

Nautilus Welfare Fund

Mariners Park Care Home

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?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Mariners Park Care Home is a residential care home providing personal and nursing care to people, some of whom were living with dementia. At the time of inspection, there were 36 people living in the home. The home is part of a range of services provided by Nautilus Welfare Fund to former seafarers and their families.

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

Systems in place to monitor the quality and safety of the service were not fully effective in identifying areas of the service that required improvement or ensuring conditions of registration were adhered to. The service had not addressed all the issues raised at the last inspection.

Whilst care plans had been improved, further work was needed to these as they contained conflicting information regarding people's needs and the support they required. Records did not show that care was always delivered as planned, such as repositioning support. We found the systems in place to manage people's medicines were unsafe and risks to people were not always assessed and managed robustly, which placed them at risk of harm.

People were supported by trained staff who had been safely recruited. There were sufficient staff available to provide support to people when they needed it. Systems were in place to help minimise the spread of infections within 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. People's consent was sought in line with the principles of the Mental Capacity Act 2005.

Records showed that people's nutritional needs and preferences were assessed, and kitchen staff had access to this information. People told us they enjoyed the meals available; they had plenty to eat and drink and there was always a choice of meal.

Feedback regarding the care and support people received was positive. People told us they were well cared for, and that staff were kind, caring and worked in ways that protected their privacy. Staff encouraged people's independence where possible and systems in place supported people to be involved in decisions regarding their care. Support provided to people at the end of their lives was praised by relatives.

A range of activities were available, and people were supported to maintain relationships that were important to them.

People and their relatives told us the home was well managed and they could raise any complaints or concerns they had with the knowledge they would be listened to, and action would be taken to address the issues.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 7 June 2019). The service remains rated requires improvement. This service has been rated requires improvement for two consecutive inspections.

At the last inspection the provider was found to be in breach of regulations. They completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found that some improvements had been made, but further improvements were still required, and the provider remained in breach of some regulations.

Why we inspected

This inspection was prompted out by a review of the information we held about this service and to follow up on action we told the provider to take at the last inspection.

We also 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.

Enforcement

We have identified breaches in relation to the management of medicines, risk management, accurate record keeping and the governance of the service at this inspection. Since the last inspection we recognised that the provider had failed to adhere to a condition of their registration. Full information about CQC's regulatory response to this is added to reports after any representations and appeals have been concluded.

Follow up

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 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 not always responsive.

Details are in our responsive 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 ●

Mariners Park Care 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 undertaken by two inspectors, a member of the medicines team 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

Mariners Park Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Mariners Park Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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 professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the nominated individual, registered manager, deputy manager, chef, estates manager, nurse, carers, senior carers and an admiral nurse. An admiral nurse specialises in dementia care and supporting family members of people living with dementia. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with 7 people who lived in the home and 11 relatives, about their experience of the care provided. We also received feedback from a visiting professional.

We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 3 staff files in relation to safe recruitment. A variety of records relating to the management of the service, including audits were also reviewed.

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 requires improvement. The rating for this key question has remained 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

At the last inspection we found that risk was not always managed safely, and the provider was in breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 12.

- Risks to people were not always assessed and managed robustly.
- People's care records reflected inconsistent information regarding their needs. For example, one person's plan stated it was not safe to use a night bag with their catheter, but another part of the plan stated to use a night bag. This meant staff did not have clear guidance to ensure they provided safe and consistent support.
- One person's plan regarding their oxygen therapy did not provide sufficient guidance to ensure it could be managed consistently by staff and ensure they used it as prescribed.
- Records did not always show that care planned to mitigate identified risks was provided. For example, when people's plans stated they required support to reposition every two hours, records showed this support was not always recorded at this frequency. This included records for one person who had developed a pressure sore.

The failure to ensure risks were managed and mitigated, demonstrates a continued breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Systems were in place to monitor the building and equipment to ensure they remained safe.

Using medicines safely

At the last inspection we found that medicines were not always managed safely, and the provider was in breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made and the provider was still in breach of Regulation 12.

- Systems were not in place to ensure people received their medicines safely.
- People were at risk of not receiving medicines when they needed them. Information to support staff to safely administer 'when required' medicines was not always available.

