and dislikes had been discussed so staff could deliver personalised care.

Staff treated people with patience, warmth and compassion and respected people's rights to privacy, dignity and independence.

Good



Is the service responsive?

Certain aspects of the service were not responsive.

Requires improvement



Summary of findings

Records showed people and their family members had been involved in making decisions about what was important to them. People's care needs were kept under review and staff responded quickly when people's needs changed. However care plans were not always updated to reflect the changes.

People told us there was a personal approach to activities. They took part in activities which were of interest to them. In addition there was a structured programme of activities.

The management and staff team worked very closely with people and their families to act on any comments straight away before they became a concern or complaint. However family members of three people who lived at the home told us they had not been happy with their experience raising concerns.

Is the service well-led?

Certain aspects of the service were not well led.

Systems to monitor identify, assess and manage risks to the health, safety and welfare of the people who lived at the home were not 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.

People we spoke with told us they thought the registered manager was accessible and approachable. They told us they had good communications with the staff and always thought they were listened to.

Feedback from people who lived at the home was regularly sought through surveys, meetings and monthly care reviews.

Requires improvement



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.

This inspection took place over two days on 13 and 14 January 2015. It was unannounced on 13 January 2015 and announced on 14 January 2015.

The inspection team consisted of an adult social care inspector, a specialist advisor who was a registered nurse with experience in adult mental health and an expert by experience who had personal experience of caring for someone who uses this type of care service. The expert by experience had experience of caring for older people.

Prior to this inspection we looked at all the information we held about this service, such as notifications informing us of significant events, such as serious incidents, reportable accidents, deaths and safeguarding concerns. Before the

inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with a range of people about the service. They included five people who lived at the home, ten family members, a visiting GP and health professional and seven staff members. We spoke with the registered manager and members of the organisation's management team who worked across all of the provider's services. We also spoke to the commissioning department and safeguarding team at the local authority in order to gain a balanced overview of what people experienced accessing the service.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also spent time looking at records, which included eight people's support records, training records for all staff, recruitment records for two members of staff and records relating to the management of the home.

Is the service safe?

Our findings

We received mixed comments from people who lived at the home as to whether they felt safe. One person told us, “I feel safe here.” Another person told us, “I get about with my walker, it makes me feel safe.” Whilst another person told us, “People come into my bedroom at night who should not be there; it disturbs my sleep and upsets me.”

We spoke with the registered manager about this person’s comments. They explained that there had been a person who had a disturbed sleeping pattern at night who had mistakenly gone into other people’s rooms. People had been offered a door lock for their bedrooms should they have any concerns. In this case the person had refused. The registered manager told us management plans had been put in place to monitor the situation. This included motion sensors to alert staff where people might have disturbed sleeping patterns.

Family members also gave us mixed comments about if they felt their relative was safe. One family member told us, “Yes our relative is kept safe. There is always somebody around. The staff have put a lock on Mum’s door which she can keep shut because somebody went in her room.” Another family member told us, “Safety needs improving as there needs to be more monitoring of the residents by staff.”

The provider had policies and procedures in place for dealing with allegations of abuse. Staff we spoke with told us they had completed safeguarding training and the training records we looked at confirmed this. They were all able to describe the different forms of abuse and were confident if they reported anything untoward to the registered manager or the management team this would be dealt with immediately. In our discussions staff told us they were aware of the home’s whistle blowing policy. This meant that staff were protected should they report any concerns regarding poor practice in the work place.

We looked at the recruitment and selection procedures the provider had in place to ensure people were supported by suitably qualified and experienced staff. We looked at records for two members of staff. We saw evidence of pre-employment checks being undertaken. There was a full employment history, and any gaps were explained. There was evidence of reference and Disclosure and Barring Service (DBS) checks undertaken.

We looked at how the service was being staffed. We did this to make sure there was enough staff on duty at all times, to support people who lived at the home. We looked at duty rotas and spoke with the registered manager about staffing arrangements.

We spent time in all areas of the home, including the lounge and dining areas. This helped us observe the daily routines and gain an insight into how people’s care and support was managed. We saw staff members were responsive to the needs of the people they supported. Call bells were responded to quickly when people required assistance. Staff spent time with people, providing care and support or engaged in activities which were of interest to them. For example we saw one person being supported by a member of staff to complete a crossword. However we did observe that during the morning period when staff were assisting people to get up and have their breakfast, the planning of staff deployment was not organised effectively to ensure there was oversight of people in the lounge areas.

