



## Inspection Report on

**Marine Court Psychiatric Unit Limited**

**4 MARINE ROAD  
COLWYN BAY  
LL29 8PH**

**Date Inspection Completed**

30/04/2019

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## **Description of the service**

Marine Court Psychiatric Unit provides accommodation and personal care for 23 younger adults with functional mental health needs. Marine Court Psychiatric Unit Ltd is the registered provider. The responsible individual is Mr William Sumner. A new manager has been appointed for the service who does not currently possess the necessary qualification to enable them to register with Social Care Wales (SCW). The appointed manager is working towards achieving this qualification.

## **Summary of our findings**

### **1. Overall assessment**

Marine Court provides a safe environment for younger adults with complex mental health issues. Staff work with each person to develop a programme of care and support based on their individual needs and abilities. They are able to express their concerns and are supported by staff who understand their care and support needs. Person centred care is provided and personal plans and risk assessments are reviewed in a timely manner. People have access to a variety of health and social care services. Staffing levels are consistent and quality assurance processes are in place.

### **2. Improvements**

This is the first inspection following re-registration with Care Inspectorate Wales (CIW) under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA).

### **3. Requirements and recommendations**

The following recommendations have been made to further improve the service:

- Staff recruitment practices.

# 1. Well-being

## Summary

People know and understand what care, support and opportunities are available to them. They are enabled to make choices and have their individual routines recognised. They are listened to, exercise their rights and are safe and protected from abuse.

## Our findings

People are actively encouraged to assist in day to day tasks. Daily routines are tailored to suit the ability of each individual and at their pace this was confirmed in discussion with both residents and staff. One staff member told us *“we do as much as possible to enrich lives”*. We found this included the activities people liked to participate in, their food choices and leading a lifestyle that reflected their preferences. People told us they chose how they spent their time. Some people planned their own meals whilst others were supported by staff. Similarly, some people shopped for and prepared their own meals whilst others needed support. Staff were seen assisting residents with their personal laundry; one resident was stripping and remaking their own bed and told us that although they do it, staff are always available to help if needed. There were a number of areas around the home for residents to make themselves drinks; we also noticed a number of people had their own facilities in their bedrooms. A rehabilitation kitchen provides the opportunity for people to learn or develop their cooking skills. These examples indicate that people’s potential and independence is being maximised. People are treated with dignity, their choices respected, and their potential and independence is maximized.

People are supported by staff who involve them in conversations, understand their needs and encourage them to be independent. Each person we spoke with were happy with the care they received and spoke positively about the staff team. They told us the care was delivered with *“respect”, “dignity”* and that staff were *“very careful”, “encourage us to be independent”* and *“know our preferences”*. They described staff as *“friendly”, “supportive”, “always happy”* and *“excellent”*. During our observations, we saw staff treating people with respect and kindness. A number of people are able to maintain links with the community without the support of staff however, as in a family home, they are asked to let staff know where they are going and an approximate time for their return. One person goes out each morning for a drink in a local café, another person visits their family on a regular basis and one person attends their local Church twice a week. They involved people in conversations, used ‘banter’ in a friendly manner and displayed patience when delivering care. Discussions with staff highlighted they understood peoples’ individual preferences and we saw them encouraging and supporting people to do things for themselves. People living in the home are treated with respect and have developed positive relationships with staff who are aware of their preferences.

People spoken with stated they were aware of their rights and felt their concerns/ complaints were taken seriously; they knew how to make a complaint and felt confident to do so. One person told us they felt confident *“raising concerns but had no issues”*. In addition each person has regular reviews with health care professionals, not employed by the service, which provided them with further opportunities to raise any issues they may have around their care and support. One staff member commented *“concerns raised by*

*residents are dealt with sympathetically, promptly and in confidence*". People felt staff listened to them and we saw examples of this throughout the day in the way staff spoke with people and the way in which care and support were offered. One staff member said "*residents know they can seek support from any staff members on a wide range of issues at anytime they choose*". People are safe and protected from abuse, harm and neglect.

## **2. Care and Development**

### **Summary**

Peoples' personal needs and preferences are respected and care is delivered in a person centred manner. Personal plans and risk assessments are regularly reviewed and people have access to health and social care services. People have developed positive relationships with each other and with staff.