- Information to support staff to safely administer medicines when there was an option to give a variable dose, was not always available. The information that was available was not always accessible at the point of giving the medicines.
- Medicines with a shortened expiry date once opened, did not always have the date it was opened recorded. We found one medicine with a shortened expiry had been given to one person after its expiry date.
- The remaining quantity of medicine did not always match the doses recorded as given, therefore we were not assured people received their medicines as prescribed.
- Information to support staff to safely administer topical preparations, such as creams, was not always available at the point of applying the preparations. We also found the site of the application of topical patches was not rotated in accordance with the manufacturer's instructions, this meant people were at risk of skin irritation.
- People who were prescribed time sensitive medicines did not always receive them at the correct times. We found one person received their paracetamol before the required four-hour gap between doses and another person did not receive their medicine at the specified time which might have impacted on their quality of life.

This demonstrates a continued breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

At the last inspection we found that staffing levels were not always safely managed, and the provider was in breach of regulation regarding this. At this inspection, we found that improvements had been made and the provider was no longer in breach of regulation.

- There were systems in place to ensure enough safely recruited staff were available to support people in a timely way.
- Records showed that relevant checks had been made to ensure staff were suitable to work in social care. This included a Disclosure and Barring Service (DBS) check, which provides information including details about convictions and cautions held on the Police National Computer and helps employers make safer recruitment decisions.
- People and their relatives told us there were enough staff available when they needed them. Their comments included, "The staff are always on hand" and "There seems to be a lot of staff who have time to sit and have a chat, which is important."

Preventing and controlling infection

- Effective infection prevention and control measures were in place, and these were reflected within the providers policies.
- People were admitted into the home safely procedures were in place to minimise the spread of infection within the home.
- There were adequate supplies of personal protective equipment (PPE) available for use when required.
- The home appeared to be clean and cleaning schedules were in place to help maintain this. People told us, "My friends and family always comment the home's so spotless and there's no smell" and "The environment is good, they keep it clean and tidy."

Visiting in care homes

- People's friends and relatives were supported to visit in-line with government guidance.

Learning lessons when things go wrong

- Records showed that accidents were recorded and reported, and appropriate actions were taken to ensure people's safety.
- Lessons learnt from incidents were recorded and showed measures were taken to help prevent further accidents. For example, following a person falling in the garden, handrails were fitted to help support them whilst in the garden.
- Accidents and incidents were reviewed regularly to look for any potential trends and help prevent recurrence.

Systems and processes to safeguard people from the risk of abuse

- Procedures were in place to ensure safeguarding concerns were managed appropriately to keep people safe.
- A safeguarding file was maintained, that included a tracker to enable effective oversight of concerns and any outcomes from investigations.
- A safeguarding policy was in place; staff had completed relevant training and knew how to raise any safeguarding concerns that may put people at risk.
- People and their relatives told us they felt the home was safe. Their comments included, "[Family member] tells me all the time how much he feels looked after. I trust [staff] implicitly" and "Oh yes, I'm very safe here because the people here are all very good and would do anything for you."

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At the last inspection we found that people's consent was not always sought in line with the principles with the MCA, and the provider was in breach of Regulation 11 (Need for consent). At this inspection, we found that improvements had been made and the provider was no longer in breach of Regulation 11.

- Procedures were in place to seek and record people's consent and this was completed in line with the principles of the MCA.
- When there were concerns about a person's capacity to consent to a specific decision, mental capacity assessments were completed and best interest decisions made with involvement of relevant people.
- Systems were in place to ensure DoLS applications were made appropriately and that oversight was maintained.
- Records were held to evidence when people had legally appointed another person to make decisions on their behalf.

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

- An assessment of people's needs and choices was completed before they moved into the service to make sure they were understood and could be met.
- There was information available around the home to help ensure staff had the knowledge to provide

support in line with best practice guidance, current standards and the law.

- A range of policies were in place to support staff practice.