We received mixed comments from people who lived at the home about the amount of time staff had to spend time with them. One person told us, “The staff talk to me and they check up on us all the time.” However one person told us, “I think they are short staffed. The staff do their best.” Another person told us, “I would like to go out more. The staff encourage me to be independent.”

Family members also gave us mixed comments about how the service was staffed. One family member told us, “The staff are friendly and there are always plenty of staff around.” However two family members explained that their relatives had been involved in incidents at the home and staff were not always around to have oversight of the people who lived at the home.

We spoke with staff members about staffing levels at the home. One staff member told us, “I would like to spend more time with residents but we can be a little busy in the morning.” Another member of staff told us staffing levels were, “Normally fine.” However their capacity was stretched during the morning. They told us during these times staff were “rushed” and sometimes people might have to wait to be supported.

We reviewed the incident and accident reports. In December 2014 there had been eight accidents involving people who lived at the home, five of which had resulted in

Is the service safe?

an injury. Seven of the incidents had happened in the lounges. Six of which were unwitnessed. This meant there was no member of staff present at the time of the incident. Staff deployment was not effectively organised to ensure there was a staff presence as oversight of people in the lounge areas.

We spoke with the registered manager about our observations and the negative feedback we had received regarding the amount of time staff had to spend with people in their care. They told us the staffing levels were regularly reviewed to meet people's needs and dependency levels. The registered manager was able to show us examples of changes in staffing made to meet people's needs. In light of the feedback received the registered manager told us they would review current staffing levels and speak to staff about the need to be vigilant in watching the people in their care.

The management team told us they would ensure the correct usage and deployment of staff in the lounge areas throughout the days and evenings. They told us the level of unobserved incidents would be monitored in the monthly audit and further action taken as necessary.

We looked at how risks to individuals and the service were managed so that people were protected. We observed the care and support provided for people. On occasions when there was potential for conflict between some people who lived at the home, we observed staff were present to provide support and assistance. We saw staff use distraction techniques and on one occasion re-directed one person into another area of the unit. This worked to good effect. During our inspection we did not witness any escalation of incidents. One staff member told us, "We know and understand our residents. If I saw a situation that could be a risk to a resident, I would make sure they were safe."

Where people may display behaviour which challenged the service, we saw evidence in care records that risk assessments and plans of care were in place. We looked at one person's care records to determine what arrangements were in place to keep this person safe.

We noted the person had a diagnosis of dementia before being admitted to the home. A mental capacity assessment had been completed by the home and recorded the person lacked capacity to understand the risks involved regarding their behaviour. Notes within the daily records recorded

that the person was 'agitated and aggressive' and had twice left the building. On the first occasion staff were made aware the person had left the building when a member of the public assisted them back to the home. On the second occasion the person was found on the flat roof of the first floor, which they had accessed via the fire escape.

The incidents were not documented separately in the care records, had not been investigated and safeguarding alerts had not been raised with the local authority. This meant the risks to this person were not being managed appropriately to keep them safe.

We spoke with the registered manager about our concerns. The registered manager told us they were not aware the incidents had happened. This was because the incidents had happened on a weekend when the registered manager was not working.

Suitable arrangements were not in place to assess, monitor and mitigate the risks relating to the health and safety of people who lived at the home to ensure they were safeguarded. This was because we found two incidents had not been fully documented or reported and action to review the deployment of staff had not been taken in response to a number of unwitnessed incidents.

This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The management team visited the home the day after our visit to investigate the concerns we raised. They concluded the serious events had not been fully documented or reported both to head office and outside agencies in line with company policy and procedures. Safeguarding alerts were raised with the local authority in retrospect and appropriate actions taken to increase the security and safety for people who lived at the home.

We looked at how medicines were administered. We saw people's medicines needs were checked and confirmed on admission to the home. And, where new medicines were prescribed we saw evidence the medication records had been amended to ensure medication was administered as

Is the service safe?

prescribed. Written individual information was in place about the use of 'when required' medicines and about any help people may need with taking their medicines, to help ensure medicines were safely administered.

Only trained staff administered medication. This was confirmed by talking to staff members. We saw regular medicines audits were being completed to help ensure that should any shortfalls arise, they could be promptly addressed.

Medicines were safely kept and we saw appropriate arrangements for storing, recording and monitoring controlled drugs (medicines liable to misuse). Storing medicines safely helps prevent mishandling and misuse.

There was one person who received medicines covertly. The use of covert administration of medicines is used in such instances when a person may refuse their medication but may not have the capacity to understand the consequences of their refusal. In this person's care plan records we saw that a mental capacity assessment and best interest meeting had taken place to discuss how to support this person to take their medicines safely. This meant the provider was acting lawfully and in the best interests of the individual concerned.

