

AMA Generic Limited

Maranatha Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Maranatha Rest Home is a residential care home providing the regulated activity of accommodation and personal care to up to 15 people in one adapted building. The service provides support to older people and people living with dementia. At the time of our inspection there were 15 people using the service, this included two people who were in hospital.

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

Not all risks to people's safety and wellbeing were assessed and recorded or documented in enough detail to mitigate the risks for people's safety. People were not fully supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Mental capacity assessments did not evidence the exact decision being assessed, the rationale why this was in the person's best interests and had not been reviewed. The deployment of staff meant communal lounge areas were not always staffed and there was a lack of social activities facilitated.

Auditing systems were in place to assess and monitor the quality of the service, but senior members of staff were not involved in this process. In the absence of the registered manager there were no contingency plans in place to oversee the quality of the service provided. No information was available to demonstrate the provider had oversight of the service.

People told us they felt safe and relatives confirmed they had no concerns relating to the safety of their family member. Medication practices were safe, but improvements were required where people received PRN [when required] medication. Appropriate arrangements were in place relating to the service's recruitment practices but improvements were required to ensure DBS checks were appropriate. We have made a recommendation about this. Relatives were complimentary about the registered manager and the care people received. Staff told us they felt valued and supported.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good [published 9 November 2021].

Why we inspected

The inspection was prompted in part due to notification of a specific incident. The information CQC received about the incident indicated concerns relating to risk management. A decision was made for us to inspect and examine those risks. We have found evidence the provider needs to make improvements. Please see the Safe and Well-Led sections of this full report.

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.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

Follow up

We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Maranatha Residential Home

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 Health and Social Care Act 2008.

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

The inspection was completed by one inspector.

Service and service type

Maranatha Rest Home is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. Maranatha Rest Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post. The registered manager was not present at the time of inspection. The day to day management of the service was being conducted by two

senior members of staff, with support by the provider.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the Local Authority who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and two people's relatives about their experience of the care provided by Maranatha Rest Home. We spoke with three members of staff. We reviewed five people's care files and three staff personnel files. We looked at the provider's arrangements for managing risk, medicines management, staff training and supervision data and information relating to the provider's quality assurance arrangements.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We asked the provider to send us information relating to their role and responsibilities, and to provide assurance that their oversight arrangements of the service were effective.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement.

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.

Assessing risk, safety monitoring and management

- Not all risks to people's safety and wellbeing were assessed and recorded or documented in enough detail to mitigate the risks for people's safety.
- The care records for one person recorded them as having a serious medical condition which could impact the person's safety and wellbeing. No risk assessment was completed detailing how the risks associated with their neurological disorder were to be mitigated. Staff had not received specific training relating to this medical condition and did not know the different type of neurological disorder experienced by this person. However, staff were aware of the initial interventions to be carried out, including when to seek medical help.
- The daily care records for another person demonstrated there were occasions when they could be restless at night, walking into other people's bedrooms whilst they slept. Though there was no impact for people using the service, this placed people at potential risk of distress and/or harm. No risk assessment was completed detailing how this person's restlessness should be managed to alleviate their own and others distress.
- Several people had the same risk assessment completed relating to falls, choking and absconding. The information recorded was generic and not personalised to the individual person using the service.
- Environmental risks, for example, those relating to the service's fire arrangements were in place and these included individual Personal Emergency Evacuation Plans (PEEP) for people using the service.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Though this was positive, more detail on the MCA form was required to evidence the exact decision being assessed and the rationale why this was in the

person's best interests. Not all assessments had been reviewed within six months as recorded and by the registered manager's own timeframe.

- People were not routinely supported to make choices or decisions. People were not given a choice of hot drink. Staff intuitively provided people with a drink, failing to consider people may not always want the same choice of drink.

Staffing and recruitment

- Staffing levels told to us were being maintained and this was confirmed as accurate from the staff rosters viewed. Communal lounge areas were not always staffed for long periods of time while they assisted people to have their comfort needs met or to carry out other tasks. This indicated shortfalls in staffing levels at the service.
- Despite the above observations, people's, relatives and staff's comments about staffing levels were positive.
- Appropriate arrangements were in place to ensure the service's recruitment practices were safe. Relevant checks were carried out before a new member of staff started working at the service. This included obtaining written references, ensuring the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service [DBS]. However, not all members of care staff were subject to an enhanced DBS and had only received a standard check. This is a mandatory requirement for staff who are providing direct care or working with vulnerable people.

We recommend the provider and registered manager review staff recruitment files to ensure all staff employed have the appropriate DBS checks.

