Marston Court Limited

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 was an unannounced inspection that took place on 24 August 2016.

Marston Court provides care and accommodation for up to 22 people with learning disabilities and autistic spectrum disorders, some of whom also have physical disabilities. On the day of our inspection there were 18 people using the service.

The service has 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 felt safe using the service and trusted the staff. Staff were trained in safeguarding and understood their responsibilities to safeguard the people using the service. They used their knowledge of people, and the trusting relationships they had formed with them, to keep them safe.

Since we last inspected risk assessments and care plans had been re-written and improved. This meant that staff had up-to-date information to keep people safe whilst also ensuring that their freedom was respected. Staff used recognised de-escalation and distraction techniques to support people safely if they became distressed.

There were enough staff on duty to meet people's care and support needs and enable them to take part in activities. Staff communicated well with the people using the service and had the training and support they needed to work effectively with them.

People told us they liked the food served. We observed the lunchtime meal. Staff sat with people while they ate and talked with them helping to make the meal a sociable occasion. If people needed assistance to eat, or adapted cutlery, staff provided this. Menus showed people had a varied diet, based on their preferences, with choices at every meal.

Staff supported people to maintain good health and ensured they accessed healthcare services when they needed to. Some people had complex healthcare needs so staff worked closely with a range of healthcare professionals including GPs, District Nurses, physiotherapists, and learning disability experts. Staff advocated for people to ensure their healthcare needs were met and accompanied them to appointments.

People and relatives told us the staff were caring. They were kind and patient in their approach to people. They knew people's preferences and how they liked to communicate. They encouraged people to express their views and make choices about all aspects of their lives including what to eat and drink and whether or not to take part in activities.

Care plans focused on people's strengths and abilities and how the person wanted to be supported. Their likes and dislikes were recorded and other key information staff needed to know. Staff understood the importance of activities to enrich people's lives and the activities organiser provided both group and one-to-one activities to meet people's needs.

People and relatives told us they would speak up if they had any concerns about the service. Staff listened to people using the service and others if they had any concerns and took action to resolve these to people's satisfaction. If people were unable to complain verbally or in writing staff advocated for them to ensure their complaints were heard.

People, relatives and staff told us the service was well-managed. They said the registered manager had had a positive impact and brought about many changes and improvements to the service. Staff said they felt valued and staff turnover had reduced giving people more continuity of care.

People using their service and relatives were asked to share their views about the service in a number of ways including at one-to-one and group meetings, open days, and through surveys. People were listened to and changes made in response to their suggestions and ideas.

The culture at the service was open and positive. If incidents or accidents occurred the registered manager and staff learnt from them and took action to reduce the risk of reoccurrence. They used the provider's quality assurance system to evaluate the service to help ensure the people using it were providing high quality care.

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 using the service felt safe and staff knew what to do if they had concerns about their welfare. Staff supported people to manage risks.

There were enough staff on duty to keep people safe, meet their needs, and enable them to take part in activities. Medicines were safely managed and administered in the way people wanted them.

Is the service effective?

Good

The service was effective.

Staff were trained to enable them to support people safely and effectively. People were supported to maintain their freedom using the least restrictive methods.

Staff had the information they needed to enable people to have sufficient to eat, drink and maintain a balanced diet. People were assisted to access health care services and maintain good health.

Is the service caring?

Good

The service was caring.

Staff were caring and kind and treated people with dignity and respect.
People were encouraged to make choices about their lifestyles and involved in decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their needs. Staff encouraged people to take part in group and one to one activities.

People knew how to make a complaint if they needed to and support was available for them to do this.

Is the service well-led?

Good

The service was well led.

The home had an open and friendly culture and the registered manager was approachable and helpful.

The registered manager and staff welcomed feedback on the service provided and made improvements where necessary. The provider used audits to check on the quality of the service.

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 24 August 2016 and was unannounced.

The inspection team consisted of one inspector, an expert by experience, and a specialist advisor. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. A specialist adviser is a person with professional expertise in care and/or nursing.

We reviewed the 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 information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided.

We also reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We spoke with five people using the service and four relatives. We also spoke with the registered manager, the provider's representative, five care workers, the cook, and a housekeeper.

We observed people being supported in communal areas. We looked at records relating to all aspects of the service including care, staffing and quality assurance. We also looked in detail at four people's care records.

Good

Is the service safe?

Our findings

People told us they felt safe using the service and trusted the staff. One person said, "I feel very safe here and the staff are lovely and kind. The staff make sure I am alright." Another person commented, "The staff are nice here and I feel safe. I have no concerns."

