



## Inspection Report on

**Marine Court Psychiatric Unit Limited**

**4 Marine Road  
Colwyn Bay  
LL29 8PH**

**Date Inspection Completed**

10/09/2024

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## About Marine Court Psychiatric Unit Limited

|   |   |
|---|---|
| Type of care provided                                 | Care Home Service<br>Adults With Nursing  |
| Registered Provider                                   | Marine Court Psychiatric Unit Limited   |
| Registered places                                     | 23  |
| Language of the service                               | English   |
| Previous Care Inspectorate Wales inspection           | 11 May 2022   |
| Does this service promote Welsh language and culture? | This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture. |

### Summary

People feel settled and are happy with the support they receive at Marine Court. They are supported by compassionate and warm-hearted staff who know them well. We saw care staff provide positive reassurance and interactions throughout our visit. People are supported to make choices about their daily lives. Personal plans are person-centred, detailed and reflect people's needs. They accurately assess levels of risk and are reviewed and changed accordingly. Individual and group activities are on offer, and these are facilitated by care staff.

Staff feel very well supported by Management. There are good governance arrangements in place with the Responsible Individual (RI) being a regular presence in the home. RI visit reports are completed monthly, exceeding regulatory expectations. The environment is well-maintained, and the service is operating in line with the statement of purpose.

## Well-being

People have control over their day to day lives, feel they are listened to, and their views are considered. Care staff work from personal plans that are written together with the person. They cater for their preferences, with people telling us “*They support me to go out and about to do what I want*”. People and their relatives are involved with the improvement and development of the service through regularly held resident meetings where important issues are discussed and suggestions of improvements are considered. There is choice around food and activities and care staff listen to people’s wishes. Care records give care staff the instruction required to support people accurately and reviews are carried out in line with regulations. We saw care staff provide flexible and responsive support to people, they know people well and understand how best to support them to maintain their mental health. Relationships with other people living in the home and care staff are good. The service is flexible and person-centred with activities on offer both inside and outside of the home, listening to suggestions made in resident meetings. Trips have been arranged to Liverpool, Llangollen and Betws y Coed. The service is not currently working towards providing an ‘Active Offer’ of the Welsh language, with no residents speaking Welsh as their primary language and very few staff are Welsh speaking.

People are protected from abuse and neglect through care staff receiving training in safeguarding and they have policies and procedures in place to follow. People are supported to maintain and improve their health and wellbeing through access to specialist care and advice when they need it. Referrals are made in a timely manner to specialist services, ensuring people receive the right care and support, as early as possible. Care staff and the manager are proactive, and they work collaboratively with support agencies.

The lay out of the home supports people to achieve a good standard of well-being. People are encouraged to be independent, telling us “*They promote responsibility and try to get us to do what we can for ourselves, they are very encouraging*”. People can access all the rooms in the home safely and strategies for reducing the risk to people while they are inside and outside of the home are good. The person in charge has identified potential hazards and has taken steps to minimise risks to people.

## Care and Support

People can feel confident the service provider has an accurate and up to date plan for how their care and support needs should be met. These plans are underpinned by a strengths-based approach, clearly identifying what strengths people have and how they can be used to function on a day-to-day basis. People are encouraged to co-produce their personal plans and have choice over everyday decisions such as where they go and times they wake. Personal plans are personalised, up to date, accurate and regularly reviewed, containing individual outcomes, likes, dislikes and preferences. Robust risk assessments are in place and regularly reviewed. The manager completes pre-assessments before people move into the home. The service is keen to ensure people are involved in the decision-making process of moving in and people spend time at the home and have a meal to make sure they feel like it is the right place for them. Documents are completed that tell staff about people's history and how they came to be at the home. People receive care in line with their personal plans and risk assessments and care staff are kept informed of important updates through daily handovers. People say care staff are "*kind, helpful and loving people*", with care provided in a responsive and sensitive way. We observed very positive relationships between care staff and residents. Kitchen staff are proactive and involved in contributing towards specific outcomes for people. Where people have diabetes, the cook liaises with nursing staff to understand blood sugar levels. They discuss with people what would be suitable to eat, evidencing a service and staff team approach to supporting people's health and well-being. Mealtimes are sociable but people can sit alone if they wish, people choose what to eat and can have more if they want it. Dietary choices are passed to and understood by the kitchen.

