Nautilus Welfare Fund

Mariners Park Care 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

Summary of findings

Overall summary

The inspection took place on 12 and 13 October 2016 and was unannounced. Mariners' Park is located in the Egremont area of Wallasey on the banks of the River Mersey. The care home is part of a range of housing and care services provided for former seafarers and their families by the charity Nautilus Care. The home is registered to provide accommodation and nursing or personal care for up to 32 people. Some of the people supported at Mariners' Park were living with dementia.

At the time of the inspection, the home had a manager who was registered with the Care Quality Commission. 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 and associated Regulations about how the service is run.

The manager and staff had knowledge of the Mental Capacity Act (2015), and Deprivation of Liberty Safeguards (DoLS) had been applied for appropriately. People were supported to make everyday choices within their capacity to do so.

Staff we spoke with had a good understanding and knowledge of people`s individual care needs. We observed that people were treated with dignity and respect and support was provided in a kind and caring manner. Family members and friends visited during the day with no restrictions.

The home was purpose built and provided a spacious, comfortable and safe environment. All parts of the premises were clean and tidy. People's medicines were managed safely.

We observed that there were enough staff on duty and people did not have to wait for staff to attend to them. The rotas we looked at confirmed that these staffing levels were maintained by some use of agency staff. People had a choice of meals and received the support they needed to eat and drink.

The home employed a social activities organiser and a dementia support worker who provided support for people both in the home and in the community.

Care records we looked at showed that people's care and support needs were assessed before they moved into the home. Plans were in place for meeting people's needs and managing risks. These were reviewed regularly.

We saw evidence of regular staff meetings and meetings for people who lived at the home and their families. People were also invited to give their views in an annual satisfaction survey. A series of quality monitoring audits was carried out.

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 was safe.

There were enough staff to meet people's needs and keep them safe.

The environment was spacious, clean and well maintained.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

A programme of staff training and development was in place.

The requirements of the Mental Capacity Act were implemented appropriately.

People received enough to eat and drink and their individual dietary needs and choices were catered for.

Is the service caring?

Good

The service was caring.

Staff had a good understanding and knowledge of people`s individual needs and preferences.

Staff supported people in a respectful way which protected their dignity.

People told us that the staff were kind and caring.

Is the service responsive?

Good

The service was responsive.

People's care and support needs were assessed and planned for.

The home employed two social activities organisers and people had opportunities to go out in the community.

Complaints were responded to appropriately.

Is the service well-led?

Good

The service was well led.

The home had a manager who was registered with CQC.

There were regular staff meetings and meetings for people who lived at the home and their families. People were asked to give their views in an annual satisfaction survey.

A series of quality monitoring audits was carried out

Mariners Park 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. The inspection took place on 12 and 13 October 2016 and was unannounced. The inspection was carried out by an adult social care inspector.

Before the inspection, we looked at information the Care Quality Commission (CQC) had received about the service including notifications received. We checked that we had received these in a timely manner. We also looked at safeguarding referrals, complaints and any other information from members of the public since our last inspection in 2014.

During the inspection we spoke with four people who lived at the home and observed the care and support that was provided for other people who were not able to communicate verbally with us. We spoke with a visiting relative. We spoke with the manager, the deputy manager, and eight other members of the staff team.

We looked at the care records of three people who used the service. We looked at staff records, health and safety records, medication and management records. We looked all around the premises.

Good

Is the service safe?

Our findings

A person who lived at the home told us "I'm safe here." Another person told us they had lived on the Mariners' Park site for a number of years. They said "I wanted to go somewhere I would feel safe, it was lovely to be able to move just across the road." A relative told us "I couldn't imagine a better place; knowing they are safe, get checked on throughout the night, I don't have to worry about them." They told us they felt confident that staff would address any issues appropriately. They also said that they received receipts for all personal spending money brought into the home and saw records of all expenditure made on behalf of their family members.

