

## The Orders Of St. John Care Trust

# OSJCT Marden Court

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

OSJCT Marden 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. Marden court accommodates up to 28 people in one adapted building. At the time of our inspection 26 people were living at the home.

The home was last inspected in February 2017 and we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service was not meeting the requirements of the regulations relating to managing risks as a result of people's challenging behaviours. At this inspection we found the registered manager had taken action necessary following the last inspection. However, other areas of the service had deteriorated and the provider had not ensured everyone received a consistently good service.

This inspection took place on 22 February 2018 and was unannounced. We returned on 26 February 2018 to complete the inspection.

There was a registered manager in post at the service. 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 and associated Regulations about how the service is run.

Action was not always taken to learn from mistakes in managing people's medicines, to ensure similar mistakes were not repeated. We identified three incidents in which people did not receive the medicine they had been prescribed. Staff discovering the errors had reported it to the person's GP, to check whether any further action was needed. On each occasion, the person suffered no ill effect from the missed dose and the GP instructed staff to administer subsequent doses as planned. Whilst action had been taken to ensure people were safe following these incidents, there had been no action to ensure staff had learned from the mistakes and the medicine management systems were suitable to meet people's needs.

The management systems did not always identify the need to report certain incidents to CQC. Allegations of abuse had been reported to the safeguarding team at Wiltshire Council, but had not always been reported to us in a timely way. Once the provider became aware the allegations had not been reported to us, appropriate legal notifications were submitted. The provider had taken action to ensure all staff undertook additional training and knew their responsibilities to report incidents and allegations.

The registered manager and area manager acknowledged during the inspection that there were shortfalls in the management systems in the service. They reported this was being addressed through support for some senior staff to take on additional responsibilities, ensuring action could be taken if the registered manager was not at the service. The registered manager understood the improvements that were needed in the service and had worked with the area manager to develop plans to implement them.

People who use the service and their relatives were positive about the care they received and praised the quality of the staff and management. We observed staff interacting with people in a friendly and respectful way. Staff respected people's choices and privacy and responded to requests for assistance. People told us they felt safe when receiving care and were involved in developing and reviewing their care plans.

There were sufficient staff available to provide the care people needed. Staff understood the needs of the people they were providing care for and had the knowledge and skills to meet their needs.

Staff received a thorough induction when they started working at the home. They demonstrated a good understanding of their role and responsibilities. Staff had completed training relevant to their role, which gave them the skills to meet their needs.

Staff were responsive to people's needs and wishes. People had regular meetings to provide feedback about their care and there was an effective complaints procedure. People enjoyed the group social activities that were arranged.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. You can see what action we told the provider to take at the back of the full version of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

People did not always receive the medicines they had been prescribed.

People who use the service said they said they felt safe when receiving support.

There were sufficient staff to meet people's needs.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Staff understood whether people were able to consent to their care and treatment and provided support for people to be able to make decisions.

People's health needs were assessed and staff supported people to stay healthy.

**Good** ●

### Is the service caring?

The service was caring.

People spoke positively about staff and the care they received. This was supported by what we observed.

Care was delivered in a way that took account of people's individual needs and in ways that maximised their independence.

Staff provided care in a way that maintained people's dignity. People's privacy was protected and they were treated with respect.

**Good** ●

### Is the service responsive?

The service was responsive.

People were involved in planning and reviewing their care. Staff

**Good** ●

had clear information about people's needs and how to meet them.

People told us they knew how to raise any concerns or complaints and were confident that they would be taken seriously.

Staff supported people to set out what they wanted at the end of their life. There was clear information about people's wishes, which staff followed.

### **Is the service well-led?**

The service was not always well-led.

Systems to review incidents were not always effective. Reviews were not always completed to ensure lessons were learnt when things had gone wrong.

There was a registered manager who promoted the values of the service. However, the management systems in place had not ensured the service improved and provided a consistently good service to everyone.

**Requires Improvement** ●

# OSJCT Marden 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 22 February 2018 and was unannounced. We returned on 26 February 2018 to complete the inspection.

The inspection was completed by two inspectors. Before the inspection we reviewed previous inspection reports and all other information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make

During the visit we spoke with the registered manager, nine people who use the service, four visitors to the home, a volunteer and six care staff. We spent time observing the way staff interacted with people who use the service and looked at the records relating to support and decision making for five people. We also looked at records about the management of the service. We received feedback from a community nurse who had contact with the service.

## Is the service safe?

### Our findings

At the last comprehensive inspection in February 2017 we identified that the service was not meeting Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risks were not managed effectively when people displayed behaviours that were challenging to the staff. The provider wrote to us to set out the action they would take to address the shortfalls following the inspection. At this inspection we found that improvements had been made to ensure these risks were managed safely.

