

The Orders Of St. John Care Trust

OSJCT Marston Court

Inspection report

Marston Road
Oxford
Oxfordshire
OX3 0DJ

Tel: 01865241526
Website: www.osjct.co.uk

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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

We undertook an unannounced inspection of OSJCT Marston Court on 2 May 2018. This service provides care to a maximum of 39 people. On the day of our inspection, 37 people were living at the service.

OSJCT Marston Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At this inspection we found the service remained Good.

Staff at Marston Court went to exceptional lengths to align individual activities to people's wishes and dreams which helped people to physically reconnect with their past. As well as individual person centred activities the staff at Marston Court worked hard to ensure an extensive range of activities were accessible to all. Staff worked flexibly and often went the extra mile to ensure people were stimulated and not exposed to social isolation. The service was extremely responsive and staff worked flexibly to ensure people lived as full a life as possible. People's care plans were centred on their wishes and needs and continuously kept under review.

People told us that they felt safe. Staff were aware of how to safeguard people from harm and were aware of potential risks and signs of abuse. There were sufficient staff to meet people's needs. People received their medicines as prescribed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People's health care needs were taken care of and they had access to a range of healthcare professionals. Where required, appropriate referrals were made to external health professionals such as G.P's or therapists. People told us they enjoyed the food provided by the home.

People and their relatives were very complimentary about the staff and management at the home. They told us staff were kind, caring and compassionate.

The provider had systems in place to receive feedback from people who used the service, their relatives, and staff members about the service provided. People were encouraged and supported to raise any concerns with staff or management and were confident they would be listened to and things would be addressed.

There was an open and inclusive culture in the home and people, their relatives and staff felt they could approach the management team and were comfortable to speak with the registered manager if they had a concern.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Outstanding ☆

The service has improved to outstanding.

Staff worked flexibly and often went the extra mile to ensure activities at Marston Court were planned to ensure they were meaningful and promoted social inclusion.

Staff were considerate and thoughtful about responding to and meeting people's aspirations and wishes.

The registered manager and staff were exceptionally responsive to people's individual needs and ensured people received a personal service.

Is the service well-led?

Good ●

The service remains Good

OSJCT Marston 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 was planned to check 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 2 May 2018 and was unannounced. This inspection was conducted by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports and notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with seven people, five relatives, five care staff, the administrator, two senior care staff and the registered manager. We looked at seven people's care records, six staff files and medicine administration records. We also looked at a range of records relating to the management of the service.

Is the service safe?

Our findings

People continued to feel safe. People's comments included; "They look after you here, that makes me feel safe" and "The girls keep us safe and we all look out for each other".

Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. Staff were confident that action would be taken if they raised any concerns relating to potential abuse. One staff member said, "I would get [registered manager] involved straight away. I could also report straight to the safeguarding team".

People's care plans contained risk assessments, which included risks associated with moving and handling, falls, medication and pressure damage. Where risks were identified plans were in place to identify how risks would be managed. For example, one person was at high risk of falls. The person's care record gave guidance for staff on the number of staff required when delivering personal care and to ensure the person's walking aid was in reach. Staff we spoke with were aware of this guidance and told us they followed it. Accidents and incidents were recorded and regularly reviewed to ensure any learning could be discussed and shared with staff to reduce the risk of similar events happening.

People we spoke with told us they received their medicines as prescribed. One person told us, "They come around with my tablets and make sure I take them all. They are good like that". Records relating to the administration of medicines were accurate and complete. Staff responsible for the administration of medicines had completed training and their competency was assessed regularly to ensure they had the skills and knowledge to administer medicines safely.

We observed, and staffing rotas confirmed, there were sufficient staff to meet people's needs. One person told us, "There is always someone to help if you need it". The registered manager used a 'dependency tool' when carrying out initial assessments on people's care needs. This enabled the registered manager to calculate the right ratio of staff against people's needs. We saw that this was reviewed regularly by the management team. Throughout the inspection, there was a calm atmosphere and staff responded promptly to people who needed support.

Safe and effective recruitment practices were followed. We checked the recruitment records of six staff and found that all the required pre-employment checks had been completed prior to staff commencing their employment. This included disclosure and barring service (DBS) checks.

People were protected from the risk of infection. The premises and the equipment were clean, and staff followed the provider's infection control policy to prevent and manage potential risks of infection. Colour coded equipment was used along with personal protective equipment (PPE). PPE equipment, such as aprons and gloves were available and used by staff.

Is the service effective?

Our findings

The service continued to provide effective care. People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. New staff were supported to complete an induction programme before working on their own. This included training for their role and shadowing an experienced member of staff. Staff completed training which included: Safeguarding, Infection, control and prevention, Manual handling principles, Pressure care and First aid". A staff member said, "The training is very, very good".

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member told us, "Everyone has the right and choice to make their own decisions until deemed otherwise. Capacity can change".

