Marston Court Limited

Marston Court

Inspection report

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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

Overall summary

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, and to provide a rating for the service under the Care Act 2014.

The home provides care and accommodation for up to 22 people with learning disabilities, some of whom also have physical disabilities and/or mental health needs. The service is not registered to provide nursing care.

This was an unannounced inspection that took place on 15 July 2014. During the visit we spoke with nine people living at the home, five care staff, the registered manager, deputy manager, and the home's regional services manager. Following our visit we spoke with two relatives of people who used the service and a local authority compliance manager.

On the day of our visit there were 19 people living at the home. There was a registered manager in post at the time of this inspection. A registered manager is a person who

Summary of findings

has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider.

People were safe at the home and staff knew what to do if they had any concerns about their welfare. Records showed staff had thought about people's safety and how to reduce risk. They also knew how to protect people under the Mental Capacity Act Deprivation of Liberty Safeguards (MCA DoLS).

People's likes, dislikes and preferences were central to how their care was provided. Staff focussed on what they could do and how they could progress to become more independent. People had access to health care professionals when they needed it. Staff took prompt action if there were any concerns about a person's health.

People interacted using both verbal communication and sign language and staff understood what they needed. People were treated with care and kindness and their privacy and dignity was respected. Their cultural needs were identified and met and they were encouraged to make choices about all aspects of their lives.

People were supported by appropriately recruited and trained staff who had the skills they needed to provide effective and compassionate care. People got on well with the staff who encouraged them to socialise and take part in a wide range of activities.

The premises were clean and fresh and people could move about the home and gardens freely. People's bedrooms were respected as their own space and the décor and furnishings reflected their individual tastes and interests.

The manager had substantial experience in the care and support of people with learning disabilities. She was approachable and helpful. People were supported to share their views about the home in ways that took account of any communication difficulties they might have. Audits were in place to assess the quality of the service, and health and safety checks carried out to make sure the environment was safe.

Summary of findings

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. Some people who used the service were able to tell us they felt safe at the home and trusted the staff.

Staff worked well with people whose behaviour was, at times, challenging.

Staff knew how to protect people who could not always make safe decisions for themselves.

Is the service effective?

Good

The service was effective. Staff were trained in the care of people with learning disabilities and had a good understanding of their needs and preferences.

The food served was home-cooked and prepared in the way people wanted it. People chose what they ate and staff assisted those who needed help with their meals.

People's health care needs were met and they had access to a wide range of health and social care professionals.

Is the service caring?

Good

The service was caring. People got on well with the staff who were kind, calm, and interested in the people they supported.

Activities, both on a group and one-to-one basis, were a big part of life in the home. People went on holidays and trips out and also did activities inside the home.

People were encouraged to choose what they did each day and made use of the the home, gardens, and wider community.

Is the service responsive?

Good

The service was responsive. People's individual needs, including their cultural needs, were identified in their care plans and records showed these were met.

If people were unable to communicate verbally staff understood how to respond to their facial expressions or the signs they used.

Concerns and complaints were welcomed and the home was quick to address them and bring about improvements where necessary.

Is the service well-led?

Good

The service was well-led. The home used meetings, surveys, and other methods to collect people's views about how well it was running.

The manager was experienced, approachable, and supportive. The people who used the service and staff told us they would go to her if they had a problem.

The home used audits to check people were getting good care and to make sure records were in place to demonstrate this.

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Detailed findings

Background to this inspection

This inspection was carried out by an inspector, an expert by experience, and an expert by experience supporter. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience for this inspection had experience of services providing care for people with learning disabilities.

Prior to the inspection we reviewed the provider's information return. This is information we have asked the provider to send us about how they are meeting the requirements of the five key questions. We also reviewed the home's statement of purpose and the notifications we had been sent. Notifications are changes, events or incidents that providers must tell us about.

We used a variety of methods to inspect the home. We spoke with nine people living there, five care staff, the registered manager, deputy manager, and the home's regional services manager. We observed support being provided and people taking part in group and one-to-one activities.

We checked the provider's records relating to all aspects of the service including care, staffing, and quality assurance. We looked in detail at the records and care of four people living at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Following our visit we spoke with two relatives of people who used the service. We also spoke with a member of staff in the local authority's compliance department responsible for contracting with the home to get their views on the service provided.