Staff support: induction, training, skills and experience

- People were supported by staff that had the knowledge and skills to carry out their roles.
- Systems were in place to ensure staff received regular training in areas relevant to their role.
- Staff underwent competency assessments to ensure they had the knowledge and skills to provide safe and effective care. A relative told us, "I think the staff have had the right training. I wouldn't be frightened to say if I saw somebody doing something they shouldn't be doing."
- Staff told us they felt well supported in their role and records showed they received regular supervisions. During the inspection we saw this support in practice.

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

- Records showed that people's nutritional needs were assessed, monitored and met.
- Systems in place ensured catering staff knew when people had specific dietary requirements or preferences.
- People told us they enjoyed the meals available. One person said, "The food is very good. You can choose what you want and ask for a snack."
- Menus showed that people had a choice of meal options and alternatives were always available. Drinks were accessible to people around the home.

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

- The provider worked effectively with other agencies to make sure people received all the care and support required to meet their needs. The provider employed a physiotherapist to aid people with any mobility needs.
- Referrals were made to other healthcare professionals appropriately and their advice was included within people's plans of care. A visiting healthcare professional told us communication was good with staff and that, "Staff know people inside out. They love their residents."
- People and their relatives told us they were kept updated, and staff contacted GP's quickly when people were unwell. One person told us, "If I was unwell, they would do anything they could, but if I needed a doctor, the doctor would be here." One relative said, "They [staff] are always very observant to any changes in her condition and if there's any change they let me know."

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

- The premises had been adapted and decorated to meet people's needs and provide a safe environment.
- A lift provided access to all floors of the home. Bathrooms had been adapted to help ensure all people could access them.
- Balcony areas were available for people to sit outside and enjoy the views and following discussions with the registered manager, risk assessments were completed to ensure this was enjoyed safely.
- People's rooms were personalised with items of their choice. People told us they could arrange their rooms as they wished, and the handyman would hang pictures at their request.

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- People told us they were treated well, and their dignity and privacy were respected. One person said, "The care is fantastic. [Staff] are so good, they look after me like a mother."
- Family members were complimentary about staff and their kind and caring approach. They said, "[Family member] tells me all the time how much he feels looked after," "There's carers there who I know genuinely love my dad. They go above and beyond," "I think the care is amazing. It's like a big family," "The staff are good, very professional and very friendly" and "There are some stand-out carers."
- We observed staff supporting people during the inspection, in a caring and warm manner. It was clear staff knew people well; what support they needed and what their choices were regarding their care.

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

- Records showed that regular meetings took place with people living in the home, to gather their feedback and discuss areas such as meals, activities, change in government guidance regarding mask wearing and whether people wanted staff to wear masks when providing support.
- Staff were aware of the importance of people being involved in their care and one staff member said, "People are well looked after and have choices in their lives; they have to be the one to make the decisions."
- People told us they made day to day decisions about care. For example, one person said, "They always ask me what I want to wear" and another person told us how their view had been listened to when they chose to refuse a suggested medication.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible. Care plans reflected what people required support with and what they could do for themselves.
- We observed staff encouraging and promoting people's independence during the inspection. Staff encouraged people to mobilise and engage in activities.
- Relatives agreed that staff encouraged independence and told us, "They've got [family member] eating food again and now walking about rather than just sat in the chair."
- People's personal and confidential information was stored securely in line with data protection laws.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people's needs were not always met.

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

At the last inspection we found that records regarding people's individualised care were not always accurate or up to date and the provider was in breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17.

- Although improvements had been made, care plans were not always detailed, consistent and reflective of people's needs. This meant staff did not always have guidance on how best to support people.
- Inconsistencies within care plans regarding people's needs, did not evidence care was planned in a person-centred way. For example, we found care plans recorded varying information in relation to what type of sling a person required to aid their mobility, what mattress a person required to support their skin integrity and what modified diet a person required to ensure their nutritional needs were met safely. There were also differences between some people's risk assessments and the information recorded within their plans of care.
- Records did not always reflect people's needs accurately. For example, personal emergency evacuation plans were in place; however electronic copies had not been updated with the paper copies when people's needs had changed.

These examples show a continued breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as people's records in relation to their care were not always accurate or up to date.

