The Orders Of St. John Care Trust

OSJCT Marden Court

Inspection report

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Date of inspection visit:
07 February 2017
08 February 2017

Date of publication:
06 April 2017

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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Marden Court is a residential home providing care and accommodation for up to 28 people. At the time of our inspection 25 people were living in the home. The inspection took place on 7 and 8 February 2017 and was unannounced.

A registered manager was in post when we inspected 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 2008 and associated Regulations about how the service is run. The registered manager was present and approachable throughout our inspection.

Information around risks was not always available for staff to follow to ensure safe and effective care was given to people. This included appropriate assessments around behaviour that may challenge and pressure area care.

Infection control was not always managed appropriately to reduce the potential of risk. For example, two communal toilets were seen to be in an unclean condition. In addition the cleaning trolley was left unattended on two occasions with chemicals accessible to people.

People told us they felt safe living at Marden Court and were well looked after by kind staff who were available to help them. Comments included "I feel very safe. If I need anything at night they always arrive quickly". Staff knew how to identify signs of abuse and their responsibilities in reporting and taking action around this.

We observed the mealtime experience for people which was unrushed and provided people with the appropriate support from staff that were available throughout. People told us they liked the food and were able to make choices about what they had to eat commenting "A good choice of food. A cooked meal every day" and "I have a bit of a job swallowing after being ill, I can't manage hard food. The chef makes sure I have stuff I can eat".

We saw that interactions between people and staff demonstrated person centred care was being given. People praised the staff describing them as kind, humorous and professional. Comments included "Staff are very caring, absolutely lovely", "There is a very good atmosphere, you are not in the way but feel part of it".

The recording in care plans and monitoring charts did not always detail the actions that staff had taken to support a person when a concern had been identified. For example, some people had been prescribed topical medicines. Administration charts were in place to record when these had been applied. However we saw that these were not being completed in line with what had been prescribed.

There was a mixed response to the activities provided. Some people spoke positively about the events on

offer with comments including "Never bored, there are lots of things to do if you want them". Some observations however showed that people were not always engaged in meaningful ways, however an additional new activity co-ordinator had been recruited.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. However not all of the concerns we identified had been picked up by these quality monitoring systems and action taken to minimise the risks to people.

People and their relatives spoke positively about the registered manager's leadership and told us she was available if they needed to see her. Comments included 'The manager is very hands on, any problems get sorted" and "The manager is very good. She drops in and chats to me most days". Staff also told us they felt supported by the registered manager who was approachable if they had any concerns to discuss.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the 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?

Requires Improvement

The service was not always safe.

Information around risks was not always available for staff to follow to ensure safe and effective care was given to people. This included managing behaviours that may challenge.

We saw examples where infection control measures were not always managed appropriately.

People told us they felt safe. Staff were confident in recognising safeguarding concerns and potential abuse and were aware of their responsibilities in protecting people.

Is the service effective?

Good

The service was effective.

People's mental capacity was assessed to ensure their rights were protected. People were supported by staff to make decisions for themselves.

People were supported to eat a healthy diet, taking into account their individual dietary requirements and nutritional needs.

People were supported to maintain good health and had access to appropriate services which ensured people received on-going healthcare support.

Is the service caring?

Good

The service was caring.

People and their relatives spoke positively about the support they or their relative received.

People were encouraged to remain independent for as long as possible and involved in making decisions about their own care.

People's care was provided in a respectful way whilst promoting their choices.

Is the service responsive?

Requires Improvement

The service was not always responsive.

The recording in care plans and monitoring charts did not always detail the actions that staff had taken to support a person when a concern had been identified. Monitoring charts were not always completed correctly.

There was a mixed response to the activities provided. Observations showed that people were not always engaged in meaningful ways, however an additional new activity co-ordinator had been recruited.

People's needs were reviewed regularly and as required. Where necessary health and social care professionals were involved.

Is the service well-led?

Requires Improvement

The service was not always well-led

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. However not all of the concerns we identified had been picked up by these quality monitoring systems and action taken to minimise the risks to people.

People, their relatives and staff spoke positively about the registered manager and felt confident in her ability to manage the home.

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 7 and 8 February 2017. This inspection was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The home was last inspected on 3 October 2014 and received a rating of good.

