Meadowblue Limited

Marine Court Residential Home

Inspection report

25 North Drive
Great Yarmouth
Norfolk
NR30 4EW

Tel: 01493859859

Date of inspection visit:
20 September 2018

Date of publication:
06 November 2018

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

Marine Court is a residential care home for up to 40 people some of whom may be living with dementia. CQC regulates the premises and the care provided and both were looked at during this inspection. This unannounced inspection took place on 20 September 2018 and at the time there were 39 people living at the service. Marine Court is a two-storey building which is located on the seafront at Great Yarmouth, Norfolk.

At our last inspection on 14 September 2015 we rated the service Good overall. At this inspection we found that the service continued to meet the rating of Good overall This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Appropriate risk assessments and safety checks were carried out within the home. Staffing levels and recruitment processes were appropriate and supported the provision of safe care. People's needs were thoroughly assessed and reviewed and measures were effectively deployed to mitigate risk. Medication management and administration was managed and administered safely.

People's care needs were met by well-managed and suitably trained staff. Appropriate access to external health services was provided promptly, ensuring specific medical problems were treated and people's general health was supported effectively. The provision of a varied diet and adequate drinks at all times further aided their well-being. People could make choices as far as possible and they were assisted in the least restrictive way. The design of the home was tailored to the needs of those living there.

Staff were kind and attentive and treated people with dignity and respect. People felt comfortable and relaxed in the home. They were able to express their views and request changes to their support if need be.

Staff provided person-centred care and were responsive to people's fluctuating needs. More attention needed to be paid to the provision of activities within the home. People and their relatives were aware how to complain and any concerns raised were acted on promptly.

The service was well managed. Management were visible and involved in people's care. They demonstrated a desire to provide high quality care and to learn and develop the service through both internal and external quality improvement initiatives.

Further information is in the detailed findings below

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**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 checked 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 20 September 2018 and was unannounced. The inspection team comprised two CQC inspectors and a CQC expert-by-experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before we carried out this inspection we reviewed information we hold about the service. This included significant events the service had notified us about and information sent to us about the service from stakeholders such as members of the public or members of staff. We also reviewed any safeguarding or safety incidents.

During the inspection we spoke with seven people who use the service and three relatives. We observed how staff communicated with and behaved towards people. As the registered manager was not available on the day of our inspection, we spoke with the nominated individual and the deputy manager. We also spoke with two carers, a cook and a community nurse who was visiting people at the service whilst we were there.

We reviewed four people's care records and a range of documentation including medicines records, quality assurance information, policies and procedures, maintenance and servicing records, training information and three staff recruitment files. We also inspected the lay-out, design and decoration of the building, the standard of equipment and the general environment

Good

Is the service safe?

Our findings

At our last inspection we rated this key question as 'Good'. At this inspection we found that the service had maintained this rating.

During our previous inspection we identified that the showers in some of the en-suite washrooms posed a potential trip hazard. The service had since removed each of these showers, which demonstrated a commitment to ensuring the safety of people living in the home. This was a positive alteration as most people in the home were happy to bathe or shower in the larger, communal bathrooms.

We reviewed a range of external and internal maintenance and safety checks and it was clear that the service was vigilant about monitoring the safety of the building and equipment. Products which could pose a risk to people, if misused or accidently consumed, were correctly stored and appropriate safety restrictions were in place. Windows were fitted with restrictors and there were key pads on some doors to ensure people did not access areas in the home which could be potentially dangerous to them. Access to the home was secure and all visitors were recorded in a register on entry.

The home looked and smelled clean in all areas. Infection control training was undertaken by all staff. Daily cleaning schedules in addition to monthly infection control, cleaning and kitchen audits were completed. A recent external food hygiene inspection resulted in the premises gaining the highest rating of '5' and the inspectors reported 'a very high standard as always'.

Care files contained comprehensive risk assessments and care plans. Person-specific risk assessments were carried out as appropriate and reviewed monthly. The associated care plans clearly detailed the measures needed to mitigate the identified risks and ensure the person remained safe. Staff were aware of how they should care for people who were at risk in areas such as falling or choking. The regular monitoring and review of care plans, accident and incident reports, together with associated remedial actions, demonstrated there was good management and oversight of individual people's safety.