- People told us aspects of their support needs were met in a personalised way. For instance, one person told us how they wanted to go away to a particular place for a weekend, so the registered manager arranged for a staff member to go with them and provide the necessary support. They told us, "We had a wonderful weekend. It really made me up."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Systems in place ensured the Accessible Information Standard was met.
- People's communication needs had been assessed and support required was reflected within care plans to help ensure staff knew how best to communicate with people.
- The provider used adapted signage around the home, to support some people's communication.

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

- People were supported to maintain relationships with friends and family, including during the COVID-19 pandemic through video calls. One relative explained staff supported their family member to be ready early on the mornings they were due to contact relatives abroad using an iPad.
- There was a schedule of activities available for people to join in with, and these were advertised around the home.

Improving care quality in response to complaints or concerns

- Information on how to complain was readily available for people throughout the home, including in an easy read flow chart.
- People and their relatives all told us they knew how to raise concerns, but those we spoke with had not had reason to raise anything formally. They told us any small issues were resolved as soon as they were mentioned.
- Following comments made in a residents meeting regarding laundry, a joint project was developed involving staff and families to help make improvements in this area.
- Records showed that all complaints received were investigated and responded to appropriately.

End of life care and support

- People received compassionate and dignified end of life care and support from staff who had undertaken training in this area.
- Care plans showed that people had been given the opportunity to discuss their end of life wishes.
- Family members praised the support provided to people at the end of their lives. Comments included, "When [family member] was on the end-of-life care pathway, they were so positive, explaining everything. We were very much part of the process, and they made his end of life so comfortable, so peaceful and so dignified" and "I am massively grateful for the support they've given my [family member] and me. They were so kind and really did carry me through my [family member's] death."

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 requires improvement. The rating for this key question has remained 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.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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

At the last inspection we found that systems in place to monitor the quality and safety of the service were not effective and the provider was in breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17.

- The systems in place to monitor the quality and safety of the service were not always effective and placed people at risk of receiving unsafe or poor quality care.
- Although a range of audits had been implemented since the last inspection, they failed to identify all the concerns we found at this inspection, including those regarding the management of medicines, the monitoring of oxygen therapy, lack of records relating to repositioning support, inconsistent information within care plans regarding people's needs and the management of risk.
- The provider did not always understand regulatory requirements relating to their registration. The service was registered to provide care for up to 32 service users. During our inspection we identified the service was providing care for 36 service users which was a breach of a condition of registration. A final version of this report, which we will publish in due course, will include full information about our regulatory response to the concerns we have described.
- These systems also failed to ensure that concerns identified at the last inspection had been addressed or that any actions taken had been embedded.

Failure to ensure effective systems were in place to monitor the quality and safety of the service is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- Ratings from the last inspection were displayed as required.
- The registered manager had notified CQC of events and incidents providers are required to inform us about and acted on the duty of candour when things had gone wrong.

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

- People, relatives and staff told us they felt the home was well managed.
- Staff told us they were well supported by the registered manager and that the "Team supports each other."
- Relatives agreed and said, "I've always been very happy. The manager has such a depth of knowledge and high level of care, she really will go above and beyond" and "The management are good. We always see them about when we visit."
- The provider employed an Admiral nurse, who worked with the families of people living with dementia, offering information, support and guidance.
- Feedback regarding staff support was complimentary. Comments included, "The staff are a cross section of humanity. They're the best you could get. They have a very good ethos. Moving in here is the best decision I've ever made," "There's a sense of a lot of warmth in the home. There's a lot of care and a lot of love, and that shines through" and "If it had been possible to find a better place, I would have done it."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager liaised with other professionals to help ensure people's health and care needs were met. Referrals were made to other professionals when required for their specialist advice and support.
- Regular meetings took place with people to gather their views of the service, in areas such as meals and activities. Feedback had resulted in changes to the service.
- Records showed that staff meetings took place regularly and staff told us they were able to share their views at any time and would be listened to.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

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	Risks to people were not always assessed and managed robustly to minimise potential harm to people. Medicines were not always managed safely.

The enforcement action we took:

Warning notice issued.

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	Systems in place to monitor the quality and safety of the service were not always effective. Issues identified at the last inspection had not all been addressed.

The enforcement action we took:

Warning notice issued.