

Mr & Mrs H Emambocus

Marina Lodge

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

This inspection took place on 16 March 2017 and was unannounced. This meant the staff and registered provider did not know we would be visiting.

Marina Lodge provides care and accommodation for up to 11 people with enduring mental health needs. On the day of our inspection there were eight people using the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We last inspected the service in November 2014 and rated the service as 'Good.' At this inspection we found the service remained 'Good' and met all the fundamental standards we inspected against.

Accidents and incidents were appropriately recorded and risk assessments were in place. The registered manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults.

Appropriate arrangements were in place for the administration and storage of medicines.

The home was clean, spacious and suitable for the people who used the service and appropriate health and safety checks had been carried out.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The registered provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

Staff were suitably trained and received regular supervisions and appraisals.

The registered provider was working within the principles of the Mental Capacity Act 2005 (MCA) and was following the requirements in the Deprivation of Liberty Safeguards (DoLS).

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of visits to and from external health care specialists.

People who used the service and family members were complimentary about the standard of care at Marina Lodge. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

Care records showed that people's needs were assessed before they started using the service and care plans were written in a person centred way.

Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs.

The registered provider had an effective complaints procedure in place and people who used the service were aware of how to make a complaint.

Staff felt supported by the management team. People who used the service, visitors and staff were regularly consulted about the quality of the service.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Marina Lodge

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 registered 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 on 16 March 2017 and was unannounced. One Adult Social Care inspector carried out this inspection.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. Information provided by these professionals was used to inform the inspection.

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

During our inspection we spoke with three people who used the service. We also spoke with the registered manager, deputy manager and two care staff.

We looked at the personal care or treatment records of three people who used the service and observed how people were being cared for. We also looked at the personnel files for three members of staff and records relating to the management of the service, such as quality audits, policies and procedures. We also carried out observations of staff and their interactions with people who used the service.

Is the service safe?

Our findings

People we spoke with told us they felt safe at Marina Lodge. People told us, "It is safe here" and "I feel safe".

We discussed staffing levels with the registered manager and looked at staff rotas. There were sufficient numbers of staff on duty to keep people safe and to allow people to access the community. The deputy manager told us staff absences were covered by their own staff or staff from the registered provider's other home, and agency staff were not used. Staff and people who used the service did not raise any concerns regarding staffing levels at the home.

The registered provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed staff to ensure staff were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults.

Recent refurbishment had taken place at the home and included a new laundry. Some of the bedrooms had en-suite toilet facilities and facilities we saw were clean and appropriate for the people who used the service.

Accidents and incidents were appropriately recorded and risk assessments were in place for people who used the service. These described potential risks and the safeguards in place to reduce the risk. Risk assessments included medication, physical problems, self-harming, violence, food hygiene, and health and safety. Risk assessments were reviewed monthly. This meant the registered provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

The registered provider had a 'Safeguarding vulnerable adults and the prevention of abuse policy.' We found the registered manager understood their responsibilities with regard to safeguarding and staff had been trained in how to protect vulnerable people.

Hot water temperature checks had been carried out for all rooms and bathrooms and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) guidance Health and Safety in Care Homes (2014). However, we noted the most recent water temperature in an unoccupied room was recorded as 48 degrees. The deputy manager told us this would be checked and corrected before anyone moved into the room.

Electrical testing, gas servicing and portable appliance testing (PAT) records were all up to date. Risks to people's safety in the event of a fire had been identified and managed, for example, fire alarm and fire equipment service checks were up to date, and people who used the service had Personal Emergency Evacuation Plans (PEEPs) in place. This meant appropriate checks and records were in place to protect

people in the event of a fire.

We found appropriate arrangements were in place for the administration and storage of medicines and medicines were audited weekly.

Is the service effective?

Our findings

People who used the service received effective care and support from well trained and well supported staff. People who used the service told us, "I'm very well looked after", "They look after you if anything is wrong", "It's much better here [than the person's previous home]" and "Everything is really nice".

Staff were supported in their role and received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace.

Staff mandatory training was up to date. Mandatory training is training that the registered provider thinks is necessary to support people safely and included medication awareness, fire safety, food hygiene, challenging behaviour, safeguarding, communication, first aid, infection control and the mental capacity act. New staff completed an induction to the service and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training for new staff working in health and social care. This meant staff were fully supported in their role.

People who used the service were supported with their dietary needs and had access to the kitchen under supervision. One person had been diagnosed with diabetes. The person's care records described how they were supported to manage their diabetes and to maintain a healthy diet. The person tested their own blood sugar levels three times per day and care records described what action staff should take in the event of abnormal readings. The records we saw had been recently reviewed. People who used the service told us the food was, "Good", "There is a choice if you don't like something" and "If you want something, they'll make it for you".

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 interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. None of the people who used the service required DoLS however the registered manager was aware of their responsibilities.

Consent and agreement forms had been signed by people who used the service. For example, to say they would clean their own rooms and to say they agreed with the content of their care records.

One of the care records we looked at included a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) form which means if a person's heart or breathing stops as expected due to their medical condition, no

attempt should be made to perform cardiopulmonary resuscitation (CPR). This was up to date and showed the person who used the service and a family member had been involved in the decision making process.

