

Marston Court Limited

Marston Court

Inspection report

67-71 Marston Road
Leicester
Leicestershire
LE4 9FF

Tel: 01162103895

Date of inspection visit:
24 June 2019

Date of publication:
17 July 2019

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

Marston Court is a residential care home that supported people of all ages with learning disabilities, some of whom were living with dementia. The service had been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 22 people. Twenty people were using the service at the time of the inspection. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area. There were deliberately no identifying signs, intercom, cameras, or anything else outside to indicate it was a care home.

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

People felt safe living at Marston Court. Staff knew how to keep people safe whilst supporting them. Staff supported people to take their medicines in a safe way. People felt there were enough staff to support them. Risks associated with people's needs were assessed and managed appropriately.

People were positive about the food and drink they received at the service and staff supported people with their dietary requirements effectively. Staff supported people to access appropriate healthcare services in a regular and timely manner.

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.

People and their relatives spoke very positively about the staff, they felt they were caring, kind and respectful. Staff encouraged people to live as independently as possible. Staff maintained people's privacy and dignity whilst supporting them.

People were involved in developing their plans of care, which were individualised and gave staff the information to care for people in a personalised way. People engaged in a variety of different activities and were supported to be part of the community.

People and their relatives felt the service was well-led and were very complimentary about staff and management. The registered manager had comprehensive monitoring systems in place, they were aware of their responsibilities and worked with other agencies to ensure people received quality care and support.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 12 October 2016).

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.

Marston 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

Two inspectors and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and five relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, senior management, a senior care worker, care workers and the cook.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. We looked at a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and policies. We spoke with a healthcare professional who regularly visits the service.

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 rating. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the service, their relatives also felt their loved ones were in a safe environment. A relative explained, "Yes its very safe, staff are interested, and the location is secure."
- Staff had received training in how to safeguard people and understood how to protect people from abuse. A member of staff explained, "It is about protecting vulnerable adults and children, to make them feel safe, if I saw anything I wasn't comfortable with I would report it to the manager. I feel confident they would definitely act, if not I would report it to the local authority."
- The registered manager understood their responsibilities for keeping people safe from harm and abuse. People were protected by the systems and processes in place.

Assessing risk, safety monitoring and management

- People were kept safe from harm by the assessments and monitoring systems that the provider had in place. People's risks had been assessed, identified and reviewed regularly. These included assessments for the risk of harm to self, risk of falls and risks associated with eating and drinking, they contained clear guidelines for staff to mitigate these risks.
- Staff had received training in what to do in the event of a fire and fire drills were carried out on a regular basis. Each person had their own personal emergency evacuation plan to ensure staff knew how to support them in the best way in the case of an emergency.
- Management completed a weekly walkaround to check all areas of the service for safety and quality. Environmental checks were carried out regularly. Any concerns identified were logged for maintenance to action, where relevant an incident form was also completed. We spoke to the registered manager to also log actions actually taken who agreed to record this information.

Staffing and recruitment

- People felt there were enough staff to meet their support and care needs. One person said, "I can never fault the amount of staff." A relative said, "Whenever I visit there is a large number of staff".
- Some care staff vacancies were being recruited to at the time of the inspection. To maintain safe staffing levels, the service used agency staff. To ensure continuity of care they used the same four agency staff who had completed the service's induction process.
- There was a robust recruitment process in place ensuring that the appropriate pre-employment checks were carried out to make sure new staff were safe and suitable to work at the service.

Using medicines safely

- Staff supported people to take their medicines in a safe way at the right times.

- Medicines were kept securely in a dedicated medicines room, there was also a dedicated kitchen for cleaning medical equipment and storing refrigerated medicines and supplements.
- Staff completed records to show medicines were administered regularly. Protocols were in place for people prescribed medicines 'as and when required' such as pain relief, these gave clear guidelines for when and why the medicines were to be given.
- Staff administering medicines had appropriate training and their competency was checked.
- Medicines systems were organised, and the service was following safe procedures for the receipt, storage and disposal of medicines.