Before the inspection we checked the information we held about the service and the service provider. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with ten people being supported by the service, five relatives, seven staff members, the registered manager and area operations manager. We reviewed records relating to people's care and other records relating to the management of the service. These included the care records for eight people, five staff files and a selection of the provider's policies.

Requires Improvement

Is the service safe?

Our findings

Information around risks was not always available for staff to follow to ensure safe and effective care was given to people. The home supported people who at times could become anxious and display behaviour that was challenging to others. One person had recently experienced a rapid decline in their health and this was having an effect on their emotional and social wellbeing. Staff spoke to us about this person's increasing care needs and the challenges they faced when supporting this person with one staff commenting "Three carers have to go in to this person as they are resisting personal care. We hold [X] hands and assist with personal care". We reviewed the daily records for this person and saw staff had recorded comments including 'Very resistive when staff giving personal care, had to roll [X] onto the bed', 'Four carers assisted with personal care'. 'Three staff to assist' and 'Very resistive, making turning [X] extremely difficult'. We saw that staff had not received training in how to support people with this level of care needs and were using a form of restraint without having the appropriate knowledge to do so safely.

At the time of our inspection there was no updated care plan in place for staff to follow in supporting this person safely. We raised our concerns with the management team who had been unaware that as many as four staff were going in at one time to deliver personal care to this person. We saw that some training had been booked with the admiral nurse in communication and distress and de-escalation techniques (Admiral nurses are registered nurses, and have significant experience of working with people with dementia). The registered manager had taken action to support this person by involving external health professionals and holding a best interest meeting which took place during this inspection. It had been decided that Marden Court was unable to continue meeting this person's needs and a suitable placement to a sister home was being arranged. In this interim period the registered manager and area operations manager set about implementing a best interests care plan which gave information to staff on how to meet this person's needs in the least restrictive way. Mental capacity and risk assessments had been completed and a safe holding assessment. A reflective meeting during staff handover was planned so all staff would be aware of what had been put in place.

We saw that one person had been consistently declining personal care and support around changing their incontinence pad. The person's care plan stated they were at high risk of pressure ulceration and prone to urine infections. The management of this was recorded as 'Manage risk of urine infection by encouraging to drink'. There was no information on how staff were to support this person safely with their personal care needs. We looked at the tissue viability care plan which was inconsistent with the other care plans and did not record that this person was at high risk of pressure ulceration. This person did not have any pressure relieving equipment in place despite spending the majority of time in their bedroom. We reviewed their Waterlow assessment which scored very high (The Waterlow score gives an estimated risk for the development of a pressure sore). A pressure risk assessment had not been completed.

This person had also been categorised as being at high risk of falls, however in their falls care plan this was not mentioned. There was no assessment in place to support this person when they were in their room. For example a sensor mat may have been necessary to alert staff when this person was moving around. We raised these findings with the registered manager who agreed the care plan did not appropriately manage

the risks for this person and would be addressed immediately. The registered manager further informed us that a barrier cream (Protects the skin from external damage and locks in moisture) had been prescribed but this had not yet been recorded in the care plan.

This was a breach of Regulation 12 (2) (a) Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw other examples of risk assessments that had been completed where required. One person had requested a bedrail and the home had sought advice from an occupational therapist and a moving and handling risk assessment was put in place. A fire risk assessment stated the support a person would need to evacuate the home in an emergency and a contingency plan was in place for the home to use a local scout hut or a buddy home nearby to relocate people safely.

Throughout the inspection we saw housekeeping staff attending to people's bedrooms and communal areas to keep them clean. However several areas were identified at this inspection that posed a potential infection control risk. For example, two communal toilets were seen to be in an unclean condition including the toilet seats. When this was raised to staff it was promptly addressed. There were some strong detectable odours during the day along the upstairs corridor and smaller lounge. A soiled chair was found and this was raised to the registered manager who arranged for this to be replaced.

