

The Orders Of St. John Care Trust

OSJCT Marston Court

Inspection report

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

Summary of findings

Overall summary

This inspection took place on 21 and 22 April 2016. It was an unannounced inspection. Marston Court is registered to provide accommodation for up to 39 older people who require personal care. At the time of the inspection there were 38 people living at the service.

The service had a registered manager. 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 told us they were safe. People were supported by staff who could explain what constitutes abuse and what to do in the event of suspecting abuse. Staff had completed safeguarding training and understood their responsibilities.

People received their medicines as prescribed. Staff administering medicines checked each person's identity and explained what was happening before giving people their medicine. Where risks to people had been identified risk assessments were in place and action had been taken to reduce the risks. Staff were aware of people's needs and followed guidance to keep them safe.

The service had robust recruitment procedures and conducted background checks to ensure staff were suitable for their role. There were sufficient staff to meet people's needs. Staff were not rushed in their duties and had time to chat with people. Throughout the inspection there was a calm atmosphere and staff responded promptly to people who needed support.

Staff understood the Mental Capacity Act (MCA) and applied its principles in their work. The MCA protects the rights of people who may not be able to make particular decisions themselves.

The service sought people's views and opinions and acted upon them. Relatives told us they were confident they would be listened to and action would be taken if they raised a concern. We saw complaints were dealt with in a compassionate and timely fashion.

People received person centred care. People were cared for by a service that understood the importance of getting to know the people they supported. There was a clear focus on the importance of knowing people's histories.

Staff spoke positively about the support they received from the registered manager. Staff had access to effective supervision. Staff and the registered manager shared the visions and values of the service and these were embedded within service delivery. The service had systems to assess the quality of the service provided. Learning from audits took place which promoted people's safety and quality of life.

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 was safe.

People told us they felt safe. Staff understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse.

There were sufficient staff on duty to meet people's needs.

People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff had the training, skills and support to care for people.

People had sufficient to eat and drink and were supported to maintain good health.

The service worked with other health professionals to ensure people's physical health needs were met.

Is the service caring?

Good ●

The service was caring. Staff were kind and respectful and treated people with dignity and respect.

People benefited from caring relationships.

The staff were friendly, polite and compassionate when providing support to people.

Is the service responsive?

Good ●

The service was responsive. People's needs were assessed to ensure they received personalised care.

Staff understood people's needs and preferences. Staff were knowledgeable about the support people needed

There was a range of activities for people to engage with.

Is the service well-led?

Good ●

The service was well led. The manager conducted regular audits to monitor the quality of service. Learning from these audits was used to make improvements.

The home had a culture of openness and honesty where people came first.

There was a whistleblowing policy in place that was available to staff around the home. Staff knew how to raise concerns.

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 checked whether the provider was 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 the 21 and 22 April 2016 and was unannounced. The inspection team consisted of one inspector

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR, previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about in law.

We spoke with seven people, five relatives, five care staff, the administrator, the chef, the registered manager and three healthcare professionals. We reviewed eight people's care files, 10 staff records and records relating to the management of the service.

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.

Is the service safe?

Our findings

People told us they felt safe. Comments included; "Yes I am safe here", "The staff look after me", "It's lovely, I feel so happy here", "I am looked after" and "I am safe". Relatives told us people were safe. Their comments included "I know that [person] is safe there and looked after", "My mum is definitely safe there" and "I have no concerns surrounding [person's] safety". One visiting healthcare professional we spoke with told us "People are certainly safe here".

People were supported by staff who could explain how they would recognise and report abuse. They told us they would report concerns immediately to the registered manager. Staff were also aware they could report externally if needed. Comments included; "I would inform safeguarding", "I would go higher if I had to, or come to you (Care Quality Commission)", "If I thought someone was at immediate risk then I would go to the police" and "I would ring the safeguarding team straight away".

People's care plans contained risk assessments which included risks associated with; moving and handling, pressure damage, falls and nutrition. Where risks were identified plans were in place to identify how risks would be managed. For example, one person was at risk of developing pressure ulcers. The person had been referred to the tissue viability team and their guidance was being followed. This included the use of pressure relieving equipment and to frequently encourage and support the person to change their position. Staff we spoke with were aware of these risks and what action to take as a result.

People who were at high risk of malnutrition had accurate and up to date Malnutrition Universal Screening Tools (MUST) in place and were supported by staff who were aware of these risks and what action to take as a result. The service had also sought advice and guidance from healthcare professionals. We saw evidence that people's weights were monitored and staff followed the guidance provided.