Preventing and controlling infection

- People told us that staff used personal protective equipment (PPE), such as disposable gloves and aprons, when supporting them. We saw that PPE was readily available throughout the service.
- Staff received training on the prevention and control of infection. Staff used infection control measures, for example using red laundry bags to isolate soiled laundry and therefore prevent the spread of a potential infection.
- The service was clean and tidy throughout.

Learning lessons when things go wrong

- Staff knew how to report incidents and accidents. The registered manager had a comprehensive system in place to investigate and analyse these, any learning was shared with the staff.
- The registered manager shared an example of how a lesson had been learnt following an incident which resulted in a service user being burnt from a hot drink. Following an investigation, the registered manager implemented a new drinks policy, updated care plans, shared the learning with the provider's other services and arranged for further first aid training for all staff.

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 rating. 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

- People's needs were assessed before admission to make sure that the service could meet their needs. A relative told us, "[Registered manager] came and did an assessment, they took into consideration our needs".
- People's needs were holistically assessed. These assessments and care plans had been completed with relevant health professionals and in line with best practice guidance.
- People's protected characteristics under the Equality Act 2010 were considered and respected. This meant people's specific needs, for example relating to their religion or sexuality, were respected and met.

Staff support: induction, training, skills and experience

- Staff completed a comprehensive induction process before beginning work; it involved training, shadowing and competency checks.
- Staff told us that they regularly completed refresher and additional training that was specific to people's needs. For example, training on epilepsy, percutaneous endoscopic gastrostomy (PEG) and learning disabilities. PEG is the creation of a new opening in the stomach for enteral tube feedings, to assist people with their food and fluid intake.
- Staff had ongoing support in the form of regular supervisions and competency checks around the individual needs of people, such as supporting people with behaviours that challenge.

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

- People liked the meals provided and said they had enough to eat and drink. One person said, "The food is lovely, I like Saturday's fry up. We have cake in the afternoons."
- People had access to food and drink throughout the day and a choice of meals to choose from on a daily basis, or they could request something alternative. For example a person asked for a cheese sandwich, instead of their lunch, and this was brought to them promptly. The kitchen was well stocked with alternative snack choices.
- Every day the cook made a homemade fruit smoothie to help encourage people to drink and prevent malnutrition.
- Both care staff and kitchen staff had a good awareness of people's individual requirements. Risk of malnutrition was assessed, and action was taken when risk was identified. Where necessary the service involved healthcare professionals, such as dieticians and speech and language therapists. The service had been proactive in identifying the need for a person to be fed via a PEG tube.
- The service had developed 'personal place mats'. On one side these had the person's photo, which

assisted people to recognise their place. On the other side there were clear guidelines for staff on how to support that person with their eating and drinking needs. It included information about where people preferred to eat their meals and the cutlery they used.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other agencies such as the local authority and healthcare professionals meaning people received the care and support they required when they needed it. A healthcare professional said, "We are always made to feel welcome by the staff at Marston Court and feel we are appreciated. We are asked for our input and they only utilise us when needed. Staff always follow any instructions immediately."
- The service had also forged good links with the local college and a local day centre to make sure that people's educational and social needs were met.

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

- The care home had a relaxed atmosphere and a friendly feel in the communal areas. People had personalised their bedrooms. Some people had chosen to have signs on their doors which included their name and their chosen decoration.
- There was a quiet area for people to have meetings and to sit with their relatives in private.
- There was access to an enclosed garden from all three lounges, a lift was available for those who lived on the first floor.
- A person had asked for a trampoline as this helped them relax and this was in the garden. There was also a sensory area in the garden to stimulate certain people who responded well to sensory activities. There was also a swing for a person who liked movement.
- A hydrobath had been installed and used as this was found to be both relaxing and stimulating for certain people. A hydrobath is a special bath uses jets to utilise water for therapeutic value. There were also two baths for people with physical disabilities and a wet room.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to keep up to date with essential healthcare checks such as visiting the dentist and the opticians. We saw feedback from a dentist about a member of staff that read, "[Name] has all the information we need and more, they kept them reassured and calm when sometimes they can be a little nervous".
- Staff completed health checks on a monthly basis, for example taking people's blood pressure.
- People were provided with easy read information about healthcare to help them understand what was going to happen. Where appropriate staff helped people complete a health action plan, which meant they were involved in monitoring their own health.
- Staff ensured they were referred people to healthcare professionals such as psychiatrists and chiropodists when required.
- People's plans of care included emergency grab sheets which contained essential detailed personalised information to ensure continuity of care in an emergency, such as a hospital admission.
- Staff supported and encouraged people to go for healthcare screenings for cancer. The manager gave an example of how staff had supported a person through successful cancer treatment following a diagnosis picked up on these screenings.

