

Athena Healthcare (New Brighton Two) Limited

Marine View Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Marine View Lodge is a purpose-built nursing care home providing personal and nursing care to 28 people aged 65 and over at the time of the inspection. The service can support up to 80 people. Marine View Lodge has four units that provide support for those with residential and nursing needs.

People's experience of using this service and what we found

Medicines were not managed safely, staff competencies to be able to safely administer medicines were not always assessed appropriately, and the monitoring information for people living in the home was not always completed fully. This meant that although the risks to people had been assessed, the daily monitoring was not regularly recorded so risk assessments could be inappropriate. The systems in place to monitor the quality and safety of the service were not always used effectively as they had not identified the issues found during the inspection.

Care plans and risk assessments were in place that reflected people's needs. Risks to people's health and safety had been assessed and mitigated and equipment had been serviced and maintained.

The environment was clean and welcoming. Infection control was managed safely and we observed appropriate visiting practices were in place during the COVID-19 pandemic, meaning relatives were able to safely visit their family members living in the home.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Complaints, accidents and incidents were recorded and managed appropriately, and referrals were made to other professionals in a timely manner when people living in the home were identified as in need.

The provider employed activities co-ordinators and people were able to choose and access meaningful activities that were person centred. People's dietary needs were catered for.

Staff were recruited safely, received supervisions, regular training and attended staff meetings.

Rating at last inspection

The last inspection was a focused inspection to review the key questions of Safe and Well-Led only, the rating for this service was 'inspected but not rated' (published 19 November 2020) with both key questions rated as requires improvement.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection enough improvement had not been made or sustained and the provider was still in breach of regulation

Why we inspected

The inspection was prompted in part due to concerns received about provision of care, staffing and falls. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Marine View Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors, a medicines inspector and an 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.

Service and service type

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

The service had a manager who was going through the registration process with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and health and social care professionals who work with the service. The provider

was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection-

We spoke with one relative about their experience of the care provided, and we spoke with three members of staff including the manager.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We also spoke with five family members on the telephone.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection the provider had failed to manage medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the provider had made improvements to the way medicines were managed. However, further improvements were needed. The provider remained in breach of regulation 12 in regard to medication management.

- Medicines were not always given safely or as prescribed. Stock levels showed that an inhaler had not been given as prescribed. Records about creams also showed they were not always applied as prescribed.
- There was insufficient guidance for staff in people's medication profiles regarding the times medication was due to be administered; different staff members told us medication was given at different times. This meant that people were at risk of being given doses of some of their medicines too close together or at the wrong times.
- When people were prescribed medicines and creams to be given "when required", guidance was not always available or sufficiently personalised to make sure that staff had clear information to tell them when someone may need the medicine. When medicines were prescribed with a choice of dose there was no information to guide staff on which dose to choose.
- Stock records about medicines did not always show that medicines were all accounted for.
- Waste and unwanted medicines were not stored safely in line with current guidance.
- Staff competencies to be able to safely administer medicines were not always assessed appropriately.

Assessing risk, safety monitoring and management

- The completion of monitoring information such as charts for nutritional and fluid intake, needed improvement as we identified records that were incomplete. This meant there was a risk of information not being recorded and risks to people's wellbeing then not being identified.

We found no evidence that people had been harmed however, systems were robust enough to demonstrate monitoring of people's health and administration of people's medication was safely managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Each person had a Personal Emergency Evacuation Plan (PEEP) in place. This document is to inform staff

of the safest way to evacuate a person from the building in an emergency.

- Regular health and safety checks of the environment had been completed. Service agreements and safety certificates were all in date.
- People's needs and risks were identified and staff had guidance on how to mitigate these risks during the delivery of care.
- Referrals had been made to other health professionals when required.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Incidents had been referred to the local safeguarding team as required.
- People and relatives, we spoke with all said they felt their loved ones were safe and we observed people were very comfortable in the presence of the staff.
- One person's relative told us, when we asked them if they thought their loved one was safe; "Yes, very. Just the care the staff give [name]. If anything happens, they give me a ring but it's very rare. For example, if [name] had a bruise, they ring. I can't think of the last time. [name] has been perfectly safe."
- Accidents were recorded within the accident file and trends were looked at to help reduce the risk of future incidents. Falls had been recorded and the actions that had been taken reduced risk of people having additional falls, for example referrals to other professionals.

Staffing and recruitment

- Staff files we looked at held the appropriate information needed to ensure fit and proper persons were employed.
- All staff had had criminal conviction checks (DBS) in place.
- During the inspection we saw that there appeared to be an appropriate number of staff on duty to safely meet people's needs.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this key question for this service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs prior to admission into the home were detailed.
- People's needs and choices about their care were reflected in their care plans. Care plans were regularly reviewed when required.

Staff support: induction, training, skills and experience

- Staff had been given an induction in accordance with recognised standards for care staff.
- Staff had received an appropriate level of support for their role through regular supervision and appraisal.
- There had been a focus by management on improving the training of the staff within the home. Staff had received role specific training and plans were in place to ensure all staff achieved the training programme that the provider deemed appropriate.