Records show people have access to specialist advice and support from health and social care professionals. Positive working relationships with substance misuse services, Community Mental Health Teams and local pharmacies mean the service works collaboratively with professionals. We saw care plans and risk assessments are updated to reflect professional advice. Care staff feel they can approach the manager if they have any concerns.

Medicines administration, storage and management practices in the home are good and keep people safe. Trained nursing staff administer medication and regular medication audits are carried out by management.

## Environment

People live in an environment suitable to their needs. The service provider invests in the decoration and maintenance of the home to ensure it meets people's needs. Opportunities to redecorate bedrooms are taken at convenient times, such as when people are away on holiday or hospital admissions. Rooms and communal areas are well maintained. There are several communal spaces for people to use, they can socialise in the communal spaces and have privacy in their rooms if they wish. People personalise their rooms to their own taste with belongings if they wish and told us they like their rooms. People access the main home through a securely locked door and visitors must sign in and provide identification on arrival. We saw cleaning staff around the building throughout our visit and observed all areas were clean and tidy. On the day of our visit carpets throughout the home were being industrially cleaned. The service provider has infection prevention and control policies, with good measures in place to keep people safe.

People can be confident the service provider identifies and mitigates risks to health and safety. Records show there are monthly health and safety audits completed, and actions are dealt with swiftly by maintenance staff. This is monitored by management and the RI. The home has scored five which is the highest food rating attainable. Routine health and safety checks for fire safety, water safety and equipment are completed, and records show required maintenance, safety and servicing checks for the gas and electrical systems are up to date.

## Leadership and Management

People can be confident the service provider has systems for governance and oversight of the service in place. There are clear lines of delegation, and the introduction of a new Clinical Lead Nurse post has further increased the clinical oversight already in place. Management work well as a team and staff at all levels understand what their roles and responsibilities are. The RI is a regular presence in the home and completes visits to the home each month, exceeding regulatory requirements. Reports relate to all aspects of the day to day running of the service, reviewing personal plans, management audits and risk assessments in place. We saw evidence of monthly management audits and related action plans of all key areas. Meetings are held for residents to feedback to managers and people say they can speak to the manager about changes to their care and action is taken. The provider has submitted an annual return as required by Regulation.

People can be satisfied they will be supported by a service that provides appropriate numbers of staff who are suitably fit. Care staff have the knowledge, competency, skills and qualifications to provide the levels of care and support required to enable people to achieve their personal outcomes. Records show the manager has suitable numbers of staff on each shift to support people's needs and staff undergo thorough vetting checks prior to starting work in the home. Staff receive an induction specific to their role with annual appraisals and one to one supervision meetings to provide support. Staff are employed specifically for cleaning, activities, maintenance, and cooking. Care staff state they feel well supported by the manager, telling us *"The manager is lovely, anything we need she accommodates"*, *"We all know our job roles"* and *"The RI and manager are both very approachable"*. Training is provided to staff through a combination of online and face to face training. Training records are reviewed and updated to make sure they accurately reflect training compliance. We spoke with the manager about needing to ensure renewals of training are completed on time and they assured us action would be taken in relation to this. Care staff and nursing staff have either registered with Social Care Wales or the Nursing and Midwifery Council, the workforce regulators, or are in the process of doing so.

People can be confident the service provider has an oversight of financial arrangements and investment in the service so it is financially sustainable, supports people to be safe and achieve their personal outcomes.

| Summary of Non-Compliance |   |
|---------------------------|---|
| Status                    | What each means   |
| New                       | This non-compliance was identified at this inspection.  |
| Reviewed                  | Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection. |
| Not Achieved              | Compliance was tested at this inspection and was not achieved.  |
| Achieved                  | Compliance was tested at this inspection and was achieved.  |

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

| Priority Action Notice(s) |  |        |
|---------------------------|--|--------|
| Regulation                | Summary  | Status |
| N/A                       | No non-compliance of this type was identified at this inspection | N/A    |

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection.

| Area(s) for Improvement |   |        |
|-------------------------|---|--------|
| Regulation              | Summary   | Status |
| N/A                     | No non-compliance of this type was identified at this | N/A    |



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|  | inspection |  |
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