

# Country Court Care Homes 2 Limited

## Marling Court

### Inspection report

2 Bramble Lane  
Hampton  
Middlesex  
TW12 3XB

Date of inspection visit:  
08 January 2020  
10 January 2020

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12 February 2020

### 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

### About the service

Marling Court is a care home providing personal and nursing care for older people. At the time of the inspection, there were 37 people using the service. The provider is Country Court Care Homes 2 Limited and is situated in the Hampton area of south west London.

### People's experience of using this service and what we found

People said they enjoyed the experience of living at Marling Court and staff said it was a good place to work. Everyone thought the home was a safe place to live and work in. Risks to people were assessed, enabling them to enjoy their lives and take acceptable risks, whilst keeping safe. The home reported, investigated and recorded accidents and incidents and safeguarding concerns. There were enough appropriately recruited staff to meet people's needs. Medicine was safely administered.

People's equality and diversity needs were met, and they did not experience discrimination. Well-trained and supervised staff spoke to people in a clear way, that they could understand. People were encouraged to discuss their health needs with staff, and they had access to community-based health care professionals. Staff protected people from nutrition and hydration risks and people were encouraged to choose healthy and balanced diets that also met their likes, dislikes and preferences. The premises were adapted to meet people's needs. Transition between services was based on people's needs and best interests.

The home had a warm, welcoming and friendly atmosphere with staff providing care and support in a way people liked. We met staff who were caring and compassionate. We saw many positive interactions taking place between people, staff and each-other during our visit. Staff observed people's privacy, dignity and confidentiality and encouraged and supported them to be independent. People had access to advocates, if required.

People's needs were assessed, reviewed and they received person centred care. People did not suffer social interaction, had choices and pursued their interests and hobbies. People were provided with information, to make decisions and end of life wishes were identified. Complaints were investigated and recorded.

The home's culture was open, positive and honest with transparent management and leadership. The organisational vision and values were clearly set out. Service quality was frequently reviewed, and areas of staff and management responsibility and accountability established. Audits were carried out and records kept up to date. Good community links and working partnerships were established. Registration requirements were met.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at the last inspection and update

The last rating for this service was good (published 15 July 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Marling Court

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We checked notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider. We used all this information to plan our inspection.

#### During the inspection

We spoke with six people, six relatives, eight care staff, and the registered manager. We looked at the

personal care and support plans for six people and five staff files. We contacted four health care professionals to get their views and spoke with one visiting care professional, during the inspection.

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.

After the inspection

We requested additional evidence to be sent to us after our inspection.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- The home employed enough staff to provide flexible care to meet people's needs. During our visit, staffing levels matched the rota and enabled people's needs to be met and for them to participate activities, safely.
- The staff recruitment process was thorough, and records demonstrated that it was followed. The process contained scenario-based interview questions to identify prospective staffs' skills and knowledge of providing care and support. References were taken up and Disclosure and Barring Service (DBS) security checks carried out prior to staff starting in post. There was also a six-month probationary period, six-day induction and staff were required to complete a learning plan.
- Staff received bi-monthly supervision, an annual performance review and there were quarterly staff meetings.

### Systems and processes to safeguard people from the risk of abuse

- People's relaxed body language indicated, and they told us that they felt safe. One person said, "A very safe place to live." A relative told us, "I feel comfortable and have peace of mind leaving [person] here."
- People were kept safe by trained staff who were aware how to identify abuse, the action to take if encountered and how to raise a safeguarding alert. There was one current safeguarding activity awaiting an outcome.
- Staff had access to up to date provider safeguarding and abuse policies and procedures.
- People were advised by staff, how to keep safe and areas of individual concern were recorded in their files.

### Assessing risk, safety monitoring and management

- Risks to people were appropriately assessed, and measures put in place to minimise them, with clear directions for staff. This included all aspects of people's health, daily living and social activities which were regularly reviewed and updated as people's needs, and interests changed.
- People who displayed behaviours that challenged at times had clear records of incidents and plans in place to reduce them. Records showed that action was taken, and the advice of specialist professionals sought when they happened. A staff handover took place at the end of each shift.
- Staff checked on people frequently to ensure they were safe, during our visit.
- The home had general risk assessments that were regularly reviewed and updated. This included equipment used to support people which also was serviced and maintained. There were clear fire safety plans for staff about what to do in the event of an emergency. Fire drills were regularly held, and the fire alarm system was tested during the inspection.

### Preventing and controlling infection

- Staff work practices reflected that they had infection control and food hygiene training. The premises were clean. We saw staff wearing appropriate personal protective equipment (PPE) when supporting people and washing their hands using recognised techniques.
- Regular infection control audits took place.

