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?	Requires Improvement
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 provides accommodation with nursing or personal care for up to 32 people. The home is part of a range of services provided by Nautilus Welfare Fund to former seafarers and their families. There were 29 people living in the home when we visited.

People's experience of using this service:
The systems and processes in place to monitor the quality and safety of the service were not always effective in identifying and driving up improvements. This meant that the service was not always well led.

The culture of the service was not always open and transparent. At times during the inspection the manager was defensive and dismissive which made it difficult to discuss the concerns we identified during the inspection and the improvements that needed to be made.

Medication management did not adhere to best practice guidelines published by the National Institute of Social Care (NICE) with regards to the storage, administration or management of medicines. This meant it was not safe.

Where people's capacity to consent to their care was in question, the Mental Capacity Act 2005 (MCA) was not always followed to protect their human rights.

Some care plans contained sufficient information on people's needs and risks but others did not. Dementia care planning was poor and there was little evidence that people's end of life wishes were discussed with them and properly planned for.

Risks in relation people's care were not always adequately minimised in the delivery of care. For example, support to help people change position to relieve pressure on their skin was not always provided at the required frequency. The provider's fire evacuation procedure was also unclear as it did not ensure everyone living in the home had a suitable means of escape.

People told us that the home could do with more staff on duty. Some said their needs were not always met in a timely manner because of this. This indicated that staffing levels required improvement.

Staff recruitment was overall satisfactory. Pre-employment checks were undertaken to ensure staff were suitable to work with vulnerable people but their application forms were not always fully completed. This aspect of recruitment required improvement.

Staff had access to a range of training to support them to be effective in their job role. They received adequate supervision and told us they felt supported by the manager in their day to day duties.

People received enough to eat and drink and told us their nutritional preferences were respected. Where

professional dietary advice was given, this had been followed but one person had requested a small change to their diet which had not been acted upon.

People told us that staff were kind, caring and patient and our observations confirmed this. People told us that they felt staff knew them well. They said they felt safe at the home and had a choice in how they lived their lives.

A range of activities were offered to meet people's social and recreational needs. People told us that there was plenty to join in with if they wanted. Regular meetings took place with people living in the home and staff to ensure that their views and opinions with regards to the service were sought.

People's needs were met by a range of health and social care professionals. People told us that staff were quick to get the doctor if they became unwell.

Rating at last inspection and why we inspected: At the last inspection the rating of the service was good. At this inspection the rating has not been maintained. At this inspection, the service has been rated 'Requires Improvement'.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our Safe findings below.

Is the service effective?

Requires Improvement

The service was not always 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?

Requires Improvement

The service was not always 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.

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was undertaken by an adult social care inspector, an assistant inspector, a medicines 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 service.

Service and service type: Mariners Park Care Home is care home that supports people with nursing or personal care needs. The care home is part of a range of service provided by Nautilus Welfare Fund for former seafarers and their families.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority to gain their feedback on the service. We used all this information to plan our inspection.

We spoke with four people lived in the home and two relatives. We spoke with the registered manager, the deputy manager, the maintenance officer, a nurse and a care assistant. We also spoke with a visiting medical professional. We reviewed a range of records. This included four people's care records and a sample of medication records. Three staff recruitment files, records relating to staff training and support and records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

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

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.

Using medicines safely

●Some people received their medicines covertly (hidden or crushed in food and drink). Some medicines can become unsafe or unsuitable when given in this way and advice should be sought from the pharmacy. Despite this there was no documented evidence that this had always been sought and authorisation gained.

●Medicines were not always administered as prescribed. For example, one person was receiving oxygen for longer time periods than prescribed and had not had their prescription reviewed. The dose of another person's pain relief medication was recently increased by the pharmacy but staff were still administering the original dose of the medication prescribed.

●Records to show that topical preparations such as prescribed creams were applied appropriately were not always completed and accurate. It was difficult tell therefore if people's skin was being cared for properly.

●Information regarding people's allergies was not always recorded appropriately and information from other sources was not cross referenced to ensure staff had accurate and up to date information. This increased the risk of people being prescribed a medication unsuitable for them.