Risk assessments were in place to support people to be as independent as possible, balancing protecting people with supporting them to maintain their freedom. The assessments included the support people needed when they were distressed and could verbally or physically target other people. People had behaviour support plans, which set out possible triggers for people's distress, what staff should avoid and the best way to support the person. These plans had been referenced in other parts of people's care plans, to ensure staff were aware of how people needed support in different situations. Other risk assessments in place included how to support people to minimise the risk of falls, to maintain suitable nutrition and to minimise the risk of developing pressure ulcers. People and their representatives had been involved throughout the process to assess and plan management of risks. Staff demonstrated a good understanding of these plans, and the actions they needed to take to keep people safe.

People did not always receive the medicines they had been prescribed. Action was not always taken to learn from mistakes in managing people's medicines, to ensure similar mistakes were not repeated. There had been three incidents in January 2018 in which people had not received the medicine their doctor had prescribed. On each occasion staff discovering the error had reported it to the person's GP, to check whether any further action was needed. On each occasion, the person suffered no ill effect from the missed dose and the GP instructed staff to administer subsequent doses as planned. The three incidents had been recorded on the home's incident management system. However, the investigation, summary and conclusion section of the incident report had not been completed. We discussed these incidents with the registered manager, who was on a period of leave when the incidents occurred. The registered manager confirmed the management response to these incidents had not been completed. Whilst action had been taken to ensure people were safe following these incidents, there had been no action to ensure staff had learned from the mistakes and the medicine management systems were suitable to meet people's needs.

This was a breach of Regulation 12 (2) (g) (the proper and safe management of medicines) of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

Medicines held by the home were securely stored and people were usually supported to take the medicines they had been prescribed. Staff had completed a medicines administration record. This gave details of the medicines people had been supported to take, a record of any medicines people had refused and the reasons for this. There was a record of all medicines received into the home and disposed of. Where people were prescribed 'as required' medicines, there were protocols in place detailing when they should be administered. People told us they were able to have painkillers when they needed them.

The provider had safeguarding procedures in place, to help them identify possible abuse and respond appropriately if it occurred. However, the registered manager had not ensured that all allegations of abuse were reported promptly to the Care Quality Commission. There were two allegations of abuse in January 2018 which had been identified by staff in the home and reported to the Wiltshire Council safeguarding team. Action had been taken to keep people safe, however, we only became aware of the allegations during a safeguarding meeting which was being held for a different matter. Once the provider became aware the allegations had not been reported to CQC, appropriate legal notifications were submitted. During the inspection the registered manager and area manager acknowledged there were shortfalls in the management systems. They said this was being addressed through a restructuring of the home's management team.

Staff told us they had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding procedures. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report abuse if they were concerned and were confident senior staff in the service would listen to them and act on their concerns. Staff were aware of the option to take concerns to agencies outside the service if they felt they were not being dealt with.

Sufficient staff were available to support people. People told us there were enough staff available to provide support for them when they needed it. We observed staff responding promptly to requests for assistance and the call bells. Staff told us they were able to provide the care and support people needed.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people. We checked the recruitment records for three recently employed staff. The records demonstrated the recruitment procedures were being followed.

People said they felt safe living at Marden Court. Comments included "I feel very safe here, the staff are good to me". A relative told us, "I feel assured [my relative] is safe when I walk away from the home".

All areas of the home were clean and people told us this was how it was usually kept. Comments from people included, "The home is spotlessly clean" and "They're very, very clean with the building". A relative told us, "It's ever so clean. Spotless, and always is". Clinical waste bins were available for staff and had been emptied before they became over full. There was a colour coding system in place for cleaning materials and equipment, such as floor mops. There was also a colour coding system in use to ensure soiled laundry was kept separate from other items. There was a supply of protective equipment in the home, such as gloves and aprons, and staff were seen to be using them. All areas of the home smelt fresh and clean. Staff told us they were clear about the infection control procedures and said they were followed at all times.

## Is the service effective?

### Our findings

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 legally authorised under the MCA. People told us staff always checked with them before providing any care or support and respected their decisions. We observed staff working in this way, checking with people before providing any care or support.

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 are called the Deprivation of Liberty Safeguards (DoLS). Applications to authorise restrictions for some people had been made by the service. On the first day of the inspection we spoke to one person who did not appear to understand where they were living, or what their care needs were. The care leader told us this person lacked capacity to understand their personal care needs. We discussed this person with the registered manager, who told us the person had been assessed to have capacity to consent to living at Marden Court and receiving care and treatment. However, the registered manager said in light of the issues raised they would review this assessment. By the second day of the inspection, the registered manager had assessed that the person did not have capacity to consent to their care and treatment and had made a DoLS application to Wiltshire Council.

