Country Court Care Homes 2 Limited

Marling Court

Inspection report

2 Bramble Lane
Hampton
Middlesex
TW12 3XB

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07 June 2017
09 June 2017

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17 July 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This was an unannounced inspection that took place on 7 and 9 June 2017.

Marling Court is a care home with accommodation for up to 37 people who are frail elderly and people with dementia.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

In April 2015, our inspection found that the service was overall good with good for all five questions.

People and their relatives told us that this was a good place to live; staff were very nice and provided support and care that was respectful and compassionate. People were provided with opportunities to do as they wished and joined in the activities provided if they wanted to.

The home's atmosphere was warm, welcoming and inclusive. People that visited told us that they were always made welcome. People using the service, their relatives and staff said the home provided a safe environment for people to live and staff to work in. The home was well maintained, clean and well decorated.

The records were kept up to date, including people's care plans that contained clearly recorded, fully completed, and regularly reviewed information. This enabled staff to perform their duties well.

The staff were very familiar with people who used the service, their routines, likes, dislikes and preferences. During the inspection people received the same level of attentive service and everyone was treated equally. Staff were well trained, had appropriate skills and qualifications and were focussed on providing individualised support in a professional, friendly and caring way. They also made themselves accessible to people using the service and their relatives as required. Staff said the training they had received was good, enabled them to do their jobs and they received good support from the registered manager and team. There were also opportunities for career advancement.

People using the service were protected from nutrition and hydration associated risks with balanced diets that also met their likes, dislikes and preferences. People and their relatives said the choice of meals and quality of the food provided was very good and staff encouraged them to discuss health needs. They also had access to community based health care professionals, such as district nurses should they be required.

People and their relatives told us the home's management team were approachable, responsive, encouraged feedback and consistently monitored and assessed the quality of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People said that they felt safe. There were effective safeguarding procedures used and people had risk assessments.

There was evidence the home had improved its practice by learning from incidents that had previously occurred.

There were enough staff to meet people's needs.

People's medicine was safely administered; records were completed and up to date. Medicine was regularly audited, safely stored and disposed of.

Is the service effective?

Good

The service was effective.

Staff were well trained.

People's needs were assessed and agreed with them.

Specialist input from community based health services was provided.

Care plans monitored food and fluid intake and balanced diets were provided.

The home had Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) policies and procedures. Training was provided for staff and people underwent mental capacity assessments and 'Best interests' meetings were arranged if required.

Is the service caring?

Good

The service was caring.

People said they felt valued, respected and were involved in planning and decision making about their care. People's preferences for the way in which they wished to be supported

were clearly recorded.

Staff provided good support, care and encouragement. They listened to, acknowledged and acted upon people's opinions, preferences and choices. People's privacy and dignity was also respected and promoted by staff.

Care was centred on people's individual needs. Staff knew people's background, interests and personal preferences well and understood their cultural needs.

Is the service responsive?

Good

The service was responsive.

People chose and joined in with a range of recreational activities. Their care plans identified the support people needed to be involved in their chosen activities and daily notes confirmed they had taken part.

People told us that any concerns raised were discussed and addressed as a matter of urgency.

Is the service well-led?

Good

The service was well-led.

The service had a positive and enabling culture.

The manager encouraged people to make decisions and staff to take responsibility for specific areas within the service.

Staff said they were well supported by the manager.

The quality assurance, feedback and recording systems covered all aspects of the service constantly monitoring standards and driving improvement.

Marling 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 checked 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 was an unannounced inspection and took place on 7 and 9 June 2017.

The inspection was carried out by one inspector.

There were 33 people living at the home. We spoke with nine people using the service, six relatives, seven staff and the registered manager.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also considered notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

During our visit we observed care and support provided, was shown around the home and checked records, policies and procedures. These included the staff training, supervision and appraisal systems and home's maintenance and quality assurance systems.

We looked at the personal care and support plans for four people using the service and three staff files.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

We were told by people and their relatives that they were happy with the way the home was run, that it provided a safe environment and that they felt safe living there. One person said, "I feel safe and comfortable here." A relative told us, "The lounge is very cosy with the fire and the gardens are secure."

