

MCCH

Marine Parade

Inspection report

18 Marine Parade
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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

Care service description

18 Marine Parade is a residential care home for seven people with mental health conditions. The service is a detached building situated in a residential area of Whitstable.

18 Marine Parade is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Rating at last inspection

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Rating at this inspection

At this inspection we found the service remained Good.

Why the service is rated Good

Staff had received safeguarding training, to protect people from potential harm and abuse. Risks to people had been assessed, and mitigated, with a focus on supporting people to take positive risks. People and their relatives told us there were sufficient staff to keep people safe. People's medicines were stored, administered and disposed of safely. Improvements had been made when things went wrong, and people were protected by the prevention and control of infection.

People's needs were met, and staff worked to deliver effective care, following good practice, and working with internal and external agencies. Staff had the knowledge and experience to deliver good outcomes to the people living at the service, and new training was sourced when required. People were supported to live healthier lives, staff encouraged them to be active and they were supported to be as independent as possible in terms of, for example, choosing, purchasing and preparing food. The environment had been adapted to meet people's individual needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

We observed people being treated with kindness and compassion. Staff had time to have meaningful interactions with people, giving them emotional support when they needed it. People were encouraged to be as independent as possible, and supported to make decisions about their care and treatment. Staff respected people's privacy and supported them to maintain relationships with those that mattered to them.

People received personalised care that was responsive to their needs. People told us they took part in activities they enjoyed, and accessed the community as frequently as they wanted to. There were systems in place to monitor and respond to people's concerns, which the provider used to improve the service. Staff had provided support to people at the end of their lives.

People, staff and healthcare professionals told us the service was well run. At the time of our inspection, there was a registered manager in post. 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. There was a positive culture at the service, and staff were united in their commitment to deliver the best outcomes for people. The registered manager understood and met their regulatory responsibility. The registered manager worked in partnership with other agencies, sought feedback from people and acted on their comments to improve 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

Marine Parade

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 comprehensive inspection took place on 17 and 18 April 2018 and was unannounced. The inspection was undertaken by one inspector and one assistant inspector.

Before the inspection we reviewed previous inspection reports, notifications and any other relevant information we had received. A notification is information about important events which the service is required to send us by law. The provider completed a Provider Information Return (PIR). A PIR is information we require providers to send to us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We met five people, spoke with two members of staff, and the registered manager. We sampled records such as two care plans, medicine records, audits and daily notes. Following the inspection, we spoke with two staff members, two relatives and two healthcare professionals.

Is the service safe?

Our findings

People were protected from potential abuse and avoidable harm. One person told us, "I am safe here." Relatives told us their loved ones were safe and cared for by a stable staff team that knew people well.

People continued to be safeguarded by staff that had received training and understood how to report concerns. One staff member told us, "I would look for changes in behaviour, over or under eating for example. Then I would speak with the person, get the facts and complete an incident report. If necessary I would call the local safeguarding number." Safeguarding issues were discussed with people during the monthly house meetings, where staff raised the subject in different ways to increase awareness of safeguarding issues with people. Staff were confident in challenging any poor practice, and were assured the registered manager would take action to address any concerns raised. The registered manager understood their safeguarding responsibilities and had made referrals to the local authority safeguarding team where required to keep people safe.

Risks to people continued to be assessed and mitigated. Staff had identified a number of risks including; risks associated with people's mental health, being in the community, and slipping or tripping in the shower or within the service. Each care plan was designed with the individual and explained how to manage those risks. For example, one person was encouraged to access the community independently. Staff discussed the person's plans for the day, and ensured they had their mobile phone containing the service number should there be a need to contact them. One relative told us their loved one really enjoyed going out for a coffee by themselves, and were supported by the service to be safe whilst out by ensuring they had their address on them in case they could not make it home. Individual risk assessments relating to people's mental health deterioration detailed de-escalation tactics for staff. However staff told us they were rarely used as declines in mental health were acted on, and managed before behaviours escalated.

Staff and the provider continued to complete regular safety checks on the environment and equipment to ensure it was safe. Staff carried out regular checks on the hot water within the service, to check water temperatures were safe for people to use, and reduce the risk of scalding. One person was being supported by staff to complete these checks to increase their independence. We checked that regular checks were being carried out on the fire alarms and other fire equipment to make sure they were working properly. People had personal emergency evacuation plans (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of an emergency. Previous drills recorded one person refusing to leave the service. However, the March 2018 fire drill was documented as being the most successful to date, with all people leaving the building successfully. Staff told us proudly, "They did amazing."

