

Mariner Home Care Housing Support Service

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Type of inspection:
Announced (short notice)

Completed on:
16 May 2024

Service provided by:
Mariner Support Associates Ltd

Service provider number:
SP2004005995

Service no:
CS2004061507

About the service

Mariner Home Care provides a combined housing support and care at home service to adults, predominantly with mental health issues and learning disabilities.

The service is based in two large converted houses on the seafront in Dunoon. Both houses have full size flats on each floor, with each person having their own bedroom and shared facilities between two people. Support is also provided to two people living in the wider community.

The service is near to Dunoon town centre and allows easy access to local shops and services.

The support provided enables people to enjoy living in their own home.

At the time of the inspection, 12 people accessed the service.

About the inspection

This was a short notice announced inspection which took place on 15 May 2024 between 10:00 and 17:00 and 16 May between 10:00 and 16:45. The inspection was carried out by one inspector from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with six people using the service
- spoke with six staff and management
- observed practice and daily life
- reviewed documents
- spoke with two visiting professionals.

Key messages

- Staff at Mariner Home Care know people using the service very well. These strong relationships help people in the service lead fulfilling lives.
- The service has supportive professional relationships with the local mental health team.
- This ensures that the service has regular and prompt input for people using the service.
- People using the service have comfortable homes and stability in their accommodation.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our staff team?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

The service had in-depth knowledge of people and we saw that people were treated as individuals. Each person's care and support was personalised to them. People we spoke with told us that they were "happy" with their support worker, and they felt that the positive relationships helped them to lead fulfilled lives. One person we spoke to told us he had lived there for several years and said "with the help of staff I am so much more stable since I moved here". This meant that he now "had more choice of what he could achieve" for himself, with the support of staff. He told us that he really enjoyed those opportunities.

People told us how they could have regular short breaks or holidays away from the service. These were always supported by staff, and usually one other friend from the service. We saw that these were well organised by staff and that they always had the best outcome for the person in mind. All of those we spoke to who had been on holidays told us they had a "great time" and that the staff were "great company".

Some people living in the service used "as required" medication when they became stressed or distressed, and there were relevant protocols in place for this. However, we saw that on most occasions staff were able to use non pharmaceutical interventions to prevent the use of medication. They recognised when people were becoming distressed and were able to intervene at an early stage using other methods. These varied from making space to talk, providing relaxing spaces, or sometimes going for a walk with a member of staff.

Needs varied for those using the service. Though both houses appeared to have the same supports in place this was not the case. One house had individuals with more complex needs, and there was waking night shift cover in place, whilst the other house was less complex and they had a telecare system in place for people should there be support required throughout the night.

People's daily medications were well managed and given as prescribed. We saw that all dispensing was recorded on an individual medication and recording sheet (MARS) and that overall there were good systems in place to ensure that people received the right medication at the right time.

We saw that there were good risk assessments in place for people. These identified areas of concern, potential risks, and how to deal with them. They were completed with the input of the person, as well as with the support worker. They were clear, easy to read and regularly updated. This meant that people were as safe as they could be.

There was regular input from external professionals and a clear collaborative approach was in place. This benefited people as it meant there was clear communication between professionals. It ensured that any concerns or changes were dealt with promptly, with the person's care at the heart of all decisions. We viewed people's care plans and saw that people using the service had good input to their own plans. People's desired outcomes were part of the plan, as well as information showing how these outcomes would be achieved. Regular reviews were carried out for each person. These were both in service reviews, and external, where the community mental health team (CMHT) were involved. People using the service were involved in their own review, and subsequently updating their care plan. People who attended the review, a note of the discussion and any decisions made were clearly recorded. All of this meant that people's physical and mental wellbeing was a priority for the service.

We spoke with external professionals who told us they had no concerns with the service and they enjoyed the working relationship they had with management and staff. One professional told us that "people living here are encouraged to be independent of thought and choice, and it works well". We saw that this was a clear theme throughout the service, and something that people using the service enjoyed and benefited from.

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

All staff in the service had been recruited using safer recruitment practices. Safer recruitment ensures that people are not offered employment until all background checks, a minimum of two references, and where required a "right to work in the UK" have been received and completed.

The staff team are in the main long serving with only a few newer recruits. This means that there is stability in the team. This benefits people in the service as they all know each other well and have built good relationships. There is a good ratio of staff to people in support, in that there is one member of staff for each two people.

Staff we spoke with told us how much they enjoyed their work and how they enjoyed interacting with those being supported. We observed staff supporting people and saw that they were kind, compassionate and respectful of people's wishes. We saw that staff worked very well together as a team. They share information well with each other and managers, as well as communicating well with people using the service. This helps to ensure that all staff are up to date and have daily information about people, meaning that appointments and leisure activities are never missed. Information is also shared on the wellness of individuals, and this helped with staff knowing the best way to approach people.

We saw that staff received good training on a year to year basis. There is a yearly training calendar in place, and for online training staff are expected to complete within the one year timescale. We saw that almost all staff had already completed this by the first half of the year. There was also some face to face training and some personal input from the CMHT. Staff found the face to face training more effective and told us they would have enjoyed more of this. We discussed this with the managers, and while they agreed, they also told us how difficult it could be to achieve due to the geography of the service. They will continue to pursue this and try to access for staff. Areas of training covered were numerous and covered themes such as Adult Support and Protection, Fire Safety, Administration of Medications, and Mental Health.

All staff were offered, and completed, Scottish Vocational Qualifications at level three as a minimum. This ensured further knowledge and skills for staff in caring for people. All staff in the service are registered with the Scottish Social Services Council (SSSC) and managers kept detailed records of when registrations were due to be renewed. This registration meant that all staff must follow an ethical code of practice. There was a variety of information from the SSSC posted throughout the service. This directed staff to further online resources where they could develop further skills. This was not mandatory training, but we were pleased to see that some staff chose to access this. All of this training and qualification ensured that staff worked well with people, and assisted them in supporting people in the service to get the most out of life and meet their chosen targets and outcomes.

Staff told us that they received regular supervision from managers and we were able to see documents to evidence this. Supervision is an opportunity for worker and manager to discuss different areas of their role, as well as professional development and learning needs. Staff personal wellbeing was also part of these sessions. We saw that each member of staff also received a yearly appraisal, and observations of staff practice were regularly carried out by the manager.

We saw that there was a robust induction process in place for new staff, and this covered all areas of care and training. There was a probationary period in place for new staff, and during this period the induction was fully completed. Once all areas of induction were met, and after practice was observed by management the induction process was then signed off as completed.

All staff we spoke with told us that they felt valued as a member of the team, and that they found management were very supportive of them. They were happy with the "open door" to management and felt they could approach managers as and when they felt the need.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good

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