One staff member was observed in the corridor after leaving someone's room still wearing gloves and aprons despite informing us the home were taking extra precautionary infection control measures due to a recent outbreak of chest infections. We saw the cleaning trolley was left unattended on two occasions with chemicals accessible to people. There was no lockable compartment on the trolley to keep chemicals if staff did have to leave it unattended. One staff member asked the inspection team if they thought "It was ok to leave the trolley" demonstrating a lack of knowledge around this area. We saw in previous team meetings this had already been discussed with staff by the registered manager, however this practice was continuing. Another member of staff was able to demonstrate knowledge and understanding in relation to risks around cross infection and explained the cleaning schedules that were in place. People told us they were happy with the level of cleanliness in their bedrooms and the home stating "Nice room really clean. Housekeepers lovely, always chatty", "Lovely and clean, the cleaner is very good and "Nice and clean. My clothes are kept nice and clean".

People we spoke with told us they felt safe living at Marden Court and were well looked after by kind staff who were available to help them. Comments included "I feel very safe. If I need anything at night they always arrive quickly", "I am absolutely safe here, all the staff are lovely", "I am enjoying life here. I feel very safe because I know everybody", "I am safe, I don't have to worry about things anymore" and "I feel it is safe. If I am worried I can talk to staff". Relatives said that they had no worries about people's safety because they were being looked after by regular and experienced staff. Relatives told us "[X] is safe, I don't have to worry anymore", "It is safe here. Staff are very professional", "It's very safe, everything is done well", "No worries about safety, it's secure and I feel happy they are safe" and "When I leave I know that she will be safe".

Staff had all received safeguarding training, and were aware of their responsibilities in reporting concerns, and the concerns of those they supported. Staff commented "If any concerns I would go and discuss them with the manager", "In any situation to protect residents, I would report to the manager and go higher if needed. The manager would address it without a doubt" and "Safeguarding means doing my job in a way that doesn't put harm to anyone else. I would assess a situation to see if I could intervene to immediately protect the person. I would then report to my manager and document it".

The home employed sufficient levels of staff to support people and meet their needs. We saw that staff were visible around the home and attended to people in a timely manner. The registered manager had a dependency tool in place to calculate staffing levels and the home had not used agency in eleven weeks prior to the inspection. People told us "I have a bell in my room and can call anybody when I need them, they are always there straight away", "They always come quickly to see me at night", "Come quickly if I need them. Always a smile, lovely people" and "No wait at all, very good service, there are enough staff about". One relative told us "Enough staff always. Someone to care immediately". Staff comments regarding staffing were more mixed including "There is enough staff", "Some days there are enough, some days there aren't", "They say staff ratio is right but is it ever", "They are putting more staff in to one support person. We rarely use agency, got a good team. Everyone is prepared to do more shifts so the residents have familiar faces", "There could be more staff" and "Yes generally there is enough".

The service followed safe recruitment practices. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records seen confirmed that staff members were entitled to work in the UK. The registered manager informed us that when she took up post the staff files had needed some work and the provider's Human resources department (HR) had advised to go back one year and audit from that point. We saw that for a couple of people who had been there 20 years and more some information was not in place. Two people did not have a health declaration in place and the registered manager explained that this information was now sent straight to HR but for these people she would use the previous form so they had something in place.

Safe practices for storing medicines were followed. All medicines were stored safely in a locked cupboard and fridge, and disposed of safely when no longer required. Where people were prescribed medicines to be taken 'as required', there were clear procedures in place to inform staff when they should support the person to take the medicine. We reviewed the Medicine Administration Record (MAR) for people and saw that they were being completed properly and signed by the competent person administering the medicines. People and their relatives told us they received their correct medication and that it was given at the right time commenting "They get brought round, same time every day" and "Get my medication on time. I have a pill to help me sleep and they bring that just before bedtime". The registered manager said "When [X] first came in she was taking large amounts of medication. We have worked to reduce this, now far more alert, and no pain".

Care leads had responsibility for administering the majority of medicines and some care staff had also received the training and been deemed competent. Staff received observation and a competency check every two years and this would be on-going if an issue had been identified. The home had no recorded medicine errors and had received accreditation from the provider for having no errors in 2016. The registered manager explained if an error occurred the action taken would include informing the GP, completing an incident report and a manager investigation.

We saw throughout the two day inspection staff administering medicines would leave people's administration records open on the trolley whilst they went to find the person they were administering to. This meant other people could view a person's private records and did not safeguard this confidential information. We raised this with the registered manager to address.