Relatives said their family members were safe at the service. One relative told us, "My [family member] is safe there and we have no concerns or worries. They are looking after [person's name] very well, the home is always clean and I cannot fault the staff."

Staff were trained in safeguarding and understood their responsibilities to protect people from harm. One staff member said, "People are safe here and I am fully aware of the safeguarding and whistleblowing procedures." These procedures gave staff the information and contact numbers they needed to report abuse. These were up to date and staff had signed to say they had read and understood them.

Staff used their knowledge of people, and the trusting relationships they had formed with them, to keep them safe. For example, staff told us that one person using the service had suddenly become distressed and they needed to find out why. Through supporting and talking with the person they learnt that another person, a new admission to the service, had the same name of someone they had had previous issues this. Once staff knew this they were able to reassure the person and help them to feel safe again.

The registered manager said the service's ethos is that care and support takes place in a person's home. She said poor practice was not tolerated and staff were encouraged to report this if they saw it so it could be addressed. The registered manager, who regularly worked alongside her staff at the service, gave us an example of this. She said she had witnessed someone speaking disrespectfully to a person using the service. She said would not tolerate this and had taken action to ensure it would not happen again.

Records showed that when there had been safeguarding concerns at the service the registered manager had reported them to us, the local authority, and other relevant people and agencies. Records showed these had been dealt with appropriately and staff had worked closely with health and social care professionals and families to ensure people using the service were safe. This demonstrated that management and staff knew how to report abuse and how to protect people from avoidable harm.

We looked at how staff at the service managed risk with a view to ensuring people were protected. Since we last inspected risk assessments and care plans had been re-written and improved. This process had been overseen and implemented by the registered manager who took lead responsibility for this area of the service.

The risk assessments we saw had the necessary information in them to enable staff to keep people safe. For example two people who were living with epilepsy had appropriate risk assessments and care plans in place for this. Records showed staff followed these, recording the management of seizures and knowing when to contact the emergency services if health services were required.

Some people using the service were assessed as on occasions 'displaying behaviour that challenges us'. This could result in risk to themselves and others. Risk assessments and care plans showed that staff addressed this by the use of recognised de-escalation and distraction techniques. These reflected best practice and National Institute for Health and Care Excellence (NICE) guidance.

The registered manager said risk assessments were written in conjunction with the people using the service, and their representatives, when they were first were admitted to the service. For example, one person who was new to the service had risk assessments in place for pressure sores, diet and fluids, and mobility and falls. This helped to ensure that staff knew how to keep the person safe as soon as they began providing care and support to them.

During our inspection visit we saw there were enough staff on duty to meet people's care, support, and social needs. If people wanted a staff member to assist them they did not have to wait long. Staff had time to interact with people, taken them out, and do activities with them.

Since we last inspected the numbers of staff on duty at night had been increased in order to meet people's changing needs. This showed the provider took action to ensure staff numbers were sufficient. Staff turnover had decreased and the staff team was more stable and established. This meant people using the service had continuity of care and the opportunity to get to know the staff who supported them which contributed to them feeling safe

The staff we spoke with were knowledgeable about the people using the service and how to keep them safe. One staff member told us, "All the information [about risk] is in their files and if anything changes we get told at handover meetings. But we do know the residents very well and we watch out for them all the time." A senior member of staff was on call 24/7 so staff at the service could get advice and support at any time they needed it.

The providers' recruitment process was being followed and records showed that the required employment checks were carried out when new staff were employed. This helped to ensure the staff employed were suitable to work with people who use care and support services. Staff files had a checklist at the front so it was easy to see that all the required documentation was in place.

People received their medicines safely and when they needed them. Some people liked to have their medicines with appropriate drinks or soft foods to make it easier for them to take their medicines. These were described in their care plans so staff knew how to give people their medicines in the most palatable way. This helped to ensure that people were given their medicines in the way they wanted them.

Records showed that people were encouraged to learn about their medicines and why they were being given them. For example, one person's care plan stated, 'I would like to be told that it is time for my medication and the staff explain what the medication is for.' Medicines Administration Records (MARs) had been correctly completed. All staff who administered medicines were appropriately trained and had had competency checks to ensure their skills were up to date. Regular audits were carried out to ensure staff were storing and administering medicines safely.

Good

Is the service effective?

Our findings

Staff communicated well with the people using the service. They recognised people's needs by non-verbal as well as verbal cues and responded effectively to them. They did not leave people waiting for care and support. When one person requested a particular staff member to work with them other staff explained why this couldn't happen, as that member of staff was not available, and gave the person the option of a different member of staff which they were satisfied with. Staff also used distraction and redirection techniques to intervene if a person became distressed. These were examples of staff using their knowledge and skills to provide effective care and support.