● Medicines were not always stored safely and staff were not following the home's medicine policy with regards to this.

Unsafe management of medicines places people at risk from serious harm. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Assessing risk, safety monitoring and management

●People's needs and risks were assessed. Staff had sufficient information about some of these but not all of them. This meant that some aspects of people's care were unclear. This placed people at risk of inappropriate or unsafe care.

● For example, one person's medical information indicated they used inhaler medication but there was nothing in their care plan to indicate why or when this inhaler was to be used. Another person's fluid intake needed monitoring but staff had little guidance on what fluid intake the person should be consuming in order to monitor it.

● Some people were at risk of pressure sores and required repositioning to prevent them. Their daily records showed that they did not always receive the repositioning support they needed in accordance with their care plan.

● The provider's fire evacuation procedure did not advise staff how to ensure everyone living at the home was provided with a means of escape in the event of a fire occurring. For example, those at increased risk due to complex needs.

This lack of adequate risk management placed people at risk of harm. This demonstrates a breach of

Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

● It was unclear how people's dependency assessment information (designed to determine a person's level of dependency on staff) was used to inform staffing levels at the home. Most of the people we spoke with told us the home needed more staff or said they sometimes had to wait a long time for support.

● One person said "I sometimes have to wait for medicines. There are never enough staff in these places, not always. Sometimes I have to bawl and shout. A lot of problems are caused by not enough staff". Another person said "I would rather there be a few more staff". They went onto tell us they sometimes had to wait a long time for their buzzer to be answered.

● In the last 12 months, three complaints were made about people having to wait for staff support.

● One person complained that they had waited for 30 to 40 minutes for staff support and was left in bed till midday. Another said that they had to wait an hour for staff to assist them with their toileting needs and a third complaint raised concerns about a person being left alone for significant periods of time without access to staff support.

●A staff member we spoke with said "Staffing levels are ok, sometimes feel like could do with extra staff and do feel pressurised sometimes. It is mostly morning that is quite stressful especially doing baths or showers and tends to be morning more. Weekends are the same as weekday".

● During our visit, we found that care staff were not always visible in and around the home. For example, in the afternoon we tried to find a staff member to speak with on the first floor but we were unable to find any. This was despite people being in their bedrooms who may need support.

This evidence indicate staffing levels were not sufficient at all times to meet people's needs. This demonstrates a breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

●We looked at three staff recruitment files. The application forms in some staff files had not been fully completed. This aspect of the recruitment process required improvement.

●Suitable pre-employment checks were carried out prior to a staff member's employment to ensure they were safe and suitable to work with vulnerable people. For example, a criminal conviction check and previous employer references were obtained.

Learning lessons when things go wrong

●Accident and incidents were documented with the action taken by staff to support the person's wellbeing and safety at the time the accident or incident occurred.

●People's care plan showed evidence that previous accidents or incidents had been considered in the planning of people's care to mitigate risk.

Systems and processes to safeguard people from the risk of abuse

● Staff received safeguarding training and records showed that appropriate action was taken to protect people from the risk of abuse.

● People we spoke with told us they felt safe living at the home.

Preventing and controlling infection

● Access to personal and protective equipment such as disposable gloves and aprons, antibacterial gel and hand sanitizer were readily available in the home. However we found several pairs of disposable gloves discarded in people's bedroom bins which was not good practice.

● Staff had training in infection control to ensure that they knew what precautions to take to prevent the spread of infection.

- The home was clean and well maintained.

Requires Improvement

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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 Act 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

● We found that where people were unable to make certain decisions for themselves, records did not always show that the MCA had been followed.
●For example, consent for some people's deprivation of liberty safeguards, the administration of covert medication, the use of bed rails, the decision to not resuscitate people in the event of ill-health and the home's use of CCTV to monitor people's movements in communal areas, had not always been obtained in accordance with the MCA.
● Where people's capacity to consent to a specific decision about their care had been assessed, the assessments in place did not show a valid and robust MCA process had been followed.
● For instance, the decision for which the person's capacity was being assessed for was not clearly specified. There were no details of how the assessment was conducted or evidence that the person and any relevant others were involved. There was also no evidence that any best interest discussions were held with the person and relevant others to determine if the decision made was in their best interests.