People had their medicines as prescribed. The staff checked each person's identity and explained the process before giving people their medicine. Medicines were stored securely and in line with manufacturer's guidance. Staff were trained to administer medicine and their competency was regularly checked by the registered manager. We observed a medicine round and saw correct procedures were followed ensuring people received their medicine as prescribed. Medicines administered 'as and when required' included protocols providing guidance for staff about when the medication should be used. Staff had an understanding of the protocols and how to use them.

We observed, and staffing rotas confirmed, that there were enough staff to meet people's needs. Staff and relatives told us there were enough staff to meet people's needs. One relative said "The carers are always on hand". The registered manager provided a 'dependency tool' that evidenced how the home matched the needs of people against the number of staff needed. We saw evidence that this was regularly reviewed by the management team. During the day we observed staff were not rushed in their duties and had time to chat with people. Throughout the inspection there was a calm atmosphere and staff responded promptly to people who needed support. People in their rooms had call bells to hand and call bells were answered promptly. One relative told us "There always seems to be enough staff about".

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and Disclosure and Barring Service checks. These checks identify if prospective staff were of good character and were suitable for their role.

Is the service effective?

Our findings

People we spoke with told us staff were knowledgeable about their needs and supported them in line with their support plans. Comments included: "(Staff) understand my needs", "Everyone helps me here I love it" and "The staff are ever so good".

Relative's told us staff were knowledgeable. Relative's comments included; "The staff certainly seem to have the right knowledge and skills, the staff have been there a long time which is always a good sign", "They know my mum so well", "They are so good at their jobs" and "The staff are good at what they do".

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff told us they received an induction and completed training when they started working at the service. Training included safeguarding, moving and handling, medication, fire safety, infection control, pressure area care, equality and diversity, Mental Capacity Act (MCA) and health and safety. Staff comments included "I love the training", "The induction was really good", "We are always asked about our training needs", "I find it helpful" and "The training is good". Staff told us and records confirmed that staff had access to further training and development opportunities. For example, staff had access to national certificates in care.

Staff told us, and records confirmed they had effective support. Staff received regular supervision and appraisals (one to one meetings with their manager). Staff we spoke with told they felt supported by the registered manager. Comments included "You can raise concerns and discuss training", "She's open, she will tell you if something is wrong and she will help you get it right", "She always listens" and "You can talk to her without feeling she is coming down on you".

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report our findings. We discussed the MCA with the registered manager who was knowledgeable regarding the act. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People were supported by staff who had been trained in the MCA and applied it's principles in their work. All staff we spoke with had a good understanding of the Act. Comments included: "It's the ability to make an informed decision, it's not about depriving people of what they can do", "Unless deemed otherwise people are treated as having capacity", "If I had concerns then I would carry out a capacity assessment and get the G.P involved and the CMHT (Community Mental Health Team)", "We should be encouraging people to make the right decisions".

We found the home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). DoLS provide legal protection for people who lack capacity and are deprived of their liberty in their own best

interests. At the time of our inspection the service had made DoLS applications for one person.

People had sufficient to eat and drink. People who needed assistance with eating and drinking were supported appropriately. People were offered a choice of options at each meal time. The chef advised us that if people did not like the choices available an alternative would be provided. They also told us "At the end of the day I have come into their home to cook not the other way around". During our inspection we observed that the food looked wholesome and appetising. People told us they enjoyed the food provided by the home. Comments included "The food is always to my liking and if you don't like it they get you something you do like", "I enjoy it, it is very nice", "The food is excellent", "It's very good plain food" and "The food is lovely". Where people required special diets, for example, pureed or fortified meals, these were provided by kitchen staff who clearly understood the dietary needs of the people they were catering for. Menus were displayed around the dining room and staff assisted people with their choices. During our observation of the lunch time meal we noted that people were offered a choice of drinks throughout.

On the day of our inspection staff and people had decorated the home with bunting and posters to celebrate the Queen's official birthday. We also saw evidence of how plans were being finalised to celebrate St George's day. To support this, the chef had made a number of cakes that were in the shape of the royal crown, which people clearly enjoyed and commented on. One person told us "That was lovely".

People had regular access to other healthcare professionals such as, G.P's, district nurses, occupational therapists, physiotherapists and other professionals from the care home support team. Where healthcare professionals provided advice about people's care this was incorporated into people's care plans and risk assessments. For example, where people had been identified as having swallowing difficulties referrals had been made to Speech and Language Therapy (SALT). Care plans contained details of recommendations made by SALT and we saw staff were following the recommendations. One visiting healthcare professional we spoke with told us "They listen to the guidance we give and act on it".

Is the service caring?

Our findings

People were complimentary about the staff and told us staff were caring. People's comments included "I came here because they looked after my husband so well", "The staff are brilliant and they care", "You can't beat the care here", "The staff are excellent", "They look after me here" and "It's really good care here".