Is the service effective?

Our findings

The feedback we received from people who lived at the home was positive. People told us they felt their carers understood their needs and said they received a good level of care and support. One person commented, "I love living here, the food is good, the staff are very kind and caring, they are respectful and I make my own choices." Another person told us "The staff know what they are doing."

There was a training and development programme in place for staff, which helped ensure they had the skills and knowledge to provide care for people who lived at the home. Each member of staff had a personal development plan in place which detailed the training they had received to date, and future training requirements.

Records showed that all new staff were provided with a detailed induction, which included learning about the organisation and what was expected of them when carrying out their role. Staff confirmed they had access to a structured training and development programme. One staff member told us, "The training here is really good. The training helps me to give each person the care and support they need."

Staff training records showed staff had received training in safeguarding vulnerable adults, moving and handling techniques, health and safety, medication, infection control, and fire training. In addition staff had accessed a range of training which reflected good care practices for people who lived at the home. This included staff development training on the Mental Capacity Act 2005, managing behaviours that challenge and dementia.

There were processes in place to monitor training so that the registered manager was able to ensure each staff member's training was up to date. They were assisted in this by the management team who worked across all of the provider's services.

Staff attended handover meetings at the end of every shift and monthly staff meetings. This kept them informed of any developments or changes within the service. Staff told us their views were considered and they felt supported in their roles. Staff received regular supervision sessions as well as annual appraisals. We saw evidence these had taken place. This meant staff were being supported in their roles as well as identifying their individual training needs.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The service had policies in place in relation to the MCA and DoLS. We spoke with staff to check their understanding of MCA and DoLS. Staff demonstrated a good awareness of the legislation and confirmed they had received training in these areas. This meant clear procedures were in place to enable staff to assess people's mental capacity, should there be concerns about their ability to make decisions for themselves, or to support those who lacked capacity to manage risk and protect their human rights.

We saw that two people had restrictions in place as part of their plan of care. We looked at their care records which identified each person had behaviour that challenged others. Mental capacity assessments and best interest meetings had taken place, to identify that it may be in the person's best interests to be cared for in a way that amounts to a deprivation of liberty, in order to safeguard them. We saw that Deprivation of Liberty Safeguards Authorisations had been requested with the appropriate supervisory body. The local authority act as the supervisory body. We did not observe any other potential restrictions or deprivations of liberty during our visit.

The people we spoke with told us they enjoyed the food provided by the home. They said they received varied, nutritious meals and always had plenty to eat. They told us they were informed daily about meals for the day and choices available to them. One person told us, "The food is good. We have choices and I have a cooked breakfast about three times a week." Another person told us, "The food is good."

There were some people who needed assistance with their meals. On both days of our inspection staff were seen to spend quality time with them. Staff encouraged people to eat as much of their meal as they could manage. Where

Is the service effective?

people needed assistance we saw staff provided support in a relaxed and unhurried manner. We saw they were offered alternative meals if they were not happy with the menu choices.

We spoke with the staff member responsible for the preparation of meals on the day of our visit. They confirmed they had information about special diets and personal preferences. They told us this information was updated if somebody's dietary needs changed. This meant catering staff were able to ensure people received food and drink that matched their preferences and special requirements.

Care plans reviewed detailed information about people's food and drink preferences. All care plans we looked at contained a nutritional risk assessment. People's weight was regularly monitored. We noted people who were in danger of losing weight and becoming malnourished were

given meals with a higher calorific value and fortified drinks. One person told us, "I have been losing weight but they have been keeping an eye on me and encouraging me to eat. I have now put weight on." Assessments were monitored on a regular basis. We saw appropriate referrals had been made to other health professionals, where there had been concerns about a person's dietary intake.

People's healthcare needs were monitored and discussed with the person as part of the care planning process. People's care plans provided evidence of joint working with community professionals. During our inspection we spoke with a visiting GP and district nurse. Feedback was positive. They told us relationships with staff at the home were supportive and any referrals regarding a person's health were timely. This showed there was a system in place for staff to work closely with other health and social care professionals to ensure people's health needs were met.

Is the service caring?

Our findings

People told us they had a good relationship with staff, who they described as “Caring, kind, friendly and patient.” One person told us, “The staff give me one hundred percent care. They are kind and caring and they listen to me and act upon it.” A family member we spoke with told us, “I have nothing but praise for the staff. Everybody is nice and kind.”

Staff spoke fondly and knowledgeably about the people they cared for. They showed a good understanding of the individual choices, wishes and support needs for people within their care. All were respectful of people’s needs and described a sensitive and caring approach to their role. Staff told us they enjoyed their work because everyone cared about the people who lived at the home. One staff member said, “I like working here. All our residents are individuals and I like getting to know their personality. What is important to them.”

