

# Country Court Care Homes 2 Limited

## Marling Court

### Inspection report

2 Bramble Lane  
Hampton  
Middlesex  
TW12 3XB

Date of inspection visit:  
16 January 2023

Date of publication:  
03 February 2023

### Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

### About the service

Marling Court is a residential care home providing personal care to up to 37 people. The service provides support to older people and those with dementia. At the time of our inspection there were 35 people using the service.

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

Potential risks to people were not always effectively managed and recorded to ensure staff always had sufficient guidance.

Medicines were safely administered. Infection control processes were in place. Staff were safely recruited and there were enough staff to meet people's needs. The provider followed appropriate safeguarding processes.

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.

Management had oversight and governance of the service. Audits and surveys were regularly conducted. The service worked in partnership with other services to meet people's needs.

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

### Rating at last inspection

The last rating for this service was good (published 12 February 2020).

### Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our 'safe' findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was well-led.

Details are in our 'well-led' findings below.

**Good** ●

# Marling Court

## Detailed findings

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by 2 inspectors.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information the provider sent us about important events as well as looking at intelligence from members of the public. We used all this information to plan our inspection.

### During the inspection

We spoke with 4 care staff, the administrator, registered manager and the regional manager. We spoke with 3 people that lived at the home. We reviewed the care files for 3 people and recruitment files for 4 staff. We looked at a range of documents in relation to the management of the service such as audits, premises documentation and incident and accident records. Following the inspection, we received feedback from 4 relatives.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- People were not always protected against the risk of avoidable harm.
- During the inspection we identified trends and patterns in relation to one person's distressed behaviour. Although the provider had identified this, the person's risk assessment had not been updated to reflect the behaviours they engaged in and to provide staff with clear and succinct guidance on how to effectively manage those behaviours to keep the person and others safe.
- Staff were not always able to articulate to us the purpose of a risk assessment or management plan. We were not assured that staff would always be clear on how to reduce the likelihood of risk occurrence.
- Following the inspection, the provider took prompt action to ensure these records had been updated. However, the provider had not responded to the required change in need in a timely manner. We were not fully assured that the provider was prompt in ensuring potential risks were managed effectively.

### Using medicines safely

- Medicines were safely administered. People told us, "Brilliant (medicines administration), I cannot fault the staff" and "It is now brought to me and spot on every time."
- We reviewed people's medicines administration records and found that these were accurately completed. Where staff did not always record the reason for the administration of 'as required' medication the provider ensured prompt action was taken to improve this.

### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People and their relatives told us they felt safe. Comments included, "I do feel my relative is safe", "Doors are coded and the staff are friendly and focused" and "I asked when I arrived for a key to lock my door from the outside so no one could go in."
- The provider reported safeguarding concerns when they were raised. Records showed that they liaised with the local authority to support any investigations.
- Records showed incidents and accidents were recorded; and where appropriate information shared with relevant healthcare professionals.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Staff understood how the principles of the MCA applied to their roles.

#### Staffing and recruitment

- People continued to receive care and support from adequate numbers of staff to keep them safe.
- People confirmed they received support swiftly when they used their call bells. Records showed sufficient numbers of staff were deployed to ensure people's needs were met in a timely manner and in accordance with their preferences.
- Newly recruited staff underwent pre-employment checks to ensure their suitability for the role. We reviewed the staff recruitment files and found these contained a completed application form, satisfactory references, photographic identification and a Disclosure and Barring Services (DBS) check. A DBS check provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The home ensured that current government guidance and best practice was adhered to; to ensure people visiting the home did so safely.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, relatives and staff were positive about the culture of the home. Comments included, "She [registered manager] is great, charming, professional, when I've asked for help I've had it" and "Very humble, giving time to listen, approachable, co-operating and we can always ask anything."
- We observed a relaxed atmosphere on the day of our inspection, with staff supporting people in a knowledgeable and considered way.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was clear on their responsibilities to the CQC and ensured that information about important events was submitted in a timely manner.
- Quality assurance audits were conducted regularly to identify areas for improvement. This included areas such as care records, premises, hygiene and equipment.
- The registered manager was clear on when to apologise for any wrongdoing and to ensure they demonstrated transparency.

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

- People's views were sought through regular meetings. People told us they had completed questionnaires and attended resident's meetings.
- Staff surveys were completed regularly. These resulted in 'we said, we did' to address any concerns raised.

Continuous learning and improving care; Working in partnership with others

- The registered manager was keen to ensure that where improvements were identified steps were taken to make changes.
- The provider worked in partnership with other agencies to provide continuity of care to people. This included district nurses, the mental health team and physiotherapists.