Polices were in place to guide staff on how to deal with any safeguarding concerns that arose or how to whistle-blow if they had any concerns. Training records showed that all members of the staff team had completed training about safeguarding and this was updated every two years. We saw records of safeguarding referrals that the manager had made and these had also been notified to CQC. A member of staff told us they would report any safeguarding concerns, they said "It could be your mum or dad, that's the way we look at it."

We looked at staff rotas which showed there was always a registered nurse on duty. There were five care staff on duty during the morning, four in the afternoon and evening, and three at night. One member of the evening care staff worked until 10pm to provide extra support for people going to bed. A dependency tool was applied weekly to check that there were enough staff to meet people's needs. A new role of senior care assistant had been introduced since our last inspection and four senior carers had been appointed.

The rotas we looked at confirmed that staffing levels were maintained with some use of agency staff as needed. The deputy manager was a registered nurse and worked as part of the care team as and when needed. In addition to the care staff there was a social activities coordinator and a dementia support worker. There were three housekeeping staff and a laundry assistant on duty each day; also a cook and a kitchen assistant.

People we spoke with said that there were enough staff working at the home to meet the needs of the people living there. Throughout the day we observed there were sufficient staff available to respond quickly to requests for support and to spend time interacting with people on a social basis as well as meeting their care needs and keeping them safe.

We looked at the recruitment records for four new staff members. We found that safe recruitment processes had been followed before they were employed at the home and the required records were in place including a completed application form, identity documents, interview notes, references and evidence of a Disclosure and Barring Service (DBS) check. A protocol was in place for the employment of people who had a conviction on their DBS disclosure.

We spoke with the estates manager who told us that maintenance support was provided by an on-site maintenance team of three people. Records we looked at showed that repairs needed were attended to

promptly. We saw that window opening restrictors were fitted and radiators were low surface temperature. Electronic door openers were fitted to doors and would close in the event of the fire alarm sounding. One person told us "I always have my door open, I hate to feel shut in."

We looked at maintenance files which showed that regular checks of the water temperatures, fire alarms, emergency lighting systems and mobility equipment were carried out. Up to date certificates were available to provide evidence that equipment and services in the home were tested and serviced as required.

There was a personal emergency evacuation plan for each of the people who lived at the home to advise staff and emergency personnel how to evacuate people safely in the event of an emergency. The home's fire risk assessment was dated 2013 and had been reviewed most recently in January 2016.

We found that all parts of the home were clean, tidy and odour free. Housekeeping staff completed daily cleaning schedules. Gloves and aprons were available for staff to use when providing personal care. An infection control audit carried out by NHS staff in 2015 recorded a score of 82%. We were informed that sluices were going to be upgraded to address some shortfalls that had been identified. Guidance was in place for dealing with an outbreak of an infectious illness and we saw that this had been followed earlier in the year when a number of people who lived at the home contracted a viral infection.

The kitchen had a five star food hygiene rating, however we were concerned to see that fruit salad and cake for people's dessert at lunchtime were placed in uncovered dishes on a work surface before people started their lunch. We brought this to the attention of a member of staff who took immediate action to ensure the food was covered.

We saw records of accidents and untoward incidents that had occurred and these were analysed monthly to find out if any additional safety measures were needed.

We looked at the arrangements for storage, administration and disposal of medicines. There was a locked medication room on the ground floor which was clean and tidy and contained appropriate storage for controlled drugs and medication that required refrigeration. Medication was stored safely and at the correct temperature. All of the controlled drugs that were kept in the controlled drugs cabinet were checked twice weekly by two nurses and this was recorded.

One of the night nurses took lead responsibility for ordering medication and for carrying out an audit at the end of each medication cycle. She described the procedures for ordering and storage of medication. She told us that the repeat medication order was received a few days before the new medication cycle started which allowed time to check that it was correct and to chase up anything that was missing. Most medicines were dispensed in blister packs. Medication administration record (MAR) sheets were completed well with no missed signatures. Handwritten entries on the medication administration record sheets were clear and legible and were double signed.

