

Sir Gabriel Woods, Mariners Home Care Home Service

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Greenock
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Telephone: 01475 720908

Type of inspection: Unannounced
Inspection completed on: 26 January 2017

Service provided by:
Sir Gabriel Woods, Mariners Home

Service provider number:
SP2003000213

Care service number:
CS2003001088

About the service we inspected

This service registered with the Care Inspectorate on 1 April 2011.

The Mariners' Home is a care home registered for 35 older people who may have dementia and/or physical disabilities and 12 adults with a diagnosis of Korsakoff's syndrome. The service is a registered charity held in trust by the British Sailor's Society.

The care home is situated in a residential area of Greenock near local amenities including shops, bus routes and rail/ferry links. The service is provided from a large, detached Victorian property, originally opened in 1854 as a service for retired seafarers.

Accommodation in the main home is within three units spread over two floors. There are 41 single bedrooms and three larger rooms that can be shared where a significant relationship makes this appropriate. These are currently used as single rooms. All of the rooms except for three have their own toilet and the three rooms without have other toilets designated for their personal use. There are lounge and dining rooms and adapted toilets and bathrooms on both levels. There is also a chapel and a large, attractive garden that is easily accessible.

The stated aims of the service are:

- to provide a supportive, comfortable and caring environment
- to enhance the quality and enjoyment of life for each resident
- to meet the changing physical, emotional and spiritual needs of individual residents
- to provide trained and caring staff who offer the necessary friendship and support
- to respect the privacy of each resident, ensuring dignity and freedom of choice.

How we inspected the service

At this visit we focussed on reviewing progress in relation to the requirements and recommendations we made at the last inspection. We spoke to residents and staff; inspected the home environment and looked at the relevant records.

Taking the views of people using the service into account

We spoke to five residents on an individual basis, all of whom said they were very satisfied with the quality of the overall service including the care and support provided by staff. Comments included:

"I'm fine here - no complaints."

"I'm content enough - I get everything I need."

"The staff are very good - very accommodating."

"I get on well with the staff."

"I enjoy the food - they will go out of the way to provide what you want."

"I go out a lot - there's always bus trips here and there."

"I can't think of anything that I would want to change."

"It's good - relaxed."

"I'm very comfortable - well taken care of."

Taking carers' views into account

No carers were spoken with during the inspection.

What the service has done to meet any requirements we made at or since the last inspection

Previous requirements

Requirement 1

The provider must ensure that personal plans detail residents' health and welfare needs and how these are to be met in a clear and concise manner, including their personal choices and individual preferences in order to provide staff with effective guidance on how to support residents. Action must be taken to review the current personal planning format and more training/development must be provided to staff to enable them to maintain satisfactory standards of record keeping.

In order to achieve this, the service provider must ensure that:

- (i) assessments of the relevant needs of each resident are consistently undertaken and documented.
- (ii) detailed individual care plans are developed, implemented and documented for each resident, in consultation with the resident and their personal and professional representatives as appropriate, in respect of any relevant identified needs.
- (iii) detailed individual risk assessments are developed, implemented and documented, in consultation with residents and their personal and professional representatives as appropriate, in respect of any potential risks inherent to the provision of agreed care and support.
- (iv) personal plans are regularly reviewed with residents and/or their representatives as appropriate, to evaluate how accurately the plans reflect the needs of residents and how well the service is meeting these needs.
- (v) the personal plan has supporting evaluation documentation and other supplementary records that will evidence staff practice.
- (vi) the personal plan is being effectively monitored and audited.

(vii) all staff involved in planning and documenting care and support are provided with appropriate training, time and support for this.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 3 Principles

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 4(1)(a) Welfare of users

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 5(1)(2)(b)(ii) Personal plans

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 15(b)(i) Staffing.

The following National Care Standards were taken into account when making this requirement:

National Care Standards - Care Homes for Older People, Standard 5: Management and staffing arrangements; Standard 6: Support arrangements.

This requirement was made on 2 September 2016.

Action taken on previous requirement

We saw that residents' personal plans had been reviewed and re-organised which made it easier to access information. Overall, the quality of the records we looked at had improved. This, along with a commitment to ongoing review and monitoring meant that this requirement had been met. However, we made a recommendation to support continued and sustained improvement - see recommendation 1.

Recommendation 1:

Residents' personal plans must consistently detail residents' health and welfare needs and how these are to be met in sufficient detail, including their personal choices and individual preferences. Staff must maintain satisfactory standards of record keeping and the management team must audit residents' personal plans regularly to check and maintain good practice.

National Care Standards - Care Homes for Older People, Standard 5: Management and staffing arrangements; Standard 6: Support arrangements.

Met - within timescales

Requirement 2

The home environment must be properly maintained, decorated and furnished to a high standard in a manner that meets residents' needs and promotes effective infection control and prevention. In order to achieve this, the provider must:

(i) arrange for a full and detailed assessment of the whole home environment to be carried out.