Good

Is the service effective?

Our findings

New staff were supported to complete an induction programme before working on their own which included shadowing an experienced member of staff and completing mandatory training. One staff member told us "The induction was pretty good, you do a lot of training both online and face to face". The registered manager explained new staff would be shown around the home, given the provider's policies and procedures and booked onto the care certificate induction. The registered manager commented "We do a thorough induction, its important staff know their roles".

Staff spoke positively of the training they had received commenting "The training is very thorough, they are always adding top up training, I can speak highly of the training" and "I have had a lot of training". People and their relatives felt confident in the ability of the staff to provide safe and effective care stating "They know what to do, there are never any problems", "Staff seem very well trained, they know what they are doing", "They know how to treat her. They approach her and tell her who they are" and "They are very well trained". The registered manager told us that staff were "Encouraged and supported to do further qualifications, some have done this and others are doing this now". We reviewed staff training records and saw that only 50 per cent of staff had received first aid training. The registered manager explained that all staff requiring this training had been booked onto a course in March 2017 and all seniors had received this training and there was always someone on shift fully trained.

People were supported by staff who had supervisions (one to one meeting) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. The supervision format had recently changed to being called 'Trust in conversations' which took place six monthly. One staff member told us a meeting would be held if staff needed to discuss anything in-between this time. The registered manager told us that staff development and goals were on-going and would be reviewed at each meeting.

The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The Deprivation of Liberty Safeguards (DoLS) are part of the Act. The DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict or deprive them of their freedom.

The registered manager ensured where someone lacked capacity to make a specific decision, a best interest assessment was carried out. For example, we saw that capacity assessments had been completed which considered a person's memory, orientation and communication capabilities in making a specific decision. For one person who was unable to understand the importance of taking their medicines there was documented evidence to support that conversations had taken place around this with the person. One staff member told us "Assume everyone has capacity and support them to make decisions. We show people

choices of clothing, choices on menus, food plated up, we show them things if they don't understand what you are saying". We saw during our inspection that for people with reduced capacity staff continued to offer choices and encouraged people to make decisions. We saw the registered manager had appropriately applied for DoLS for people where this was required and discussions prior to this had taken place with other professionals. The registered manager told us while they were waiting for these to applications to be approved they continued to provide care in the least restrictive way to the person and review the capacity assessment in place.

We saw one person was receiving two hourly checks because they preferred to spend time alone in their bedroom and to ensure their safety these checks had been put in place. We spoke with the person who informed us they were happy with this arrangement and that the staff came regularly to see them, however there was no documented consent in this person's care plan to show this had been agreed. The registered manager informed us this would be addressed.

We observed the mealtime experience for people which was unrushed and provided people with the appropriate support from staff that were available throughout. People told us they liked the food and were able to make choices about what they had to eat commenting "It is lovely food, plain good food, a good choice and a good cook", "A cooked breakfast every day, lovely", "A good choice of food. A cooked meal every day" and "I have a bit of a job swallowing after being ill, I can't manage hard food. The chef makes sure I have stuff I can eat". Relatives also praised the food available for people saying "[X] loves her meals. When at home she used to live on white bread rolls and not bother to cook, then came in here and her nutrition has been sorted out", "She really likes the food" and "Meals fine, just what she likes to eat, good old fashioned food".

The menu was displayed outside the dining room and was also put on tables for people to view. The registered manager told us that pictorial menus were ready to be implemented to help people who may need information in this format. We observed that the majority of people ate independently but staff were on hand to support them where necessary. One person wanted their meat cut up and staff assisted immediately. People were offered a choice of puddings from a sweet trolley so they could visually make a choice and staff explained what each sweet was. Pre-assessment procedures and on-going updated dietary information enabled the chef to provide people with the appropriate nutrition they needed in line with their preferred likes and dislikes. The chef was made aware of those people with specific medical conditions such as diabetes, those losing or gaining weight or people who were unwell and tailored choices accordingly for these people.