Medicines prescribed to be taken 'as required' (PRN) were supplied in their original packaging. There was written guidance for nurses to ensure that PRN medication was administered consistently, however we considered this somewhat lacking in detail. PRN medication was reviewed every six months to monitor how often it was used, for example if people were requiring more pain relief. This was an example of good practice.

Two people were able to administer their own medication following risk assessment. One of these people was not always compliant with keeping all of their medication in locked storage in their bedroom and we

discussed with the deputy manager how this could best be managed.

Good

Is the service effective?

Our findings

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 decisions 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).

During this inspection we checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. We found that they were. We found that, where people required the protection of a DoLS, an application had been made to the local authority. Records confirmed that these decisions had been made on an individual basis depending on the person's needs. The deputy manager held a record of when DoLS and 'do not resuscitate' orders were due to be renewed.

All staff undertook a programme of training through Social Care TV. This was updated every two years. All staff had done practical moving and handling training in 2016: fire training in December 2015: and medication training in December 2015. Staff had completed the Wirral Social Services safeguarding training programme in 2015. Nearly all of the staff had recently completed a level 2 certificate in 'Understanding Nutrition and Health'. A training plan was in place. New staff were enrolled on the Care Certificate and we saw 'shadowing' records to show that new staff spent time working alongside an experienced member of staff before they worked on their own.

Supervision and appraisal planners were in place. They showed that the deputy manager carried out supervisions with the nurses and senior care staff and supervision of the other staff was devolved to the nurses and senior staff.

We walked all around the home and found that people had a very high standard of accommodation. The home had five spacious lounges, four of which had dining and kitchen facilities. There was also a communal room which housed an extensive model railway. A smoking room was provided which was used by one person. Although the smoke room was well-ventilated, it did cause a smell of smoke in the adjoining railway room. All of the communal rooms offered views across the River Mersey.

The bedrooms were spacious and had ensuite toilet and shower. The washbasins in the ensuites were designed so that people could sit by them on a chair to have a wash and this promoted people's independence. There was also an assisted bathroom on each floor.

The part of the home that accommodated people living with dementia could be protected by a door which had a keypad lock fitted, however this was not in use at the time we visited. There was a secure garden outside this part of the building with raised beds so that people could participate in gardening. Other

adaptations included red toilet seats and 'dignity crockery'

Wifi was available throughout the home and computers were available in the lounges for people to use. Each bedroom had a 32" television with DVD.

People who were being looked after in bed had adjustable beds and pressure relieving mattresses. Various types of moving and handling aids were available for people who were not mobile.

One person told us "The meals are lovely." and another person said "The food is lovely, very good, plenty. They ask you what you want." A member of staff told us "People can have whatever they want for breakfast. One person wanted a bacon sandwich this morning so I rang down to the kitchen and they made it for him." People had a choice of where to have their meals, either in a dining room or in their own room. We observed people being asked where they would like to sit for lunch.

Meals were brought from the main kitchen in heated trolleys and the housekeeping staff helped with serving out meals. We saw that people received the support they needed to eat their meal. People ate at their own pace and were not rushed. There was a fridge in each of the lounge/dining areas which was restocked daily by the catering staff. This meant that drinks and snacks were available throughout the day and night.

A malnutrition universal screening tool (MUST) was used to identify people at risk of malnutrition. We saw evidence in care records that people's weight was monitored monthly, or weekly if there were concerns. People who were at risk had diet and fluid charts to monitor their daily intake and the care files we looked at showed that people had been referred to a dietician if needed for additional support and advice.

Good

Is the service caring?

Our findings

One person who lived at the home told us "They're very nice to me. They don't boss me about." Another person said "I'm very comfortable here, the staff are very nice and kind. This is my home now, it's homely." The relative we spoke with said "Staff are brilliant, very supportive of me."

