# 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: 12 November 2012

Date of Publication: November 2012

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

| | |
|---|---|
| **Respecting and involving people who use services** | ✓ Met this standard |
| **Care and welfare of people who use services** | ✓ Met this standard |
| **Safeguarding people who use services from abuse** | ✓ Met this standard |
| **Staffing** | ✓ Met this standard |
| **Assessing and monitoring the quality of service provision** | ✓ Met this standard |

## Details about this location

| | |
|---|---|
| Registered Provider | Meadow Blue Limited |
| Registered Managers | Mrs. Geraldine Ford<br>Miss Nina Patel |
| Overview of the service | A converted house overlooking the sea providing personal care for 40 people. |
| 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'.*


| | Page |
|---|---|
| **Summary of this inspection:** | |
| Why we carried out this inspection | 4 |
| How we carried out this inspection | 4 |
| What people told us and what we found | 4 |
| More information about the provider | 4 |
| **Our judgements for each standard inspected:** | |
| Respecting and involving people who use services | 5 |
| Care and welfare of people who use services | 7 |
| Safeguarding people who use services from abuse | 8 |
| Staffing | 9 |
| Assessing and monitoring the quality of service provision | 10 |
| **About CQC Inspections** | 11 |
| **How we define our judgements** | 12 |
| **Glossary of terms we use in this report** | 14 |
| **Contact us** | 16 |

## 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 12 November 2012, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

### What people told us and what we found

People who used the service told us that they were well cared for and enjoyed living in the service. They told us that the staff were kind and helped them with their daily activities of living. Safeguarding policies and practices were well established and staff received appropriate training to ensure that they were up to date with their safeguarding practices.

Care plans were up to date and regularly reviewed to ensure that people were given the treatment and care they needed. Risk assessments were made on relevant areas to protect the safety and welfare of people. One person told us, "They are good to you here" and a relative told us, "They keep me well informed."

Staff training was comprehensive and included both internal and external training courses that met the needs of the service and the staff.

The provider used a comprehensive system of audits to ensure that standards were maintained. Regular surveys of people who used the service and visiting professionals helped the service assess the quality of service being provided.  Survey respondents were full of praise for the service.

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

**Respecting and involving people who use services** ✓ Met this standard

**People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

### Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

People's privacy, dignity and independence were respected.

### Reasons for our judgement

People who use the service understood the care and treatment choices available to them.

During our visit to the service we looked at four care plans. We found that most people who use the service did not understand the care and treatment choices available to them but some people did. We noted that the care plans were complete and contained personal, health and social information. The information held clearly told us of the daily routines chosen by each person and recorded their likes, dislikes, preferences and interests. The person living in the service or their relative had signed their care plan to show that they had been consulted and agreed to their plan of care. We saw that the care plans were reviewed monthly by staff and six monthly with the person and their relatives.

We spoke with the manager. They told us that where possible people living in the service were included in all decisions that affected them and their plan of care. They told us that if a person lacked awareness to comment or to make a decision that they used the past history they held about the person and information from the person's relative to help them provide the care and support they needed and may have chosen. The provider held monthly residents meetings and suggestions from residents were acted on. The manager was organising a choir to visit at Christmas as requested by a person at the residents meeting. People expressed their views and were involved in making decisions about their care and treatment.

We saw how the service cared for a person with specific religious needs. We saw that the dietary and personal care wishes of this person were clearly documented in the care plan and how staff should observe these. End of life care for this person had been discussed with the family and documented in the care plan. This shows people's diversity, values and human rights were respected.

We spoke with the relative of one person who said because of the physical condition of the person they "chose to stay in their room now, but that is their choice."

We saw people participating in various activities including knitting, singing and reading the papers. We saw staff encouraging people in these activities. The staff spoke to people in a respectful and encouraging manner ensuring that if the person was sitting down they sat or bent down to speak to them and giving that person time to compose a reply. One person told us staff had taken them to the cinema. People were supported in promoting their independence and community involvement.

**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.

People experienced care, treatment and support that met their needs and protected their rights.

## 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 saw that everyone had an individual plan of care that recorded their personal details. They showed that people had their needs assessed before they moved into the service and during their stay to ensure their nursing care and support needs were understood and could be met. They explained the health history of the person, the care and support they needed and monitored their general health. The care plans had been reviewed by staff monthly and with the person or their relative six monthly.

The care plans showed that people had their weight and body mass index monitored to ensure that their well-being was promoted and protected. We saw that where one resident had lost weight over several months the general practitioner (GP) had been contacted. The manager explained an arrangement where two local GP practices attended the service every two weeks and reviewed all the patients from their practice. She explained how, because of this process, one person's heart problem had been identified and treated appropriately.

Social information was held about each person such as their interests to help the staff to personalise the range of in-house and community activities arranged. Staff members spoken with were able to tell us how they assisted people living in the service to prevent or manage their difficult behaviour. Care plans recorded the triggers that possibly led to people exhibiting certain behaviour and gave guidance on the de-escalation methods staff should use. This meant that the care plan contained the information staff members needed to ensure that the safety of people was promoted. One person told us, "They are good to you here."

**Safeguarding people who use services from abuse** ✓ Met this standard

**People should be protected from abuse and staff should respect their human rights**

## Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

## Reasons for our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Staff we spoke with showed us that they knew how to ensure that people were safe and how to access the information they needed to ensure people received the care and support they required. They demonstrated that they knew how to protect people's human rights through choice and that they knew how to recognise, prevent and report abuse.

We spoke with the manager. They told us that they and their staff team made every effort to ensure that people living in the service were protected from abuse. They told us that staff members had completed training in how to recognise, prevent and report abuse and in how to work with a person whose ability to decide was limited. This was confirmed in the records held.

**Staffing** ✓ Met this standard

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

## Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

## Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs.

The manager told us that an analysis of people's care needs was carried out and this dictated how many staff were on duty at any one time. We were shown the staff rota for the week and we saw that the number of staff on duty varied throughout the day. This meant that the service had sufficient staff on duty at any one time to meet people's needs.

We looked at records which confirmed staff received appropriate professional development. Training and refresher updates had been provided to staff which included fire safety, first aid, medication, food hygiene, moving and handling, safeguarding and health and safety.

We saw documentation showing that regular staff supervisions and appraisals were in place. We spoke to staff who said they were able to raise any issues with senior staff and management and these were listened to and acted upon. Staff also said they felt supported by management.

The manager said they had not had to advertise for staff in the past year. Recruitment had been by referral from existing staff.

**Assessing and monitoring the quality of service provision** ✓ Met this standard

**The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

## Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

## Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

We looked at the care records of four people. The person's care plan contained risk assessments centred on that person and included client risk and falls. They were detailed and we were able to see that reviews had taken place. We saw that following a review, action had been taken to minimise an identified risk.

The provider had a compliments and complaints book. We looked at the book and found a number of compliments and one complaint. The investigation of the complaint was documented and the complaint was found to be not upheld. A relative we spoke with told us they would know how to make a complaint if they needed to.

The manager showed us a quality assurance survey carried out in September. This survey had been given to people using the service and their relatives as well as visiting professionals such as district nurses and chiropodists. The results were positive. They had been analysed and showed an improvement over the previous year's survey. The manager was in the process of carrying out a full analysis of the results. This meant that the service was able to come to an informed view regarding the standard of care provided.

## 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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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.<br>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.<br>We monitor the implementation of action plans in these reports and, if necessary, take further action.<br>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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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

| | |
|---|---|
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