People had access to snacks and drinks when they wanted them and we saw things around the home for people to help themselves too. Staff were able to access the kitchen at any time and could provide people with cakes and sandwiches. Staff brought a tea trolley around in the morning and afternoon to offer refreshments and we observed cold drinks being encouraged. One person told us "There is tea, coffee and biscuits morning, afternoon and suppertime. They will get you anything when you want it. Can have snacks and help yourself". One relative told us "They always make sure she has a drink by her".

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. People commented "I get a doctor if I need one", "Doctor comes in to see me. I saw him two weeks ago, came in to talk about my health" and "I have my feet done. The chiropodist comes in here to see me". One relative told us their loved one now had a better quality of life since being at Marden Court as they were having proper meals, their health condition was well managed and their other conditions had improved. Another relative said "They are brilliant at getting mum to see a GP and inform me". We saw that where people had received visits or care provided

from external health and social care professionals this was recorded in their care plans.

The home's décor was in the process of receiving some attention to update areas. Plans were in place to refurbish the outdoor area. These included adding to the existing walkway, improving the patio and creating accessible raised beds to encourage participation in planting flowers and vegetables. Lighting in some areas had also been upgraded and memory boxes were in place so people could display items of personal significance which could help orientate them in locating their bedroom. One staff said "The decorating needs improvement, they have done some, it did look a bit like a hospital but it's getting better". A relative told us "The place has been brightened up a bit, they are going to do more in the garden". The registered manager commented "The environment was so worn out and that's my on-going plan. The lounges are next to be decorated. The garden space is planned and a dementia activity board is being done".

Good

Is the service caring?

Our findings

People received care and support from staff who had got to know them well. People we spoke with praised the staff describing them as kind, humorous and professional. Comments included "Staff are very caring, absolutely lovely", "There is a very good atmosphere, you are not in the way but feel part of it", "Carers treat me well, they are caring people", "Nothing is too much trouble for them", "Staff seem to get on very well together, there is good humour about the place" and "Absolutely lovely people here, very caring". There was a relaxed atmosphere within the home and one person was observed singing along the corridors smiling and said "They would think something was wrong with me if I wasn't always singing".

During our inspection we observed staff would stop and say hello to people as they passed them and check if they were alright. People told us that staff would spend time chatting with them and would arrive quickly if they needed anything. One person said "It is a good place to live. I look after myself mainly but if you need help there is always somebody around to help". Another person told us "I wouldn't want to be anywhere else, it's safe with lovely people, a lovely place to be".

Relatives told us they felt reassured their loved ones were well cared for commenting "They care for people here in a way that we can't. Staff are hardworking", "There is a continuity of care. Some people have been carers here for a long time", "The home is very supportive. When I have got upset they have taken me in to the office and offered advice and support" and "The staff are lovely, they adore her. The staff are the best thing, such a friendly atmosphere".

We saw that interactions between people and staff demonstrated person centred care was being given. For example, staff spent time throughout the inspection supporting one person who had a visual impairment. We saw that staff knew how this person liked to be approached and supported to move around the home. Staff spoke positively of their experience working in the home saying "I love working here", "It's small enough so we get to know the residents better and can chat with them", "I love it, I support regular people, "I treat people how I would want my mum and dad to be treated" and "I like the team, I love being with the residents". The registered manager told us "Families see it as a home, they are encouraged to join in, it's a home but also a community, maintaining skills and contacts and home life routines".

People living in the home had a named member of staff as their keyworker. The key worker was responsible for ensuring people's care needs were met. One staff member told us "I am a keyworker and make sure people have what they need". The registered manager told us one staff member supported a person to visit a café that they always used to go to and does this on their day off. This person had recently lost their wife and they had liked to go to a local café together, so staff enabled this person to continue doing things they had enjoyed prior to being in the home. The person told us "We used to go to a café together. The carer takes me to the same café now". Another person still went to the same hair salon they had always used despite the home having their own salon in place.

People were able to make their own choices and decisions about their care. We observed staff asked people's permission before supporting them with care. One person told us "They are always asking if I am

happy with everything". Other comments included "They know me very well, what I want and how I like to be treated" and "They always ask If I need anything, bath, shower or the toilet. They ask me if it is alright to do anything". We saw documented evidence that people had consented to their care and this was being reviewed. One person had chosen not to lock their door or have a key and this had been signed and recorded in their care plan. One person was receiving two hourly checks to ensure they were safe, however there was no consent in place for this agreement. The registered manager told us this would be addressed immediately.