Staff showed warmth and compassion in how they spoke to people who lived at the home. Staff were seen to be attentive and dealt with requests without delay. We observed that one person appeared agitated. A member of staff demonstrated patience and understanding of the person’s condition to diffuse the situation safely in a caring and compassionate way.

People were supported to express their views and wishes about all aspects of life in the home. We observed staff enquiring about people’s comfort and welfare throughout the visit and responding promptly if they required any assistance.

We looked in detail at eight people’s care records and other associated documentation. We saw evidence people had been involved in developing their care plans. This demonstrated people were encouraged to express their views about how their care and support was delivered. The plans contained information about people’s current needs as well as their wishes and preferences. We saw evidence to demonstrate people’s care plans were reviewed with them and updated on a regular basis. This ensured staff regularly sought people’s views on how they wanted their care delivered.

The service had policies in place in relation to privacy and dignity. We spoke with staff to check their understanding of how they treated people with dignity and respect. Staff gave examples of how they worked with the person, to get to know how they liked to be treated. One staff member told us, “This is their home. It is important we treat each person as they would want to be treated.” People told us staff were very polite and always maintained their dignity whilst providing care. One person told us, “When I am having a shower the staff are very respectful.”

During our observations we noted people’s dignity was maintained. Staff were observed to knock on people’s doors before entering their rooms and doors were closed when personal care was delivered. We also saw a member of staff noticed that a person was undoing his trousers. The member of staff was sensitive in how they broached the subject and accompanied the person back to their room to support them to get changed. This demonstrated compassion in the staff member’s approach but also that the person’s dignity was maintained.

Is the service responsive?

Our findings

Throughout the assessment and care planning process, staff supported and encouraged people to express their views and wishes, to enable them to make informed choices and decisions about their care and support. For example what time they wanted to get up, what their food preferences were or what hobbies or interests they had.

People's capacity was considered under the Mental Capacity Act 2005 and we saw details of these assessments included in people's care records. Where specific decisions needed to be made about people's support and welfare; additional advice and support would be sought. People were able to access advocacy services and information was available for people to access the service should they need to. This was important as it ensured the person's best interest was represented and they received support to make choices about their care.

People who lived at the home were allocated a named member of staff known as a key worker. This enabled staff to work on a one to one basis with them and meant they were familiar with people's needs and choices. We saw that as part of the care planning process, the key worker would review and discuss the person's care and support with them. Records we looked at showed these reviews had taken place. Where appropriate and with the person's permission, we saw that family members were provided with a copy of their relatives monthly reviews.

We saw good examples where the home had responded to changes in people's needs. We saw timely referrals had been made to external professionals. For example a referral had been made to the GP and the community mental health team when one person had refused food and declined to engage with staff. However we noted that care plans did not always show the most up-to-date information on people's needs, preferences and risks to their care.

We looked through three people's care records with the registered manager and noted where there had been changes to a person's care needs between formal reviews, the care records had not been updated to reflect the changes and how best to support those people. For example the care plan detailed that one person may display behaviour which challenged the service and refused to come out of their room. We checked on the person in order to gain an insight into how their care was

being delivered. The person was seen to be in the communal areas and engaged with the activities co-ordinator. The care plan did not reflect these changes and how best to meet the person's individual needs.

Family members of three people who had lived at the home expressed concerns that communications with family members needed to improve. This was so that they were informed if there had been any incidents or changes to their relative's care needs and all staff members were able to give information about the care being provided, or respond to any queries.

We spoke with members of staff about communication. They explained that they attended handovers each day where each person was discussed. One staff member told us, "Communication is key, how we care for people can make a difference. Anything that has changed no matter how small, we need to know these things."

We noted there had been two incidents on a weekend when the registered manager was not on duty. The registered manager told us they were not aware the incidents had happened. We spoke with the registered manager about any changes they planned to take to improve communications. The registered manager explained there was a verbal handover at the end of each shift. However they would introduce a communication sheet which could be updated for each shift. This would provide the member of staff with information about any new admissions or any changes to a person's care needs.

People we spoke with were happy with the activities. An activities coordinator was employed by the home to ensure appropriate activities were available for people to participate in each day. The registered manager told us, "The co-ordinator has a chat with residents on a one to one with them and tries to accommodate what they would like to do."

