



Inspection Report on

Marine Court Psychiatric Unit Limited

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

Date Inspection Completed

25/10/2019

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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

People are happy with the support they receive at Marine Court, They are supported to look after their physical and mental well being in line with their wishes, however documentation needs to be improved. The home is in a good location, close to typical town centre facilities and people are supported to visit other places in North Wales. The manager is improving systems and oversight of the service, but the RI needs to ensure they are familiar and compliant with the new regulations in place.

2. Improvements

The last inspection report recommended recruitment practices were improved, and we could see that this had been acted upon.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service and the areas where the care home is not meeting legal requirements. These include the following:

- Personal plans and risk assessments require more detail.
- Care staff support and training.
- Review policies.
- Develop a service user guide, as per regulations
- Review the statement of purpose to ensure it is accurate.

1. Well-being

People live in a home that supports them to achieve their well-being. People we spoke to told us they liked the home environment and were able to personalise their rooms if they chose. People were able to spend their time where they preferred, in their rooms or in the communal spaces and a pool table had been recently provided to increase leisure opportunities and encourage social interaction with others. Overall, people had reacted well to the no smoking indoors policy, which will enhance people's well-being.

People are supported to be healthy and do things to keep themselves healthy. They were supported to maintain a healthy diet, and be involved in activities if they chose. Medical support was sought at appropriate times when required. People told us they were happy, and there was a calm and positive atmosphere in the home.

Generally, people's rights and entitlements are well observed. We saw that a resident meeting had been held and people were consulted on activities and trips. Consideration should be given to broaden the discussion at these meetings to cover a range of issues that affect people's lives, for example food, décor and use of space. We were told that the chef does consult with people on their likes and dislikes and people were very complimentary about the food. People were not able to easily access information about the home, as there was not a written service user guide available, we have advised that this be addressed. The annual report did not evidence that the views of people using the service had been sought and included in the review of quality of care as required. People are able to influence some aspects of their daily lives, but we recommend the RI give this further consideration.

People can feel confident that they will be protected from abuse. The service has a safeguarding policy in place, although this needs to be reviewed. Records showed that most staff had received training on safeguarding. People had positive relationships with care staff and one another.

2. Care and Support

Individuals cannot feel confident that service providers have an accurate and up to date plan for how their care is to be provided in order to meet their needs. We considered two people's personal files. We found that there was duplication of information, and it was not clear which plan was the most relevant or up to date. There was a lack of detailed information about a person's presentation when their mental health relapsed, what triggers and signs there were and how staff should best support them. Risk assessments around people's mental health were in place, however would benefit from more detail, and there should be risk assessments on a wider range of issues, for example, other health issues. Where people had complicated health issues the details around them, and how to support them, was not clearly documented. We saw that people had a 'resident profile', which provided staff with some indication of people's history, likes and dislikes. We saw that where people had support needs relating to managing their finances these were not detailed, nor were there associated risk assessments in place. We observed staff and people's interactions, and it was clear that staff had a good knowledge of people and their needs. Personal plans and associated risk assessments should be improved to ensure all staff can support people in a consistent manner.

Individuals are provided with the quality care and support they need. The service is designed in consultation with individuals and considers their personal wishes, aspirations, and outcomes of any risks and specialist needs which inform their need for care and support. Personal plans showed some consultation had taken place with individuals, but this should be more consistent, and if people don't want to sign them this should be recorded. People we spoke with told us they were happy with the support they receive and that they would feel confident and comfortable raising concerns if they were not happy. We saw staff interacting with people in a warm and positive manner, and with humour if appropriate. One person told us they were being supported to prepare for independent living; they were able to use the rehabilitation kitchen and were given a budget to buy food to prepare for themselves. They told us they had been supported to self medicate but due to some difficulties this had stopped, but were hoping that this decision could be reviewed. We saw that people were supported to make choices about how and where they spent their time. Some people chose to spend most of their time in their own rooms, and this was respected. People were able to have their meals in their own room, or could use the dining room. People were able to access kitchenettes on each floor so they could make their own tea or coffee. We saw that individuals were supported in a person centred way, in line with their own wishes.

3. Environment

The service provider ensures that care and support is provided in a location and environment with facilities and, where relevant, equipment that promotes achievement of their personal outcomes. The home is located close to a town centre and shops so people can access them independently if they wish. The provider also provided transport and supported people to access the wider community, including visits to family in the North Wales area. We saw that a chair lift had been fitted to enable a person to access their bedroom and other areas of the home. We saw one of the communal areas, that had been the smoking lounge, had been redecorated and a new pool table put in place, which people seemed very happy with. We saw the manager regularly audited the appearance and maintenance of the home, to ensure it was well maintained. There was a cleaning schedule in place to ensure the dedicated domestic staff kept all areas of the home in a clean and tidy way. We saw some untidy cables in one area, and discussed this with the manager who agreed and said she had plans to box these wires off. People can feel confident that they live an environment which is well maintained and promotes their self esteem.