People's privacy and dignity was respected by staff. We observed staff knocking on people's doors and waiting to be invited in. People told us "Carers are very caring and respectful", "Carers respect you and your dignity at shower and bath times" and "I could go downstairs but I choose not to, people would come up in my room but I don't want it, the staff are very nice". One relative said "They treat people with respect and dignity". The registered manager told us "We have some residents that have relationships within the home, so we give them their privacy and put door signs in place for people so staff can respect that". We saw that some people had door signs in place asking that staff knock first and allow time for them to answer.

Staff told us that people were encouraged to be as independent as possible with one staff member commenting "We promote independence, if they are able to do, then we encourage". The registered manager told us "We are trying to keep people doing the things they were doing before they came to the home". People told us they were supported in this commenting 'I am very independent. I like to be independent. I often go down town to meet friends, I like to have plenty to do. I see a member of staff and they sign me out and in", "I am never stopped from doing anything" and "I am not stopped from doing anything, I can go in the garden when it's nice". A relative said, "They encourage her to be as independent as she can be".

Requires Improvement

Is the service responsive?

Our findings

The recording in care plans and monitoring charts did not always detail the actions that staff had taken to support a person when a concern had been identified. For example, one person's daily records stated they had on several occasions been crying a lot during the day. There was no information recorded on how this had been managed or how the person was further being supported. The registered manager explained this person does often become tearful but agreed more detail around actions taken should be recorded by staff.

We saw that fluid monitoring charts were in place for some people whose intake was low. The charts clearly recorded the target intake amount and the actual amounts people were drinking each day. We saw however that people were consistently drinking under the recommended amount. The registered manager was able to confirm that the people's records we looked at had all been reviewed by a GP and had been put on the monitoring charts in the short term as a precaution for a recent chest infection and not because of a long term intake concern. The registered manager told us after the inspection that any actions taken would be documented in the person's multi-disciplinary notes and their acute care plan.

Some people had been prescribed topical medicines and administration charts were in place to record when these had been applied. However we saw these were not being completed in line with what had been prescribed. For example, one person had been prescribed a topical medicine to be applied twice a day. Staff had signed to say they had administered it only once a day on five occasions in one month. Another two people had also only received their topical medicine once on four occasions instead of the prescribed twice a day. This meant it was unknown if the person had actually received their medicine as prescribed, or recording errors had been made.

Two people had regular visits from the district nurse team to provide medicine for their specific health condition. Staff would monitor people's blood sugar levels before meals and as needed to ensure they were maintained at a safe level. If the number was outside of the person's safe range staff knew the action to take which included giving the person a snack and continued monitoring. We looked for information on the safe ranges for people and saw that for one person the range was not recorded correctly. We asked staff about this who were able to say what they thought the range was but were unable to find this recorded anywhere. One staff said they knew it and would just add it to the care plan. We raised concerns with the registered manager, that before anything was added to the care plan from staff memory this needed to be confirmed with the appropriate health professionals. The registered manager took action to do this and spoke with the nurse when they came in later that day.

One communication care plan stated that the person did not understand any conversation; however we had observed this person responding to staff when they were offered a choice or asked a question. We raised with the registered manager who was unsure why that had been recorded and agreed this was not a true representation of the person and would be re-worded.

We saw that pictorial or easy read format care plans had not been put in place for people who may need information in this way. The registered manager told us this had been identified and they had been

developed and were in process to be implemented shortly. The registered manager also informed us that a pictorial menu was going to be put in place for people to make meal choices from.

Each person had a care plan that contained important information about their care needs and how they liked to be supported by staff. This was reviewed through a process called 'Resident of the day' which took place monthly to ensure the information held was up to date. We saw the 'Resident of the day' checklist was not always fully completed for some people. The registered manager explained this may be because different staff roles had responsibility for checking their areas, such as housekeeping looked at the person's bedroom and did this at different times to the care staff completing their parts.

Staff were able to talk about people and their past life histories, and told us each person had a laminated profile on the back of their door which shared information about them. We looked at some of these and saw the profile recorded how to support the person and what was important to them. Some people kept life history booklets in their bedroom which had a photo of the person on and contained details of significant life events and people who were important to them.