(ii) devise and implement a detailed action plan for all required improvements including the action to be taken, the responsible person(s) and the timescales allocated and share this with the Care Inspectorate.

(iii) ensure that thorough monitoring of the whole home environment continues to be carried out on a regular basis to monitor, inform and maintain standards.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 3 Principles

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 4(1)(a)(d) Welfare of users

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 10(2)(a)(b)(d) Fitness of premises.

The following National Care Standards were taken into account when making this requirement:

National Care Standards – Care Homes for Older People, Standard 4: Your environment; Standard 5: Management and staffing arrangements.

This requirement was made on 2 September 2016.

Action taken on previous requirement

An assessment of the whole home environment had been carried out and an action plan had been developed to inform and support the necessary improvements. Regular checks of the environment had been put in place to continue to monitor standards. We saw that work was ongoing to upgrade residents' bedrooms. The King's Fund environmental audit tool was also being used to inform the improvements needed to promote a more dementia friendly home. Although this requirement had been met, a considerable amount of work still needed to be done and we made a recommendation to support and monitor ongoing improvements – see recommendation 2.

Recommendation 2:

The action plan developed to inform and support the necessary improvements to the home environment must be monitored and reviewed on a regular basis to ensure that planned actions are being progressed properly within reasonable timescales.

National Care Standards – Care Homes for Older People, Standard 4: Your environment; Standard 5: Management and staffing arrangements.

Met – within timescales

Requirement 3

The provider must ensure that meaningful action plans are developed and monitored following inspections to fully address the necessary improvements in a responsive and sustainable way.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 3 Principles

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 4(1)(a) Welfare of users.

The following National Care Standards were taken into account when making this requirement:

National Care Standards - Care Homes for Older People, Standard 5: Management and staffing arrangements.

This requirement was made on 2 September 2016.

Action taken on previous requirement

Satisfactory action plans had been developed and submitted following the last inspection. We saw that these had continued to be monitored. This requirement had been met.

Met - within timescales

Requirement 4

A quality assurance system must be established and maintained to monitor and improve the safety and quality of the service provided to residents. In order to achieve this the provider must:

- (i) establish an annual schedule setting out the audits that are to be carried out and the minimum frequency with which each audit will be undertaken.
- (ii) develop detailed audit tools informed by best practice guidance.
- (iii) ensure that the quality assurance programme is fully implemented.
- (iv) develop and conclude action plans to address all the areas for improvement identified following each audit with details of the action to be taken, the responsible person(s) and the timescale for achievement.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 3 Principles

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 4(1)(a) Welfare of users.

The following National Care Standards were taken into account when making this requirement:

National Care Standards - Care Homes for Older People, Standard 5: Management and staffing arrangements.

This requirement was made on 2 September 2016.

Action taken on previous requirement

We saw that there had been some progress towards meeting this requirement but more action was needed to fully establish a quality assurance system that would monitor and improve the safety and quality of the service effectively. We extended the timescale for meeting this requirement to 31 March 2017 and will review progress accordingly.

Not met

Requirement 5

The provider must ensure that all accidents and incidents are analysed on an ongoing basis to ensure that these reviews can take account of all learning and put in place the necessary actions required to reduce future risks for residents. This process must be supported by good record keeping of the accidents and incidents and how they are reviewed. Notifications must be made to the Care Inspectorate for all accidents and incidents that meet the reporting criteria.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 3 Principles

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 4(1)(a) Welfare of users

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 5(2)(b)(ii) Personal plans.

The following National Care Standards were taken into account when making this requirement:

National Care Standards – Care Homes for Older People, Standard 5: Management and staffing arrangements; Standard 6: Support arrangements; Standard 9: Feeling safe and secure.

This requirement was made on 2 September 2016.

Action taken on previous requirement

The accident and incident records we saw included the required information about each event. We discussed with the manager the way that accidents and incidents had been reviewed and were satisfied that notification procedures had improved. Although this requirement had been met, we made a recommendation about the way accidents and incidents are analysed to take account of all learning including the actions required to reduce future risks for residents – see recommendation 3.

Recommendation 3:

The management team must demonstrate more clearly the outcome of accident and incident reviews by recording whether any follow up actions are required and what these involved.

National Care Standards – Care Homes for Older People, Standard 5: Management and staffing arrangements; Standard 6: Support arrangements; Standard 9: Feeling safe and secure.

Met – within timescales

What the service has done to meet any recommendations we made at or since the last inspection

Previous recommendations

Recommendation 1

Detailed medication audits should be carried out regularly across the whole medication management system, that is, ordering, receipt, storage, administration and disposal with action plans being used to inform and support any identified areas for improvement. A localised medication management procedure should also be written to inform and guide staff practice.

This recommendation was made on 2 September 2016.

Action taken on previous recommendation

A local medication management procedure and audit tool still needed to be developed and implemented. We saw that daily checks had been introduced for the medicine administration records but these did not consistently record the four daily medicine rounds or identify which of the three units they referred to which meant it was not possible to assess the outcome of the checks. This recommendation was continued.