People continued to be supported by a staff team that had been recruited safely. The registered manager had completed a number of checks before staff started their employment, including staff having a full work history with no gaps, receiving two references, photo identification and completing a Disclosure and Barring Service (DBS) criminal records check. The DBS helps employers make safer recruitment decisions. At the

time of our inspection the service had no staff vacancies. The registered manager talked us through the selection process when looking for new staff, and informed us they looked for; patience, kindness, and empathy, as opposed to skills, which they were confident they could teach new staff. The registered manager asked people for feedback on new staff, and stressed the importance of people liking, and being able to build a trusting relationship with staff to enable people to feel safe.

People told us they liked the staff, and were able to tell us who their favourite staff members were. There continued to be sufficient numbers of staff to support people safely. Staffing was based around the needs, appointments and activities of people. The registered manager completed rotas six weeks in advance. No agency staff were used, as staff told us people needed consistency and agency staff could be 'unsettling' for people. We observed there were sufficient staff to meet people's needs, and one relative told us there was always, "plenty of staff on hand".

Medicines continued to be administered, stored and disposed of safely. We reviewed medicine administration records (MARs) and observed they were up to date and fully completed. One person was known to take time to take their medicines. Staff had consulted with the GP to ensure they were working within the guidelines of the prescribed medicine. All staff understood when the person was taking their medicines that they were to respect their space, and create a calm environment for that person. Another person was able to self-manage their medicines, and signed their MAR to confirm they had taken their medicines. Some people were prescribed medicines, such as paracetamol on an as and when basis (PRN), and there was guidance in place about when these medicines might be needed. One person's medicines had been sought ahead of time in preparation for an operation. People had medicines reviews with their GP to ensure they were still appropriate for the person. Staff continued to receive training on how to manage medicines safely, and the registered manager completed competency tests. Staff told us they felt safe administering medicines. Staff completed weekly audits on medicines, and the prescribing pharmacy completed yearly audits on the medicines.

The service continued to be clean, fresh smelling and well kept. Staff had received training in infection control and there was personal protective equipment (PPE) readily available throughout the service. People were encouraged to be involved in the upkeep of the service, staff told us, "We try to treat it as a home, with everyone involved." During the inspection, we observed people taking their plates to the kitchen, and washing up after themselves.

There continued to be a system in place to monitor and review accidents and incidents. Staff completed incident forms, which the registered manager reviewed and investigated for learning, involving the positive behaviour team if necessary. The registered manager was able to demonstrate that the appropriate action had been taken when something went wrong, to mitigate the risk of the incident reoccurring.

Is the service effective?

Our findings

People and their relatives spoke positively about the care they received. Staff treated people as individuals, and worked in partnership with people to make decisions about their care. Staff told us, "We explain the risks to people, they understand them. Everyone has capacity and we respect that."

People continued to be involved in their need's assessments. No one had moved into the service since our last inspection. However, the registered manager was in the process of assessing a potential new admission. As part of the assessment, the registered manager met the person at their current service, spoke to staff supporting that person, as well as reviewing documentation relating to the person. The person and their relatives would then be given the opportunity to visit Marine Parade. The registered manager and staff had regularly reviewed people's care plans to ensure they fully represented people's needs. Care plans contained information relevant to the person, including how they present when they are distressed or their mental health is deteriorating. The registered manager were aware of best practice relating to supporting people with mental health, including person-centred planning (a way of helping people to plan their care).

Staff continued to receive adequate training to enable them to deliver effective care to people. Staff were given protected time to complete their mandatory training, and told us they enjoyed completing training to ensure their skills were up to date. One person was identified as having a potential healthcare condition that had not been previously diagnosed. Their relative was invited to attend a training session for the healthcare condition alongside staff members. The relative told us they appreciated being involved, and staff told us enthusiastically how much they enjoyed the training, and how they could implement their learning to support that person.

The provider's induction training was designed to meet the Skills for Care standards for the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. The induction process allowed staff to read people's files, and shadow more experienced staff before working unsupervised. Staff received monthly supervisions from the registered manager and the assistant team leader. The registered manager worked alongside the staff on a variety of shifts and told us, "I trust all my staff", and was assured staff would act in a calm, professional manner if people displayed behaviours that could challenge. The registered manager told us that the people they supported were complex, and it was important to keep on top of behaviours and keep people stable to protect them from possible harm.