Good

Is the service safe?

Our findings

Two people were able to tell us they felt safe in the home. One person said, "The staff are my friends and I trust them." Another person commented, "I have been here a long time and I always feel safe." Other people appeared relaxed and at ease. One person who became distressed immediately went to staff for help and we saw them being comforted.

The provider's safeguarding (protecting people from abuse) policy told staff what to do if they had concerns about the welfare of any of the people who used the service. Records showed the policy was reviewed and updated in May 2014 to make it clearer and easier to follow. Staff were trained in safeguarding and the manager told us training was also being provided for the people who used the service and their families. This helped to ensure they also understood the signs of abuse and how to report any concerns they might have.

We talked with three staff about safeguarding. All understood their responsibilities and knew what to do if they had concerns about the welfare of any of the people who used the service. As a safe working practice staff usually worked in pairs when providing personal care.

Records showed that when a safeguarding incident occurred the home took appropriate and swift action. Referrals were made to the local authority, ourselves, and other relevant agencies. This meant that health, social care, and other professionals outside the home were alerted if there were safeguarding concerns and the home did not deal with them on their own.

We looked at people's care records and saw they included appropriate risk assessments. These were reviewed regularly and covered areas of activity both inside the home and out in the wider community. One person's risk assessment stated they needed the assistance of two staff for personal care. We asked them who supported them with their personal care. They told us, "I had a shower this morning. Two staff helped me."

Staff worked well with people whose behaviour was, at times, challenging. We saw them use distraction techniques to guide one person away from the hot drinks on the drinks trolley which they were trying to touch. Staff took them into the gardens with a cold drink as an alternative and we saw they were happy with this. Another person, who staff said was having a bad day, was distressed and calling out throughout the visit. This person was never left alone and was constantly comforted and reassured by the staff on duty.

Staff understood their responsibilities under the Mental Capacity Act Deprivation of Liberty Safeguards (MCA DoLS) and the home's training records showed they had attended courses on this. Records showed that mental capacity assessments were completed for people who lived at the home. Best interest meetings were held for situations where people's needs had changed or decisions had to be made on their behalf. For example, a best interests meeting was held for one person to help decide the most suitable holiday arrangements for them.

On the day of our visit we observed that there were sufficient numbers of suitable staff on duty to keep people safe and meet their needs. The rota showed the staffing levels we found were consistent with the home's usual staffing levels. People's plans of care and risk assessments made it clear whether they needed one or more members of staff to assist them with various tasks and these were being followed. We saw there were enough staff on duty to support people in the home and also when they went out into the wider community.

During our visit three groups of people went out, one group walking or in wheelchairs, and two others in the home's minibus. Staff accompanied these people and there were still enough staff left in the home to support people and provide them with group and one to one activities. All the staff we spoke with, including the manager, said they were satisfied with the staffing levels at the home. One staff member told us, "We are busy, always, but we have enough staff to support the residents with their care and do things with them. If we didn't I'd soon have something to say about it."

Good

Is the service effective?

Our findings

People were supported in the way they wanted. Throughout our visit we observed staff assisting them with activities, meals, and personal care. Staff were skilled and knowledgeable about how to do this and the people who used the service responded well to the way support was provided.

People's needs were assessed before they moved into the home Court. Staff home consulted with them, their relatives, and relevant health and social care professionals, to find out their preferences and what they wanted from the service. This meant the home had a good understanding of each person's individual needs before they moved in.

Plans of care were put in place before people moved in and then adjusted as their needs changed or new needs were identified. The plans we looked at were detailed and gave good guidance to staff on how each person liked to be supported. They were personalised and unique to each person. They were positive in that they focussed on what people could do and how they could progress to become more independent. People's choices and preferences were central to all the plans we looked at.

Records showed that the staff who worked at the home had an induction and ongoing training to help ensure they had the skills and knowledge they needed to care effectively for the people who used the service. Staff told us they were encouraged to increase their care skills and learn new ones. One member of staff told us, "The manager is keen for us to do training."

The home's training records showed that staff did a range of standard care courses, for example, health and safety, moving and handling, and equality and diversity. They also did courses that were specific to their role at the home including epilepsy, 'breakaway training' (for challenging situations), and mental health. The manager told us the bulk of their learning disability training was provided during their induction and through NVQs which also covered autism and dementia care.

