Meadowblue Limited

Marine Court Residential 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

Overall summary

This inspection took place on 14 September 2015 and was unannounced.

Marine Court Residential Home provides accommodation and support for up to 40 people, some of whom may be living with dementia. At the time of this inspection 37 people were living in the home.

A registered manager was in post. This person was also a partner and the company secretary of the provider organisation and is referred to as the manager throughout this report. 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

Staff were knowledgeable about how to safeguard people from abuse and knew what action to take if they had any concerns.

There were enough staff available to support people in a timely way.

People received their medicines when they needed them. Their medicines were appropriately stored and administered to them in a safe way.

Most of the risks to people's welfare were identified. However, some people's ensuite shower facilities needed to be made safe to reduce the risks of people slipping.

The manager had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and how these impacted upon the way people's care was arranged.

People enjoyed their meals and were given choices. Drinks were readily available for people and staff ensured people were well hydrated.

People were treated with kindness and staff promoted people's dignity and enhanced their independence where possible.

People's needs were responded to and care tasks were carried out thoroughly. Where there were concerns about people's wellbeing staff responded promptly and ensured people received the support from health professionals as necessary.

The manager fostered an open culture in the home where people's views were welcomed. Staff were supportive of the home's manager and people and their relatives found them approachable. Systems and processes were implemented to review the standard of care provided to people.

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 safe.

There were enough staff deployed to meet people's needs in a timely manner.

Medicines were stored and administered to people safely.

Improvements needed to be made to reduce any risk of trips and slips due to the bathroom design in some ensuites.

Good

Is the service effective?
The service was effective.

Staff received an induction when they came to work at the home. Staff attended various training courses to help them to deliver a good standard of care.

People had choice about what to eat and drink and they were supported with their nutritional needs as necessary.

People had prompt access to healthcare professionals when they needed to see them.

Good

Is the service caring?
The service was caring.

Staff were friendly and caring and treated people with respect.

People, with support from their relatives where appropriate, were involved the planning their care.

Good

Is the service responsive?
The service was responsive.

People's care plans reflected how they liked to receive their care, treatment and support. Their needs were regularly assessed, recorded and reviewed.

People were encouraged to raise queries and concerns and were confident they would be addressed.

Good

Is the service well-led?
The service was well led.

The manager promoted a positive culture that was open and inclusive.

There was good visible leadership within the home and the home was well managed.

The quality and standard of service people received was kept under regular review.

Good

Marine Court Residential 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 on 14 September 2015 and was unannounced. It was carried out by two inspectors.

Before visiting the home we reviewed the Provider Information Return (PIR) and previous inspection reports.

The PIR is a form that asks the provider to give some key information about the service. We also reviewed other in information we held about the home and notifications of incidents. A notification is information about important events which the service is required to send us by law.

During this inspection we spoke with four people living in the home, relatives of three people, the registered manager, and three care staff members.

We observed care and support being provided to people living in the home on both days of our inspection.

We looked at the care plans of three people including their medication records and at various records relating to the management of the service.

Good

Is the service safe?

Our findings

Staff told us they had received training in how to ensure people were protected from the risk of abuse. They understood the different types of abuse and how to report any concerns they had. They knew where to find contact details for the safeguarding team in the event that they needed to seek advice or make in a referral in the absence of the home's manager. We received records which confirmed that staff had received the necessary training.

Relatives we spoke with had no concerns about their family members' safety. One person we spoke with told us that one staff member, "….is a bit heavy handed sometimes. They don't know their own strength." This person had raised the issue with a visiting health professional but the manager had not been made aware of the concern. We told the manager about it and they advised us they would deal with the matter.

Risks to people's safety in relation to their care had been assessed. These were specific to individuals and included areas such as nutrition, moving and handling and pressure areas. Each risk assessment gave staff clear guidance to follow to help ensure that the risks to people's wellbeing were reduced as far as was possible and what actions had been taken or might need to be taken. For example, we saw comprehensive guidance for staff about how to support people with epilepsy. This guidance included signs that could indicate that a fit was imminent, how to position the person safely and when to call the emergency services.

The manager had assessed the risks of people accessing the landing at the top of the stairs, which did not have a stair gate. Only people with good mobility, comprehension and vision were in rooms on this landing. We noted that one person's ensuite bathroom contained a shower cubicle which was a step down from the floor level. The shower cubicle was not in use. The bathroom was very small and the sink was positioned close to the drop down to the shower tray. People with or without mobility concerns could be at risk of a slip here. We noted that a few other shower cubicles in people's ensuites had dwarf walls to step over to get into the shower. Whilst again these shower cubicles were not in use, the dwarf walls could be a trip hazard in these small bathrooms.

The manager told us that maintenance checks for equipment and servicing around the home were carried out on a routine basis and we saw records which confirmed this.

Staff told us that there were always enough staff on duty to provide care for people in a timely manner. One person told us that when they called for assistance, "Staff come along soon enough." We saw that people didn't have to wait long for assistance and that staff worked well together and all staff members knew what their responsibilities were at any given time. For example, we saw planning for the lunchtime period showing which staff members were due to support named individuals with their meal and which staff were assisting generally in the dining room.