Safeguarding training was provided for staff, they were aware of when a safeguarding alert should be raised and the procedure to do so. The staff handbook also provided safeguarding information. There was no current safeguarding activity and previous safeguarding issues had been suitably reported, investigated, recorded and learnt from. Staff were familiar with the home's policies and procedures regarding protecting people from harm and abuse and had received training in them. They understood what abuse was and the action required should they encounter it. They said protecting people from harm and abuse was one of the most important things they did.

People had individual, personalised risk assessments in their care plans. This enabled them to enjoy their lives in a safe way. The risk areas identified included their health, daily living and social activities. These risks were reviewed regularly and updated as people's needs and interests changed. There were general risk assessments for the home and equipment used that were reviewed and updated regularly. The home and its garden area were clean and well maintained. Staff shared relevant information, including any risks to people during shift handovers, staff meetings and as they occurred. There were also accident and incident records kept and a whistle-blowing procedure that staff were aware of and knew how to use.

The staff recruitment procedure was thorough with all stages of the process recorded. This included advertising the post on line, requesting a CV, providing a job description and person specification. Prospective staff were short-listed for interview. The interview contained scenario based questions to identify prospective staff's knowledge of the type of service the home provided, their communication skills and reasons for applying. References were taken up and Disclosure and Barring Services (DBS) security checks carried out prior to staff starting in post and there was a six month probationary period. The home had disciplinary policies and procedures that staff confirmed they understood.

There were enough staff on duty to meet people's needs and support them to do as they wished. This was reflected in the way people did the activities they wished safely. The staff rota showed that support was flexible to meet people's needs at all times and there were suitable arrangements for cover in the absence of staff due to annual leave or sickness.

Medicine was safely administered to people using the service. The staff who administered medicine were appropriately trained and this was refreshed annually. They also had access to updated guidance. The medicine records for all people using the service were checked and found to be fully completed and up to date. This included the controlled drugs register that had each entry counter signed by two staff members who were authorised and qualified to do so. A controlled drug register records the dispensing of specific controlled drugs. Medicine kept by the home was regularly monitored at each shift handover and audited weekly. The drugs were safely stored in a locked facility and appropriately disposed of if no longer required.

There were medicine profiles for each person in place. There were also regular review visits by the pharmacist.

Good

Is the service effective?

Our findings

During our visit people were enabled and supported to make their own decisions about their care, what they wanted to do and staff were aware of people's needs and met them. Staff provided a comfortable, relaxed atmosphere that people said they enjoyed. People said they made their own decisions about their care and support and that their relatives were also involved if appropriate. They said the type of care and support provided by staff was what they needed and delivered in a way that they liked that was friendly, enabling and appropriate. One person said, "You can see how wonderful we are." This indicated that the person felt everyone was part of a team, people using the service and staff. Another person told us, "It's the little things they do so well that makes the difference." A relative said, "This is the best home we have found and we looked at a lot."

Staff received induction and annual mandatory training. The induction was comprehensive, included core aspects of training and information about staff roles, responsibilities, the organisation's expectations of staff and the support they could expect to receive. All aspects of the service and people who use it were covered and new staff spent time shadowing more experienced staff. This meant their knowledge of the home and people who lived there was increased. The annual training and development plan identified when mandatory training was due. Training encompassed the 'Care Certificate Common Standards' and included person centred planning, infection control, manual handling, challenging behaviour, food safety, equality and diversity and health and safety. There was also access to more specialist training to meet people's individual needs, such as diabetes, dementia care and end of life care. The expectation was that staff would complete the Care Certificate during induction. Staff meetings included opportunities to identify further training needs. Bi-monthly supervision sessions and annual appraisals were partly used to identify any gaps in training.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Mental capacity was part of the assessment process to help identify if needs could be met. The Mental Capacity Act and DoLS required the provider to submit applications to a 'Supervisory body' for authority. Applications had been submitted by the provider, all applications under the DoLS had been authorised, and the provider was complying with the conditions applied to the authorisation. Best interests meetings were arranged as required. Best interests meetings took place to determine the best course of action for people who did not have capacity to make decisions for themselves. The capacity assessments were carried out by staff that had received appropriate training and recorded in the care plans. Staff received mandatory training in the MCA and DoLS. Staff we

spoke with understood their responsibilities regarding the MCA and DoLS safeguarding. Staff continually checked that people were happy with what they were doing and activities they had chosen throughout our visit.