Relatives we spoke with told us that the staff were caring. Comments included "It's lovely here", "The care is excellent", "Everything there is done with passion", "The care is unbelievable" and "The staff are very caring". One visiting healthcare professional we spoke with told us "The staff here are caring" and "The staff are genuine and go out of their way for people".

People had their own bedrooms which enabled them to maintain their privacy. Staff we spoke with told us people were encouraged to personalise their rooms. One staff member told us "When someone moves in we encourage them to make it their own". Rooms we observed had been personalised and made to look homely. We spoke with the registered manager about this and they said "If someone is going to give up their home to come here, then we need to make sure it feels as homely as possible".

We saw staff call out to people if their room doors were open before they walked in, or knocked on doors that were closed. When they provided personal care, people's doors and curtains were closed. For example, we observed a staff member knocking on a person's door before entering, the staff member then spoke with the person and explained they were there to deliver personal care. We spoke with this member of staff and they said "You have to respect people's privacy".

Throughout our visit we saw people were treated in a caring and kind way. The staff were friendly, polite and respectful when providing support to people. Staff took time to speak with people and reassure them, always making sure people were comfortable and had everything they needed before moving away. For example, one person had arrived back from receiving medical treatment from a district nurse. A staff member sat with this person and checked that they had everything they needed and that they were not in discomfort. We also observed how another person who reported to staff that they had "A frog in (their) throat" was supported to have a drink of water. The staff member knelt down to the person's eye level and said to them "Is that better [person], I will just leave it here in case you need some more".

People were treated with dignity and respect. Staff took time to ensure people understood what was going to happen and explained what they were doing whenever they supported people. For example, we observed how one member of staff supported a person with a medical condition. Throughout the interaction the staff member took the time to explain what was happening and what was going to happen next. The staff member then explained the importance of not touching the area of the body where the condition was.

During one of our observations we noted that a person was asked what drink they would like to have to take their medicine. After some thought the person requested to "Wait a few minutes" so they could take their medicine with their orange juice because "It goes down better". The staff member then waited for the orange juice to arrive before completing their task. This meant that the staff member gave the person the

time to express their wishes and respected the decision they made.

We saw how staff spoke to people with respect using the person's preferred name. When staff spoke about people to us or amongst themselves they were respectful. People's friends and relatives could visit whenever they wanted to. People were able to meet their relatives in the communal areas or in the privacy of their rooms. A relative told us "I can visit when I want".

Throughout our inspection we observed that interactions were kind and caring. People were treated as individuals and supported with their independence. For example, we observed how one person decided that they did not want support from a staff member during a transfer using a walking aid. The staff member respected this wish whilst staying close to the person and keeping a watchful eye on them. We spoke with this staff member who told us "Every now and again [person] likes to do it their self, it's important that we respect this as it supports [persons] independence". We also saw evidence of how the home had won an award for promoting people's independence in that they ensured that all those people living at the home had the opportunity to vote during the last general election.

Is the service responsive?

Our findings

People we spoke with told us that the service was responsive to their needs. One person we spoke with told us "They got my leg sorted, they do attend to your needs". Relatives told us the service was responsive. Relative's comments included "They are great at looking after [person]", "If she ever needs to see a doctor then they are straight on it", "They let me know straight away if there's a problem" and "There was this one occasion when mum needed help and they acted on it straight away".

One visiting healthcare professional we spoke with told us "If I pick up on anything then it is put right straight away and I am updated" and "The staff are genuine and go out of their way to support people". Another professional told us "The service is certainly responsive".

Staff were responsive to people's changing needs. During our inspection a morning staff meeting took place and it was evident that people's changing needs were being discussed. This meeting was also used to discuss assessments that had taken place for people who were due to move into the home. For example, the registered manager discussed a person they had recently assessed the day before and highlighted to the staff team what the person's hobbies and interests were. This demonstrated that people's needs were assessed prior to admission to the service to ensure that people's personalised care needs were identified and that the care needs could be met.

We also observed how the service had responded to two people's changing needs surrounding the fact that they could sometimes become disorientated. To support the individuals during these times the staff had placed signs throughout the home indicating reference points such as communal areas and the people's rooms. For example, one sign had a large arrow on it and stated '[Person's] room this way'.

There was evidence that people had been involved in their assessment. Care plans contained 'All about me' documents which detailed the person's history, likes, dislikes and preferences how they liked to spend their time and things that were important to them. For example, these documents included details on people's favourite television programs and their preferences surrounding hot and cold drinks. Another person's care records highlighted their sleeping arrangements and guidance for staff to ensure that this was respected. We spoke with this person who told us that staff followed this guidance. One member of staff we spoke with told us "With only 39 people you can really get to know them and their likes and preferences". During our inspection we saw that care plans were reviewed regularly.