This was a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider had not ensured people's consent was obtained in accordance with the MCA.

Staff support: induction, training, skills and experience
● Staff had received an induction into their job role when they first started working at the home.
● Staff received sufficient training and had regular supervision with their line manager, including an annual appraisal of their skills and abilities.
● A staff member we spoke with told us "Yes, management are really good with support. I feel I was given the

right training to do my job for sure".

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● Staff did not did not always have sufficient information on people's needs and choices with regards to their care. For example, people's religious and spiritual needs or their end of life wishes.
● Support was not always provided in accordance with the Mental Capacity Act 2005.
● People's medicines were not always managed in accordance with the best practice guidelines outlined by the National Institute for Health and Care Excellence (NICE).

Supporting people to eat and drink enough to maintain a balanced diet
● People's nutritional needs were assessed and monitored. Where there were concerns about people's nutritional health, referrals were made to the community dietician and the speech and language therapy team. When professional advice was given, it was followed.
● One person had asked staff to make a small change to their diet of their own accord however staff had not ensured this change was acted upon.
● People told us they got enough to eat and drink. They said they had a choice and that the food provided was usually good.
● People's comments included "Food is reasonable, could be better could be worse"; "The food is very good, always a choice" and "I'm happy with what I eat, decent food".

Adapting service, design, decoration to meet people's needs
● The home was well maintained and suitable for the people living there. For example, there were assisted hand rails in bathrooms and walk in shower facilities to promote people's ability to be independent.
● Some people lived with dementia and the provider had made some adaptations to the home to help them find their way around. For example, different colour bedroom doors to help people identify their own room. Coloured living aids were also in use for example, coloured toilet seats and large red nurse call buttons that were easy for people to find and recognise. This was the start of good practice.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support
● People received ongoing support from a range of health and social care professionals in respect of their needs. For example, district nurse teams, GP's, tissue viability services, community dieticians and chiropody.
● People told us they saw a doctor quickly if they became unwell. One person said "Staff know when you are run down, they are good at that". Another said staff would get a GP "Straight away" if they needed one.
● A medical professional we spoke with during the inspection told us that they attended the service every week to discuss the care of the people they were responsible for. They said the thought people they visited were well looked after.

Good

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People told us the staff were kind and treated them well. They said the staff team respected their privacy and dignity and did their best to support them.
- People's comments included, the staff team were "Very kind and considerate"; staff "Treat me very well" and "They do a lot for me".
- Relatives told us the same. One relative said the staff "Are wonderful" and another said "They (staff) are fantastic. Absolutely brilliant, I can't fault them". It was clear that staff were well thought of.
- Staff members spoke with genuine affection about the people they supported and were able to tell us about them. It was clear they cared about the people they looked after.
- During our visit we saw that staff supported people kindly and sensitively. They were patient, caring and people looked relaxed and comfortable in their company.

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

- Regular meetings took place to enable people to express their views on the service. Advocacy meetings also took place every 6 weeks with the activities co-ordinator to help people discuss their care.
- People told us they felt listened to. They were aware of the opportunity to attend the resident meetings and we saw that the dates of the next three meetings was displayed on the noticeboard.
- A person who regularly attended the monthly resident meeting told us they felt confident raising any issues at the meeting.
- People using the service had access to service information in their bedrooms and additional information about the service was displayed on noticeboards throughout the home.
- People's care files contained evidence that their satisfaction with the care they received was discussed with them on a regular basis.

Requires Improvement

Is the service responsive?

Our findings

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

People's care was not always planned in a person centred to ensure their needs met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control. End of life care and support

● Some care plans contained sufficient information about people's individual needs and wishes but other did not. For example, one person's care plan gave staff good information on how to support them with catheter care, nutrition and personal hygiene but information about their mobility and emotional well-being was confusing.

●Some of the wording in people's care plans was generic. This meant it provided general statements about people's care as opposed to providing staff with information that was personalised to them. This increased the risk of people's need and wishes not being met.

●Some people lived with dementia but there was little information about how this condition impacted on their day to day life and staff had little guidance on how to support people appropriately.