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the home was meeting the requirements of DoLS.

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, one person's care record gave guidance for staff on how best to support them with swallowing difficulties.

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included the GP's and occupational therapists. Visits by healthcare professionals, assessments and referrals were all recorded in people's care records. One person told us, "They helped me get to my hospital appointment yesterday".

People told us they enjoyed the food provided by the home. One person told us, "The foods very nice". People were offered a choice of meals from the menu. Where people had specific dietary requirements these were met. Where people were at risk of weight loss their weight was monitored and people were supported to maintain their weight.

We observed that the environment was suitable to meet people's needs. People were encouraged to decorate the environment to their liking.

Is the service caring?

Our findings

People continued to benefit from caring relationships with staff. One person told us, "Staff are very kind and helpful". Another person said, "They are ever so kind. If there is anything you want, anything at all. They will get it for you".

Staff we spoke with described how the caring culture of the service was supported by the provider and the registered manager. One staff member said "[Provider] care about everyone here. But [Registered manager] is the most caring person I have ever met".

People were involved in their care. Care plans demonstrated that people were involved in developing their care plans. We saw evidence that care plans were reviewed regularly. One person said, "They keep checking to make sure things are being done properly".

People were treated with dignity and respect. When staff spoke about people to us they were respectful and they displayed genuine affection. Language used in care plans was respectful. People told us they were treated with dignity and respect. One person told us, "They treat me with the upmost respect". Another person told us, "We work together. They do the things I can't do and I do the things I still can". One staff member said, "I explain what we are doing and get them [people] to do the little things they can do themselves. I think they enjoy that". This demonstrated that staff promoted people's independence.

Staff showed concern for people's wellbeing in a caring and meaningful way. For example, one person became anxious. Staff reassured this person and explored with the person in a warm and gentle manner why they might be feeling anxious.

People's personal and medical information was protected. The provider's policy and procedures on confidentiality were available to people, relatives and staff. Care plans and other personal records were stored securely.

Is the service responsive?

Our findings

People and their relatives told us the service was extremely responsive to people's individual needs and preferences. One person told us, "They are excellent, I can't fault them when it comes to entertainment and things to do". One relative said, "I don't know how they do it. The activities seem to suit everyone's needs. They make sure they are matched to individuals. The way they gear them by identifying individual needs and strengths is amazing". A second relative said, "It's just unbelievable, everyone loves the activities. I still can't believe we found a place like it and how lucky we are". A third relative said, "The energy put into the activities at Marston Court is phenomenal".

As well as having an extensive range of activities which included; dance classes, Tai Chi, Zumba, singing, live entertainment, Morris dancing, visits out within the local community, puzzles and board games. One relative told us, "Mum loves the Thai Chi and tells us its great exercise". The service was also extremely responsive to people's individual needs and preferences and staff worked flexibly and often went the extra mile to ensure people lived as full a life as possible. For example, the activities co-ordinator's had arranged for a 'wish tree', which supported residents to make individual suggestions for activities and trips that they wished to do. This helped people to reconnect with their past and recall significant memories and emotions. Staff at Marston Court then used this information to go to exceptional lengths to help people physically reconnect with their past. For example, one person who had a deteriorating health condition use to enjoy riding motorcycles, the person had put a comment on the 'wish tree' that they would love to ride on a Harley Davidson motorcycle. The staff went to great lengths to arrange with a motorcycle company to make this take place. We saw evidence of how initially some company's had refused to take part in this due to concerns surrounding risk, however staff persevered and eventually found a willing company. As a result a Harley Davidson arrived at the home and the person enjoyed getting on the back and being driven across the grounds of the home. The registered manager told us, "[Person] had always wanted to ride a Harley Davidson and never thought she would have the opportunity. Together with the help of The Harley Davidson Owners Club we were able to make her dream come true" and "Whenever she looked at the photo it always made her smile and she loved to talk about her ride on the 'Harley'".

The involvement of relatives, other organisations and the local community was integral to how activities at Marston Court were planned to ensure people were stimulated and had their needs met. For example, the registered manager, staff and people's relatives had become aware of the positive impact that some care homes had experienced nationally as a result of working closely with local schools and nursery's. As a result the registered manager arranged for a local nursery to visit the home. Without exception every relative we spoke with were extremely positive about the impact this had had on people at Marston Court. One relative told, "It's amazing. Mum sits up and becomes more alert. She's like a different person". Another relative told us, "The impact this has on mum is really positive, she always tells us about it and is always looking forward to the next visit".