We found there was a mixed response and experience around the provision of activities in the home. A new additional activity coordinator was going through the recruitment process at the time of our inspection and we saw a member of the care team delivering activities to people in place of this.

We saw at times during our visit that opportunities to engage people effectively were not always taken up. We completed a SOFI2 (Short Observational Framework for Inspection) which allows us to capture the experiences of people who use services who may not be able to express this for themselves. We undertook this during one afternoon when ten people were present in the lounge without staff presence and the television was on. We saw during a 30 minute timeframe the only staff interaction people received was when they were given a drink. People spent this time looking around, waiting or falling asleep as a result of little and no interaction.

One person told us they did not have the opportunity to attend trips out very often saying "I have been out on trips, but haven't been on any lately". One relative said "There are lots of activities, but maybe more days out would be nice. Staff also commented stating "Sometimes people have enough to do, sometimes not", "People do need more, variety is needed, not the same things", "Previously there wasn't a lot of choice around activities, people are often bored at weekends with no one to do activities" and "There's enough put on and enough to do when an activity co-ordinator is in place". We were unable to see if any activities had been planned for the week we inspected as the notice board contained the activity planner from the previous week and was not updated during our two day visit.

We sat by one person in a wheelchair who had been positioned underneath the television and found they would have been unable to join in a conversation if they wished as they would have been unable to hear anything. This person had also been in the same position earlier that morning when a quiz had taken place in which the television had been left on and therefore would have been prevented from hearing the questions asked or joining in should they have wished. One staff member who came into the lounge said "Oh you're watching Judge Rinder". One person replied "I don't watch this". No attempt was made to turn it over or ask people if they wanted to watch something more suited to their interests. One person had been sat in a wheelchair for over an hour without being asked if they would prefer to transfer to a more comfortable chair or any assistance from staff to change their position in the chair. We raised our findings with the registered manager to address.

People in the lounge were able to participate in activities that included a quiz, bingo and small pampering

sessions which people appeared to enjoy. Comments from people included "My nails were painted last week, it's a gorgeous colour", "Never bored, there are lots of things to do if you want them", "I do exercises here. I have got a set of dumbbells in my room. Keep pretty fit here" and "Quite a lot going on. Alpacas and donkey were a great hit with every one".

Recent activities had included making bird feeders, a pottery session, Burns night celebration complete with piper and Haggis and a visit from a local farmer who brought his donkey and two alpacas to the home to meet people. The Alpacas went up in the lift to the upper floor so people who did not want to come down could still have the opportunity to see the animals, but staff said the donkey drew the line at going in the lift. Singers and entertainers had also visited the home to support the programme of events and photographs showing people involved in some of the above activities were prominently displayed around Marden Court. One relative said, "There is a varying programme of activities". One person loved pet budgies and when another resident was given one, they also asked if they could have one too. Staff went out and bought a cage and a budgie was provided. We spent time with this person who told us they were absolutely thrilled by this.

Peoples' spiritual needs were being supported by the home. Monthly Communion Services were held at Marden Court and people had access to the local parish church. The service had experience of catering for a variety of faiths, including Church of England, Catholic and Jehovah witness. The registered manager informed us that "Arrangements can be made to meet all residents' spiritual needs".

People's needs were reviewed regularly and as required. Where necessary health and social care professionals were involved. Records of care reviews were seen in people's care plans and a review for one person whose needs had increased, took place with health professionals during our inspection. We saw people were also involved in monthly care plan reviews and a form with written and non-verbal cues was discussed with people by their key worker. People were asked 'Are you happy with the help you receive and would you like to change anything we do for you'. People and their relatives told us they were involved with drawing up their care plans initially and then with regular reviews. People commented "They talked about my care plan with me and we have reviews", "They do ask me about my care and if I am happy about everything", "They always ask me if everything is alright. I know I can talk to any of them" and "We talk about the care I need". Relatives were invited to be part of these reviews saying "There are reviews every so often. Any questions, any problems then they phone me" and "I am part of the reviews".