People's care plans included sections for health, nutrition and diet. Full nutritional assessments were done and updated regularly. If required weight charts were kept and staff monitored how much people had to eat. This was for weight gain and weight loss. There was information regarding any support required at meal times. Each person had a GP and staff said that any concerns were raised and discussed with the person's GP as appropriate. Nutritional advice and guidance was provided by staff and there were regular visits by health care professionals located in the community. People had annual health checks. The records demonstrated that referrals were made to relevant health services as required and they were regularly liaised with. People's consent to treatment was regularly monitored by the home and recorded in their care plans.

People told us they thought the food was very good with plenty of variety and choice. One person said, "The food is first class."

Good

Is the service caring?

Our findings

Staff were very familiar with the people they provided a service to, their needs, preferences and people and their relatives said they met them well. This was provided in an atmosphere that was comfortable, relaxed and enabled people to enjoy themselves. Staff called people by the name or title they preferred and interacted with them in a friendly and appropriately familiar way. One person told us, "Very nice staff, night and day." Another person said, "The staff couldn't be kinder." A relative told us, "I like (relative's name) staff, they are always warm, make me feel comfortable and I visit every day." Another relative said, "A great atmosphere and really caring staff."

Everyone we spoke with said they were very satisfied with the home, particularly the staff and their care. People and their relatives said that the staff treated everyone with dignity, respect and enabled them to maintain their independence, as far as possible. The staff met their needs; people enjoyed living at the home and were supported to do the things they wanted to. Staff were friendly, helpful, listened and acted upon people's views and people's opinions were valued. This was demonstrated by the number of positive and supportive care practices we encountered during the course of our visit. Staff were able to tell us a lot of things about people, their life history, how they engaged and their likes and dislikes. Staff were skilled and patient and made a real effort to support people to enjoy their lives.

Staff training included respecting people's rights, dignity, treating them with respect and we saw that this underpinned their care practices. The patient approach by staff to providing people with care and support during the inspection meant that people were consulted about what they wanted to do. Everyone was encouraged to join in activities if they wished but not pressurised to do so. Staff also made sure people were included if they wished to be and no one was left out.

Staff continually made sure people were involved, listened to and encouraged to do things for themselves, where possible. They facilitated good, positive interaction between people using the service and promoted their respect for each other. People were free to move around the home as they pleased.

Staff spoke in a way and at a speed that people could comfortably understand and follow. They were aware of people's individual preferences for using different forms of communication may they be single words, short sentences and gestures to get their meaning across. Staff spent time engaging with people, talking in a supportive and reassuring way and projecting positive body language that people returned. There were numerous positive interactions between staff and people using the service throughout our visit. One person said, "They always listen."

The home also had a confidentiality policy and procedure that staff were aware of, understood and followed. Confidentiality was included in induction, on-going training and contained in the staff handbook.

There was a visitor's policy which stated that visitors were welcome at any time with the agreement of the person using the service. People said they had visitors whenever they wished, and they were always made welcome and treated with courtesy. This was also the case when we visited.

Good

Is the service responsive?

Our findings

Views and opinions of people using the service and their relatives were sought by the home's registered manager and staff. People were given time to decide the support they wanted, when and, where practicable, by whom. It was delivered in a way people liked that was friendly, enabling and appropriate. People said any problems were quickly resolved to their satisfaction. People were supported and enabled to enjoy the activities they had chosen. One person said, "If I want to go out someone [staff] will take." Another person told us, "It's quiet and I like it like that, just relax. But I do go out with my son on the weekend to a restaurant or their home" A relative said, "I am very happy and mum is well looked after."