The registered manager and staff went to great lengths to ensure people's individual needs were assessed prior to admission to the service to ensure people received a personal service when coming to Marston Court. For example, one person was referred to the service for respite care. Initially the person was reluctant

to do this due to their current mental wellbeing. The person told us "I did not want to go into a home" and "I wasn't in a good place. I had recently suffered a loss, I was raw. I just didn't want to do anything". As a result the registered manager arranged to visit the person in their own home to reassure them. The person told us, "I just wasn't interested but I agreed to sit down and listen to what they had to say" and "Well, [registered manager] turned out to be a lovely person, she sat down with me and explained what it was all about, we ended spending the afternoon together and I agreed to give it a go. [Registered manager] is such a lovely person". The person also told us. "I was still a little reluctant to go but when I arrived the atmosphere, as soon as I came through the door was unbelievable, the second I came through the door, I was made to feel welcomed. I had been through so much and was really down. My stay there had a hell of a positive impact on my wellbeing. It's weird there's so much going to do but at the same time it's so relaxing. The staff are kind, caring and patient, Nothing is too much. The entertainment and activities were exceptional. I just did not want to leave. I was so surprised at how good that place was, well I have decided that I am going back for another break I enjoyed it so much".

People's care plans were centred on their wishes and needs and continuously kept under review. The registered manager and staff were exceptionally responsive to people's individual needs and ensured people received a personal service. For example, the activities co-ordinator discovered that one person had spent a long time working as a teacher. As a result Marston Court invited the person to help out in the planning and delivery of some of the activities with the service. We spoke with this person's relative who described the impact that this had on the person, they told us, "She appreciates things on different levels because of her ability, it's clear that she is stimulated and gets something out of everything they do", "She is stimulated. Mums a lot more alert now, she's more alert than she has been for a very long time. One of the great things is the way they identify things and encourage people to do things. They never force anyone to do anything they don't want to do", "Mum never wanted to be in a care home, but she is well settled and loves it at Marston court. We have noticed how much happier she is and that she doesn't complain about as many aches and pains as she used to" and "Her quality of life has improved there is no doubt about it".

Care plans contained person specific information that captured people's preferences, hobbies and interest, daily routines and likes and dislikes. Staff we spoke with were knowledgeable about the person centred information with people's care records. For example, without exception all of staff we spoke with told us about people individual histories and how people liked to spend their time and what was important to them.

At the time of our inspection there was no one receiving 'end of life' care. However, the registered manager was able to evidence how the service had previously recorded and respected people's preferences and wishes. Records confirmed that people's funeral wishes in relation to burials, cremations and family arrangements had been discussed with people. We spoke with one relative who had recently experienced the 'end of life care' of a loved one. They described the caring nature of the home as "outstanding" and "person centred to the core". They also told us, "It was a really difficult emotional time. I was so impressed with the whole end of life experience. The staff and the standard of care was just phenomenal. I was never made to feel awkward and every interaction that staff had with me and my husband was nothing other than person centred. Staff made sure everyone was comfortable. The impact that this had on me was nothing other than 100% positive. I felt a lot of love during a very difficult time".

People's diverse needs were respected. Discussion with the registered manager and staff demonstrated that the service respected people's individual needs. The registered manager described people's individual diverse needs and how people were supported to follow their own faiths and religions. The registered manager told us "if we don't respect people's individual needs and wishes then we are not delivering person centred care, its simple" A staff member we spoke with told us, "Everyone has their own needs which are

unique to them and we must support people with these needs". The provider's equality and diversity policy supported this culture.

People knew how to raise concerns and were confident action would be taken. One person we spoke with told us, "I've never had to complain, what's there to complain about here". Systems were in place to record and investigate complaints. Records showed there had been two complaints since our last inspection. Complaints had been dealt with in line with the provider's policy. A relative we spoke with told us "I haven't had to complain and that's because they are so amenable. They listen, god yes they listen to us".

Is the service well-led?

Our findings

The service continued to be well-led. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in The Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were positive about the service and the registered manager. One person told us, "[Registered manager] is always asking us how things are". Another person said, "[Registered manager] is great, she always makes sure there is something going on". Staff told us the service was well-led, open and honest. One staff member told us "[Registered manager] is really good and supports us all. She is always getting involved. I love working here". Another staff member said "[Provider] is good, it's a really good company to work for".

The provider and the registered manager monitored the quality of the service provided. A range of audits were conducted by the registered manager that included, care plans, risk assessments medication and the day to day running of the service. The provider and registered manager also monitored accidents and incidents and analysed information to look for patterns and trends. Findings from audits were analysed and actions were taken to drive continuous improvement. For example, a recent audit of care records had identified shortfalls in people's Malnutrition Universal Screening Tool (MUST). MUST is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese. We saw evidence that initially the information from the audit was cross referenced with people's daily records to ascertain that people had received effective support. Once the registered manager was confident that this was a recording issue, they then addressed this with staff. As a result the standard of records improved.

There was a whistleblowing policy in place that was available to staff across the service. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistleblowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager of the home had informed the CQC of reportable events.

The service had strong links with the local community. We saw evidence that people from the community were invited to attend activities run by the home. The registered manager worked in partnership with external agencies such as GPs, district nurses, social services and the local authority.