The staff we spoke with had a good understanding of the people they supported. One staff member explained the complex needs of a person they were working with. They told us this person, who had both learning disabilities and mental health needs, had been withdrawn and it had taken time to get to know them. They told us, "Now I know what (person's name) likes we get on fine. (Person's name) doesn't like group activities or lots of noise and we respect that. Sometimes (person's name) reaches out and holds my hand and it's great when that happens because it feels like (person's name) has accepted me."

We observed lunch being served both in the dining area and in the gardens where some people had chosen to eat. Staff assisted those who needed help with their meal. The food served was home-cooked and prepared in the way people wanted it, for example if they were on a soft diet their food was the right consistency for them. People could choose what they ate, for example one person wanted yogurt rather than their lunch, and this was provided. People were encouraged to take their time over their meal and to socialise while they were eating.

There were two sittings for lunch so those who had been out the community had their food a bit later. This worked well as it meant the dining area did not become too crowded and staff had the time to assist everyone who needed help with their meal.

People were encouraged to have plenty to drink. During the afternoon staff brought a tea trolley into the lounge and served tea, coffee, and four different kinds of cold drinks including prune juice and cranberry juice. The tea trolley stayed in the lounge so people could continue to have drinks throughout the afternoon. Some people were able to help themselves to drinks and others were supported by staff.

Menus were planned in advance to ensure a good range of foods were served and people had variety in their diet. The manager said there were always alternatives available if someone didn't like the choices on the menu. Photos of different dishes were used to help people decide what they wanted to eat. Records showed each person had an 'Eating and drinking' plan which contained their likes/dislikes, weight charts, and details of any risks surrounding their nutrition and hydration and how staff could reduce these.

We looked at the health records of four people who used the service. Each person had a 'health action plan', a specific tool designed to assess the health needs of people with learning disabilities and help ensure they were met. They also had 'A&E grab sheets' which accompanied them if they ever had to go to hospital in an emergency. Some people also had 'distress passports' designed to inform

Good

Is the service effective?

staff of the signs and behaviours they might use to indicate contentment or distress. These documents helped to ensure hospital staff had an understanding of people's needs if they went into hospital. The staff we spoke with were aware of these documents and knew how they should be used.

Records showed that people had access to a wide range of health and social care professionals. These included GPs, dentists, CPNs (community psychiatric nurses), chiropodists, physiotherapists, consultations, and social workers. Records also showed the home took prompt action if there were concerns about the health of any of the people who used the service. All interactions with health and social care professionals were noted in people's files and plans of care were adjusted as necessary.

Good

Is the service caring?

Our findings

We observed staff interacting with some of the people who used the service using both verbal communication and sign language. People got on well with the staff. We saw one person's face light up when a staff member approached them to have a chat. Afterwards they told us, "I like (staff member's name), they make me laugh when they say funny things." Another person said, "I like (another staff member's name), they are nice and calm."

Records showed that activities were a big part of life in the home. Each person had their own individual programme to follow.

One person told us about a holiday they had recently been on with staff from the home. They said, "We went to Skegness. We went to the pub and to the market. I bought a new handbag and a purse." They called over a member of staff who had been on the holiday too so they could join in the conversation. They said to the staff member "We had a great time didn't we?" The staff member agreed and mentioned the items the person had bought. This showed that the staff member had a genuine interest in the person and remembered the details of their holiday.

Another person told us how much they liked living at the home. They said. "I am happy here. I like the staff, I like watching TV, I like knitting, I like dancing, and I like the puddings." Throughout our visit staff engaged with the people who used the service and took the time to sit down with them and have conversations and interactions. Staff were confident in their work and were warm and friendly towards all the people who used the service. One staff member told us how satisfying their job was. They felt each day was never the same and this dynamism appealed to them.

People were encouraged to choose activities and make other decisions about what they did each day. When we visited one group of people went to a local park and another group went horse riding. One person told us they went horse riding every week and said, "I love it". Another person was excited about going horse riding as it was their first time. Staff knew this and kept reminding them there wasn't long to go before the trip began.