People who lived at the home were retired seafarers or family members of seafarers. A member of staff told us that she, and some other members of staff, also had connections with seafaring. This meant that they were able to communicate with people about subjects they understood. During our inspection we found that staff were respectful of the people they supported. Some people were referred to using their title of Captain. Some people had life story books that contained photographs and mementoes of their lives and careers.

During the morning we observed a member of staff knocking on a person's bedroom door, saying good morning and asking the person if they would they like to have a bath. The person agreed a time later in the morning when they would like a bath. The member of staff told us "People have a choice of a bath or a shower. They can have one every day if they want to."

Later in the day we saw many examples of staff sitting talking with people individually or in small groups. At lunchtime we saw that when staff supported people with their meal, they did so very gently. We saw that staff treated people kindly and supported them at their own pace. When staff spoke to us about the people living at the home, they did so in a caring and respectful manner.

The relative we spoke with told us "My Mum likes to keep busy, they are very good at supporting her, letting her walk around, go in the office and things like that. They encourage and allow her to be where she wants to be."

There was plenty of information about the service available for people in the entrance area to the home. This included details about social activities that were taking place. There was also information about safeguarding and complaints. All were written in a clear and easy to understand manner. Daily newspapers were delivered to the home and given out by staff. The home subscribed to the 'Weekly Sparkle' reminiscence newspaper and copies were available for people to read. We also saw a Summer Newsletter written by the welfare services manager that had information about all parts of Mariners' Park and activities that were taking place there.

The home's staff completed 'Six Steps to Success in End of Life Care' training in June 2016. People had 'emergency healthcare plans' in their care files and a nurse who worked at the home explained that they could phone the district nurses when someone became very ill, and the district nurses would arrange for a GP to provide medical support to avoid the person having to be admitted to hospital at the end of their life.

A relative had left comments about the care their loved one had received which said "His end of life care was managed on an excellent basis the nurses involved were a credit to their profession, with dignity and in a

very caring manner. He never suffered."

Good

Is the service responsive?

Our findings

A person who lived at Mariners' Park told us "It's brilliant. I can please myself. I've got my own coffee machine and have internet on my TV and I-pad. I like to keep myself informed. I get on well with all the staff and know their names. I could go to anyone with a complaint." A member of staff told us "We always give people choices. For example, one person had a shower before breakfast this morning. Another person was supported to go out for an early appointment." The relative we spoke with said "I know the key workers and have been through the care plans with them."

The deputy manager had recently introduced six monthly reviews of people's care involving the person and their family. The first one of these had been completed. Each person had a named nurse and a key worker and a letter informed people's families of the name and email contact for their named nurse and key worker, also for the manager and the deputy manager.

We looked at care documents for three people who lived at the home. The care plans focussed on people's health and personal care needs following an 'activities of daily living' model, however there was some information about people's personal histories. The care files showed that people's care needs and risks were assessed and plans were put in place to meet their needs and reduce risk. There were records of discussions with people's relatives. The assessments and plans had been reviewed monthly.

Care files we looked at showed that referrals were made to relevant health professionals when required. For example, people had received visits from a dietician, dentist, and podiatrist. A daily report was kept for each person and recorded any professional visits and treatment provided or prescribed. Shift handover sheets were pre-printed with people's names and brief details of their individual needs and preferences, for example has a catheter, is diabetic, no male care staff.

We spoke with a physiotherapist who was employed on a part-time basis by Nautilus Care. She told us that she spent two mornings a week in the care home. She was involved in the assessment of people who were new to the home and reviewed the care of people following a fall or other accident. She advised on the purchase of new equipment, for example moving and handling equipment. She had been working with the activities organiser to develop a 'Therapeutic Movement Class' which aimed to help prevent falls.

A programme of social activities was provided for all of the people who lived on Mariners' Park, for example bowls, gentle cycling, golf, cribbage, and trips out. These were facilitated by an activities coordinator employed by Nautilus Welfare and a men's activities coordinator from Age UK. People who lived in the care home could participate in any of these activities if they were able.

