

# Orders of St John Care Trust

## OSJCT Marden Court

### Inspection report

Quarr Barton  
Calne  
Wiltshire  
SN11 0EE  
Tel: 01249 813494  
Website: [www.osjct.co.uk](http://www.osjct.co.uk)

Date of inspection visit: 3 October 2014  
Date of publication: 06/02/2015

### Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

### Overall summary

OSJCT Marden Court is a care home which provides accommodation and personal care for up to 28 older people, some of whom have dementia. At the time of our inspection 24 people were resident at Marden Court.

This inspection took place on 3 October 2014 and was unannounced. We returned on 9 October 2014 to complete the inspection.

At the last inspection on 1 March 2014 we identified that the service was not meeting Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was due to a lack of supervision

and support for staff. The provider sent us an action plan and said they were taking action to provide staff with suitable support, which would be completed by May 2014. During this inspection we found that staff received the support they needed to provide effective care to people who use the service.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People who use the service and their relatives were positive about the care they received and praised the quality of the staff and management. Comments from people included, "Staff have the right skills" and "They provide good support and encouragement. They respond well when (my relative) refuses care and try again at another time".

People told us they felt safe when receiving care and were involved in developing their care plans. Systems were in place to protect people from abuse and harm and staff knew how to use them.

Staff understood the needs of the people they were supporting. People told us that care was provided with kindness and compassion.

Staff were appropriately trained and skilled. They received a thorough induction when they started work at the service. They demonstrated a good understanding of their roles and responsibilities, as well as the values and philosophy of the service. The staff had completed training to ensure the care and support provided to people was safe and effective to meet their needs.

The service was responsive to people's needs and wishes. Comments from relatives included "They (provided my relative) with a different room after I requested it because it was more suitable for them" and "I am able to raise any issues about (my relative's) care with the manager and something always gets done".

The registered manager assessed and monitored the quality of care. The service encouraged feedback from people and their relatives, which they used to make improvements.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. People who use the service and their relatives said they said they felt safe when receiving care.

There were sufficient staff to meet people's needs safely. People felt safe because staff treated them well and responded promptly when they used their emergency call bells.

Systems were in place to ensure people were protected from abuse. People were supported to take risks and were involved in developing plans to manage the risks they faced.

Good



### Is the service effective?

The service was effective. Staff had suitable skills and received training to ensure they could meet the needs of the people they supported.

People's health care needs were assessed and staff supported people to stay healthy. People were supported to eat and drink enough to meet their needs.

Staff recognised when people's needs were changing and worked with other health and social care professionals to make changes to their care package.

Good



### Is the service caring?

The service was caring. People and their relatives spoke positively about staff and the care they received. This was supported by what we observed.

People's care was delivered in a way that took account of their individual needs and the support they needed to maximise their independence.

Staff provided care in a way that maintained people's dignity and upheld their rights. Care was delivered in private and people were treated with respect.

Good



### Is the service responsive?

The service was responsive. People and their relatives were supported to make their views known about their care and support. People were involved in planning and reviewing their care.

Staff had a good understanding of how to put person-centred values into practice in their day to day work and provided examples of how they enabled people to maintain their skills.

People told us they knew how to raise any concerns or complaints and were confident that they would be taken seriously.

Good



### Is the service well-led?

The service was well led, with strong leadership and values, which were person focused. There were clear reporting lines from the service through to senior management level.

Systems were in place to review incidents and audit performance, to help identify any themes, trends or lessons to be learned. Quality assurance systems involved people who use the service, their representatives and staff and were used to improve the quality of the service.

Good



# OSJCT Marden Court

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 October 2014 and was unannounced. We returned on 9 October 2014 to complete the inspection.

The inspection was completed by one inspector. We reviewed the Provider Information Record (PIR) and

previous inspection reports before the inspection. The PIR was information given to us by the provider. This enabled us to ensure we were addressing potential areas of concern. We also looked at the notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us.

During the visit we spoke with five people who use the service, six care staff, the chef, the head of care and the registered manager. We spent time observing the way staff interacted with people who use the service and looked at the records relating to care and decision making for three people. We also looked at records about the management of the service. We spoke with a visiting community nurse during the visit and a community dietician by telephone.

# Is the service safe?

## Our findings

All of the people we spoke with said they felt safe living at Marden Court. Comments included “I am very happy here, I feel safe”; and “I feel safe here, there are lots of staff available. The relatives of people who use the service were also assured that people were safe, with comments including “I am happy that (their relative) is safe here”.

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report abuse if they were concerned and were confident managers would act on their concerns. Staff were also aware of the whistle blowing policy and the option to take concerns to agencies outside the service if they felt they were not being dealt with. A visiting community nurse told us the home had “an open culture where they want to do the right thing”.

Risk assessments were in place to support people to be as independent as possible, balancing protecting people with supporting people to maintain their freedom. We saw assessments about how to support people to maintain independence in managing continence, support needed for two people to manage their medicines independently and support for people to minimise the risk of falls. The assessments had been completed with input from the person, people who knew them well and professionals involved in their care. The staff we spoke with demonstrated a good understanding of these plans, and the actions they needed to take to keep people safe.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant’s past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people.