People continued to be supported to eat and drink enough to maintain a balanced diet. During the house meeting, people planned the meals for the week, and the menu was available in the kitchen. People were encouraged to make their own breakfast, One staff told us, "Breakfast can go on for a while, everyone is different, and eat when they want." One person told us their job was to ensure the water jugs around the service were filled up with a variety of drinks to ensure people stayed hydrated. As part of their 'moving on plan' one person was being supported to plan, purchase, cook a meal of their choice, and then tidy the kitchen. We observed this person being supported to cook a chicken burger during our inspection. During the process, staff talked the person through each step, reassuring them where necessary, and praising them

often. We observed staff and the person joking, and enjoying casual conversation smiling throughout. Staff told us with pride that this was a huge progression for this person, who was very shy when they arrived at the service.

People had accessible information to take to hospital, should they need it. This included information for healthcare staff, such as how to communicate with the person and what medicines they were taking. Staff told us this was important to ensure people received continuity of care and to support this they would go to the hospital with the person. Staff would take time to talk through people's needs with hospital staff to ensure people's needs were met.

Staff completed a handover in person, and had a shift planner, available to all staff in the office. All staff were aware of the priorities for the day, and we observed staff regularly updating the shift planner. This meant people received their medicines when they needed, and attended activities they wanted.

Staff continued to work within and across organisations to deliver effective care. We saw referrals had been made to internal and external health care professionals when required. Staff involved social services and commissioners in people's care reviews. The registered manager had strong relationships with people's care managers who supported the service when they struggled to get health care appointments needed to support people.

People continued to be supported to live active healthy lives, and each person was allocated a key worker. A Keyworker is a member of staff that leads and oversees the support given to a person. One person told us, "I like to have a keyworker." People were weighed regularly, and the service acted when they had concerns a person was losing or gaining too much weight. For example, one person was known to lose weight when their mental health deteriorated, therefore staff worked with the nutritionist and the person to implement a high calorie diet to ensure they did not become underweight. People had access to a wide range of health care professionals including, GP, dentist, occupational therapist, community mental health team and psychiatrists. Staff involved the crisis team at the earliest stages of relapse in people's mental health. As a result, staff told us with pride that one person had not been hospitalised for two years, due to their continued work with the person. The provider's positive behaviour support teams were involved in creating care plans for people, and worked with people and staff when required to deliver effective outcomes for people. People were encouraged to be active: we observed people being encouraged to go out for a walk which they told us they enjoyed.

The service had been adapted to meet people's individual needs. People's rooms were personalised and individual to them, with photos, and items personal to their taste. One person told us they had recently had a new bed, chair and carpet. That person told us, "I've got my room just how I want it, I will look after it." There was a garden that was accessible for people, which staff told us people enjoyed using during the summer.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The 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. Although people had complex needs, staff encouraged them to make decisions for themselves so people had maximum choice. For example, one person chose to wear the same clothes daily. Staff supported this person by washing and drying their clothes whilst the person washed. One relative said of staff, "They recognise the importance of giving choices and decision making to their clients." When healthcare professionals raised concerns about a person having the capacity to make a complex decision relating to their healthcare, a best interest meeting was held, including the person, relatives, healthcare professionals and staff. Staff had also involved advocates to support people to make their needs known.

Is the service caring?

Our findings

People, their relatives and healthcare professionals told us the staff were caring and kind. One relative told us, "They frequently tell me they are happy at Marine Parade." A healthcare professional told us, "I can't speak highly enough of this home. The staff really care about each individual and go the extra mile all the time to provide a lovely home life for all."

Throughout our inspection we observed people being treated with kindness and compassion. Staff spoke about people with affection, and had clearly built trusting relationships with people. One person told us "I love it." Staff were able to recognise changes in people, and react accordingly. One staff told us, "If someone's behaviour changes, we see the changes very quickly." During our inspection, one person became anxious. Staff and the registered manager spent time with this person, encouraging them to explain what was making them anxious and putting plans into place to keep the person from becoming more distressed. The person chose which staff member they wanted to go out for a walk and visit the café with. Another person needed to visit the hospital, and asked a particular staff member to support them. Staff told us of the importance to them personally to be there to hold the person's hand when they recovered, and support them as much as they could. The person had limited verbal communication, and therefore staff wanted to be there to advocate for them, and organised for a note pad and pen to be at the person's bedside so they were able to communicate with hospital staff. The person's relative told us, "The staff are all caring and passionate about looking after (name)."