People received personalised care and staff we spoke with were knowledgeable about the people they supported. For example, we spoke with one member of staff who was able to tell us a person's life history and provide details about the person's previous employment history. The information shared with us by the staff member matched the information in the person's care records. One professional we spoke with told us "It's clear the staff know the residents" and "[Registered manager] knows the residents inside out".

Church services were regularly provided for people to attend and care records highlighted people's faiths and religious practices. People we spoke with told us that they were supported to follow their faith in the

way that they like to. One person's care records highlighted the importance of staff to 'Remind me when church service is happening'. Staff we spoke with were aware of this guidance and care records confirmed that the guidance was followed.

The service had an activities coordinator and people were offered a range of activities that included arts and crafts, board games and bingo. The service had also implemented an activity that supported people in making wreaths for Remembrance Day. As a result the registered manager had visited Normandy and placed one of the wreaths that people had made on the war memorial there. We also saw evidence of where the service was working with a local charity in delivering a project called 'making of me'. This included activity's surrounding drama, dance and poetry. This meant that the service supported people to avoid social isolation. We spoke with the registered manager about this and they told us "It's really important that we support people to avoid isolation, if not people can go down in mood and that has a knock on effect to others things".

There was evidence of how people who did not want to participate in activity's had their preferences and wishes respected. For example, one person we spoke with told us "I like to keep myself to myself, I like that fact that I can do what I want. Every now and again they come and ask me, but I always tell them it's not for me. They listen, they are good like that".

People's opinions were sought and acted upon. Regular 'residents meetings' were held and gave people and their relatives the opportunity to raise issues and concerns. For example, we saw evidence of how the service was in an active ongoing discussion surrounding the decor in communal areas. The registered manager told us "I chair the meetings but it's always under the invitation of the residents".

People knew how to make a complaint and leaflets asking for feedback about the quality of the service were available in the communal areas of the service. There had been nine complaints since our last inspection and these had been logged and responded to in line with the organisations policy. One relative we spoke with told us "I haven't had to make a complaint yet, but if I did I would go straight to [registered manager]".

Is the service well-led?

Our findings

Staff spoke positively about the registered manager. Comments included "She's good, she trusts us", "[Registered manager] is firm but fair", "[Registered manager] is fantastic", "She has this way of being the boss, without making you feel she is" and "She's great".

Relatives were also complimentary about the registered manager. Comments included "She is really good", "She is excellent with the residents", "She is such a nice person", "She's lovely" and "The manager is very supportive". One professional we spoke with told us "The registered manager is very open and honest".

The registered manager told us that the visions and values of the home were, "To continue to build a homely atmosphere where people receive good quality care". Throughout our visit we observed staff displaying these values. There was a positive and open culture in the home and the registered manager was available and approachable. People knew who the registered manager was and we saw people and staff approach and talk with them in an open and trusting manner. We also saw the registered manager was involved in the day to day tasks of running the home.

Staff understood the whistleblowing policy and procedures. Staff told us they felt confident speaking with management about poor practice. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. One member of staff we spoke with told us "I would have no problems going to [registered manager], she is very approachable". 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.

Regular audits were conducted to monitor the quality of service. These were carried out by the registered manager and the provider. Audits covered all aspects of care including, care plans and assessments, risks, staff processes and training. Information was analysed and action plans created to allow the registered manager to improve the service. For example, a recent audit of training records had highlighted discrepancies in what the registered manager believed to be factual and what the system was reporting. The registered manager then followed this up with staff individually who confirmed that the training records were in fact inaccurate. As a result the registered manager developed an additional system to mitigate future inconsistencies.

Accidents and incidents were recorded and investigated. The registered manager used information from the investigations to improve the service. For example, following an incident where a person had fallen. The incident was investigated and the person's care plan reviewed to ensure they were safe. The registered manager referred the person to the care home support team. The registered manager had then implemented falls observation charts to mitigate future risks and support referrals to the care home support team. All accidents and incidents were reviewed collectively to look for patterns and trends.

The service was continually looking to improve. For example the registered manager had implemented a 'Niggles folder'. We spoke with the registered manager about this and they told us "It's for when residents

or the relatives come to me and say, it's not a complaint but" and "I do this because it's about opening up communication with people and making sure they feel listened to". We saw evidence of how the registered manager had acted upon a recent concern from a relative surrounding the timely delivery of a person's medication. The registered manager had identified the barrier to this as being the "Turnaround time" of the local pharmacy. The registered manager liaised with the pharmacy and the person's G.P which resulted in a quicker turnaround time.

The service worked in partnership with visiting agencies and had links with GPs, the pharmacist, district nurse and Care Home Support Service. One healthcare professional we spoke with told us "They sit and support us if needed; it's one of the nicest homes we come to".