Staff confirmed they had received training on how to keep people safe from abuse or harm. They indicated they would report any concerns to their manager in line with the service's safeguarding procedures. The registered manager was aware of their responsibility to liaise with the local authority and we noted that a previous safeguarding concern had been managed appropriately.

The nominated individual told us that staff recruitment was the greatest challenge for the service, but that there were sufficient numbers of permanent staff to cover the shifts and provide safe care. The service chose not to use agency staff in case this compromised consistency of care provision and the deputy manager covered one shift per week to ensure there was sufficient staff at all times. People told us that staff were always available and answered call bells promptly. Relatives told us "I have no worries about my (relative's) safety. I know they can't do one to one care, but there are plenty of staff to make sure she gets what she needs" and "They check on (person) every two hours minimum to make sure that she does not need anything. They often ask if she is happy or needs anything as they pass by."

The staff files we looked at showed that there was a robust approach to recruitment which maximised the likelihood of suitable candidates being appointed. All files contained evidence of a Disclosure and Barring Service (DBS) check, two reference checks, an identity check, interview record and employment history. A DBS check helps employers to make safer recruiting decisions and prevents unsuitable staff from being employed.

Medicines were managed and administered safely. Staff completed the Medication Administration Records (MARs) correctly, ensuring that people received their medication as intended by the prescriber. A relative told us "They are very good with the medication. It's always on time and they make sure that (person) takes it." Thorough and regular audits of the MAR charts minimised the risk of medicine errors occurring. The service consulted with a pharmacist regarding individual circumstances and we observed good practice in respect of the ordering, storage and disposal of medicines.

Good

Is the service effective?

Our findings

At our last inspection we rated this key question as 'Good'. At this inspection we found that the service had maintained this rating.

People were appropriately assessed pre-admission and post-admission to ensure that their care and support corresponded to their current needs and choices. Staff were encouraged to familiarise themselves with care plans and those we spoke with demonstrated a good awareness of people's needs. Care staff were supervised by a senior care worker, who gave them responsibility for updating specific care files and organised the allocation of their tasks daily.

Care staff were required to undertake an activity each month to promote their learning and self-development. This could be a general or topic-specific supervision session or a specific type of practice-based assessment. To further support their learning, care staff attended formal training and were required to read a policy of a month. A member of staff said, 'the training is good – it definitely helps me' and another commented that they were happy with their supervision and training opportunities.

People we spoke to were happy with the food. There were always two regular, vegetarian and pureed meal options available at lunch and dinner. Picture menus supported people to make their choice. A variety of drinks were offered during the day. Appropriate referrals were made to specialist teams to optimise people's nutritional and hydration care. For example, some people's care incorporated advice from a speech and language therapist or a dietician. Where needed, people's food and drink intake was monitored and they were regularly weighed. We observed people at lunch-time and saw that one person on a puréed diet was supported appropriately to eat their food. The food had been prepared so each portion was puréed individually to provide a variation in taste and texture. The cook was aware of everybody's dietary requirements and any allergies and told us 'the preparation of food is done specific to individuals' needs'.

People benefitted from good access to medical professionals. The same doctor from the local surgery visited once a week which ensured consistency. A community nurse visited people who required treatment twice weekly and a chiropodist visited the service every six weeks. A community nurse commented 'The home is co-operative and takes on any advice we give. They are always ready to contact us and are good at chasing things up".

The staff were pro-active in assisting people, ensuring that advice and specialist involvement was sought to support people's health and wellbeing, for example one person had regular dental appointments arranged for them due to oral health concerns. The manager also purchased pressure relieving equipment for the service. This meant that staff could provide immediate support to a person if they were assessed at risk of developing a pressure-ulcer, rather than having to wait for the outcome of a referral to a specialist clinic.