Records showed staff had the training and support they needed to work effectively with the people using the service. This included completing the Care Certificate, a national qualification for people who work in care. It covers both general and specific areas of care and support including working with people with learning disabilities. Staff also had specialist training to enable them to provide more complex support where necessary, for example in relation to autism, personality disorders, and diabetes. One staff member told us, "I have had all my [introductory] training, I am doing a level two course on autism now which is helping me understand more about this condition."

Staff told us that training and support had improved since the registered manager began working at the service. One staff member said, "We now have regular supervisions and training and team meetings and we have yearly appraisals." If people needed extra training to meet people's needs this was provided. For example, due to an ongoing challenging situation at the service, staff had taken an advanced NAPPI (non-abusive psychological and physical intervention) course to help them effectively support a person involved.

The Mental Capacity Act 2005 (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 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We looked at people's records and spoke with staff to see how their consent to care and treatment was sought in line with legislation and guidance. We found that staff carried out mental capacity assessments as necessary with regard to people making certain choices and decisions. Relatives' views were sought, where appropriate, and if the decision was complex and/or high-risk staff involved external health and social care professionals to ensure a multidisciplinary approach.

A number of people using the service had been referred to the DoLS team for assessment as they were subject to continual supervision at times or for other reasons. At the time of our inspection some decisions

have been made and the service was awaiting outcomes for others. When authorised by the DoLS team, assessments were kept on file for reference and regularly reviewed. This helped to ensure that the decisions made were safe, remained applicable, and did not contain any unnecessary restrictions.

People told us they liked the food served. One person said, "The food is lovely, we get choice, and we are offered drinks throughout the day." Another person also praised the food and added, "We get lots of drinks."

We observed the lunch being served. Staff sat with people while they ate and talked with them helping to make the meal a sociable occasion. If people needed assistance to eat, or adapted cutlery, staff provided this. We saw that people were served their food in the way that suited them and was safe. For example, some people had their meals in a 'mashable' or 'pureed' form as they had been diagnosed with swallowing difficulties.

Menus showed people had a varied diet with choices at every meal. We spoke with the cook who told us she attended service users' meetings every month when menus were discussed and planned. She said she also referred to information in people's care plans. This helped to ensure people were served with the type of food they preferred.

Each person using the service had an eating, drinking and nutrition care plan in place so staff knew how to support them and could monitor their progress. Records showed that if people needed extra support with their eating and drinking staff referred them to a dietician or the speech and language therapy (SALT) team who assist people who have swallowing difficulties. This helped to ensure that people had effective support with their eating and drinking.

Staff supported people to maintain good health and ensured they accessed healthcare services when they needed to. One person told us, "Staff help me when I need it and get me the doctor when I am not well." Another person said that staff accompanied them to the doctors and to hospital appointments.

People were registered with a local GP service and staff said the GPs were willing to carry out home visits as they understood that some people using the service did not like going to the surgery.

People's healthcare needs were documented in their records. Some people had complex healthcare needs so staff worked closely with a range of healthcare professionals including GPs, District Nurses, physiotherapists, and learning disability experts. Specialist assessments and care plans from these healthcare professionals were on file and in use which showed staff were following expert advice.

We saw that staff advocated for people to ensure their healthcare needs were met. For example, records showed that one person had appeared to be in discomfort but staff weren't sure why. They immediately called out the person's GP to investigate. The GP diagnosed an infection which was successfully treated with antibiotics. Another person was seen to have difficulty walking following an accident and hospital admission. In response the registered manager referred them to a physiotherapist for specialist support. These were example of staff taking action if there were concerns about people's health.

All the people using the service had 'emergency grab sheets' designed to help healthcare and ambulance staff understand their support and communication needs. These help to ensure their needs are met effectively if, for example, they are hospitalised.

Good

Is the service caring?

Our findings

People told us the staff were caring. One person said, "The staff are very caring and they are all nice. I have no complaints about any of them." During our inspection visit we saw that staff were always kind and patient in their approach to people.

Relatives also said the staff were caring. One relative told us, "Staff are very caring; they are enthusiastic and very welcoming." Another relative commented, "Staff are very good here and look after [person's name] very well. They are very caring and we are happy with things and [person's name] is always clean and well-looked after."

Ancillary staff members (for example housekeeping and kitchen staff) who worked alongside the care staff said they had observed how caring they were. One told us, "The care staff are friendly and kind to the people here. They will do anything for them." Staff knew the people using the service and their preferences well. They understood the various ways people communicated with them and were able to meet their needs promptly as a result.