### Learning lessons when things go wrong

- The home maintained accident and incident records and there was a whistle-blowing procedure that staff said they would be comfortable using. Incidents were analysed to look at ways of preventing them from happening again.
- People who were assessed as being at high risk of falls or choking had clear plans in place to reduce the likelihood of these incidents. Falls were recorded, and the registered manager analysed them to identify patterns and trends.

### Using medicines safely

- Medicines were safely administered, regularly audited and appropriately stored and disposed of. People's medicine records were fully completed and up to date. Staff were trained to administer medicines and this training was regularly updated. If appropriate, people were encouraged and supported to self-administer their medicines.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- If care was commissioned, for example from a local authority, they were required to provide the home with assessment information and information was also requested from any previous placements before a new person moved in.
- The home, person and relatives carried out a pre-admission needs assessment. The speed of the pre-admission assessment and transition was at a pace that suited the person, their needs and which they were comfortable with.
- People's physical, mental and social needs were holistically assessed, and their care, treatment and support delivered in line with legislation, standards and evidence-based guidance, including the National Institute for Care and Excellence (NICE) and other expert professional bodies, to achieve effective outcomes.
- People could visit the home as many times as they wished, before deciding if they wanted to move in. They were able to share meals, to help them decide. During these visits assessment information was added to. One relative told us, "When we visited, the place had a really nice feeling and that was enough for us, we knew this was the right one."
- The home provided easily understandable written information for people and their families.

Staff support: induction, training, skills and experience

- Staff supported people in a way that met their needs effectively. This was enabled by the induction and mandatory training staff received.
- New team members shadowed more experienced staff, as part of their induction. This improved their knowledge of people living at the home, their routines and preferences.
- The induction and probationary period was based on the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social sectors.
- The training matrix identified when mandatory training was required to be refreshed. There was specialist training specific to the home and people's individual needs, with detailed guidance and plans. The specialist training included stroke awareness, Parkinson's awareness, basic life support and allergy awareness.
- Staff were trained in de-escalation techniques to appropriately deal with situations where people may display behaviour that others could interpret as challenging.

Supporting people to eat and drink enough to maintain a balanced diet

- People had care plans that included health, nutrition, diet information and health action plans. There

were nutritional assessments and fluid charts that were completed and regularly updated. Nutrition and hydration audits took place.

- Staff observed and recorded the type of meals people received, to encourage a healthy diet and make sure people were eating properly. Meals accommodated people's religious beliefs, activities, their preferences and they chose if they wished to eat with each other or on their own.
- Whilst encouraging healthy eating, staff made sure people had meals they enjoyed. One person told us, "The food is really good."
- Staff frequently went around with drinks, to make sure people stayed hydrated.

Staff working with other agencies to provide consistent, effective, timely care Supporting people to live healthier lives, access healthcare services and support

- People received regular health checks and referrals were made to relevant health services, when required.
- People were registered with GPs and dentists and had access to community-based health care professionals.
- Health care professionals did not raise any concerns about the quality of the service provided.
- The home provided written information and staff accompanied people on health and hospital visits.

Adapting service, design, decoration to meet people's needs

- The home was appropriately adapted, and equipment provided was regularly checked and serviced to meet people's needs. People could bring items of furniture with them, provided it would fit into their private accommodation.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At this inspection consent to treatment of relevant persons was obtained through care plans.
- Staff we spoke with understood their responsibilities regarding the MCA and DoLS.
- Nineteen people had up to date DoLS authorisations in place and conditions were adhered to. Two people were awaiting assessment decisions.
- Mental capacity assessments and reviews took place as required.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were relaxed in and enjoyed the company of staff and each other. This was reflected in what they said and their positive body language. Everyone shared a lot of laughter during our visit and no one was left out. One person said, "Staff are professional, some are excellent, and others are novices learning the ropes." One relative commented about staff, "Absolutely brilliant." Another relative told us, "Staff are all really nice and get on well with everyone."
- People did as they wished with support from staff. One person commented, "I get help in the mornings and get up when I want."

People felt respected and relatives said staff treated people with kindness, dignity and respect

- Staff were passionate and committed about the care they provided and people they provided it for. This was delivered in an empowering and thoughtful way. One person said, "I can't speak highly enough of the staff." Another person told us, "Staff are fine, all good fun."
- Staff received equality and diversity training that enabled them to treat people equally and fairly whilst recognizing and respecting their differences. People were treated respectfully and as adults, by staff who did not talk down to them.
- Staff were trained to respect people's right to be treated with dignity and respect. They provided support accordingly, in an enjoyable environment. This was reflected by staff practices throughout our visit with caring, patient and friendly support provided that also respected people's privacy.

