Optivo

Martin House

Inspection report

1 Swift Road
Southall
Middlesex
UB2 4RP

Tel: 02032020425

Date of inspection visit:
16 October 2018
18 October 2018

Date of publication:
12 November 2018

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

The inspection took place on 16 and 18 October 2018. The visit on the 16 October 2018 was unannounced. We told the provider we would be returning on the 18 October 2018.

In October 2017, the provider merged with another organisation to become a new organisation called Optivo. The new organisation, which is a housing association, became the registered provider of the service. This is the first inspection of the service under the new registration. The management of the service the people who lived there and staff remained the same.

Martin House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is registered for up to 75 older people, some who may be living with the experience of dementia. At the time of the inspection 67 people were living at the service. The London Borough of Ealing funded or partly funded all of the people who lived at the service. This is because they have a contact for of the places there.

The service was divided into five units for up to 15 people each. Three of the units provided nursing care. One of the units where nursing care is provided and one of the other units supported people living with the experience of dementia.

Optivo also managed three other care homes in North West London.

There was a registered manager in post. 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.

At this inspection we have rated the service good.

People were happy living at the service. They were involved in planning for their care and their needs were being met. They were cared for by staff who were kind, compassionate and who they had good relationships with. There were opportunities for them to take part in different social activities. There was a varied menu which catered for people's individual needs, including culturally diverse meals.

People had consented to their care and treatment and the provider had worked within the principles of the Mental Capacity Act 2005 when they identified that people lacked the mental capacity to make decisions about their care.

People received their medicines in a safe way by staff who were trained to understand this area of their care. They were supported to access healthcare services and the staff monitored their health and wellbeing.

The staff were happy working at the service. They felt well supported and had the training and information they needed to care for people safely. There were opportunities for their professional development and they communicated effectively with one another.

People lived in a safe and well-maintained environment. Equipment and the environment were kept clean and there were procedures for controlling the spread of infection. People had access to the equipment they needed to keep them safe.

The provider had effective systems to ensure that complaints, accidents and incidents were appropriately dealt with and investigated. There were procedures for safeguarding and whistleblowing. The staff had information and training about these. There were systems to monitor and improve the quality of the service, which included regular visits by the provider's senior managers. The registered manager had worked at the service since it first opened and people using the service, their visitors and staff told us that they were approachable and proactive in making the right decisions to provide a good quality service.

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.

There were systems and processes designed to safeguard people from abuse.

The risks to people had been assessed and their safety was monitored.

There were sufficient numbers of staff to meet people's needs and keep them safe.

Medicines were managed in a safe way.

People were protected by the prevention and control of infection.

Lessons were learnt and improvements made when things went wrong.

Is the service effective?

Good

The service was effective.

People's needs and choices were assessed and care was planned in line with these assessments.

The staff had the skills, knowledge and experience to provide effective care.

People lived in an appropriate environment.

The provider sought consent to care and treatment in line with legislation and guidance.

People had access to the healthcare services they needed.

People were offered a range of nutritious food and drink.

Is the service caring?

Good

The service was caring.

People were cared for by kind, polite and compassionate staff.

People were able to make choices about their daily lives and decisions about their care.

People's privacy, dignity and independence were respected.

Is the service responsive?

Good

The service was responsive.

People received personalised care which was responsive to their needs.

People's complaints and concerns were listened to and responded to.

People were supported at the end of their lives to have a comfortable, dignified and pain free death.

Is the service well-led?

Good

The service was well-led.

There was an inclusive and positive culture where people using the service, staff and other stakeholders were listened to and their opinions valued.

There were effective systems for monitoring and improving the quality of the service.

The provider undertook regular audits and acted when improvements were needed.

The registered manager worked closely with other providers and organisations to ensure they followed best practice and learnt from others.

Martin House

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 comprehensive inspection took place on 16 and 18 October 2018. The first day of the inspection was unannounced. We told the provider we would be returning on the second day.

On 16 October 2018, the Inspection team consisted of two inspectors, a member of the CQC medicines team, a nurse specialist professional advisor 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.

On 18 October 2018, the inspection visit was carried out by two inspectors.

This service was selected to be part of our national review, looking at the quality of oral health care support for people living in care homes. The inspection team included a dental inspector who looked in detail at how well the service supported people with their oral health. This includes support with oral hygiene and access to dentists. We will publish our national report of our findings and recommendations in 2019. The findings of the dental inspector are not included in this report.