The service provider identifies and mitigates risks to health and safety. We saw evidence that the service ensured the health and safety of people is well supported. We saw a range of certificates that showed health and safety measures were taken, for example testing fire related equipment and portable appliance testing was carried out within a timely way. We saw that where work was required to improve fire safety in the home, this had been carried out as required, in a timely manner. We conclude that the safety of the home is well maintained.

4. Leadership and Management

We saw the service is provided in accordance with the statement of purpose (SOP). This sets out the vision for the service and demonstrates how, particularly through the levels and training of staff, etc., the service will promote the best possible outcomes for the people they care for. However, we saw that it had not been reviewed, despite their being changes to key personnel and other significant changes. We were advised that the service does not have a service user guide as required. We have advised that the statement of purpose is reviewed and updated, and that a service user guide is developed so people can understand what support they can receive.

Individuals are supported by a service that provides appropriate numbers of staff who are suitably fit, have the knowledge, competency, skills and qualifications to provide the levels of care and support required to enable people to achieve their personal outcomes. We saw that staffing levels were sufficient to meet the needs of people; however the statement of purpose should be clearer on the numbers of nursing staff on duty throughout the day. Overall, we saw staff recruitment was safely undertaken, however, care must be taken to ensure all safety checks are completed before an employee commences work. We were told that staff have an induction, but this was not always evidenced. The manager told us they had developed a new induction pack and we suggested they devise a checklist, which would evidence what training and support staff had received and they should consider using a recognised induction model, for example Social Care Wales. We were advised that as well as doing an induction and completing shadow shifts, if staff did not have a nationally recognised qualification they were supported to complete one. Whilst care staff told us they have had sufficient training to help them carry out their role, we did not see sufficient evidence to support this. The manager was in the process of developing a training matrix which should address this. They advised us that staff had not undertaken training on drug and alcohol issues. However, the statement of purpose says they can support people whose needs relate to this. We recommended the service source training for staff on this subject. Nurses and care staff were not receiving one to one supervision or appraisals on a regular basis as required. The manager was aware of this and said she would address this. Overall, we could see there were sufficient staff to meet the needs of people, but training and supervision needs to be improved to ensure people are supported by staff who have sufficient knowledge and skills.

There are arrangements in place for oversight of the service, through ongoing quality assurance processes, however these must be improved. We saw evidence that the RI visits the service on a regular basis and completed a form to show what they have reviewed in the service, however they should give consideration to providing more detail, as suggested in CIW's guidance. We viewed the annual report 2018/19 provided to us. This referenced out of date legislation, and did not address all matters now required in a quality of care review as in the new regulations, for example to include the views of the people who live in

the service and staff. It should also be carried out every six months, and this report did not reflect that. We strongly recommend the quality of care report is undertaken following published CIW guidance in future. This must be addressed to ensure compliance with regulations but we did not see there was any impact on the service on this occasion. Overall, we can see there was a lack of knowledge and implementation of the new legislation. We viewed a sample of operational policies and saw they were in need of review to ensure they accurately reflected the practice of the service, for example admission and assessment, supporting people with their finances and how to manage challenging behaviours. We conclude that whilst there are systems in place they are not in line with new regulations and this must be addressed.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

None

5.2 Recommendations for improvement

- Care plans need better structure and detail to ensure people's needs are fully met.
- Risk assessments require more detail about relapse signs and detail all areas of risk and how to minimise them.
- One to one supervisions need to take place on a regular basis in line with regulations.
- Policies need to be reviewed and improved, for example admissions, challenging behaviour and smoking in the home.
- A service user guide should be developed and provided in line with regulations.
- The SOP needs revising to reflect changes made in the service,
- Training should be provided for staff on drug/alcohol misuse.
- Quality assurance processes need to be improved so they meet regulatory requirements.

6. How we undertook this inspection

We carried out an unannounced, routine inspection visit at the home on 25 October 2019 between the hours of 9.30 am and 5 pm. We undertook the inspection under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA). The following methods were used:

- We spoke with four people living at the home, the appointed manager, responsible individual and three staff.
- We viewed four bedrooms, two lounges, dining area, kitchen, laundry, two bathrooms, toilet, and the pool room.
- We looked at a wide range of records. We focused upon two people's care records, two staff files, the Statement of Purpose, quality assurance report, the minutes of two staff meetings, staff training records, staff supervisions and safeguarding policies. We saw a selection of health and safety records regarding fire safety, and electrical items.
- 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

About the service

Type of care provided	Care Home Service
Service Provider	MARINE COURT PSYCHIATRIC UNIT LIMITED
Responsible Individual	William Sumner
Registered maximum number of places	23
Date of previous Care Inspectorate Wales inspection	30 April 2019
Dates of this Inspection visit(s)	25 October 2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No, we recommend this is given consideration
Additional Information:	

Date Published 6 January 2020