● The manager told us there was a dementia nurse who worked at the service but it was difficult to see what involvement they had with the people's whose care we looked at.

● People's needs and care were regularly reviewed but changes in people's care were not always acted upon promptly. For example, the dose of some people's medication had recently changed but this had not been acted upon at the time of our inspection.

● Some people's end of life wishes were not properly documented and there was little evidence that they had had the opportunity to discuss this. As a consequence their care plans lacked sufficient detail with regards to their person's preferences and wishes in respect of their end of life care.

This was a 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, up to date or contemporaneous.

● Despite the lack of sufficient information in some people's files, people said they thought staff knew them well. One person told us that the staff knew their day to day likes and dislikes and "Do a lot for me". Another said staff knew them well and that there was "No faults with anything here (the home)". People also told us they felt they were able to make changes to their care if they needed to.

● The provider offered a range of social and recreational activities for people to participate in. This included bowling, music sessions, holy communion, bingo and gardening. People also told us that trips out were also organised externally for example, to local restaurants.

● People told us that there were lots of activities on offer. One person said "Plenty to do if you want to, plenty of activities".

● A relative we spoke with said the atmosphere at the home was "Home from home". It just flows, very calming". Another relative said "They are not the person I brought in, so settled, much improved".

Improving care quality in response to complaints or concerns

- Records showed that people's concerns and complaints about the service were dealt with appropriately.
- People told us they were happy with the support provided and had no complaints.

Requires Improvement

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility;

- There were systems in place to check the quality of people's care, the management of medication, care records, health and safety, staff support, infection control and staffing levels, We found some of the checks in place were ineffective.
- For example, the checks undertaken had identified issues with the implementation of the Mental Capacity Act 2005 but no effective action had been taken to address it. As a result, people's legal right to consent was not always protected.
- . Despite the provider's medication audits identifying concerns with the management of medication, no effective action had been taken to prevent a recurrence. This meant the management of medication was not managed safely in accordance with best practice guidelines.
- The checks undertaken on people's care records had not identified that their daily care records were not completed contemporaneously. They had also not identified that some aspects of people's care were not delivered in accordance with their care plan or planned in a person centred way.
- The system in place to determine safe staffing levels was unclear and during our inspection we identified concerns with the ability of staff to meet people's needs in a timely manner. When we tried to speak with the manager to clarify how staffing levels were determined at the home. They were dismissive and defensive.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- During the inspection, the manager did not demonstrate that they understood the legal requirements of the MCA or that they had knowledge of the NICE guidelines for the management of medication. They did not demonstrate they understood their regulatory requirements with regards to these aspects of people's care.
- At times during the inspection, when inspectors tried to discuss issues of concern with the manager, they became abrupt and defensive. This made it difficult to talk to them productively and did show the culture of the service was not always open and transparent.

These issues demonstrate a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 . This was because the governance arrangements in place did not ensure that risks with regards to quality and safety of the service were effectively mitigated against and did not ensure that people records were always accurate, up to date and contemporaneous.

● The deputy manager and staff team were approachable and engaging. The care staff members and maintenance officer we spoke with were clear about their role and responsibilities with regards to the service.
● The home's last CQC report and rating was displayed within the home for people to be aware of.

Continuous learning and improving care
● Regular staff and management meetings took place to discuss issues associated with the service. Staff felt supported by the manager, deputy manager and the provider in their job roles.
● The people we spoke with and their relatives were positive about the home and the manager. They told us that the manager was approachable and very friendly.
● One person said if they had any concerns they would go to the manager who would "Sort it out straightaway. She's done a lot for me". Another said the manager was "Alright. She had stuck up for me from day one". This was good practice and indicated that some aspects of service delivery were well led.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
● People's care records showed that people led active as far as they were able.
●The service had good partnership links with local healthcare providers, social work teams and community services.
●Records showed that staff supported people to access healthcare appointments to maintain their well-being.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent People's consent was not obtained in accordance with the MCA.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The management of medicines was unsafe. Risks in respect of people's care were not always managed appropriately.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The number of staff on duty was not always sufficient to meet people's needs in a timely manner.