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

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. 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.

- People's conditions on DoLS authorisations were being met, for example it was documented when people had support from a paid person representative. This showed that the service complied with and met the requirements of legislation.
- Mental capacity assessments were detailed, and best interest decision paperwork was completed with a range of people involved for example social workers.
- Staff knew de-escalation techniques to avoid the use of physical restraint. Documentation showed that chemical restraint, using medicines to control behaviour, was not being overused.
- Staff and management had a good understanding of how to apply the MCA and how to comply with DoLS.

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 rating. 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 and their relatives said that the staff were very caring, friendly and helpful. A relative said, "Staff are very patient...they get on with it and are always smiling. I do admire them." Another relative said, "They [staff] give [name] extra care here, they don't just leave [name] alone."
- Staff supported people in a respectful way. A relative explained, "The staff are conscientious, caring and understanding. Everyone is treated as an individual. It is a caring environment. As a family we are happy with the care [name] receives. [Name] is treated with respect."
- Staff supported people at mealtimes in a relaxed and unrushed way, taking into consideration their individual needs.
- The provider had a Diversity, Dignity/Independence and Inclusion policy, which set out how the care home operates to support people and staff, from all backgrounds.

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

- People were involved in the planning of their care and knew that they had key workers to support them to express their views.
- Staff supported people to make their own decisions as much as possible. Staff had guidance on the best way to do this, for example the best time to give people information and how to deliver it. One care plan read, "Give me information when I am awake and non-sleepy. Talk to me clearly with simple language and allow me to process the information given to me."
- The service involved relatives, where appropriate, in making decisions about the care their loved ones received. The service arranged for advocates to support people to express their views and represent them. One care plan read, "My mum is highly involved in my well-being. Staff must contact her for her contribution for significant decisions. My Social worker must be informed to refer me to advocacy."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained. One person told us, "Staff knock on my (bedroom) door."
- Staff understood how to treat people with respect, one member of staff explained, "I talk to them all the way through supporting them, explaining what is happening through showering. When dressing someone I make sure the curtains are closed. Our top priority is dignity." Another member of staff said that they would intervene if they saw a member of staff not promoting choice and dignity.
- People were supported to live as independently as possible, care plans considered the varying needs of people. For example, a nutrition care plan explained that a person was able to eat their meals independently and only required support when feeling unwell.

- Relatives felt welcome to visit at any time. One said, "Staff are always cheerful, helpful and welcoming. We are always greeted with a smile." The service also arranged for people to have home visits with their care worker remaining to continue to support them with their complex needs.
- Staff supported younger people to attend a local college to learn new skills as part of their development towards independent living.

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 rating. 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

- People's plans of care had been developed on admission, they contained personal information and individualised guidance so that staff knew how to support people in the way they preferred.
- Where able people completed elements of the care plans themselves, such as a 'know me better' profile and a communication passport. People were also involved with the reviews of their care plans.
- Relatives were included, where appropriate, in people's plans of care.
- Staff supported people to follow their chosen faith, these were detailed in people's care plans including the times of weekly religious gatherings that staff attended with people. There was also an example of the service communicating with the hospital to ensure people's religious needs continued to be met.

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.