Before the inspection visit we looked at all the information we held about the service. This included information from members of the public, commissioners and notifications from the provider. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

We also looked at public information, such as the provider's own website, care home review websites, internet searches and reports from the Food Standards Agency.

The provider completed a Provider Information Return (PIR) in August 2018. The PIR 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.

During the inspection we spoke with seven people who lived at the service, the registered manager and other staff on duty who included the clinical lead, head of care, nurses, care workers, the activity coordinator, catering, administrative and domestic staff.

We observed how people were being cared for and supported. Our observations included using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not speak with us.

We looked at records used by the provider for managing the service. These included the whole care records for 12 people, the staff recruitment records for six members of staff, records of staff training and support, meeting minutes and quality audits. The member of the CQC medicines team looked at how medicines were being managed, including storage, record keeping and administration. We checked the environment and equipment being used to make sure it was safe.

At the end of the inspection visit we gave feedback about our findings to the registered manager and the provider's head of care.

Good

Is the service safe?

Our findings

People using the service told us they felt safe living there. They said that they trusted the staff and that they were happy with the support they received.

The provider had systems and practices at the service designed to protect people from abuse. There were procedures regarding safeguarding adults and whistle blowing. Information about recognising and reporting abuse was displayed around the service. The staff had training in this area and demonstrated a good understanding of who they would report any concerns to.

There was evidence the provider had worked with the local authority to investigate concerns and help protect people when allegations of abuse had been made.

The provider had assessed the individual risks to people's safety and well-being. These assessments included risks to health, those associated with assisted moving, risks of falls, nutritional risks and risks of choking. There was clear guidance for the staff about how to minimise the risks of harm and keep people safe.

The provider ensured the environment and equipment being used was safe. They carried out regular checks on these and attended to any faults and concerns. There were appropriate procedures for keeping people safe in event of a fire, including training for staff, checks on firefighting equipment and individual emergency evacuation plans for each person.

People were supported in a safe way. We observed people being assisted to move and to eat. The staff supporting people did this appropriately, offering people the right level of support, encouraging them to do things for themselves if they were able, making sure people were safely positioned and explaining about the support they were giving to the person.

There were enough staff employed to keep people safe and meet their needs. People told us they did not have to wait for care and that if they used their call bells the staff were prompt and attentive. We saw that people were supported when they needed assistance and that the staff regularly interacted with them. One staff member commented positively about the staffing structure at the service, telling us, ''Staffing levels have been cleverly designed so that we have the numbers we need.''

The provider had suitable procedures for the recruitment and selection of staff. Potential staff were invited for a formal interview and records of this showed that interview questions were in depth and relevant to the roles the staff would be undertaking. The provider undertook checks on staff members identity, eligibility to work in the United Kingdom, references from previous employers and checks on any criminal records.

New staff completed a comprehensive induction of shadowing existing staff, training and other forms of learning. There skills and competencies were assessed to make sure they were suitable and sufficiently competent to work at the service on a permanent basis.

People received their medicines in a safe way. We observed the staff administering medicines to people. They did so in a safe and appropriate way, explaining what they were doing and asking for consent. The staff had received training, so they understood about the safe handling of medicines and their competencies and knowledge were tested at least annually by their line manager. There was a range of information about the medicines people had been prescribed, any side effects and reasons for the medicines.

Medicines were stored in a safe and secure way. The staff regularly checked the temperature of storage areas to make sure this was within a suitable range for the medicines. The provider and staff carried out weekly audits of medicines. There were appropriate procedures for reordering, stock control and disposal of medicines.

We identified a small number of areas where record keeping around medicines could be improved. These did not affect the safety or wellbeing of people using the service. We discussed these with the registered manager and they agreed to make the necessary improvements to ensure best practice was followed. There were appropriate records of medicines administration.

There were procedures designed to protect people by the prevention and control of infection. The staff were provided with personal protective equipment, such as gloves and aprons. There was information on good hand hygiene and the staff received training in this and infection control. The provider had schedules to ensure the service was clean and hygienic at all times. This included deep cleaning and audits of the service.

Lessons were learnt, and improvements made when things went wrong. There were appropriate procedures for the reporting and investigation of accidents, incidents and complaints. These included an analysis by the registered manager, where they and other staff, reflected on what had happened and what could be done differently. In addition, the registered manager regularly met and liaised with other registered managers working for the organisation to discuss incidents and how to improve practice.

Good

Is the service effective?