The kitchen staff had information about people's specific dietary needs. This included the consistency of the food people needed, information about people who had lost weight and medical conditions which affected the diet people followed. Kitchen staff demonstrated a good understanding of people's needs. Care plans contained details of people assessed to be at risk of malnutrition and strategies to manage those risks. People's weight was being recorded regularly and action had been taken to review plans where people had lost weight.

People told us they enjoyed the food provided by the home and were able to choose meals they liked. Comments included, "The food is very good. You can always have something you like".

People appeared to be relaxed and enjoying socialising during lunch. Most people chose to eat in the dining room, with others taking meals in their own rooms. Menus showed the choice of food available. For those unable to read the menu, staff offered choices either verbally or showed people the different food available so they could make their choice. We saw good support for people who needed help to eat and drink. Staff sat at the same level as people, took their time and explained what the food was. People were offered drinks and these were replenished when people finished them and had said they'd like more.

People told us staff understood their needs and provided the care and treatment they needed. Comments included, "The staff are very good and provide everything we need". Staff demonstrated a good understanding of people's medical conditions and how they affected them. This included specific information about people's diabetes, pressure care and dementia.

A community nurse who visited the service regularly said they had no concerns about the care and treatment people received. The described staff as "always very vigilant" when monitoring people's health needs, adding, "On the whole, people are really well looked after".

Staff told us they received regular training to give them the skills to meet people's needs, including a thorough induction and training on meeting people's specific needs. The induction included time spent shadowing experienced staff and completing the national 'Care Certificate'. Training was provided in a variety of formats, including on-line, classroom based and observations of practice. Where staff completed on-line training, they needed to pass an assessment to demonstrate their understanding of the course. Staff told us the training they attended was useful and was relevant to their role in the home. The registered manager had a record of all training staff had completed and when refresher training was due, which was used to plan the training programme. Staff were supported to complete formal national qualifications in health and social care.

Staff told us they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. We saw these supervision sessions were recorded. The registered manager kept a record of the supervision and support sessions staff had received, to ensure all staff received the support they needed. Staff said they received good support and were also able to raise concerns outside of the formal supervision process. Comments from staff included, "I have regular one to one meetings and feel well supported" and "I have regular supervision meetings. The [registered manager] is fair and will always try to help".

People said they were able to see health professionals where necessary, such as their GP, specialist nurse or to attend hospital clinics. People's care plans described the support they needed to manage their health needs. There was information about monitoring for signs of deterioration in their conditions, details of support needed and health staff to be contacted.

The registered manager reported they had a plan of works to improve the environment, with specific reference to the needs of people living with dementia. People had been involved in planning some of these works and were kept informed through meetings and newsletters.

## Is the service caring?

### Our findings

People told us they were treated well and staff were caring. Comments included, "Staff are kind and helpful. You can have a laugh with them as well"; "They're always very happy and cheerful. They're not grumpy" and "I have been unwell recently and they have been good to me". A relative told us, "I am very happy with the care provided. They provide excellent care for [my relative]". We observed staff interacting with people in a friendly and respectful way. Staff respected people's choices and privacy and responded to requests for assistance.

Staff received training to ensure they understood the values of the organisation and how to respect people's privacy, dignity and rights. The management team completed observations of staff practice to ensure these values were being reflected in the care provided.

Staff had recorded important information about people; for example, personal history, plans for the future and important relationships. People's preferences regarding their daily support were recorded. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided. This information was used to ensure people received support in their preferred way.

Staff communicated with people in accessible ways, that took into account any sensory impairments which affected their communication. For example, there was clear information in a care plan about how to communicate effectively with a person who was blind and how to make sure they received the information they needed. The person told us staff were sensitive to their particular sensory needs. They said their independence was respected and staff were providing the support they needed.

People were supported to contribute to decisions about their care and were involved wherever possible. For example, people had regular meetings with staff to review how their care was going and whether any changes were needed. Details of these reviews and any actions were recorded in people's care plans. People told us staff consulted them about their care plans and their preferences. There were also regular residents' meetings, which were used to receive feedback about the service and make decisions about the organisation of the home.

We observed staff working in ways that supported people to maintain their independence. People were encouraged to be independent when eating and supported to make decisions. People were given clear information about their options, in ways which were accessible to them. Care plans contained information on how to support people to maintain their independence, including support to use specific equipment where relevant.

Relatives told us they were able to visit at any time and said they felt welcome by the staff. The community nurse we spoke with said staff had a "good rapport" with people, adding, "they seem to know the residents well".

## Is the service responsive?

### Our findings

People had care plans which contained detailed information about their needs. The plans included information on maintaining health and people's preferences regarding their personal care. There was specific information about people's health conditions; for example, details about support a person needed to manage diabetes and details of support for people who were living with dementia. Care plans set out how people wanted their needs to be met. The plans were regularly reviewed with people and we saw changes had been made following their feedback.