### **Our findings**

People living in the home receive person centred care and personal plans contain information about their individual needs and preferences. We viewed three peoples' care files. Each file contained pre-admission information completed by the manager through obtaining the view of the person, health and social care services and whenever possible, family/representatives. Each persons' file contained a personal plan which contained easy to read information about their care and support needs. The information was person centred as it written from the persons' perspective and focused upon their preferences in relation to how care should be delivered. The care files also contained risk assessments relating to physical and mental health well-being and provided staff with guidance in how to minimise potential risks to people. The appointed manager informed us people and their family/representatives were involved in reviewing personal plans. Each person and staff confirmed this and staff told us people were involved in their care planning as much as possible. We saw personal plans had been reviewed on a monthly basis and any changes to peoples' needs had been recorded. People's care and support needs are assessed, identified and they receive care in the way they want it.

People living in the home receive timely care as referrals are made to professional services. Information within care files showed when referrals and contact was made with various health and social care services. We saw referrals were made in a timely manner and whenever people's needs changed. People confirmed this and told us staff arranged appointments for them. They also stated staff supported them during meetings and visits by health and social care service workers if required. Staff told us they had access to external services' information whenever they wanted and had positive working relationships with them. We saw this during our visit as staff liaised and shared information in a professional manner with a visiting health care professional. People's individual health needs are understood and anticipated as they have access to professional services for advice, care and support.

Overall, safe practices are adhered to in relation to the management and administration of medication. We viewed each persons' medication file and saw it contained their photograph and details of any known allergies. We viewed each persons' Medication Administration Record (MAR) chart record and saw medication audits were being conducted. We saw trained staff had attended training in relation to medication management and their competencies were tested. Correct procedures are followed in the administration of medication.

### **3. Environment**

#### **Summary**

People are happy with their rooms which are decorated and personalised to their liking and preference. Systems are in place to maintain a safe environment. The equipment and facilities provided are maintained and there is an ongoing refurbishment plan in place.

#### **Our findings**

People are protected and their safety is maintained. We found the entrance to the home was secure and we were asked to report to reception. We saw the kitchen had received the highest possible score of five (very good) following a local authority inspection and records were available which evidenced the monitoring of food storage and prepared food temperatures. We saw medicines and chemicals or substances which could be hazardous to health (COSHH) were stored securely. We saw health and safety checks and measures in relation to fire safety, gas installation and electrical safety had taken place routinely. We were told about a recent fire safety inspection, which had identified some additional fire safety recommendations. We had sight of the report, which related to this matter and could see from written documentation that the management were continuing to work with the fire service and had taken appropriate steps to resolve any issues appropriately. The fire risk assessment was reviewed in February 2019. Personal evacuation plans for all residents were in place and records confirmed fire drills and testing of fire equipment are carried out within recommended timescales. Staff receive regular fire training and the fire procedure was clearly displayed for information. All confidential files including care and staff files were stored securely. People live in a safe and secure environment, which supports their rights to privacy.

The premises was welcoming, homely and personal space is individualised. People gave us permission to view their bedrooms, which had been personalised and reflective of each person's particular interests. The laundry, bathrooms and toilet areas were clean and hazardous substances could not be accessed by people living in the home. A smoking lounge, with an extractor fan, was also provided for those who required this facility. The appointed manager informed us of numerous positive changes made to the internal and external areas of the home. These included redecorating parts of the home internally and externally, a new wet room had been installed and new radiator covers had been purchased. Plans were in place to purchase new net curtains for the windows. A maintenance plan was being used to formally document the completed work to be completed. We saw work being completed during our visits by the maintenance person and they told us they were aware of the work needed to be carried out. People benefit from secure and well maintained surroundings which are continuously upgraded.

## 4. Leadership and Management

### Summary

People receive care and support from staff who are mostly safely recruited and appropriately trained for the roles they undertake. Staff have sufficient time to spend with people to ensure their emotional and psychological needs are met as well as physical and health care needs. The administration of the home was well organised and people receive care and support from a service that maintains robust systems to monitor the quality of care at the home.

### Our findings

People living in the home and the staff team benefit from a service which looks to identify and respond to areas for improvement. We saw the updated Statement of Purpose provided an accurate description of the service being offered. The registered person had completed a quality of care report and they had suitable arrangements in place to monitor, review and improve the service. The management team provided visible accountability, a positive work ethos and value the staff team. Staff told us they felt supported by the management team. The appointed manager and responsible individual were present at the home on a daily basis; in addition to this, a clinical consultant who had been working in the home for many years was also present on a regular basis to provide support and advice. The appointed manager had full oversight of service development and of any changes being made within the home. Staff told us they saw the manager on a regular basis and praised the management team, describing them as *“very approachable”*, *“really supportive”* and *“really good”*. Staff stated they were able to contact the management team *“anytime we want”* as *“they’re always around and available”*. Quality assurance processes are in place and the registered person makes regular visits to the service.