The home had a full-time activities co-ordinator who worked with people on both a group and one-to one basis. People had the use of the home's minibus for trips out. While some staff were out with people in the community we saw the activities coordinator working with other people individually. We observed them helping one person write a card for a family member and providing other one-to-one activities in the home and adjacent gardens.

As it was a warm day the doors to the gardens were open and people went in and out independently or supported by staff. Some people spent part of the afternoon sitting in a shady part of the gardens in adapted outdoor seats socialising with staff. Staff provided outdoor activities. We saw one person watering plants from their wheelchair and others planting flowers. Another person, who was less mobile, enjoyed watching the home's 'bubble machine' sending bubbles all over the gardens. This made them smile and laugh and staff joined in.

The home's policies and procedures gave staff guidance on how to respect people's privacy and dignity, protect their human rights, and provide care that met their needs. These were followed during our visit. Staff were discreet when they provided personal care and assisted people at mealtimes. People's bedrooms were respected as their own space and the décor and furnishings reflected their individual tastes and interests.

Good

Is the service responsive?

Our findings

All the people we met were wearing clothes that reflected their ages and preferences. One person, who was dressed in a co-ordinated outfit in their favourite colour, drew our attention to this and said they liked what they were wearing. One person showed us their new pair of glasses. They told us, "I went to the optician with the staff and chose them myself. The staff clean them for me." A relative said, "(Person's name) is always well turned out, they wouldn't have it any other way."

People's cultural needs were identified in their plans of care. Staff took people to their places of worship or arrangements were made for them to worship in the home. Both male and female staff were available for personal and other care and support depending on people's needs. One person had specific cultural needs and records showed these were being respected in terms of their clothing and lifestyle.

Care plans showed people were encouraged to make choices about all aspects of their lives. For example how their liked their care to be given. One stated, 'I will tell you verbally in the morning whether I want a bath or shower'. They also set out people's preferences, for example, 'I like to dress up smartly and wear a tie before going out.' This helped to ensure staff supported people in the right way and respected their lifestyle choices and preferences.

Staff took prompt action if there were any concerns about a person's health. Referrals were made to appropriate health care professionals and staff advocated for people to ensure they got the treatment they needed. Records showed staff working closely with GPs, districts nurses, and other health care professionals to achieve the best possible outcomes for people.

For example, records showed that on the day before our visit one person had appeared confused. They had asked for a drink when they already had one which staff said was out of character for them. In response staff had called out the person's GP who had prescribed a course of antibiotics. These were started that day, and by the following day, when we visited, the person's health had already improved. Staff told us they were 'back to their old self'. This incident showed the home had responded quickly and effectively to a change in someone's needs.

Records showed that behaviour that challenges us was carefully and expertly managed. Detailed plans of care were in place to assist staff in diffusing potentially challenging situations. Staff used a range of skills including reassurance and distraction to help keep people safe. A relative told us, "If (person's name) is in distress the staff call me and tell me – they always have their best interests at heart."

We talked with staff about they responded to people's needs in particular those who were unable to communicate verbally. One staff member told us, "All the information we need is in people's files but that's just the start of getting to know them. Some of the clients can talk to us but others can't so they communicate with us in their own way by using signs or facial expressions. We soon get to know who wants what and when they get to know us and trust us it gets a lot easier."

During out visit one of the people who used the service told us they thought the home should have more table mats in the dining room, and that the fork they had at lunchtime was bent so they thought new cutlery might be needed. They also said, "This place needs modernising and styling and some of the paintwork is uneven."

We discussed this with the manager who said the person was right, and had made some good points which were already being addressed. New table mats, crockery and cutlery were on order, and the home was undergoing a major refurbishment programme. This was evident when we visited with some areas already having been refurbished.

A poster in the reception area showed through pictures what people should do if they were unhappy about anything at the home. Staff said some people who used the service were able to understand and follow these instructions and that they advocated for those who couldn't. One staff member said, "We know all the residents well and if there's something wrong they have ways of telling us. If there were any physical signs of abuse or changes in their behaviour we would report it to the manager."

There was also information about how to make a complaint in the home's statement of purpose and service user guide. All the people who used the service and their

Good

Is the service responsive?

relatives had been given a copy of this. The complaints procedure stated that complaints about the home were welcomed, and no one would be treated any differently as a result of making a complaint.

