

Prime Care (GB) Limited

Marina Care Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Marina Care Home provides accommodation and personal care for up to 33 people. There were 13 older people living in the home, including those living with dementia.

Marina Care Home is a large adapted house with 4 floors and lift access to all floors. There is a communal lounge and dining room located on the ground floor. The top floor was closed at the time of inspection.

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

Whilst we were assured people received the care and support they required, care records did not always best evidence this. We have made a recommendation about the importance of maintaining contemporaneous records.

The management team had worked hard since the last inspection to improve the standards of care and support and to address the shortfalls found at our last inspection.

Changes had been made to the management team which had helped to strengthen governance processes and improve the safety and quality of care provided.

Risks to people's health, safety and well-being were assessed. Care plans had been updated to ensure staff had access to information about how to manage people's identified risks and support them in a safe way.

Medicines were managed in a safe way and people received their medicines as prescribed.

Safeguarding processes were in place to help ensure people were protected from the risk of harm. Accidents and incidents were analysed to ensure the home had an accurate picture of safety at any given time.

Staff were recruited safely and there were enough staff on duty to meet people's needs in a timely way. The use of agency staff had decreased since the last inspection, meaning people were supported by staff who were familiar with them and their needs and preferences.

Improvements could be seen in the cleanliness of the communal areas and the home overall.

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 and were followed by the provider in line with the Mental Capacity Act.

People's feedback about the care and support they received was consistently positive. People were treated with kindness and their privacy and dignity was maintained. The home had a relaxed, calm and friendly feel.

Governance systems were now more robust and operated effectively to ensure regulatory requirements had been fulfilled, to identify concerns and help drive improvement. Both people and staff spoke positively about the support provided by the manager.

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

Rating at last inspection and update

The last rating for this service was requires improvement (report published 9 February 2023).

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

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that inductions should be provided to agency staff at the start of their shift and that people's support needs should be better reflected in their care plans. At this inspection we found the provider had acted on our recommendations and had made improvements.

This service has been in special measures since 9 February 2023. The overall rating for this service was 'requires improvement'. However, we placed the service in 'special measures'. We do this when services have been rated as 'inadequate' in any Key Question over 2 consecutive comprehensive inspections.

During this inspection the provider demonstrated that improvements had been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We also checked whether the warning notice we previously served in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

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.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Marina Care Home on our website at www.cqc.org.uk

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Marina 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 carried out by 1 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

Marina 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. Marina Care 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 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 the Care Quality Commission 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 manager in post who had submitted an application to CQC to become registered.

Notice of inspection

This inspection was unannounced on the first day and announced on the second day.

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. 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 used all this information to plan our inspection.

During the inspection

We carried out an inspection of the home to ensure it was safe and suitable to meet people's needs. We also observed the delivery of care and support at various times throughout the day. We spoke with 12 people who lived at the home, 3 relatives, the manager, the quality consultant, the registered provider, the activity co-ordinator, a senior carer and 3 members of care staff.

We looked at records in relation to people who used the service including 3 care plans, medication records and systems for monitoring the safety and quality of the service provided. We looked at staff training and quality assurance records.

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. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At the last inspection, systems were not robust enough to ensure the safe management and administration of medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Although nobody was being supported with the administration of controlled drugs at the time of our inspection, processes were in place to help ensure the management of controlled drugs was safe. Controlled drugs are drugs that are subject to high levels of regulation as a result of government decisions about those drugs that are especially addictive and harmful.
- For people who were prescribed PRN medicines ('when required' medicines) care plans were in place to guide staff on when this medicine should be used.
- Temperatures of the medicine fridge and medicine room were recorded to ensure medicines were safe to use.
- Improved governance systems and regular checks were in place to help ensure any action required in relation to medicines was taken in a timely manner. A member of staff confirmed, "We do daily audits and spot checks, there's less mistakes, and more recording if anything."

Assessing risk, safety monitoring and management

At the last inspection, the provider failed to assess all risks to the health and safety of people receiving support with their care. They did not do all that was reasonably practicable to lessen known risks. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Prescribed food and fluid thickeners were stored and administered safely. At the last inspection, thickener was stored in an unlocked cupboard that was accessible to people and staff did not always follow the correct instructions to ensure people received their fluids at the correct consistency. We have made a recommendation about the recording of food and fluids, see the well-led section of this report.
- People were supported to live in a safe environment. Risks to the health and safety of people were

assessed and action was taken to lessen known risks. People's care plans had been updated to ensure information was available to staff to help them support people safely.

Staffing and recruitment

- Staff were deployed to meet people's needs in a timely manner and keep them safe. One person told us, "There are always staff around."
- People received continuity of person-centred care. Since the last inspection, the reliance on agency staff had reduced and some experienced staff had returned to the service. A relative told us, "I do see the same faces now in terms of staff, this has definitely improved."
- Safe recruitment processes were followed, and new staff were supported via an induction process which consisted of training and shadowing more experienced members of staff.