Staff are mainly safely recruited and complete a formal induction. We viewed three staff files and looked at the staff induction process. The staff files included a photograph, application forms containing their employment history and references from previous employers. However, one staff files did not contain a reference from the last employer and another did not have the required references. We were told by the appointed manager references were available for one person but we could not evidence this. We saw enhanced Disclosure Barring Service, (DBS); applications had been completed and were up to date. Newly appointed staff completed a formal induction which consisted of reading the services’ policies, procedures and shadowing experienced staff on shifts. Recently employed staff told us the induction process provided them with an understanding of the needs of people living in the home, the service and of their roles. People are supported by staff who complete a formal induction and are made aware of their role and responsibilities but improvements are required in obtaining staff references.

Staff have access to training opportunities. Staff we spoke to told us that they had sufficient training to undertake their role competently and that they had achieved or were working towards qualifications under the Qualifications and Credit Framework (QCF). We saw training records contained details of training relevant to the care needs of residents in the home such as safeguarding, schizophrenia, personality disorder, epilepsy, positive behaviour management, mental health, food hygiene and medication. Each staff member

praised the quality of the training and its' content. We saw a training programme was in place and staff were due to attend de-escalating training in May 2019. They also told us they accessed regular training and that it assisted them within their roles. We viewed the staff rota and saw there was adequate staff on duty. Staff told us they were happy to complete additional shifts if required and stated they worked well as a team. People are supported by staff that have access to varied and regular training, which is informed by best practice.

Staff feel supported, receive regular supervision and staffing levels are at a consistent level. We viewed the staff supervision and appraisal record. It showed staff received formal supervision on a regular two monthly basis and had received an annual appraisal. Each staff member we spoke with told us they saw the manager on a regular basis and could discuss work related issues with them at any time. They also stated the manager adopted a hands-on approach when supporting people and described the manager as *"lovely"*, *"approachable"*, *"supportive"* and *"trustworthy"*. Three staff stated they felt *"valued"* and two staff members stated they were *"well looked after"*. Each staff member stated they could discuss personal concerns with the manager and that confidentiality was maintained. Staff meeting minutes showed the views and opinions of staff were listened to, documented and acted upon. Discussions with staff also confirmed this and they praised the amount of support they received. People living in the home and staff, told us there was a consistent number of staff on duty at all times. The manager and staff team also told us the service had a positive staff retention and that the team had worked together for *"a long time"*. Information contained within staff files confirmed this and the staff rota records confirmed a consistent staff ratio on a daily basis. People benefit from a service which has a consistent and high number of staff on duty and staff receive regular support.

## **5. Improvements required and recommended following this inspection**

### **5.1 Areas of non compliance from previous inspections**

This is the first inspection following re-registration with Care Inspectorate Wales (CIW) under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA).

### **5.2 Recommendations for improvement**

The provider should ensure all new staff have the relevant employment references in their staff files.

## 6. How we undertook this inspection

We, Care Inspectorate Wales, (CIW), carried out an unannounced, routine inspection at the home on 30 April 2019 between the hours of 08:45 am and 15:20 pm. The following methods were used:

- We spoke with six people living at the home, the appointed manager, clinical consultant, responsible person and three staff.
- We viewed three bedrooms, two lounges, dining area, kitchen, laundry, two bathrooms, toilet, and the outdoor area.

We looked at a wide range of records. We focused upon three people's care records, three staff files, the Statement of Purpose, quality assurance report, the minutes of two staff meetings, medication records, staff training, staff supervision and appraisal, the complaints, whistleblowing, safeguarding policies and a selection of health and safety records regarding fire safety, and electrical items.

- The recommendations were discussed with the appointed manager and clinical consultant on the day of inspection.
- Observed interactions between staff and people living at the home.

Further information about what we do can be found on our website:

[www.careinspectorate.wales](http://www.careinspectorate.wales)

## About the service

<b>Type of care provided</b>	<b>Care Home Service</b>
<b>Service Provider</b>	<b>MARINE COURT PSYCHIATRIC UNIT LIMITED</b>
<b>Manager</b>	<b>There is a manager in place but they are not currently registered with Social Care Wales</b>
<b>Registered maximum number of places</b>	<b>23</b>
<b>Date of previous Care Inspectorate Wales inspection</b>	<b>25/04/2019</b>
<b>Dates of this Inspection visit(s)</b>	<b>30/04/2019</b>
<b>Operating Language of the service</b>	<b>English</b>
<b>Does this service provide the Welsh Language active offer?</b>	<b>The service is working towards the Welsh Language Active Offer</b>
<b>Additional Information:</b>	

**Date Published – Tuesday, 18 June 2019**