Our findings

People's needs and choices were assessed before they moved to the service and their care was planned to reflect these assessed needs. The provider used nationally recognised good practice tools for assessing people's needs, for example, assessing risks, assessing their nutritional needs and assessing how they could be assisted to move in a safe way. People told us they had been asked to contribute to these assessments. There was evidence that individual choices, preferences and information about people's lives before they moved to the service was incorporated into these assessments.

People were supported by staff who had the skills, training and knowledge to care for them in a safe way. New members of staff undertook a range of training which reflected the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. Training updates in these subjects were provided at regular intervals for all the staff. The registered manager had an overview of all training and when updates were due. The staff commented positively about the training they were offered and how this helped them in their roles. In addition, they demonstrated a good knowledge of different aspects of their learning and how they applied this in their everyday work.

The staff told us that training opportunities in specific subjects were available. For example, if a person with a specific need moved to the service they would be trained to understand this need. The nurses and senior care workers were provided with additional training relevant to their role. The senior care workers told us that this was useful and they could undertake some nursing care tasks, such as dressing wounds and administering medicines. The nurses were supported to undertake the training necessary to remain registered with the Nursing and Midwifery Council. Care staff were supported to undertake vocational qualifications in health and social care.

The staff took part in regular meetings with their line manager, as a team and as individuals. They told us they were able to contribute their views about the service and any changes, as well as receiving information. The minutes of these meetings showed that there was reflective discussions about the service and how improvements could be made. The staff were assessed in the work place and took part in appraisals where they and their manager discussed whether they needed any additional support in their work.

There were daily handovers of information between the staff and thrice weekly management meetings when all the heads of departments discussed the service. The staff working at all different levels in the service commented that communication was very good. One staff member said, ''The communication here is the best thing – all the staff know step by step what is happening because we are always discussing things with each other. We have good communication from the registered manager too, they are working alongside us each day.''

The staff told us they received informal support as well and could speak with their manager whenever they needed. They said that the registered manager and senior managers from the organisation spoke with them and visited the units in the home throughout the day.

The adaptation and design of the premises were suitable. People had individual bedrooms with en-suite facilities, which they had personalised. The service was divided into five units, each with 15 bedrooms and communal facilities.

The home was clean and nicely decorated throughout. There was information relevant to each unit, for example, information about people's birthdays, pictures of activities and features of interest for people. There was also a range of information about activities, making a complaint, fire safety and staff on duty displayed.

The service was equipped with accessible bathrooms and showers, grab rails along the corridors and a passenger lift to all floors. People who needed specialist beds or other equipment in their rooms were provided with these.

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 services and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that they were.

People's mental capacity had been assessed and there was clear information about this within their care plans. When people had been assessed as having the mental capacity to make decisions about their care, they had consented to this. We saw the staff offering people choices and opportunities to consent when they delivered care.

For people who lacked the mental capacity to make decisions, the provider had made sure they involved people's representatives in make these decisions in their best interests. This was evidenced. The provider had also made applications for DoLS when needed.

People's healthcare needs were recorded in their care plans. There was information and guidance for the staff on how to meet their individual physical healthcare needs. There was also information about people's mental health needs, but in some cases, the information related to healthcare professional input only and did not give the staff guidance about how they could support people with their mental health need on a daily basis. The staff told us they would like more training on specific mental health needs because they only had a basic understanding of these. We discussed this with the registered manager who agreed to make sure care plans were updated with specific guidance.

People had access to healthcare services when they needed them. They confirmed that they were able to see doctors or other healthcare professionals when they requested. The local GP surgery held twice weekly surgeries at the service each week. We met a visiting GP who told us they had good communication with the staff, who were proactive in asking for help when they needed. Some of their comments included, ''It is quite rare that agency staff are on so I can rely the staff to tell me about the residents, they have a regular team and they know them well, the carers have a good knowledge of people as well as the nurses'' and ''The clinical lead has made a real difference, [they are] fantastic and I have noticed how confident the staff are now at dealing with clinical needs, I am very impressed with the care here.''

The staff monitored changes in people's health and wellbeing. These were recorded and there was evidence

they had responded to these changes by asking for additional healthcare support.

People had mixed views about the food. Some of their comments included, ''It is not that good sometimes, but I look forward to fish and chips on Friday'', ''The food is not always to my taste'', ''There is plenty of good food'', ''There is enough food but I would like more cups of tea each day'' and ''The food is beautiful.''

People's nutritional needs had been assessed and individual care plans had been developed when people had a specific area of need, for example, they were at risk of malnutrition or required a specific type of diet. People were weighed regularly, and the staff responded to changes in their weight by additional monitoring, referral for healthcare professional support and changes in diet. There was evidence of dietitian involvement for people who were at nutritional risk. Their advice and guidance had been incorporated into care plans.