Recommendation 2

Where bed rails are being used, an individual risk assessment should be carried out for each resident and this should be kept in their personal plan. This should inform the decision to use bed rails as the safest, least restrictive option and the checks in place to minimise the risk of injury or entrapment.

This recommendation was made on 2 September 2016.

Action taken on previous recommendation

We found that the bedrail risk assessments we looked at had not always been dated or signed by staff. We also found that the risk assessments had not been fully completed and it was not clear who had been consulted about the use of this equipment. This recommendation was continued.

Recommendation 3

The strategies in place to respond to behaviour that is challenging for staff to manage should be fully detailed in personal plans including the measures in place to reduce risks to staff and other residents.

National Care Standards - Care Homes for Older People, Standard 5: Management and staffing arrangements; Standard 6: Support arrangements; Standard 9: Feeling safe and secure.

This recommendation was made on 2 September 2016.

Action taken on previous recommendation

We found that the strategies in place to respond to behaviour that had been challenging for staff to manage had not been included in residents' personal plans where this had been an issue. Although staff could tell us how this had been dealt with, the measures in place should have been clearly reflected in accordance with good practice. This recommendation was continued.

Recommendation 4

Training on important topics like safeguarding vulnerable adults and dementia should be extended to cover the whole staff team.

This recommendation was made on 2 September 2016.

Action taken on previous recommendation

This training was available to staff through the E-learning system and also through face to face training courses with an 18 month refresher timescale. We saw that almost all staff had completed one or the other. We were told that outstanding training was planned. This recommendation had been met. We noted that the manager and depute had not been included on the training overview and it was agreed that this would be rectified.

Recommendation 5

The dependency assessments used to provide an evidence based link between residents' assessed needs and the day to day provision and deployment of staff should be used properly and they should be dated and signed by the writer.

National Care Standards – Care Homes for Older People, Standard 5: Management and Staffing Arrangements.

This recommendation was made on 2 September 2016.

Action taken on previous recommendation

We saw that dependency assessments had been carried out on a monthly basis. Apart from the assessments not being signed and dated by the writer, we saw that the way this had been done had improved. This recommendation had been met.

Recommendation 6

Procedures should be reviewed and further improved to provide a clear, consistent and complete overview of the recruitment and induction process.

National Care Standards – Care Homes for Older People, Standard 5: Management and Staffing Arrangements.

This recommendation was made on 2 September 2016.

Action taken on previous recommendation

As no new staff had been recruited since the last inspection we continued this recommendation. We signposted the management team to the recently published safe recruitment guidance and asked for local procedures to be assessed against these standards.

Recommendation 7

The involvement of residents and their families in assessing and improving the quality of the overall service should be reviewed and improved to promote opportunities for meaningful and active involvement.

National Care Standards – Care Homes for Older People, Standard 5: Management and staffing arrangements; Standard 11: Expressing your views.

This recommendation was made on 2 September 2016.

Action taken on previous recommendation

A review of the opportunities in place for residents and their families to feedback their views on the quality of the service still needed to be carried out. We discussed how meaningful involvement could be more actively promoted and supported for residents, including those unable or unwilling to attend meetings or fill out surveys. This recommendation was continued.

Recommendation 8

A detailed and targeted service development plan should be devised setting out how areas for continuous improvement and development will be taken forward. This should be shared with residents, families and the staff team.

National Care Standards – Care Homes for Older People, Standard 5: Management and staffing arrangements.

This recommendation was made on 2 September 2016.

Action taken on previous recommendation

A development plan focussed on the key priorities for the service still needed to be put in place. This recommendation was continued.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings	
2 Sep 2016	Unannounced	Care and support	4 - Good
		Environment	2 - Weak
		Staffing	4 - Good
		Management and leadership	2 - Weak
17 Feb 2016	Unannounced	Care and support	Not assessed
		Environment	Not assessed

Date	Type	Gradings	
		Staffing	Not assessed
		Management and leadership	Not assessed
2 Sep 2015	Unannounced	Care and support	5 - Very good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
27 Mar 2015	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
21 Oct 2014	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	4 - Good
3 Dec 2013	Unannounced	Care and support	5 - Very good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
21 Aug 2012	Unannounced	Care and support	5 - Very good
		Environment	4 - Good
		Staffing	5 - Very good
		Management and leadership	4 - Good
3 Dec 2010	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
27 Jul 2010	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	Not assessed
23 Feb 2010	Unannounced	Care and support	5 - Very good
		Environment	4 - Good

Date	Type	Gradings	
		Staffing Management and leadership	4 - Good 5 - Very good
22 Sep 2009	Announced	Care and support Environment Staffing Management and leadership	5 - Very good 4 - Good 4 - Good 4 - Good
23 Sep 2008	Announced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good
19 Mar 2009	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good

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