The registered manager said that assessment information would be requested from commissioning authorities or from a care home if people were being transferred. The home carried out its own assessments. If it was identified that needs could be met people, and their relatives were invited to visit. They could visit as many times as they wished before deciding if they wanted to move in. The visits also gave the home further opportunity to better identify if people's needs could be met. Staff told us the importance of considering people's views so that the care could be focussed on them as individuals. People were provided with written information about the home and organisation that outlined what they could expect from the home and what the home's expectations of them and their conduct was.

People's care plans were based on an initial assessment, other information from previous placements and information gathered as staff and people became more familiar with each other and built up relationships. The care provided was focussed on the individual and we saw staff put into practice training that promoted a person centred approach. People were enabled and encouraged to discuss their choices, and contribute to their care and care plans if they wished. The care plans were developed with them and had been signed by people where practicable. The care plans contained sections for all aspects of health and wellbeing. They included consent to care and treatment, medical history, memory and understanding, mobility and falls risk, dementia, hygiene and personal appearance, social and meaningful opportunities and life histories. Areas such as recreation and activities were underpinned by risks assessments and reviewed monthly by nominated key workers and people using the service. The care plans recorded people's interests and the support required for them to follow them. Daily notes identified if chosen activities had taken place. The care plans were live documents that were added to when new information became available. The information gave the home, staff and people using the service the opportunity to identify further things they may wish to do. There was also communication plans and guidance to assist staff to better communicate with the people they supported.

The activities were a combination of individual, group and home and community based. The available activities included 'What the papers say', music and movement, garden project, sing-a-long sessions, jewellery craft and music bingo. Community based activities included jazz in the community centre, shopping, a visit from a local children's nursery and a trip to the Hampton Carnival. There was also a weekly volunteer's tea and a chat session. The home also provided regular meetings for people using the service where they could make suggestions about activities as well as directly to the two activities co-ordinators and other staff. There was also a bi-monthly newsletter. During our visit a music session was being provided

by a volunteer. This was sometimes done by a person using the service that was also the resident musician. People told us one of their highlights was when the registered manager's two young children visited dressed as elves on Christmas morning to give out presents. People weren't sure who enjoyed it more, them or the elves.

People told us they were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them. There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. There was a whistle-blowing procedure that staff said they would be comfortable using. They were also aware of their duty to enable people using the service to make complaints or raise concerns. Any concerns or discomfort displayed by people using the service were attended to sensitively during our visit.

Good

Is the service well-led?

Our findings

People and their relatives said the registered manager was very approachable and made them feel comfortable. One person said, "The new manager is excellent, an absolute bonus." A relative told us, "The manager always has a smile that makes a huge difference." During our visit the home's culture was open and listening with the registered manager and staff paying attention to and acting upon people's views and needs. It was clear by people's conversation and body language that they were very comfortable talking to the registered manager.

The organisation's vision and values were clearly set out, staff understood them and said they were explained during induction training and regularly revisited. The management and staff practices reflected the vision and values as they went about their duties. People were treated equally, with compassion, listened to and staff did not talk to them in a demeaning way.

Staff told us the registered manager was very supportive. Their suggestions to improve the service were listened to and given serious consideration. There was a whistle-blowing procedure that staff had access to and said they would feel comfortable using. They said they really enjoyed working at the home. A staff member said, "I've been working here 27 years and travel from Croydon so there must be something about the place." Another member of staff told us, "We all work as a team." The records we saw demonstrated that regular quarterly staff supervision, staff meetings and annual appraisals took place.

There was a clear policy and procedure to inform other services within the community or elsewhere of relevant information regarding changes in need and support as required. Our records showed that appropriate notifications were made to the Care Quality Commission in a timely way.

There was a robust quality assurance system that identified how the home was performing, any areas that required improvement and also those where the home was performing well. This enabled any required improvements to be made. One person said, "I have access to [relative's] files and the information is all there."

The home carried out a number of quality audits that included medicine weekly, health and safety, daily checks of the building, laundry, infection prevention and control and care practice. Policies and procedures were audited annually.