There was an established staff team. Some of its members had worked at the service for a number of years and had, along with their newer colleagues, been able to build positive relationships with the people they supported. One staff member told us, "I have worked here for 14 years and I know the people and their needs. I feel we have a good team here." There was little use of agency staff at the service as people had indicated they preferred to be supported by staff they knew. The registered manager had recently covered a night shift herself, rather than use agency staff, in order to ensure that people had continuity of care.

Records showed that staff encouraged people using the service to express their views and make choices about all aspects of their lives. There were printed reminders in people's care plans which told staff to always 'offer choices, no matter now big or small they are'. We observed that staff consistently did this. For example, people were encouraged to choose what to eat and drink and whether or not to take part in activities. It was a sunny day and staff asked people if they wanted to go out into the garden, telling them in ways they could understand that it was warm and pleasant outside.

Where possible staff involved people in making decisions about their care plans. If they were unable to do this, their relatives and other representatives were consulted. Records showed that one person who was able to, had decided they didn't want to actively participate in their care planning. Staff gave them a number of opportunities to take part but the person continued to decline which was their choice.

Consequently the resulting care plans had no input from the person but instead took into account what was known about their wishes. Another person was deemed capable of managing their own medicines but had chosen not to and asked staff to manage them instead. These were examples of staff actively supporting people to make choices about their care and support and, in these cases, respecting their decision not to do so.

We looked at how people's privacy was maintained while they were in their rooms. The service had two double rooms. We saw that one room had a curtain dividing it to protect the occupants' dignity and to give them some privacy. The other room had a curtain rail divider but no curtain. The registered manager said the provider's handyman was constructing a concertina partition to divide the room in order to enhance the occupants' privacy and dignity.

Staff were careful about entering people's rooms and knocked and then checked that people were happy for them to enter before they did so. This helped to ensure the care and support provided was dignified and people had a say in who could enter their personal space.

Good

Is the service responsive?

Our findings

People told us they were satisfied with the care and support they received which was personalised and met their needs. One person said, "I like living here and I am involved in my care plan. The staff are responsive to me. They know my needs well." A relative commented, "We are impressed that my [family member] gets the right attention and the staff have purchased him a new chair and cushion. We have no concerns and are happy with everything."

The care plans we saw focused on people's strengths and abilities and how the person wanted to be supported. Their likes and dislikes were recorded and other key information staff needed to know in order to provide them with responsive care and support. For example one person's care plan stated, 'I like to wear clothes that are colour co-ordinated'. We met this person and saw they were dressed in the way they wanted. Care plans were regularly reviewed to take into account people's changing needs.

Staff were familiar with the information in people's care plans. One staff member told us, "We do reviews regularly and care plans get updated accordingly." Staff were able to tell us how they supported people in line with their preferences. They knew the people they worked with well and this helped to ensure they provided them with responsive care and support.

We saw there was a range of specialist care equipment, including hi-lo beds, turning and hoisting equipment, specialist bathing facilities, and individual specialist wheelchair seating. The registered manager told us she had contacted a sensory equipment expert for advice on providing specialist sensory equipment for one person. This was a responsive approach to this person and would help to ensure that the environment and equipment was suitable for their needs.

The service employed an activities organiser who, along with the care staff team, provided a range of one-to-one and group activities for the people using the service. These were recorded on activities logs which showed that people had access to personalised activities, for example shopping trips, exercise classes, and watching films. Staff understood the importance of activities to enrich people's lives and were told to 'offer activities throughout the day, the smallest things can make a huge difference'.

We saw that after lunch there was a quiet period and two people living with autism seemed to have been left at a dining table with nothing to do. Although they did not appear distressed, and staff were near at hand, we queried whether they needed an activity at this time. We discussed this with the registered manager. She said she would look into this situation to see if the people were enjoying some quiet time or did at offering them sensory gadgets in order to provide them, and others using the service, with a more stimulating environment.

People and relatives told us they would speak up if they had any concerns about the service. One person said, "If I wasn't happy I would speak to the manager." Another person commented, "I know who to complain to if I am unhappy."

The provider's complaints procedure gave people information on how they could complain about the service if they wanted to. This was given to people and their representatives when they first came to the service. It was available in an 'easy read' version to make it more accessible to some people using the service. If people needed external support to complain they could contact advocates. Details of advocacy services were displayed at the service.

The complaints procedure needed updating to include the role of social services and the local ombudsman in complaints investigation and resolution and their contact telephone numbers. It also needed to clarify our role as regulator. We discussed this with the registered manager who agreed to action this.