There was one example of a care plan that did not contain all the necessary information about the support a person needed when they were resistant to receiving personal care. Despite the limited information recorded, staff demonstrated a detailed understanding of the person, ways to support them and their likes and dislikes. The registered manager said they were in the process of reviewing all information in plans to ensure any shortfalls were addressed.

People told us they were able to keep in contact with friends and relatives and take part in group activities they enjoyed. There was a list of planned activities displayed in the home, which included arts and crafts activities, games, exercise sessions, visiting entertainers and religious services. We observed staff discussing the activities that were planned with people, giving people the opportunity to decide what they wanted to take part in. Details of the activities plan and feedback on previous activities were discussed in regular 'residents' meetings'.

During the inspection a childminders group socialised with people in one of the lounges. People appeared to enjoy watching the children play and interacting with them. Some people played with balloons with the children and chatted with them. People told us they really enjoyed the days when the children visited and we overheard lots of conversations later in the day about what the children had done and said. The registered manager said the sessions had been very popular with some people since they had introduced it.

People were confident any concerns or complaints they raised would be responded to and action would be taken to address their issue. People said they knew how to complain and would speak to staff or their relative if there was anything they were not happy about. The service had a complaints procedure, which was provided to people when they moved in and was displayed on noticeboards in the home.

Complaints were regularly monitored, to assess whether there were any trends emerging and whether suitable action had been taken to resolve them. Staff were aware of the complaints procedure and how they would address any issues people raised in line with it. Complaints received had been investigated and a response provided to the complainant.

People's preferences and choices for their end of life care were discussed with them and recorded in their care plans. This included people's spiritual and cultural needs and contact details of relevant people who the person wanted to be involved. The service had received some very positive feedback from relatives of people who had died. Comments included, "Their care made a very sad time a little easier and nothing was

too much trouble".

## Is the service well-led?

### Our findings

There was a registered manager in post and they were available throughout the inspection. The registered manager was supported by an area manager, who visited the service on a regular basis. The organisation had clear values about the way care should be provided and the service people should receive. These values were based on providing a high quality service, with a strong emphasis on person centred care and empowering people to maintain their independence.

Following the last inspection in February 2017, the service was rated as Requires Improvement. Action had been taken to address specific issues identified in the last inspection. However, at this inspection we found other areas of the service that had deteriorated and the provider had not ensured the home was providing a consistently good service to everyone.

The systems for reviewing and managing incidents in the service were not effective. We identified three incidents in which people had not been supported to take the medicines they were prescribed. On each of the occasions, there was no response from the management team to assess what went wrong and what action could be taken to prevent the incident happening again. The registered manager told us they had identified a skills gap in the management team. They said the service had historically operated in a way where all tasks came to them, rather than being delegated to staff within the management team. At the time of the three medicines incidents the registered manager was on a period of extended leave. An area manager was working in the home in the absence of the registered manager. However, this had not resulted in effective action being taken to manage incidents and ensure lessons were learnt.

The management systems did not always identify the need to report certain incidents to CQC. Allegations of abuse had been reported to the safeguarding team at Wiltshire Council, but had not always been reported to us in a timely way. Once the provider became aware the allegations had not been reported to us, appropriate legal notifications were submitted. Following these incidents, all staff in the home, including the management team, had completed further safeguarding training. The training included the legal responsibilities of staff to report allegations of abuse. The registered manager demonstrated a good understanding of what incidents needed to be notified to CQC and the action they needed to take to complete this.

The management team did complete audits and reviews of the service, which were used to create a development plan for the service. The registered manager and area manager acknowledged during the inspection that there was a gap in the management systems in the service. They reported this was being addressed through support for some senior staff to take on additional responsibilities, ensuring action could be taken if the registered manager was not at the service.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager said their reviews of the service included observations of staff practice, including

unannounced night visits to the service. This was used to ensure staff were putting their training into practice in the way they were working. Records demonstrated staff received feedback following the observations, including actions to address where necessary.

Personal confidential information was securely stored in locked offices and cabinets. Staff were aware of the need to ensure information remained secure. We observed staff following the home's procedures and ensuring confidential information was not left unattended or unsecured.

There was a handover when new staff came on shift. This helped to ensure there was clear communication about any changes in people's needs and the support they needed.

Satisfaction questionnaires were used to ask people and their visitors their views of the service. The results of the surveys were collated and actions were included in the registered manager's development plan for the service.

There were regular staff meetings, which were used to keep staff up to date and to reinforce the values of the organisation and how the registered manager expected staff to work. Staff also reported that they were encouraged to raise any difficulties and the registered manager worked with them to find solutions. Staff told us the registered manager gave them good support and direction.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The registered person had not ensured medicines were managed safely. Regulation 12 (2) (g).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered person had not ensured there were effective systems to assess, monitor and improve the service provided. Regulation 17 (2) (a).