The registered manager told us the staff all look after each other's wellbeing. We observed staff speaking to each other in a friendly, caring way. One staff member told us, "We all take an interest in each other's lives as colleagues and individuals."

Staff and the registered manager supported people to maintain and build relationships with those who mattered to them. Relatives told us they felt welcomed at the service and one relative said of staff, "They always open the door with a big smile and welcome." Relatives told us staff supported their loved one in the community with them if they needed. Staff told us they were fortunate that relatives visited so often as it meant a lot to the people they supported. One person had declined staff support to build relationships with their family, which was respected by staff. This person was given the opportunity to be supported by an advocate and build relationships through peer groups.

The registered manager told us they worked to, "ensure meaningful involvement and engagement of the people we support". During our inspection, we observed people being given choices, and being encouraged to be independent. Staff told us they supported and encouraged people who wanted to vote. During the inspection, one person became confused thinking they needed to move to another service. The registered manager spoke with them and reassured them that they did not need to move, if they did not want to. The person looked relieved, smiled and said, "I would miss you if I left." The registered manager told us that staff worked to their philosophy of 'empowering people' not controlling them, and enabling them to express their views.

People continued to be as independent as possible and registered manager told us it was, "second nature to treat everyone with dignity and respect they deserve". People had been asked what gender staff they wanted to support them. Staff told us they encouraged people to be independent with all aspects of their lives, and talked people through any personal care. We observed people answering the front door; the registered manager told us they were trying to encourage people to answer the phone.

Confidential information continued to be kept securely. All personal information was in the registered manager's office, which was locked when not in use. Records we viewed, including people's care plans and staff records, were up to date and held securely.

Is the service responsive?

Our findings

People continued to be supported in a person centred way. One relative told us "Staff are very interested to make sure things are done in the best way possible." People attended groups and activities that encouraged them to be independent such as 'take off groups' where peers supported each other, and computer classes where people were able to learn new skills.

People continued to live busy active lives, spending time doing things they enjoyed. On both days of our inspection people were out enjoying activities. One staff member told us, "It is great people are out, and we enjoy going out with them." Activities were individual, and ranged from tea dances, to attending day centres, going to the local city and attending the community centre. Two people had expressed an interest in meeting likeminded people, so were supported to attend a disco. The staff organised culture days where different countries, religions and cultures were celebrated. Most recently the local mosque visited to talk to people about their faith. People attended church groups, and some visited friends in the community. During a house meeting, one person expressed an interest to return to the town they grew up in to see how it had changed, so a day trip for those wanting to go was organised. One person, who had previously not wanted to interact with people, had increased their interactions as a result of the activities they attended. Their relative rang the service to thank staff for the work they were doing with their relative, saying they had not seen them that 'chipper' for 'a long time' becoming more socialised with peers, and engaging with people more.

Care plans continued to be person centred and individual to people's needs. Care plans had been created with people, and people signed them to confirm their consent. Staff told us people were encouraged to review their plans, and often requested to amend parts of the care plan to ensure they were up to date. One person, who identified as wanting to progress to supported living services, created a 'move on plan' with staff. The plan detailed the goals the person wanted to achieve to be more independent and enable them to move on including; building social skills, learning to cook, visiting potential services and visiting the local city unsupported. The registered manager told us, "I would love to see (name) move on. They had been told they would never be able to leave residential care so it would be a huge achievement for them."

Staff knew people well, and made every effort to get detailed personal histories to enable them to support people better. Regular care reviews were held with people, who were given the choice of who they wanted to support them at their reviews, such as their relatives. One person had declined to have their relatives support them at their review, and had access to an advocate. Staff told us they planned activities and goals with people to ensure they were person centred and meaningful for that person. People's achievements were individually recognised, for example one person's achievements included more involvement in the up keep of the service. Staff told us, "It's good to see the progress."