Sufficient staff were available to support people. People told us there were enough staff available to provide care for them when they needed it. Comments included, “Staff come quickly when I use the call bell”; and “There are enough staff around”. Staff told us they were able to provide the care people needed, with comments including, “Staffing levels are good”; and “There are definitely enough staff”. Staff said they worked together to cover sickness to ensure people’s needs were met.

Medicines held by the home were securely stored and people were supported to take the medicines they had been prescribed. We saw that a medicines administration record had been fully completed, which gave details of the medicines people had been supported to take, a record of any medicines people had refused and the reasons for this. We saw that staff had worked with the person’s GP where they regularly refused medicines. There was a record of all medicines received into the home and returned to the pharmacist and we found that the number of tablets held matched the records for those we checked. The home had systems for safely storing and recording controlled drugs, although at the time of the inspection the home did not hold any controlled drugs. Controlled drugs are medicines which may be misused and there are specific ways in which they must be recorded and stored. The provider monitored the use of medicines to control people’s behaviour and was working with GPs to reduce these medicines where possible. This helped to ensure that people’s behaviour was not controlled by excessive or inappropriate use of medicines.

# Is the service effective?

## Our findings

At the last inspection on 1 March 2014 we identified that the service was not meeting Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was due to a lack of supervision and support for staff. The provider sent us an action plan and said they were taking action to provide staff with suitable support, which would be completed by May 2014. During this inspection we found that staff received the support they needed to provide effective care to people who use the service.

Staff told us they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. We saw that these supervision sessions were recorded and the manager had scheduled regular one to one meetings with all staff throughout the year. Staff said they received good support and were also able to raise concerns outside of the formal supervision process. Comments from care staff included, “We have regular supervision, PDR (appraisal) and staff meetings; there is good support” and “I feel very well supported, there is a brilliant head of care and I have regular supervision meetings”. We spoke with two members of care staff who were new in post and completing their induction. Both said they had received very good support, including having an assigned mentor to help and guide them and regular assessments of their skills.

People told us staff understood their needs and provided the care they needed, with comments including, “Staff are very good”; and “Staff have the right skills”. The relatives we spoke with were positive about the care provided, with comments including “They provide good support and encouragement. They respond well when (their relative) refuses care and try again at another time”. This demonstrated how staff used their skills to provide effective care to meet people’s needs.

Staff told us they received regular training to give them the skills to meet people’s needs, including a thorough induction and specific training on meeting people’s specific needs, including those with dementia. This was confirmed in the training records we looked at. The registered

manager told us the organisation was in the process of completing a “Back to Basics” initiative. This included a competency assessment of all staff to identify what further training and development needs they had.

Staff demonstrated a good understanding of the principles of the Mental Capacity Act 2005 (MCA) and how the Deprivation of Liberty Safeguards (DoLS) worked. The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The Deprivation of Liberty Safeguards are part of the Act. The DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict or deprive them of their freedom. At the time of the inspection there were no authorisations to restrict people’s liberty under DoLS. Staff understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if the person lacked capacity. We saw capacity assessments had been completed where necessary, for example in relation to people managing their medicines.

People told us they enjoyed the food provided by the home and were able to choose meals they liked. Comments included, “The food is excellent, there’s lots of it and we get a choice” and “The food is very good”. One relative said “The food is excellent, I often have a meal here”. We saw that staff offered people a choice of meals and visitors were able to join people for a meal. It was clear from the laughter and chatting that mealtimes were a relaxed, social occasion. One person was reluctant to eat their meal. Staff supported them to choose a different meal to the main choices and sat with the person to provide reassurance. People’s specific dietary needs were recorded in their care plans and the chef demonstrated a good understanding of them.

People told us they were able to see health professionals where necessary, such as their GP, community nurse or dentist. One relative told us, “They call me quickly if there is a problem and there is good liaison with health professionals”. People’s care plans described the support they needed to manage their day to day health needs.

## Is the service effective?

These included personal care, skin management, preventing falls and medicines management. Staff monitored people's skin when providing personal care and any concerns were recorded and communicated to the head of care and community nurse if required. Where community nurses were involved in managing people's health, staff were clear of their responsibility to follow

instructions provided by professionals, to monitor and report any concerns. We spoke with a visiting community nurse, who told us staff worked well with her, reported any concerns promptly and followed her guidance. We also spoke with a community dietician, who told us the home worked well with their team to ensure information and best practice was cascaded through to all staff.

## Is the service caring?

### Our findings

People told us they were treated well and staff were caring. Comments included, “The staff are lovely, excellent carers”; “They provide all the care I need”; and “Staff come quickly and provide very good care”. We observed staff interacting with people in a friendly and respectful way. Staff respected people’s choices and privacy and responded to requests for support. For example, we observed staff providing discreet support when people asked to go to the toilet and staff provided reassurance and comfort to one person who was distressed.

Relatives also told us people were treated well by staff. Comments included, “I am happy that (their relative) is well cared for”; “They are, without exception, caring”; and “Nothing but caring and dignified care provided”. A visiting support worker from the Alzheimer’s Society told us “Staff provide care in a dignified and respectful way”.