Learning lessons when things go wrong

- Accidents and incidents were reviewed by the management team, so risks could be lessened and action taken to minimise the likelihood of the accident or incident reoccurring. A member of staff confirmed, "We talk about any accidents and incidents, communication in the home is good."
- The provider demonstrated how this analysis had helped identify a trend in falls, although effective action was taken and had served to reduce the occurrence of falls, actions were not always documented fully. We discussed this with the manager who assured us action would be better documented going forward.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe and well looked after. People told us, "Oh yes I'm safe here" and "I feel very safe living here." A relative confirmed, "I do feel it's a safe environment for [Name] and staff do their very best."
- Staff received safeguarding training and knew what action to take if they had any concerns. One told us, "Safeguarding, it's about being open and honest."

Preventing and controlling infection

- Cleaning records were in place and there were adequate supplies of PPE. The home appeared clean and well maintained, although it was recognised that a programme of refurbishment was ongoing. A relative told us, "It's a clean home. [Name's] room is kept nicely."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.
- The service facilitated visiting for people's family and friends. People told us their loved ones could visit them at any time. We saw visitors during our inspection had a positive impact on people's psychological and emotional well-being.

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, the provider failed to consistently act in accordance with the principles and codes of practice associated with the Mental Capacity Act 2005. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- Since the last inspection, practices had improved to help ensure the service was working within the principles of the MCA 2005, and assessments to determine a person's capacity to make specific decisions had been completed adequately.
- For people who lacked capacity to make certain decisions about their care, legal authorisations were in place (DoLS) to support the restrictions placed upon them. Where any DoLS had expired, there was evidence that the service had requested the Local Authority to reassess those decisions.
- There was evidence that any best interest decisions had been made in consultation with relevant others, such as family members and health professionals.
- During our inspection, we observed staff explaining and asking for people's consent before providing care or support.

Staff support: induction, training, skills and experience

At the last inspection, we recommended the provider introduce systems to ensure information was shared with agency staff at the start of their shift.

At this inspection we checked to see whether the provider had acted on our recommendation and found that they had.

- We observed an agency member of staff being provided with an induction prior to beginning their shift. Processes had been updated to ensure that any staff new to the service completed a full induction prior to beginning work, to help them familiarise themselves with the layout of the home and people's needs. A senior member of staff explained, "Before their shift, they will be introduced to the staff, residents and paperwork, only then will they work on the floor."
- Staff had completed all training deemed to be mandatory and had also completed more specific training to better meet the needs of people being supported for example, people living with dementia. Although there were some gaps in training for domestic and maintenance staff, this had been identified by the management team and appropriate action put in place.
- People and their relatives told us they thought staff had the right skills and knowledge to support them, a relative confirmed, "Staff appear to be competent and on the ball."
- Staff were also supported in their role by the use of supervision and appraisal, which helped both professional practice and personal reflection.

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

- People's needs were assessed and planned for in line with best practice. People's care plans had been updated and staff had access to information about how to support people.
- Care plans represented an accurate reflection of the person. For example, where referrals had been made to external specialists, any advice provided had been incorporated into the care plan, providing staff with relevant and up to date guidance.

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

- People were able to personalise their rooms with their own furniture and décor, to ensure it felt as homely and as comforting as possible.
- In addition to having the privacy of their own room, there were communal lounges and a diner where people could socialise if they wished.
- People had access to a secure rear garden. There were plans in place to make improvements to this area to enhance the experience of people living with dementia, for example, raised flower beds, to involve people with gardening.

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

- Any required external professional intervention had been requested appropriately, to help ensure people received effective and timely care and support.
- People were supported to live healthier lives. Care plans contained evidence of input from health and social care professionals being followed by staff.

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

- People were supported with their nutritional and hydration needs. Food was home cooked on the premises. People could choose their food and drink and were supported to eat a varied and healthy diet.

People told us they enjoyed the food.

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 requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At the last inspection the provider failed to ensure when people received care and treatment, they were treated with respect and dignity and their privacy was maintained at all times. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- People's privacy, dignity and independence was respected and promoted. We observed care and support being delivered by staff in a dignified and respectful way.
- Care records were kept securely to help ensure people's privacy and confidentiality.

Ensuring people are well treated and supported; respecting equality and diversity

- Since the last inspection, reliance on agency staff had reduced and there was a more stable and structured staff team in place. Staff knew people's needs and preferences well and enjoyed close relationships with the people they supported. One member of staff told us, "Staff treat people as individuals, staff are respectful and treat people like family."
- People provided consistently positive feedback about the care and support delivered by staff, comments included, "I've been here 4 years and I can't fault it" and "My care is good here, I've got no complaints."
- The service took consideration of people's human rights, equality and diversity. Any limitations on people's abilities due to their healthcare needs, were not treated as barriers to people accessing support.

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

- Staff supported and encouraged people to express their views and make decisions about their care and support. This was done at every opportunity. One person told us, "If I'm not happy, I tell them [staff] and they do listen."
- People's feedback regarding their care and support was sought via residents' meetings and questionnaires. Although meetings were held, we discussed with the manager to make meetings more regular and to better record any suggestions which had been actioned.

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 changed to 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; 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

At the last inspection, we recommended the provider reviewed care plans to ensure they had all the relevant information to support person-centred care.