- People's communication needs had been identified in their care plans and guidelines for staff were detailed, including the best way and time of day to speak with people.
- The service provided a lot of information in easy read format not only for their own policies, but they had also sourced easy read information for relevant topics, for example an easy read body hygiene guide that had been developed by the NHS.
- Staff had a good insight into how people communicated differently and knew the people they supported well. For example, a member of staff said that they recognised through eye contact when one person wanted a drink.
- People were provided with picture boards, which were used to enhance communication for people who may have difficulty communicating verbally or what's known as the traditional way. Picture boards contain pictures, photos and symbols to help people express their wants and care needs.

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 participated in a wide range of activities. One person said, "We went to the pictures recently. We went to see parrots and fed them nuts". A relative said, "There are loads of activities, something every day. [Name] loves singing and dancing and likes the animals that come in once a month. A lady comes in and does exercises too."
- People were supported to go horse riding. People who needed to use wheelchairs were able to participate

in this activity because suitable hoist equipment was available. The service had also arranged to take people swimming.

- Staff knew people's interests and matched activities to them, for example one person enjoyed having their hair done and nails painted.
- The service supported people to maintain safe relationships and people had access to easy read information.
- Staff supported people to visit their families in their own homes and on trips out. It was detailed in one person's care plan to support that person on the telephone to talk to their brother and sister.
- The service had its own vehicle that was regularly used to transport people into the community, to shops, to the beach, day centres and to the college.

Improving care quality in response to complaints or concerns

- The service had a comprehensive complaints process in place. The service had only received one formal complaint in the last 12 months. This had been investigated and resolved; as result an internal process had changed and staff had been informed.
- A relative told us that they had raised a small concern regarding other people's clothing being in their relatives' room. They raised this with the manager who assured them that they would implement a new system which would make it easier for staff to identify individuals clothing.
- The service had a complaints policy in place and an easy read version was available.

End of life care and support

- People's end of life wishes were documented in their care plans. These included details of support required to meet religious needs at passing and respecting the body. Where appropriate, views of person's relatives had been obtained.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a registered manager in post and people, their relatives, professionals and staff spoke positively about them. A relative told us that the manager was very helpful. A professional said, "Marston Court had a totally different feel about it compared to before [manager] took over you, can really feel the difference that has been made."
- Staff understood their duties and responsibilities, they knew the leadership structure and felt supported by management. One explained, "If I need anything I will go to a senior or the manager." Another said, "Yes I feel supported, I have supervision every two months, I get offered additional support, I can phone the manager anytime."
- Effective monitoring systems were in place to check both the safety and the quality of the service. The manager completed a monthly audit and seniors completed weekly ones for all elements of the service. The service also used an external agency to audit the service for extra quality assurance.
- The registered manager understood their responsibility for reporting deaths, incidents and injuries that affected people using the service. Notifying the Care Quality Commission of these events is important so that we are kept informed and check that appropriate action has been taken.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff and management worked as an effective team to deliver high standards of personalised care and support.
- The service held regular meetings for people that lived at the service and undertook surveys to get feedback from people and their families. The registered manager gave an example of how communication between the service and families had improved following feedback.
- The service supported people who were able to attend the local college to educate and empower them to live more independent lives with the hope to move them on to supported living. This was documented in their care plans and the service actively involved their families.
- The service held regular team meetings for staff to contribute to the running of the service, they also completed an employee satisfaction survey. Staff had suggested changes to the environment and the installation of the Hydrobath, which had been actioned.

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; Continuous learning and improving care

- The registered manager attended meetings with other service managers within the provider to share good practice. One example of this was learning the importance of keeping good records.
- Lessons learnt was part of team meetings, showing that management was transparent with how the service was operating and sharing learning with staff to improve the care delivered.
- The registered manager displayed a lesson learnt poster on the noticeboard as well as a 'you said, we did', which was completed following survey results. Relative's acknowledged that the service was always looking to improve the facilities and standards of care.
- The registered manager worked in an open and transparent way when incidents occurred in line with the duty of candour. They informed relatives and relevant bodies, such as the safeguarding team.

Working in partnership with others

- The registered manager worked in partnership with healthcare professionals, commissioners and the local safeguarding team to ensure people received the care and support they required.