People who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits to and from external specialists including GP, psychologist, optician and nursing staff.

Is the service caring?

Our findings

People we saw were well presented and looked comfortable with staff. We saw staff talking to people in a polite and respectful manner and staff interacted with people at every opportunity. People were assisted by staff in a patient and friendly way and we saw and heard how people had a good rapport with staff.

Care records described how people who used the service were able to express their wishes and make choices. For example, "[Name] continues to be encouraged to express their needs and choices." People who used the service told us they were able to make choices about what food and drink they wanted, and were able to go out whenever they wanted. One person told us they went out twice per week but this was their own choice.

We saw staff knocking on bedroom doors and asking permission before entering people's rooms. Respect for people was included in staff induction training and reinforced at supervision sessions and team meetings. People who used the service told us staff respected their privacy and always knocked on the door before going into their bedroom. This meant that staff treated people with dignity and respect.

Care records described how people's independence was promoted. For example, "[Name]'s long term goal is to live independently and be able to master their life skills" and "[Name] to be able to perform their domestic tasks independently and be able to demonstrate it without prompting".

People who used the service had their own front door keys and we observed people independently accessing the community. We observed one person who used the service doing their own washing in the laundry. This meant that staff supported people to be independent and people were encouraged to care for themselves where possible.

Bedrooms were individually decorated and contained people's own furniture and personal possessions. We saw many photographs of events and social occasions in people's bedrooms that people who used the service had taken part in.

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. We saw one person had met with an advocate to discuss their will and end of life plans.

Is the service responsive?

Our findings

The service was responsive. People's needs were assessed before they started using the service. This ensured staff knew about people's needs before they moved into Marina Lodge.

Each person's care record included important information about the person including emergency contact details, life history, family, interests, medical history, allergies and personal choices.

People's care records were person centred, which means the person was at the centre of any care or support plans and their individual wishes, needs and choices were taken into account. Care plans were in place and described the needs of the person, the goals of the care plan and what interventions were required to achieve the goals. For example, one person required support with their personal hygiene. The care records described what the person could do for themselves and what they required assistance with. Care records were reviewed monthly and records we saw were up to date.

Staff handover records were completed at the end of each shift and provided an update on the people who used the service, medicines, rotas, the kitchen and safety of the building. We saw these were up to date.

We found the registered provider protected people from social isolation. People had individual structured activities timetables in place, which described what activities people were carrying out each day. For example, one person attended a railway group during the week, went to watch football on a Saturday and attended church on a Sunday. The person also went out for a walk independently twice per day. On the morning of our visit, the staff and all the people who used the service had gone out to a coffee shop. During the day we observed people going out to the shops and for walks. People who used the service told us they enjoyed their planned activities and were able to make choices about what activities they wanted to take part in.

The registered provider's complaints policy and procedure was displayed on the notice board. There had been no formal complaints recorded at the home. The registered manager told us any issues were dealt with via one to one meetings and house meetings. People who used the service told us felt confident and were comfortable going to staff if they had any issues.

We looked at the 'Complaints and compliments book' and saw a number of compliments from visitors and family members. For example, "Thank you for all you do. Words are not enough", "Marina Lodge provides excellent care for service users with complex mental health needs" and "First time visit to meet management. They were very accommodating and honest, making me feel welcome. Thank you". This meant the registered provider had an effective compliments and complaints procedure in place.

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

We saw that records were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring people's personal information could only be viewed by those who were authorised to look at records.

The service had a positive culture that was open and inclusive. Staff we spoke with felt supported by the management team and told us, "I love the job. It doesn't feel like I'm at work" and "I get plenty of support". People who used the service told us they got on well with the management and staff.

Staff were regularly consulted and kept up to date with information about the home and the registered provider. Staff meetings took place regularly. The most recent meeting had taken place in March 2017 and included discussions on punctuality, food hygiene, professional boundaries, holidays, resource management and medicines.

We looked at what the registered provider did to check the quality of the service, and to seek people's views about it. We saw a copy of the registered provider's 'Audit matrix', which included a list of audits carried out on a weekly, monthly and two monthly basis. For example, staff training, care plans, fire checks, food handling and temperatures, nurse call, complaints and compliments, accidents and incidents, environment, and feedback from quality assurance questionnaires. We looked at a sample of the audits and found they were up to date.

Residents' meetings took place regularly, where the registered manager could provide updates and information. The meetings also gave people who used the service the opportunity to feedback any issues and contribute to choices regarding mealtimes and activities.

Quality assurance questionnaires were provided for people who used the service. The most recent questionnaires had been completed in February 2017 and included questions about whether people felt comfortable at the home and were treated with respect, whether people were able to make decisions, what the atmosphere at the home was like, whether their needs were being met, and whether people knew how to make a complaint. Questionnaires were also provided to visiting professionals to give feedback on the quality of the care, whether they were welcomed into the home and whether any improvements could be made. All the responses we saw were positive.

This demonstrated that the registered provider gathered information about the quality of their service from a variety of sources.

The service had links with the local community. People who used the service accessed community facilities and the registered provider worked with local multi-disciplinary teams and services such as a local drugs

and alcohol recovery service.

The registered provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.