Complaints and concerns were taken seriously and used as an opportunity to improve the service. We saw that where a concern had been received the registered manager responded in a timely manner to acknowledge the complaint and investigated the concerns. People had been made aware of the complaints process and told us "Never had any problems since I've been here. I know I could talk to my carer", "Never any problems but could talk to staff or manager, they are good people", "Why would I complain, I've got everything here" and "I am quite happy with Marden Court, I have no complaints". One relative told us "I have got no need to complain, everyone is very accessible". Another relative said "I get on well with all the staff here, there's only ever little things that they sort out for me".

Requires Improvement

Is the service well-led?

Our findings

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. However not all of the concerns we identified had been picked up by these quality monitoring systems and action taken to minimise the risks to people.

Regular audits were completed in the home which included medicines management, the safeguarding log, call bells, infection control and the dependency of people's needs. The home also received an annual visit from the provider's internal quality assurance team. Any incidents and accidents were recorded in people's care plans. Incidents around falls were recorded on file and on a central system, which the registered manager would investigate, monitor and review. A falls log would be put in place for people at risk of falling and a reflective meeting held where necessary. The registered manager told us "We share learning within the trust when there has been incidents or near misses".

People and their relatives spoke positively about the registered manager's leadership ability and told us she was available if they needed to see her. Comments included 'The manager is very hands on, any problems get sorted", "The manager is very good. She drops in and chats to me most days", "Lovely manager, runs a good place", "It's a good role model for other care homes" and "The manager is very approachable". The registered manager told us "People want to move in here, we have a waiting list and are well known in community. We do what we do because we want to make a difference to people's life".

Staff also spoke about the support they received from the registered manager commenting "The manager is brilliant, she tells me what a good job I am doing", "We see the manager walking about, it's more relaxed with [X] managing", "We can go in anytime we want, she said her door is open", "It's a good atmosphere, everyone works as a team" and "The manager is nice, she's quieter, but still very approachable". Staff had access to regular team meetings where information about the service could be shared. The registered manager spoke about encouraging staff to develop commenting "Any learning needs for staff are identified and we find a way to support them around this to progress. We get people to realise their potential even if it means taking up positions elsewhere".

People and those important to them had opportunities to feedback their views about the home and quality of the service they received. Resident meetings were held regularly and the minutes were displayed on the noticeboard for anyone who was unable to attend. An annual feedback survey was sent to people which had an easy read format for people who may need information in this way. From this survey an action plan had been put in place to address any of the issues raised. The registered manager told us "We welcome feedback and understand negative feedback is good too".

Relatives told us the communication from the service was good and they were informed of events concerning their relatives. Comments included "They let us know straight away if anything happens", "Communication is good, they are the on phone if any problems" and "They are hot on communication. If my relative is ill the office phones".

The registered manager told us she had felt supported since taking up this post commenting "Everyone has been supportive when I came in to be manager, they are always open with sharing information. I see [X] (Area Operations Manager) monthly, she's always available on email and phone. There is always someone for advice, the quality team are amazing". The registered manager had taken on the role of medicine champion for the trust which entailed visiting the other provider's homes and working with them in this area. The registered manager further told us "Whatever I want to do and ask for I can do, I have applied for the dementia award".

Some staff also had lead roles in the home, for things including falls, infection control, pressure care and dementia and were able to inform other staff on these areas. The trust held annual employee awards in which all staff roles could be nominated to win their category. The nominations could be put forward from people, relatives and staff. The registered manager told us one staff member from the home had won last year.

The service had good links with the local community and this was viewed as a two way process, benefitting people living at Marden Court and contributing to aspects of social awareness and education. The home had links with two local schools and pupils had visited to speak with people about their lives and experiences and to give a presentation. A programme was in place to provide work experience placements for pupils and pupils undertaking The Duke of Edinburgh award had the opportunity to complete the community service aspect at Marden Court. The home had three volunteers recruited through the Providers Volunteers Manager' that came in and contributed to activities and weekly coffee mornings held in the home. People at Marden Court had also chosen to support the Air Ambulance in September 2016 and had raised money through an event day, which included some people putting their feet in custard and staff in paddling pools of jelly.

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 Information around risks was not always available for staff to follow to ensure safe and effective care was given to people 12 (2) (a).