Supporting people to express their views and be involved in making decisions about their care

- During our visit people came and went, as they pleased, attending various activities including a keep fit session, and 'What the papers say'. One person was playing the piano.
- People were supported to make their own decisions regarding their care, how it was delivered and the activities they did. Staff checked that people understood what they were telling them, the choices available to them and that they understood people's responses. Staff asked what people wanted to do, where they wanted to go and who with. One person said, "We like to keep busy." Another person told us, "I join in with sewing, knitting and art." A relative said, "You walk in and get that good feeling."

Respecting and promoting people's privacy, dignity and independence

- Staff's knowledge of people meant they were able to understand what words and gestures meant and

people could understand them. This enabled them to support people appropriately, without compromising their dignity, for example if they needed to go to the toilet. Staff were also aware that this was people's home and they must act accordingly.

- The home had a confidentiality policy and procedure that staff understood and followed. Confidentiality was included in induction and on-going training and contained in the staff handbook.
- There was a visitor's policy which stated that visitors were welcome at any time with the agreement of people. Relatives said they were made welcome and treated with courtesy. This was what we found when we visited.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff met people's needs and wishes in a timely way, and in a manner that people liked and were comfortable with.
- People's care plans were individualised and recorded their interests, hobbies and health and life skill needs. This was as well as their wishes and aspirations and the support required to achieve them.
- People had their care and support needs regularly reviewed, re-assessed with them and their relatives and updated to meet their changing needs. People were encouraged to take ownership of their care plans and contribute to them, as much or as little as they wished.
- The registered manager and staff made themselves available to discuss any wishes or concerns people and their relatives might have. People's positive responses reflected the appropriateness of the support they received. One person told us, "I do what I want to do."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The AIS was being followed by the organisation, home and staff with clear information available to make it easier for people to understand, in their first language. Staff communicated clearly with people which enabled them to understand what they meant and were saying. People were also given the opportunity to respond at their own speed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had choices of individual and group activities, at home and in the community and were given weekly and monthly, part pictorial activity schedules. There were a variety of activities available that included chair yoga, jewellery craft, movie club and 'Kids in bloom' visits.
- During our visit people using the service visited a garden centre. One person told us, "I really enjoyed that."
- Other activities included, board games, bingo, massage sessions, reminiscence, classic Hollywood movies, arts and crafts and music and movement with Serena. Singers and musicians also visited. There was also a 'Resident' of the day programme. One person said, "I really liked Elvis at Christmas." Another person explained how they go out twice per week with their daughter saying, "It's nice to have a change of scenery."

- People were encouraged to keep in contact with friends and relatives. People regularly received visits from friends and relatives and were encouraged to keep in contact as much as they wished.

#### Improving care quality in response to complaints or concerns

- People said they were aware of the complaints procedure and how to use it. One person told us, "I understand how to complain and who to." The complaints procedure was readily available and easy to understand. There was a robust system for logging, recording and investigating complaints.

#### End of life care and support

- Whilst the service did not provide end of life care, people were supported to stay in their own home for as long as their needs could be met with assistance from community based palliative care services, as required. End of life wishes were recorded in people's care plans.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The home's culture was open, transparent and positive. This was due to the contribution and attitude of the staff and registered manager who listened to people and acted upon their wishes.
- People using the service and their relatives were informed if things went wrong regarding their care and treatment and appropriate support provided with an apology. One relative said, "The [registered] manager is good, they listen." The registered manager operated an open-door policy. Another relative told us, "Very well-run." A staff member said, "The quality of care has improved a lot since [registered manager] arrived."
- The organisation's vision and values were clearly set out and understood by staff. They were explained during induction training and revisited at staff meetings.
- Staff care practices reflected the organisation's stated vision and values as they went about their duties.
- There were clear lines of communication and specific areas of responsibility, regarding record keeping.
- Many staff had been in post for a number of years. One staff member told us, "It's like a family."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements Continuous learning and improving care

- The home and organisation had robust quality assurance systems that contained performance indicators which identified how the service was performing, any areas that required improvement and areas where the service was accomplishing or exceeding targets.
- Audits were carried out by the registered manager, area manager, staff team and the internal quality team. They were up to date. There was also an audit action plan. The area manager visited as part of their audit review.
- Our records demonstrated that appropriate notifications were made to the Care Quality Commission in a timely way.
- The home's previous rating was displayed and available on the organisation's website.
- The registered manager conducted spot checks. There were daily 'Flash' department heads meetings and staff shift handovers where risks, concerns, upcoming events and good practice were shared and then cascaded down to staff.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics Working in partnership with others

- The home had close links with services, such as speech and language therapists, GPs, and other health care professionals. This was underpinned by a policy of relevant information being shared with appropriate services within the community or elsewhere.
- The home had built up solid links with community organisations including schools, churches and a pre-school nursery.
- The home held meetings for people and their relatives and questionnaires were sent out. These included meeting the chef to discuss menus. Staff also received questionnaires. The feedback was positive and recommendations acted upon, such as menu suggestions.