The service respected and sought to promote people's independence. People were encouraged to choose their meal for the following day and indicate their preferred time to get up and go to bed. They could also choose which days they would like a bath or shower and choose how they spent their time during the day.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty 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). Assessments of people's ability to make decisions and consent to care were made in accordance with best practice procedures and clearly recorded in care files. Where necessary, best interests decisions were made and recorded appropriately. They were also reviewed with suitable frequency. Suitable applications for DoLS authorisation were made.

Assistance was offered in the least restrictive way and generally only after consultation with the person. One person told us "I have a mobility scooter and I am able to go where I want whenever I want I just have to let them know" Two members of staff were observed moving a person in their chair prior to lunch. We saw that the member of staff gained consent before starting and talked to the person as the task was completed.

The environment was bright and cheery. The living and dining areas were pleasant and people had been involved in deciding the colour of the walls of the areas that recently been decorated. A planned programme of upgrades and refurbishment was underway, which should further enhance the living environment. Bedrooms were comfortable and personalised and the doors to most of the bedrooms, bathrooms and toilets had visual signs or photographs to aid recognition. There was a lift to help people access their rooms and the flooring downstairs was suitable for people with perception and mobility difficulties.

Good

Is the service caring?

Our findings

At our last inspection we rated this key question as 'Good'. At this inspection we found that the service had maintained this rating.

Staff were attentive and present at all times. We observed staff interacting with people in a sensitive and friendly manner and there was a relaxed and comfortable atmosphere in the home. People told us "The staff here are definitely caring. It's a really nice place. They are always ready to help you which makes me feel comfortable. They are all so nice and friendly and always come with a smile, which makes me smile. I love having chats with them" and "I do think the staff are caring here. They are always polite and use your first name which makes you feel special" A member of staff told us "We try to keep it like a home, not an institution" "We get time to time to talk to people. I could not work anywhere where you did not get time to talk to people". A relative told us "They are all very polite when they speak to me or (person) and it makes one feel at ease".

Care plans were monitored monthly and formally reviewed on a six-monthly basis to ensure that care provision responded to the individual's current needs and wishes. Where appropriate a review meeting was attended by the registered manager, person and next of kin. In the absence of a meeting, people and their next of kin were informed about the review and if any changes to the care plan were proposed, their agreement to the changes was sought. People said "I can't really remember who organised my care, but everything is fine for me. The managers do ask me if I am happy with everything and if I want any changes" and "I organised the care here for myself and my husband prior to his death and I stayed on. If I need any changes then I speak to the Manager".

People were encouraged to be involved in decision-making relating to their care in other ways too. Their views were sought on various aspects of the service and care provision as part of the annual survey and during quarterly resident meetings. People were routinely asked about their day-to-day support, ensuring they were comfortable with the support before it was offered. People appreciated this "They always ask before they do anything for you which makes you feel involved" and "They always ask before they do anything for me, like 'Are you happy if I give you a wash?"

We observed dignified care provision. For example, when someone dropped a drink, a member of staff quickly cleaned the floor with minimal attention being drawn to the incident or person. Staff supported people's wish to dress smartly or have their hair done on a regular basis as the home arranged for a local hairdresser and barber to attend at regular intervals. Clear information relating to people's personal routine and care was recorded and accessible to staff in care files, which further supported the person to maintain their dignity. A relative told us "(person). has her hair done by a hairdresser who comes each week. The girls will do her nails which she really loves". A treatment room was available for people to meet with a GP or community nurse, thus enabling them to have private discussions with a healthcare professional without having to use their bedrooms for the consultation.

Good

Is the service responsive?

Our findings

At our last inspection we rated this key question as 'Good'. At this inspection we found that the service had maintained this rating.

People's needs and wishes were assessed pre-admission and a holistic approach was taken to establish the support they needed and wanted. Care files contained information about peoples' likes and dislikes, their background and personality. This facilitated person-centred care planning and delivery, which was beneficial to peoples' well-being and happiness. Staff were familiar with, and acted in accordance with the clear and detailed support plans. A senior care worker told us "I give staff time to read the care plans. Care plans tell us what a person likes, if they cannot tell us then we look in the care plan" The impact of this approach was positive as we heard from people, "They (the staff) understand my needs and make sure they help me with them" and "They understand what makes me tick and they always make sure that is what I get".