There was a varied programme of activities for all people who lived at the home. We saw from care records that people's individual interests and wishes had been identified to provide a personal approach to activities. There was a structured programme of activities. A notice board in the reception area advertised which activities were planned for that day. During our observations in the afternoon we noted people engaged in the activities. People told us they had enjoyed taking part. One person

Is the service responsive?

told us, "There are plenty of activities." Another person told us, "I didn't take part, not something I wanted to do. I prefer entertainment." They also told us there were regular 'resident's meeting' if they had any suggestions for change.

People were enabled to maintain relationships with their friends and family members. Throughout the day there was a number of friends and family members who visited their relatives. Family members told us they were always made to feel welcome when they visited the home. One family member told us, "They welcome me at any time and always offer me a cup of tea when I come here. The staff are very good and don't mind what time I come."

People who lived at the home and family members visiting the home during the inspection told us the registered manager and staff were responsive, if they wanted information about the care being provided, or any queries. One person who lived at the home told us, "Any complaints or concerns I may have I always talk to the manager." One family member told us, "If I want to speak with the manager about something they make themselves available."

The service had a complaints procedure which was made available to people they supported and their family members. The registered manager told us the staff team worked very closely with people and their families and any comments were acted upon straight away before they

became a concern or complaint. A member of staff told us, "We try and talk to people visiting the home and residents to see if they have any issues and deal with them straight away."

However we spoke with the family members of three people who had lived at the home. At the time of inspection the home was dealing with one formal complaint that had resulted in meetings between the provider and the relatives of one person, but the relatives were not satisfied with the outcome. We noted the concerns had not been upheld. During the inspection, the inspector was made aware of two other complaint issues. One family member told us, "I feel let down I don't feel as though I was listened to."

We spoke with the management team about how complaints were managed. The managing director told us, "Our complaints procedure is transparent and is available to all our residents and their families. Each complaint we receive is dealt with through the company's procedure. We have met with one of the families on three occasions. Following investigation by ourselves or the safeguarding team, nothing has been upheld."

The registered manager and management team told us they would look at introducing a system to capture informal comments. This was so they could monitor any improvements required in the delivery of care.

Is the service well-led?

Our findings

We spoke with people who lived at the home and visiting family members for their thoughts on the leadership of the home. All the people we spoke with told us they thought the registered manager was accessible and approachable. They told us they had good communications with the staff and always thought they were listened to. One person told us, “The manager always has time to discuss things. I’ve never felt that I couldn’t approach her.”

There was a manager in place at the home who was registered with the Care Quality Commission. Prior to our inspection the registered manager provided us with a good level of information about the service, within requested timescales. The information demonstrated the registered manager was aware of the need to continuously monitor standards and seek constant improvement.

The community professionals that we consulted with during our inspection commented that they felt Mariners Court was a well-run home. One professional told us, “It always seems very well organised. I can always find someone senior to speak to when I visit.”

Staff were aware of the lines of accountability within the service and wider organisation. They were confident about raising any concerns and felt that any concerns that were raised would be dealt with properly. Staff described the registered manager as very supportive. One member of staff commented that she had been well supported by the registered manager not only about work related issues but personal ones too. Another member of staff told us, “We have a really good team here. I like working here, everybody helps each other and the manager is easy to talk to.”

All staff we spoke with told us they had a commitment to providing a good quality service for people who lived at the home. The management and staff team work closely together on a daily basis. This meant quality could be monitored as part of their day to day duties.

The provider had systems and procedures in place to monitor and assess the quality of their service. These included seeking the views of people they support through ‘resident’s meetings’, satisfaction surveys and care reviews with people and their family members. We saw ‘resident’s meetings’ were held regularly and any comments, suggestions or requests were acted upon by the registered manager. This meant people who lived at the home were given as much choice and control as possible into how the service was run for them.

The provider had systems in place to identify, assess and manage risks to the health, safety and welfare of the people who used the service. These included accidents and incidents audits, medication, care records and people’s finances. We looked at completed audits during the visit and noted action plans had been devised to address and resolve any shortfalls. This meant there were systems in place to regularly review and improve the service.

However there were two incidents in January where a person had left the building which had not been investigated and raised as a safeguarding alert. When we raised our concerns with the management team, immediate action was taken to raise the alerts with the local authority in retrospect and appropriate actions were taken to increase the security and safety for people who lived at the home.

A representative of the provider visited the service at least once each month to carry out safety and quality checks. Following these visits a report was provided to the manager identifying any necessary improvements or good practice observed.

The manager described the senior management team of the organisation as supportive and confirmed that the resources necessary for the effective running of the service were always made available.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Suitable arrangements were not in place to monitor and mitigate the risks relating to the health safety and welfare of people who lived at the home to ensure they were safeguarded.