There was also an activities coordinator for the care home. She told us she had a level 2 award in 'Supporting Activity Provision in Social Care' through the National Activity Providers Association (NAPA). She prepared a weekly plan of activities for the care home that included a singalong karaoke, Bingo, films, and Holy Communion. The weekly hairdresser's visit had been made part of a 'pamper day' when people also had manicures and coffee in the central lounge. Entertainment was provided approximately once a month

and people who lived in other parts of the Park were invited to join in. A variety show had been held in September. A Bible study group visited once a month and a Pets as Therapy dog also visited monthly. The activities organiser told us about the sources of ideas and information she used such as 'Golden Carers'.

We also spoke with the home's 'dementia support worker' who explained her role. She worked between 1pm and 7pm, specifically with the people who were living with dementia and provided social and emotional support for them. She told us she had NVQ level 2 in care and had attended a course provided by NAPA which was "absolutely brilliant".

Policies and procedures were in place to guide staff on the process to follow when a complaint was received. Information about how to make a complaint was available for visitors to the home in the entrance area and in the home's service user guide. The complaints procedure informed people of who they could contact both within and outside the organisation and provided contact details for them. The relative we spoke with said "If there was an issue, I would have faith that it would be dealt with." CQC had not received any complaints about the service in the last year.

We looked at records which showed that complaints received had been investigated and the manager had taken action to address the issues and replied appropriately to the complainant.

Good

Is the service well-led?

Our findings

The home had a manager who was registered with CQC. The manager was not a registered nurse and the deputy manager was the 'clinical lead' person for the service. The deputy manager was an experienced general nurse and had been in post since May 2016. He told us "I love it here. It's the best job I've ever had." We observed that the manager knew the people who lived at the home well and was able to tell us in detail about their support needs.

The manager was supported by a welfare services manager who we were told visited the home most days. A strategic development plan for 2013 to 2018 was in place and showed planned improvements to the service. CQC records showed that the manager was aware of the notifications that were required to be sent to the Commission and these had been sent in a timely manner.

The senior staff had recently completed a leadership training course which they told us had been very positive in team building. A member of staff told us "We've got a really good team." A nurse we spoke with said "I enjoy my job now – haven't always. We're such a vibrant team with a positive approach, moving forward. Jane (the manager) has made a huge difference. She's broken down the barriers with the rest of the Park. [Deputy manager's name] is a pleasure to work with."
Another nurse said "[Deputy manager's name] has made a positive difference, given direction and changed the paperwork. We're getting there with our team of staff. The leadership training was very positive." Another member of staff said "I love it. Anything minor or major always gets dealt with. Jane and [deputy manager's name] are great. I am listened to, haven't felt like that before at work."

Records showed that regular staff meetings were held, the most recent being in September 2016.

A person who lived at the home told us "We have meetings with the management three times a year and they ask us our views." Records confirmed that three meetings a year were held for people who lived at the home and their relatives. The most recent had been in July 2016 when 14 people attended and a range of subjects was discussed. An action plan had been written following the meeting.

A satisfaction survey had been sent out to the people who lived at the home in December 2015. Fifteen people completed the form and a detailed summary report was written. Feedback was mainly positive or very positive, but wherever a negative comment was recorded, a plan was put in place to address this. This provided evidence that provider had taken notice of people's comments and was committed to taking the service forward.

We saw records of a series of weekly and monthly internal audits that were completed to monitor the quality of the service. The deputy manager had done a full audit of care plans in July 2016 and provided very detailed action plans for the nurses. He had drawn up guidance for the nurses and senior care staff showing what information should be included in the care plans.

Monthly audits of care plans, medication administration, infection control, accidents and incidents, staffing

levels and other weekly environmental audits, for example cleaning were undertaken. Where improvements were identified, we saw that appropriate action had been taken. This meant there were systems in place to monitor and manage any risks to the health, safety and welfare of the people who lived at the home.