Staff had recorded important information about people, for example, family life, plans for the future and important relationships. People’s preferences regarding their daily care and support were recorded. Staff demonstrated a good understanding of what was important to people and how they liked their care to be provided, for example

people’s preferences for the way their personal care was provided and how they liked to spend their time. This information was used to ensure people received care and support in their preferred way.

People were supported to contribute to decisions about their care and were involved wherever possible. For example, people had individual meetings with staff each month to review how their care was going and whether any changes were needed. Details of these reviews and any actions were recorded in people’s care plans. One relative told us “They always involve people in all decisions”. The service had information about local advocacy services and had made sure advocacy was available to people. This ensured people were able to discuss issues or important decisions with people outside the service.

Staff received training to ensure they understood how to respect people’s privacy, dignity and rights. This formed part of the core skills expected from care staff and was being assessed as part of the ‘Back to Basics’ programme that the provider had introduced. People told us staff put this training into practice and treated them with respect. Staff described how they would ensure people had privacy and how their modesty was protected when providing personal care, for example ensuring doors were closed and not discussing personal details in front of other people.

# Is the service responsive?

## Our findings

People told us they were able to keep in contact with friends and relatives and take part in activities they enjoyed. One person commented “I like to read, they come round every week with a good selection of books I enjoy in large print. There are other activities going on but I don’t get involved”. Another person said they were supported to attend a local church each week. One person was supported by the Alzheimer’s Society to attend a swimming session and go shopping each week. The support worker from the Alzheimer’s Society told us staff at the service worked well with her to ensure these activities were successful. During the visit we observed people taking part in a ceramics decoration session. This was a relaxed social occasion for people who took part, with lots of chatting and laughter. The activities co-ordinator told us they plan a range of different activities, based on what people have requested. We saw that activities included group events, trips out to places of interest and one to one time for people who prefer not to take part in the group activities to help prevent social isolation.

Each person had a care plan which was personal to them. Care plans included information on maintaining people’s health, their daily routines and personal care. The care plans set out what their care needs were and how they wanted them to be met. The plans included a ‘This is me’ book, which is a document developed by the Alzheimer’s Society and the Royal College of Nursing. The book allows people and those who know them well to set out details of what is important to them and how they want care to be provided. The plans had been regularly reviewed with

people to ensure the information was current and changes had been made where necessary. This gave staff access to information which enabled them to provide care in line with people’s individual wishes and preferences.

Relatives were positive about the way the service responded to people’s changing needs. Comments included, “They (provided my relative) with a different room after I requested it because it was more suitable for them”; and “I am able to raise any issues about (my relative’s) care with the manager and something always gets done”.

People were confident that any concerns or complaints they raised would be responded to and action would be taken to address their problem. People told us they knew how to complain and would speak to staff if there was anything they were not happy about. One person told us, “I have not made a complaint, but would talk to the manager if I needed to. I am confident that any issues would be resolved”. The registered manager reported that the service had complaints procedures, which were provided to people. Complaints were monitored each month, to assess whether there were any trends emerging and whether suitable action had been taken to resolve them. Staff were aware of the complaints procedures and how they would address any issues people raised in line with them.

Relatives were also confident that the service would respond appropriately to concerns and complaints. One relative said “I have raised concerns on a couple of occasions, which were responded to well by the head of care”.

# Is the service well-led?

## Our findings

There was a registered manager in post at Marden Court. The service had clear values about the way care should be provided and the service people should receive. These values were based on providing a person centred and an open service in a way that maintained people's dignity. Staff valued the people they cared for and were motivated to provide people with high quality care. The registered manager told us she had focused on recognising the work of the staff team and ensuring the team worked together effectively to meet people's needs. The head of care reported that the registered manager had worked to change the management culture in the home to make it more open and respectful. This view was shared by care staff, who reported improvements in the way the home had been managed over the previous six months.

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. There was a clear leadership structure and staff told us that managers gave them good support and direction. Comments from staff included, "The team works well together, in a very person centred way" and "I feel the home has improved over the last six months, there is good support within the team".

The provider had area managers, who visited the service each month to complete an operational review. These reviews included assessments of incidents, accidents,

complaints, training, staff supervision, the environment and external reports, for example, from the Care Quality Commission or environmental health officers. We saw that the tool used to complete these reviews had been validated by a national organisation for people with dementia, which helped to ensure that the service was following current best practice guidelines. Any actions from these reviews were collated for the manager and updated each month to report on progress in meeting them. For example, the provider had an action plan to reduce the use of anti-psychotic medicine, reduce falls and to refurbish the building.

Satisfaction questionnaires were sent out yearly asking people their views of the service. The results of the 2014 survey had been collated and no concerns had been raised about the care people received. There were some comments about the décor in the home, which were being addressed through the home's action plan.

There were regular staff meetings, which were used to keep staff up to date and to reinforce the values of the organisation and how they expected staff to work. Staff also reported that they were encouraged to raise any difficulties and the manager worked with them to find solutions. We saw that the manager had used a reflective practice exercise to evaluate how well staff had responded to a power cut. Staff used this to identify what went well and what improvements they could make in the future