Care plans contained information about individuals' interests. We observed people watching television and participating in singing sessions. People could go outside with relatives or staff and there were organised cinema outings during the summer. People commented that the activities available in the home were limited and lacked sufficient challenge or entertainment value. Many people preferred to remain in their rooms but a few residents sat in the dining room for most of the day. One person told us "The choice of activities is a bit limited and those on offer are not very interesting"". The home was in the processing of trying to replace their previous activities co-ordinator and recognised the need to enhance this area of support.

Whilst few complaints had been received, relatives were aware how to complain and those that had raised concerns, said they had been dealt with rapidly and to their satisfaction. "I did complain about my wife being forced to do activities when she did not want to want to. I spoke with the manager and she sorted it very quickly". The service sought feedback from staff, relatives and people living in the home using the annual survey, staff meetings and quarterly resident meetings. The results were analysed and addressed through an annual service action plan.

Discussions about end of life planning involved the person, where possible, and their relative. People's wishes were clearly stated in their care plans. This would support the person's end of life being dealt with as sensitively as possible.

Good

Is the service well-led?

Our findings

At our last inspection we rated this key question as 'Good'. At this inspection we found that the service had maintained this rating.

The service was well managed and well led by the management team, which comprised a registered manager, a deputy manager and the proprietor.

The registered manager was new in post since the last inspection. 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.

The registered manager understood and fulfilled their statutory responsibilities. Services providing regulated activities have a statutory duty to report certain incidents and accidents to the Care Quality Commission (CQC). We found that incidents continued to be recorded, investigated and reported correctly. Care files and statutory notifications revealed that the manager had communicated openly with people and relatives if things had gone wrong and discussed how to remedy the situation. Policies and procedures in place in the service were comprehensive and underpinned the good quality of care provided.

The service only employed permanent and committed staff and, if necessary, management took on caring duties to cover any staffing shortfalls. This strategy ensured people in the home always knew their carers well and enabled management to be visible and in touch with people's needs. It also enabled management to assess the quality of care provision and helped generate a good team spirit. Staff commented on the fact it was easy to speak openly with management. "I like my colleagues and my manager' "I can say what I want and discuss any concerns. She (proprietor) listens to us." People told us. "They (the staff) are really pleasant and I like being with people that I know. I do feel safe here and I have no worries. The staff are really nice and I get on really well with the deputy manager who is very helpful." Relatives also praised the management of the home "They are really on the ball here. If you ask for anything it is sorted out. I notice some loose bed slats the other day and they were sorted within the hour", "The manager and her deputy are very good and will always respond if you ask for anything. They so approachable and friendly" and "I think the manger and her deputy are really good at managing the home and they will do anything for you if they can".

The registered manager undertook a series of annual checks, audits and surveys. The annual quality audit involved a survey of people in the home, staff, relatives and health care professionals and covered a range of topics. The results were compared to the previous year's data and an action plan drawn up to address any areas needing improvement. For example, this year's audit highlighted the need for better management of people's leisure activities. The various internal quality assurance mechanisms demonstrated that the service could identify and remedy issues arising. The creation of a team of carers under the supervision of a senior carer, and the inclusion of the deputy manager into the staff rota to ensure sufficient permanent staff coverage, was an example of how the service had learnt and acted to improve. The improvements made to the en-suite bedrooms so that they no longer posed a trip hazard was a further example of the service

responding positively to an identified problem.

The service developed strong and collaborative working relationships with other health organisations and practitioners. Support plans highlighted the extent of the partnership working which ensured people living in the home received good care. The provider belonged to a local working group with other local care homes, doctors' surgeries and the local NHS Trust. The focus is the improvement of care provision between organisations and as part of a recently introduced pilot, the service was nominated to hold a 'Red Bag' to promote safe and quick transfers in the event of hospitalisation. Care files contained clear and personalised hospital admission information. Management also attended local registered managers meetings and NHS infection control link meetings. This demonstrated a desire to share with and learn from external stakeholders and other care practitioners to support service development.