Staff spoken with told us that they had been required to supply references before they started work in the home. Recruitment records confirmed this and showed that criminal records checks were also made to ensure staff were suitable for the role before they started work. Detailed application forms had been completed and we saw records of the interviewing process. The manager took appropriate measures to reduce the risks of employing unsuitable staff.

We found that the arrangements in place for the management of people's medicines were safe. The medicines trolley was locked when not in use in the communal area at lunchtime. When the trolley was not required it was locked in the office and secured to the wall.

Where a person had not taken their medicine this was recorded correctly and a note made on the back of medicines administration chart detailing why. Staff told us they would contact the GP for advice if someone repeatedly declined to take their medicines.

We observed a staff member administering people's medicines to them over the lunchtime period. They spoke in detail with people about whether they were experiencing any discomfort and whether they required any 'as required' medicines they had been prescribed, such as for pain relief. We were assured that people received their medicines in a safe way to meet their needs.

Good

Is the service effective?

Our findings

Staff told us they received frequent training updates and had supervision every four to six weeks. One staff member told us how they had recently refreshed their training in moving and handling, infection control and safeguarding. They told us that although they held a care qualification they were considering undertaking an advanced qualification. They said that the manager had encouraged them and would support them with this. Another staff member told us that their induction had been thorough and the training and ongoing support they received helped them carry out their duties competently. We checked records and found that staff had received training in a variety of subjects that would help them to provide effective and safe care for people.

The service used a key worker system. People had a nominated staff member as a contact focal point. Staff were able to tell us in detail about the people they were key workers for. One staff member told us they found this very rewarding. That said that they could get to know people really well and could use their knowledge to help develop more personalised care for each person.

The Care Quality Commission (CQC) is required by law to monitor the Mental Capacity Act (MCA) 2005, Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The MCA aims to protect the human rights of people who may lack the mental capacity to make decisions for themselves. The DoLS are part of the MCA and aim to protect people who may need to be deprived of their liberty, in their best interests, to deliver essential care and treatment, when there is no less restrictive way of doing so. Any deprivation of liberty must be authorised by the local authority for it to be lawful.

The manager understood their responsibilities under the Mental Capacity Act 2005 (MCA) to ensure people were supported to make their own decisions regarding their care. Where people were unable to make these decisions for themselves, the service acted in people's best interests with the input of people's families and healthcare professionals when necessary. Staff had received training in the MCA. Mental capacity assessments were in place for those whose capacity to consent to the care they received was in doubt. We saw staff supporting people to make decisions and asking for their consent before any care or support was given.

We also saw that Deprivation of Liberty Safeguards (DoLS) applications had been made to the local authority when it was necessary. The registered manager was aware of when to apply for a DoLS authorisation and we saw appropriate documentation in people's files we reviewed.

People told us that they were happy with the meals provided. One person told us, "The food is very good and there's a good choice." Another person said, "The food here is fantastic." A visitor told us that their relative was a vegetarian and that the food their family member received was varied and nutritious.

We saw that people were offered choices at lunchtime. One person who declined to eat their lunch was tempted to eat a mousse. Staff gave people time to make their choice by sitting with them and explaining what the options were. People who required assistance from staff to eat their lunch were served first.

The lunchtime period took nearly two hours to complete which ensured that people were able to eat a pace that suited them. Throughout the day we saw that biscuits and sandwiches were regularly offered with drinks to support people who preferred to eat a little and often. We viewed the food and drink records of one person who was cared for in bed who required staff support to eat and drink. We saw that the person was being well supported with their nutritional needs.

A senior staff member told us they kept a close eye on what people ate and drank. They said that the service had just purchased some scales suitable for people who used a wheelchair so they could weigh people more easily. They told us people were weighed monthly or two weekly, depending on their level of nutritional risk.

Good

Is the service caring?

Our findings

People we spoke with were positive about the care the home provided. One person told us, “It’s all pretty good here.” One person’s relative told us, “The staff are always kind, courteous and supportive.” Another relative told us, “I’d be happy to live here myself.”

The atmosphere in the home was calm and relaxed. People were engaging with others, their relatives or joining in with group activities. Periodically staff approached individuals to make sure they were okay and to ask if there was anything they could do for them. People looked well cared for and were wearing clean clothes. If people spilt their drink or dropped food down their clothes staff quietly escorted them to change. This contributed to promoting people’s dignity.

We observed staff interacting with people in a friendly and respectful way. Staff respected people’s preferences and responded to requests for support in a sensitive manner. For example, we observed staff providing discreet support for people wishing to use the bathroom. Staff were careful to ensure that people’s privacy was protected when providing personal care, for example by ensuring doors were closed. We observed that staff were mindful not to discuss people’s personal details in the presence of other people. There were several seating areas in the home where people could have private conversations and spend time with their visitors without having to go to their rooms.

We saw that staff had noted important information about people, for example, their life histories, likes and dislikes and important relationships and events in their lives. People’s preferences regarding their daily care and support were recorded. For example, we saw a wide range of times on people’s care records showing when individuals preferred to get up. Staff worked with people’s relatives to obtain an understanding about these issues where people were not able to tell staff themselves.