Supporting people to eat and drink enough to maintain a balanced diet

- Weekly nutrition meeting where held to review menus.
- People's nutritional and hydration needs and how they were to be met were recorded in their care plans.
- However monitoring information of nutrition and hydration was not always completed.

Adapting service, design, decoration to meet people's needs

- The home was bright and welcoming, was well maintained, designed and adapted to meet people's needs.
- Bedrooms were designed and decorated to meet people's personal taste and preference.
- Due to the Covid-19 pandemic and social distancing guidelines the manager and staff were able to adapt the home to ensure safe visiting. Visitors who came to the home adhered to social distancing and use of PPE guidelines. We were able to see this in use during the inspection.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had access to healthcare services when they needed it. People were referred for healthcare assessments promptly if required. One relative we spoke with told us, "Mum has the GP whenever she needs it. The chiropodist goes in regularly and they are quick to call the paramedics whenever she has had a fall."
- When other health and social care professionals were involved in people's care, any advice given was incorporated within their plans of care.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met and concluded that they were.
- People had a mental capacity assessment for some areas of their care that they were deemed not able to consent to. Relatives and health professionals had been consulted appropriately. Where a DoLS was required for people with restrictions to their daily life this had been discussed with relatives and health care professionals at a best interest meeting. The appropriate documentation was in place within the care records.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this key question. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- We observed that staff treated people living in the home with dignity and respect.
- It was observed on the day of inspection that staff were caring and responsive when meeting the needs of people.
- Care plans documented people's support needs, for example those with specific disabilities and the care needed or alternatively, those who wanted support in their faith.
- Family we spoke with told us they felt their relatives were respected. Comments included, "[Name] takes pride in how she looks and that's continued" and "It's the things they say I know they are helping. It's very difficult to put into words as it's more about feelings."
- People's sensitive and confidential information was safely stored and protected in line with General Data Protection Regulation (GDPR).
- Family told us they believed their relatives independence was promoted and care plans gave information on how staff provided this support.

Supporting people to express their views and be involved in making decisions about their care

- We saw that some people had made very clear decisions about how they chose to spend their day and where they wanted to eat their meals. This was documented in their care plans and their choices were respected.
- Family members we spoke with said that staff supported people to express their views. One relative told us, "They use sign language like thumbs up which she uses when they ask her something. So, they do treat her as an adult."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

This is the first inspection for this key question. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's individual needs had been assessed and care plans developed to meet those needs, including their dietary needs and preferences
- The manager and staff knew the people they supported well, we were able to discuss people's needs in depth with staff.
- People's care plans matched relevant risk assessments. This meant that staff had the correct guidance on how to support an individual appropriately.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was meeting the Accessible Information Standards as they assessed, recorded and shared information regarding people's communication needs and ensured that they shared important information with people in a manner that they can understand.
- Care plans also contained information about people's individual needs. This included when people were unable to communicate their views verbally.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- We saw how people were encouraged to get involved in social activities and maintain their relationships with relatives. The provider employed activities co-ordinators who actively engaged with people and recorded positive outcomes.
- We observed that Marine View Lodge had implemented the new visiting system during the COVID-19 pandemic successfully, this meant that people were enjoying family visits again appropriately supported by staff.

Improving care quality in response to complaints or concerns

- There was a complaints procedure available to people and visitors.
- The provider and manager maintained a log of any complaints received and records showed they were investigated and responded to appropriately.

End of life care and support

- At the time of the inspection, nobody at the service was receiving end of life care. However, people's care plans documented peoples wishes if they wanted to discuss it.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had appointed a new home manager who had previously been the deputy manager. The new home manager had started to improve systems and processes at the home. However, prior to this there had been a number of home managers in a short space of time. This had contributed to a disjointed oversight of the service.
- Some audits were in place and were effective however there were others that were not. For example, medication and record keeping audits that had not identified the concerns found during inspection.
- Care plans contained comprehensive information on people's preferences, likes and dislikes, communication needs and interests. However, monitoring records in relation to people's day to day care were not always completed which meant it was difficult to tell if they were in receipt of the identified support.
- The training had improved however there were inappropriate assessment of competencies that had taken place. This should have been identified by the provider and not on inspection.

The governance arrangements in place were not robust and record keeping was not always adequately maintained. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager was open and very receptive and acted on the feedback given during the inspection. They were clear with regards of what was expected of them within the home.
- The manager had shared information with the CQC as required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- We asked families if they knew who the manager was and most did not. We were told, "That's the one thing I'm not happy about because when managers change, they have not informed us. I do know the other staff."
- Staff attended meetings and had regular supervisions; this gave them the opportunity to air their views in

regard to the running of the service.

- No meetings had taken place with the relatives due to the pandemic however the manager told us that there was an open-door policy and she was contactable at any time. We were able to see what actions had been taken in response to complaints that had been made to the manager. Changes to the running of the home, for example the visiting protocols had been communicated to families and the manager told us that feedback was welcomed.
- The manager and staff worked with external professionals to ensure outcomes in regard to health were achieved for people, for example GP, falls team and the infection prevention and control team.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Medicines continued to not be managed safely throughout the home and risk was not always effectively monitored by the provider.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The governance arrangements in place were not robust and record keeping was not always adequately maintained.