People were offered various options to make it easier for them to complain. These included having the support of an independent advocate and/or a BSL (British Sign Language) signer. They could also have the complaints procedure made available to them in a community language, Braille, or on a USB memory pen.

If people or their relatives/representatives were not satisfied with the way the home addressed their complaint they were advised to contact the local authority, the Ombudsman, or ourselves. Contact details for two local advocacy agencies that specialised in supporting people with learning disabilities were also in the statement of purpose.

At the time of our visit there had been no complaints received by the home. One of the relatives we spoke with told us, "I have had no complaints about Marston Court in the time my relative has been there, but if I ever did I'd tell the manager."

Good

Is the service well-led?

Our findings

When we visited a meeting for the people who used the service had been held the previous week, and a relatives' meeting had been planned and letters sent out inviting people to this. The home was also in the process of carrying out a survey of people's views and the views of their relatives. The manager said these meetings and surveys gave the people who used the service and their relatives an opportunity to share their views on the home on a group or individual basis. She said action would be taken as a result of this survey once the results were known.

We discussed how the home gathered the views of people who could not give them verbally or in writing. Staff told us through planning people's care and working closely with them and their relatives they got to know their likes, dislikes, and preferences. This meant they could advocate for the people they supported. If there were any conflicts of interest the local authority or an advocate was involved in the decision-making process. This helped to ensure that all the people who used the service had a say in how the home was run and what care and activities were provided for them.

The manager had over 20 years experience in learning disabilities, behaviours that challenge us, dementia, palliative care, and mental health issues. When we asked her what she liked about the home she told us, "I am proud of the service users, the staff group, the morale, the atmosphere in the home, and its potential." She told us she felt well-supported by the provider and could go to senior managers at any time if she needed advice.

Staff told us the manager was approachable and supportive. One staff member said, "The manager always listens if I go to her with any problems and is very helpful." As a matter of policy the manager kept her office door open, unless she was dealing with confidential matters, and people could pop in whenever they liked.

During our visit we observed that the manager spent part of her day with the people who used the service and staff, helping with activities, and making sure people were getting the support they needed. One person who used the service pointed out the manager to us and said, "That's the boss and she'd the person I tell if there's something wrong."

At the time of our visit the home's regional services manager was visiting the home twice a week to support the management and staff. She was also carrying out formal monitoring visits every two months to check the quality of the service people were receiving. Records from her most recent monitoring visit, on 4 July 2014, showed that areas for action and/or improvement had been identified and timescales set. Records showed the home was meeting these. For example, care, staffing and premises audits had been carried out as requested, with action taken to bring about improvements where necessary.

Staff were invited to share their views on the service at their two-monthly staff meetings and six weekly one-to-one supervision sessions. Complaints, comments, whistle-blowing, and safeguarding were on the agenda for all these meetings. Staff could also approach the manager, who had a 'open door' policy, at any time, and/or contact the home's regional services manager or compliance manager. There was a 'suggestion box' in the entrance hall which anyone who used, worked at, or visited the service could post in.

We spoke to a manager at one of the local authorities who placed people at the home. They had carried out a monitoring visit in March 2014. During this visit they had asked for minor improvements to the home's safeguarding and continence policies. These improvements had been made and the home sent us copies of the new policies to demonstrate this.

We asked the manager how she enabled the service to deliver high quality care and identify and implement best practice. She told us staff were central to this process and records showed the quality of the staff team was maintained through the recruitment process, initial and on-going staff training, and regular staff supervisions, appraisals, and meetings. The home also had access to a consultancy service for advice on employment law and health and safety.

We looked at the quality assurance audits completed by the home. We saw that weekly and monthly audits were carried out on areas such as care records, medication, infection control, health and safety, fire safety, accidents and incidents, complaints, and the environment. The manager said the home's quality assurance audits helped to ensure that all aspects of the service were operating effectively.

Good

Is the service well-led?

We looked at the home's records for accidents and incidents. We saw that appropriate action had been taken when these had occurred. The home had notified the relevant authorities where necessary including ourselves and the local authority. They had also contacted relatives promptly. Where appropriate they had carried out an investigation and taken action to reduce the risk of the accident or incident happening again. This demonstrated the home had been proactive in reducing risk at the home.