Using medicines safely

- We looked at the Medication Administration Records [MAR] for six out of 15 people living at the service. These were in good order and provided an account of medicines administered.
- Though there were no unexplained gaps, the MAR for one person showed they were prescribed a specific medication which should be administered as PRN [when required] when they became unsettled. The MAR form showed this medication was routinely given twice daily in the morning and at night. This was not in line with the prescriber's instructions or PRN protocol. No information was recorded detailing the person had been unsettled.
- Medication audits were completed each month, but the above medication discrepancy had not been identified.
- Staff involved in the administration of medication received appropriate training but had not had their competency assessed to ensure their practice remained safe.

Learning lessons when things go wrong

- This inspection highlighted the provider and registered manager did not recognise where there were shortfalls or corrective actions required. For example, information about risks and safety was not robust or consistently identified. Reviews, investigations and ongoing monitoring of staff's conduct and performance was not thorough. The provider and registered manager had not ensured all staff employed at the service had received an enhanced DBS check.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "I feel safe here, yes." Relatives confirmed they had no concerns relating to the safety of their family member. One relative told us when asked if their family member was safe, "Oh, definitely, [relative] is safe living here." A second relative told us, "I have no concerns and I feel [relative] is very safe."
- Staff demonstrated an understanding and awareness of the different types of abuse, how to respond

appropriately where abuse was suspected and how to escalate concerns about a person's safety to the management team and external agencies, such as the Local Authority and Care Quality Commission. Staff told us they would not hesitate to raise a safeguarding alert if they suspected abuse.

- There was a low incidence of safeguarding concerns at Maranatha Rest Home.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. Relatives spoken with confirmed they completed a rapid lateral flow test and always wore a face mask to keep themselves and others safe.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using Personal Protective Equipment effectively and safely. Staff confirmed there were enough supplies of PPE available. Staff were observed to wear PPE in line with current government guidance.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.

Visiting in care homes

- People's relatives or those acting on their behalf were able to visit their family member in line with current government guidance.

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 our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement.

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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; Continuous learning and improving care

- The culture of the service did not always ensure people using the service were supported to make choices or to participate in social activities.
- The provider had auditing systems in place to assess, monitor and improve the quality and safety of the service provided at Maranatha Rest Home. Though the registered manager completed regular monthly checks, senior members of staff were not involved in this process. This raised concerns that in the absence of the registered manager from the service, there were no contingency plans in place to oversee the quality of the service provided, other than to contact the provider.
- The provider told us they visited the service twice weekly. The provider confirmed they verbally consulted with the registered manager daily and received a once weekly verbal report from the registered manager regarding the day-to-day running of the service. No information was available to provide assurance the provider had direct oversight of the service as there was no evidence to determine quality monitoring checks of the service were being undertaken as part of their role and responsibilities.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff told us they felt valued and supported by the registered manager. Comments included, "The manager is very supportive" and, "I love [Name of registered manager] to bits, [Name of registered manager] is so supportive. I receive outstanding support."
- Staff confirmed they received formal supervision. Where issues were raised and recorded relating to staff's conduct or their performance, no information was recorded to demonstrate how this was being monitored by the registered manager to improve staff's practice and ensure lessons were learned.
- The registered manager did not receive formal supervision.
- Relatives were complimentary regarding the registered manager and were happy with the overall level of care and support provided for their family member. Comments included, "This [Maranatha Rest Home] was a lucky find and has surpassed the family's expectations. We are highly satisfied with the level of care provided for [relative]. The staff are lovely" and, "I am very happy with the care provided for [relative]. The staff are very good, and I am always made to feel welcome when I visit."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Arrangements were in place for gathering people's and staff views of the service or what it was like to work at Maranatha Rest Home. A feedback analysis was compiled detailing the outcome of the questionnaire. This evidenced no corrective actions were required or areas for improvement.
- Relatives told us communication at the service was good and they were kept informed about their family member's wellbeing, including their healthcare needs.
- Meetings were held for people living at Maranatha Rest Home. This was to enable them to have a voice, to feel involved and to provide on-going support and information. Since our last inspection in October 2021, one meeting had taken place and this involved seven people using the service.
- Staff meetings were held to give the management team the opportunity to share information and to enable staff the chance to express their views and opinions on the day-to-day running of the service. Since our last inspection in October 2021, two staff meetings had taken place. The minutes of the most recent meeting in March 2022, recorded concerns relating to food shortages at the weekend. No action plan was completed detailing how this was addressed and the outcome. However, we spoke to staff and they confirmed this was no longer an issue.

Working in partnership with others

- Information showed the service worked closely with others, for example, the Local Authority and healthcare professionals and services to support care provision.