At this inspection we checked to see if the provider had acted on our recommendation and found that they had

- People's care plans were regularly reviewed. Care plans included information about people's background, support needs, preferences and interests. People's plans acted as good sources of information and guidance for staff.
- People's care was planned to meet their needs and adapted to their changing needs. Where people required intervention from external healthcare agencies, this was provided as necessary, one person told us, "When I had a fall, they [staff] were right on the phone. I was in the A & E and staff were so supportive."
- We were assured people's personal hygiene preferences were met. However, the provider used both written and electronic records to monitor this, which meant recording was confusing to follow. We discussed this with the manager who confirmed records would be collated going forward.
- People were supported to maintain relationships with family and friends to help combat any feelings of social isolation. Relatives and friends were able to visit people whenever they wished.
- The home employed an activity co-ordinator who helped to facilitate activities which were engaging and meaningful to people. They told us, "I am passionate about what I do, we [staff] are here for them." During our inspection people were singing and dancing, and laughing with staff. A relative told us, "There's always something going on and we get invited."

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.

- Staff were trained to communicate with people in a way they could fully participate and understand. People's care records contained guidance for staff on the most effective ways to communicate with people. For example, for one person who was unable to communicate verbally, staff used communication cards to help ascertain their needs.

Improving care quality in response to complaints or concerns

- An accessible procedure was in place to enable people and their relatives to raise any concerns. People told us they could raise anything with the manager at any time. A relative confirmed, "I feel I could raise any issues if needed, I find all the staff approachable."

End of life care and support

- People's wishes and preferences for end-of-life care were considered as part of the care planning process, to help ensure people experienced a dignified passing which was sensitive to any cultural or religious beliefs and needs. At the time of our inspection, plans were in the process of being updated.

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 inadequate. The rating for this key question has changed to requires improvement. Although we were assured service management and leadership was consistent and leaders and the culture they created supported the delivery of high-quality, person-centred care, further time was required to sustain improved practices

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

At our last inspection we found systems were not robust enough to demonstrate leadership and quality assurance had been effectively managed. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The manager demonstrated an understanding of their role and requirements. Since the last inspection, the management team had been strengthened and further support provided to the manager. Changes had been made to governance policies and practices to maintain necessary records to improve the quality and safety of people's lives, and to help the manager identify where improvements were required.
- Checks in the quality and safety of the service were effective in identifying and driving improvements. Where reviews and quality assurance indicated improvements were required, timely action was taken to make the necessary changes.
- This location has a condition of registration that it must have a registered manager. At the time of inspection, a manager was in post and had submitted an application to CQC to become registered.
- Although we were assured people were receiving appropriate care and support, (people's feedback and our observation of staff confirmed this) people's daily care records were not always accurate, complete and contemporaneous.

We recommend the provider further strengthens practices to ensure people's records are accurate and contemporaneous

- We discussed this with the manager and provider who confirmed they intended to invest in a more comprehensive electronic monitoring system to help improve the accuracy of records.
- Since the last inspection, the manager and provider had worked with external organisations such as the Local Authority and Commissioners to act on the findings of the last inspection, remedy the shortfalls and improve the standard of care for people, demonstrating their understanding of quality performance and regulatory requirements. One member of staff commented, "It's like a different home now, the atmosphere

is lifted, the morale of staff is good."

Continuous learning and improving care

- The management team demonstrated a commitment to improving care. Since the last inspection, audit and governance systems had been overhauled and further checks introduced. These new processes aided improved oversight and provided an honest scrutiny of the service.
- New and more robust ways of working had been introduced to drive improvement. Further time was required to determine the effectiveness of new processes and allow them to embed.

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

- The provider and manager engaged with people and their relatives. They had participated in meetings with people and their relatives to specifically discuss previous concerns identified by ourselves and the local authority. One person told us, "We've had meetings when it wasn't too good, but to be fair they're trying."
- The manager engaged with staff via formal and informal meetings to enable staff to have a platform to voice their feedback and views. The manager used this feedback to help shape the service further and foster a culture where staff felt valued and confident to speak up. One member of staff told us, "I can speak up and make suggestions, I approached [Manager] with a suggestion, this has been done and has made things more efficient."
- We received positive feedback about the manager and management team. Comments from staff included, "[Manager] is wonderful, we are fully supported" and "[Manager] is supportive and visible and their door is always open, I can approach them at any time."
- Staff were keen to tell us how much the home had improved in the last few months and how they felt part of a team with a culture committed to delivering high quality and person-centred care to people. One member of staff told us, "[Manager] expects us to work together to the best of our ability and all we do is for the residents – we work in their home."

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

- The management team were aware of their responsibilities under the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. A transparent and open approach was adopted. Any concerns were investigated in a sensitive and confidential way, shared with the relevant authorities and lessons were shared and acted on.

Working in partnership with others

- The service worked in partnership with external organisations to support holistic care provision to help ensure people received an experience based on best practice outcomes, choice and preference. The service had worked effectively with commissioners to act on the findings at the last inspection and to make the necessary improvements.