Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Marine Court Residential Home

25 North Drive, Great Yarmouth, NR30 4EW

Tel: 01493859859

Date of Inspection: 22 October 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Meadow Blue Limited
Registered Manager	Miss Nina Patel
Overview of the service	Marine Court provides care and support for up to 40 elderly people and those living with dementia.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 22 October 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We spoke with two staff, the registered manager and two people who used the service. We looked at comments made on a recent survey returned by 31 people using the service, their relatives and visiting professionals. People we spoke with were happy with the standard of care and support they received and this was reflected in the comments made on the survey. These included, 'Staff make individual plans to meet the very different needs of the resident,' and 'Staff are absolutely wonderful - I have no complaints.'

We saw that the building was clean and well maintained. Staff were supported to provide care to a good standard.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

We spoke with two staff members and the manager. They told us that arrangements were in place to enable people to give consent to their care and treatment. We were told that they sought written consent to care when people first started to use the service and again verbally on a daily basis. Staff told us that they asked people if they wished to participate in activities and receive support to meet their personal needs. We were told that any treatment or care provided was always discussed and agreed with people, either in advance or at the time of delivery. We saw staff asking people if they wanted the help or support when they approached them.

We looked at the care records of four people who used the service. There was evidence in the records that people and their families were consulted about the care and support they were provided. This included participation in their initial assessments and care review meetings. The manager explained that people were involved in their monthly care reviews. We saw evidence that, where people lacked capacity, their relatives were involved in a six monthly review of their care.

The manager and staff confirmed that they had received training on the Mental Capacity Act 2005 and the deprivation of liberties. This meant that the provider ensured that staff had knowledge of how to support people who lacked capacity.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We spoke with two people who used the service both were satisfied with the care and support they received. One told us, "They look after me well." Comments returned in a recent residents survey included 'Staff are always free to take me for a walk, when I want to go,' and 'Staff are very kind and gentle.'

We looked at the care records of four people who used the service. These records contained detailed care plans and risk assessments as well as copies of pre-admission assessment of care needs carried out before people moved into the service. Care plans and risk assessment records showed that they were reviewed regularly and contained up to date information. Care plans recorded people's care and support needs in relation to their physical and mental health, communication and social activities. These records detailed people's choices concerning their end of life care. They reflected people's needs and evidenced that people were seen by a doctor and had access to other healthcare professionals such as psychiatrists, dentists and chiropodist if necessary.This meant that people who used this service experienced safe and appropriate care and treatment.

We saw that the care plans contained mental capacity assessments as well as risk assessments which included risks associated with people's mobility, their skin viability, their nutritional intake and their moving and handling needs. We saw that where a risk had been identified measures had been put in place to manage the risk. This ensured that people who received support were protected from undue risk when receiving care and support.

We saw people involved in various activities including reading and a ball game. We saw in one person's care plan that they received a daily paper. The service is situated on promenade. The manager told us that people regularly have a walk along the promenade and staff were available to accompany them. This showed that the service was meeting people's individual needs.

We asked the manager if there were any procedures in place to deal with emergencies.

We were shown a Business Continuity Plan which detailed action which should be taken in the case of an interruption to the power supply as well as other foreseeable emergencies. This meant that the service was mitigating the risk to people arising from such emergencies.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

We looked around the service and found that the premises were clean and well maintained throughout. The provider had taken steps to provide care in an environment that is suitably designed and adequately maintained.

We saw that there was closed circuit television operating on the main entrance door and that all other exit doors had number locks. When we arrived at the premises the front door was locked. It was opened promptly by a member of staff who asked us to sign in a visitor's book. This demonstrated that the service had appropriate measures in place to prevent unauthorised persons entering the building.

We walked around the building and found it to be clean and odour free. The manager told us that there was an ongoing programme of refurbishment which included bedrooms as well as communal areas. We saw that several bedrooms had been decorated within the last year and that the laundry room had recently been refurbished.

We inspected cleaning schedules and found that they detailed what should be cleaned and how often. We saw records of daily checks carried out by the senior carer which included a check of the fire exists and any trip hazards. The manager carried out a weekly audit of the premises which included the call system and kitchen. The service employed a maintenance person. We saw that staff record any items which required maintenance attention in a book and these were signed off when completed. The maintenance person also carried out regular checks of the building including the condition of the doors and windows and the furniture.

We also saw that the provider had a maintenance contract for the lift. Water temperatures were monitored regularly in accordance with legionella prevention requirements. Suffolk Fire and Rescue Service had carried out an inspection in January 2013 and reported fire precautions to be satisfactory. We saw records of regular fire alarm and fire equipment checks. This meant that the provider had taken steps to provide care in an environment that was suitably designed and adequately maintained.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff were able, from time to time, to obtain further relevant qualifications.

We spoke with two members of staff who both told us they enjoyed working in the service and felt supported by management. Comments made by staff on a survey carried out in October included, 'What I like about Marine Court is all the staff have opportunity to learn everything with each other and have enough support,' and 'I like working in such a lovely atmosphere and the support of colleagues.'

We saw records of the monthly one to one supervision of staff. The manager told us that there is a theme for the monthly supervision sessions. We saw records which showed recent themes had included whistleblowing and mental capacity. We saw that staff received yearly appraisals. This showed that the service was providing staff with adequate supervision and appraisals.

The service provided training in the compulsory subjects such as moving and handling and infection control as well as subjects specific to the service such as dementia care and pressure care. The majority of staff had, or were working towards, an industry recognised qualification such as a diploma in social care. This showed the service was ensuring staff had the appropriate training to deliver care to an appropriate standard.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs.

We saw that the service complaints policy was displayed in the reception area and at other locations throughout the service. There was also a complaints and suggesion box in the reception.

We looked at the service complaints procedure and saw that it set out clearly the procedure and timescales to be followed. It detailed other organisations to contact if the complaint was not dealt with to the satisfaction of the complainant. Records indicated that there had been no complaints in the last year and the manager confirmed this.

A survey in October returned by 31 people using the service, relatives and visiting professionals showed that they all knew how to complain should the need arise. This showed that people were aware of the complaints procedure.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk

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