People had been supported to buy electronic tablets, and used them to stay in touch with their loved ones, and purchase things online. One person at the service used their electronic tablet to order take aways. One person had a games console, and had been assessed as needing to build strength in their arm. Healthcare professionals had noted an improvement of that person's arm strength as a result of holding the games

controller.

There continued to be a comprehensive complaints policy in place that staff and the registered manager followed. During our inspection, we observed people being given the opportunity to raise concerns, and people told us they knew how to raise concerns. We checked and saw that complaints had been responded to appropriately by the registered manager, with satisfactory outcomes for the complainants.

At the time of our inspection, no one was in receipt of end of life care. People did have end of life care plans in their files, but some had chosen not to complete them with staff. However, the registered manager recognised that as people aged this was something they needed to revisit. The registered manager and staff had previously supported a person at the end of their life, staying with the person in hospital during their final moments. Staff and former staff attended the funeral, and people who did not wish to attend the funeral were supported to have a ceremony at the service, where people were able to share their feelings and everyone released a balloon. People and staff were supported by the provider during this difficult time, and those closest to the person were given additional staffing support.

Is the service well-led?

Our findings

People, relatives and healthcare professionals were united in their feedback that the service was well led. A relative told us, "This is the best service (name) has been in. It's down to the manager." Staff told us they had, "Never had a manager like (name). They are amazing."

There continued to be a clear vision, with staff and the registered manager working to the values of the provider. The registered manager was responsible for overseeing the day to day culture of the service, which people, staff and relatives told us was positive. Throughout the inspection we observed a relaxed, friendly comfortable atmosphere for those living at the service. The registered manager continued to keep their knowledge up to date, through training, healthcare magazines and reviewing documentation from external providers to learn and improve from. The assistant team leader was part of the registered manager's forum, and would feedback on good practice and learning to the team. The assistant team leader told us, "The more networking we do, the more improvements we can make." The registered manager attended regular managers meetings with the provider, where changes to legislation and good practice were shared. The registered manager told us their manager, and the provider were supportive.

The registered manager was aware of their responsibility to comply with the CQC registration requirements. It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the registered manager had conspicuously displayed their rating in the service and the provider had displayed the service's rating on their website. The registered manager had submitted notifications to the CQC where required to inform us of important events.

People's views continued to be sought to improve the service. People had monthly house meetings, where they were asked for feedback on a number of things including how to improve the service, their views on new staff members, as well as a new potential resident that had visited the service. People also had one to one meetings with key workers, and we observed people approaching the manager for information during the inspection. There were regular staff meetings, where staff told us they gave feedback on how to improve the service for the people living there. Yearly satisfaction surveys continued, requesting feedback from people and their relatives. The provider analysed this feedback and shared it with the registered manager in order to improve the service. Provider feedback had also been received and shared with staff. For example during a recent chief executive visit. comments received included that it was, "a pleasure to spend time with skilled staff". One healthcare professional told us the registered manager, "is the most amazing home manager and totally thinks about each resident as an individual as well as part of the resident team".

There continued to be processes in place to review the quality of the service. Staff continued to understand their role and responsibilities. Where possible the registered manager had trained staff so they were able to complete additional tasks, such as submitting notifications to the CQC, and completing audits on the service in case this needed to be done when the registered manager was not there. For example, one staff member had oversight for medicines, and completed regular audits on them, which the registered manager and assistant team leader regularly reviewed. Regular audits were also carried out on; care plans, health

action plans and risk assessments, with particular focus being given to the outcomes for the people living at the service. We reviewed audits, and saw they were being completed regularly, and were being used by the provider to improve the service. Audits on the service were also carried out by commissioners and housing associations.

There continued to be a business plan in place, tailored to suit the needs of the service and the people living there. The registered manager had managed the service creatively, for example growing fruit and vegetables to reduce the food costs, and using the money saved to support the people living at the service. The previous year, the registered manager organised a day trip to London for people and staff with funds they had saved from their budget.

The registered manager and staff continued to work in partnership with other agencies, including the local authority safeguarding team, commissioners and care managers. A healthcare professional told us "The registered manager is a very strong advocate for their residents when they go into hospital and will not be pushed around if discharges are rushed and potentially unsafe. They are always willing to work with the hospital but equally happy to challenge any care that is less than the best standard." The service had a yearly open day, where they invited 'MIND' to attend. Mind is a mental health charity that provides support and advice to people with mental health problems.