Records showed that if complaints were received staff took these seriously. They were recorded, along with the action taken to resolve them, and complainants informed of the outcome. This showed that staff listened to people using the service and others if they had any concerns and took action to resolve these to people's satisfaction. Staff told us that if people were unable to complain verbally or in writing they would advocate for them to ensure their complaints were heard.

Good

Is the service well-led?

Our findings

There was a positive and friendly atmosphere at the service. One person told us, "I am very happy here and I like everybody." The registered manager and staff went out of their way to include people in the day's routine and activities and offer them choices to improve their quality of life.

People told us they were pleased with how the service was managed. One person said, "[Manager's name] is really nice and we all like her. She comes and talks to me to make sure I am alright." Another person commented, "The manager is lovely and I hope she stays, we have seen lots of improvements with her being here, she has made a difference."

Relatives also said they were impressed with the registered manager. One relative told us, "The manager is lovely and I hope the people that own the place appreciate her." They went on to acknowledge how hard the registered manager had worked at the service and said they wanted this to be recognised.

Staff too said they were satisfied with how the registered manager ran the service. One staff member said, "She is doing a great job and it has improved a lot, she is lovely and very approachable and we have an open door policy with her and that is a good thing." Ancillary staff members agreed. One told us, "She is brilliant as a manager, approachable, and gets things done. You can go to her with any problem." And another commented, "This place has vastly improved – the manager had got things up and running." This showed that the registered manager's approach was having a positive effect on the whole staff team at the service.

People using the service and their relatives were asked to share their views about the service in a number of ways. Service users' meeting were held every four to six weeks facilitated by the activities organiser. They were based on the type of question we ask during inspections, for example, 'Do you think the staff are caring?' This enabled people to provide feedback on all aspects of the service.

The provider sent out an annual survey to relatives. We looked at the results of the latest one from December 2015. This showed that the majority of respondents were 'satisfied' or 'very satisfied' with all the aspects of the service. The results of this survey were shared with relatives and the people using the service in the form of a 'You said … we did' poster. This provided information about action the staff had taken in response to the feedback collected during the survey.

Relatives were also invited to open days and a twice-yearly meeting with staff where they could share their views. They were also sent a quarterly newsletter to keep them up to date with news about the service. These were example of staff involving relatives in how the service was run.

Staff told us they felt well supported by the registered manager. Staff meetings were held once a month and one-to-one supervision every two months as a minimum. They were also based on the type of question we ask during inspections so staff could consider how the service was safe, effective, caring, responsive and well-led. This provided a structure for staff to enable them to analyse the quality of the care and support at the service.

The registered manager told us that to help ensure staff felt valued an 'Employee of the Month' award had been introduced and staff played team-building games which enabled them to give each other positive feedback. These were examples of how staff were supported in their roles.

The registered manager and staff were proactive if any changes were needed at the service. For example, records showed that a relative had expressed concern about communications with the service as they had found it difficult to get through on the phone. In response the registered manager had arranged for a second phone line to be installed. This met with the relative's satisfaction and made it easier for people to contact staff at the service if they needed to.

If incidents or accidents occurred, the registered manager and staff took action to reduce the risk of reoccurrence. For example, an incident had occurred when a person using the service left the premises when it was not safe for them to do so. Following this the registered manager reviewed management strategies in relation to this person. They updated the person's care plans and risk assessments and provided staff with further, more advanced NAPPI training. They made a clear record of the incident and their actions following it and reported is to the relevant authorities. They also de-briefed staff and gave them the opportunity to discuss the incident and see in any lessons could be learnt. This showed that the service had an open and positive culture.

Since we last inspected a number of improvements have been made to the service and staff were positive about this. One staff member said, "Things are really improving here." Another staff member told us, "The changes [the registered manager] has made mean the home is 100 percent better."

The improvements included new carpets in parts of the home and some redecoration. Further redecoration was planned for other areas. Staffing had been increased at nights and staff turnover reduced. Care plans and been re-written and improved in order to make them more personalised. Staff had had further more advanced training in autism and NAPPI. A ceiling fan had been installed in the kitchen to cool the temperature. Systems for managing people's money had been improved to make them safer. Staff had produced a newsletter for relatives as they had said they would like this. Activities were being recorded and reviewed.

The provider had systems in place to quality assure the service. The registered manager and staff followed these, carrying out a series of daily, weekly and monthly audits. These were both scheduled and random and covered all aspects of the service including care and support, risk, staffing, and the premises. The results of these audits were used to address areas for action and help ensure that high quality care was being provided.