Most people living in the home would not have been able to contribute to the planning of their care in any detail. People’s relatives told us they were invited to regular six monthly reviews and that they were always consulted and informed about any changes to their family member’s care when they occurred. One relative told us, “Things are put in place quickly here and we always know what’s going on.”

The service had information available about various community services and information of interest to people in the main reception area. We noted information about local advocacy services and how people or their relatives could access this. This ensured people and their relatives were able to discuss issues or important decisions with people outside the service. The service provided detailed information for visitors about how they could contribute to avoiding the risks posed by cross contamination. One person’s relative observed us reading the information and said, “It’s a bit scary, but it’s good they care enough to tell us about these things isn’t it?”

Good

Is the service responsive?

Our findings

People living in the home and the relatives we spoke with told us the manager and staff were approachable and any points they raised were listened to and responded to positively. One person's relative told us, "Any issues are dealt with. They do not get defensive and will act on any concerns we have."

We observed signs written in large print placed at various points within the home. These encouraged people and visitors to speak with staff or the manager if they had any queries or concerns. A copy of the home's complaint procedure was available for people. This contained guidance for people if they wanted to make a complaint. We saw the home's complaints folder and saw that any complaints received were acknowledged and investigated appropriately.

People's views were sought in monthly meetings. In addition an annual survey of people's views and those of their relatives were carried out. Where suggestions for improvements were made, action was taken where possible. For example, people had found the lounge and dining area a bit dark and these areas had been subsequently refurbished to provide a light and airy environment.

People's care records we reviewed showed that a full assessment of people's needs had been carried out prior to the person moving in to the home. The care plans showed staff how to support people with their identified needs, for example with personal care, mobility and nutrition. Where necessary there were step by step details for staff about supporting the person with a specific aspect of their care. We saw that people's care plans were reviewed on a monthly basis to ensure they properly reflected people's needs. Daily notes showed what care people had received, what interests or activities they had taken part in and whether people appeared well and content. This information was consistent with their assessed needs.

The service was responsive to people's needs and wishes. One person's relative told us how their family member, who had not been mobile for some time before they moved in to the home, wanted to regain some independence. They described how staff had supported their family member with their mobility and they were now able to mobilise with a walking frame and were continuing to improve. We noted from people's care records that when concerns about people's wellbeing arose they were acted upon promptly and people's care was monitored until the issue was resolved. For example, staff had noted a red area had developed on one person's skin. Cream had been applied on a daily basis; the progress was recorded daily until the red patch had disappeared.

People had access to a number of activities and interests organised by staff members seven days a week. Some of the organised activities were arranged to respond to interests people had had prior to moving in to the home. All staff took turns in assisting people with this. On the day of our inspection 12 people were participating in a variety of activities, for example jigsaws, puzzles or dominoes. There was also a quiz. Whilst the staff member was animated and encouraging, people had difficulty understanding what they were saying on occasion. A number of people kept saying pardon and two eventually gave up asking for a repeat of the question.

People were supported to keep in contact with friends and relatives and we saw visitors were made welcome in the home. One person's records showed that they preferred to stay in their room and read magazines but sometimes they participated in activities in the main lounge. This person told us they were asked on a daily basis whether they wished to join in group activities. We saw they had magazines in their room.

Good

Is the service well-led?

Our findings

Comments from the last survey carried out showed that people's views of the way the home was managed were positive. One person had said, "Managers ensure that good standards of care are in place and they are supported by hardworking staff." Another person stated, "The home is well managed and always clean." A third person said, "Everyone works well as a team."

Staff were positive about working in the home and told us that communication within the service was good. Comments from the last staff survey included; "The management are open and I can talk to them about anything." "We are encouraged to develop and get support from the office."

The service encouraged open communication with people who used the service, their relatives, visitors, health professionals and staff. The manager actively sought the views of these people to

help to develop the service. The results of the annual survey had been collated and placed in the main foyer to inform visitors to the home. The manager was visible around the home and approachable.

Staff were involved in developing the service. Staff meetings were every two months for different staff groups to ensure that meetings were relevant to the staff concerned. This gave staff the opportunity to contribute their views and ideas for service development in their area of work. Staff understood their roles and the expectations of the manager. The manager was clear that they expected staff to report any concerns they might have regarding people's welfare. The importance of whistleblowing was discussed with staff to help ensure that they understood their responsibilities and the service's aims and objectives.

The manager monitored accidents and incidents appropriately. They looked for trends and similarities and checked for frequency to determine whether there were any patterns that could be addressed to reduce the risk to people's wellbeing.

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. We had received notifications from the registered manager in line with the regulations. This meant that we could ensure that appropriate action had been taken.

The manager also carried out regular audits to ascertain whether the service was providing a safe and effective standard of care for people. We saw that where anomalies had occurred they were investigated and the reasons for the anomaly established so that the mistake wouldn't be repeated. For example, we saw that a medicines audit established that the stock levels for the home's supply of homely remedies had not balanced. This had been investigated and the error rectified. The information gathered from regular audits, monitoring and feedback received was used to recognise any shortfalls in the service provided and make plans to improve the quality of the care people received.