All food and drinks were prepared on the premises by a contracted catering company. They worked closely with the registered manager to review menus and make sure these reflected the needs and tastes of people who lived at the service. There was a choice at all mealtimes, including a traditional Asian menu.

Snacks and drinks were available in each unit for people at any time they wanted these. We saw that the staff offered people regular hot and cold drinks and snacks between meals. People confirmed they were able to request food in the evening, night time or early morning if they wanted this.

Good

Is the service caring?

Our findings

We observed the staff caring for people in a calm and respectful way. This included support at mealtimes. The staff gently attended to people and encouraged them to try different foods. Throughout the inspection, the staff were attentive to people, responding to requests for help and checking on people's wellbeing.

People were involved in making decisions about their care and the service. They had been asked for their views when care plans were developed. The staff offered people choices about their everyday lives, such as when they wanted to get up, go to bed, what they wanted to wear, do with their time and eat. The staff used visual clues, such as pictorial menus to help support people to make choices. There was information about how people communicated, their language and any special needs within their care plans, so that the staff could adapt their communication to meet people's needs.

People's privacy was respected. The staff provided care behind closed doors and made sure they offered people privacy when supporting them in a communal room. The staff addressed people by their preferred names and knocked on their bedroom doors. People told us they could request specific gender care workers, and this was recorded within their care plans.

The staff we spoke with had a good knowledge of how to respect people's privacy and dignity. They described how they cared for people. They demonstrated an in-depth knowledge of the individuals who they cared for and how they liked to be supported. They also spoke about good practice techniques for promoting independence and allowing people to make choices when receiving care.

People were supported to be independent where they were able. They confirmed this telling us that the staff encouraged them to do things for themselves. We also observed the staff supporting people to eat independently if they were able.

People's cultural needs were respected and supported. There was an ethnically diverse population at the service, including a large number of people from the Asian community. The provider employed staff who spoke a variety of languages and shared the same cultural background as the people living at the service. There was a daily Asian menu on offer for anyone who wanted this. A visiting Asian entertainer regularly visited the service and sang traditional songs in communal activities and to individuals who were unable to leave their rooms. There were visits to the local temple and visiting religious groups from Hindi, Muslim and Christian places of worship visited to provide prayers and blessings.

The staff supported people to celebrate special religious events, such as Christmas, Easter, Diwali with activities, special menus and prays. They organised a weekly Kirtan (group worship through song), where people were able to bring offerings for shared worship.

Good

Is the service responsive?

Our findings

People told us that their needs were being met in the way they wanted. The staff had created care plans for each person. This included information about their individual needs and preferences. There was personalised information, such as how and when people liked their care delivered. Care plans included information on people's cultural, social and leisure needs as well as their physical care needs.

All care plans were recorded on an electronic system where the staff also recorded the care they delivered. This system could be viewed by any staff working at the service and senior managers so that changes in people's needs could be easily communicated to all staff. People's care needs were regularly reviewed, and the system alerted staff when this had not been completed. There was evidence that care plans had been updated to reflect changes in people's needs.

The provider employed a full-time activity coordinator who planned and provided social activities. There was a well-advertised plan of events, which included celebrating religious festivals, trips to places of interest, games, bingo, craft activities, cooking and keep fit. There were visits from external entertainers. There were attractive, eye catching posters which told people what the planned events were. The activity coordinator also visited people who were bedbound to provide individual support in people's rooms.

The activities coordinator told us how they had adjusted the planned programme and particular events to reflect people's needs and interests. For example, following feedback from a recent quality satisfaction survey, new activities and events were being organised because people had requested these. The activities coordinator told us that they had altered the way they organised bingo sessions because they realised that people found it difficult to read the number cards.

There were regular meetings for people living at the service and their visitors to contribute their ideas and to be kept informed. The minutes of staff meetings showed that issues raised by people or their families were discussed with the staff so that they could respond to people's requests and ideas.

People told us they knew how to make a complaint and felt that they would be listened to if they raised a concern. They said that the registered manager was visible at the service and they had opportunities to speak with them if they wished. The registered manager held a monthly open surgery for people living at the service and visitors to speak with them about any issues. There were also surgeries for the staff.

The provider kept a record of complaints, concerns and the action taken to address these. We saw that complaints had been investigated and improvements had been made to the service as a result of these.

People being cared for at the end of their lives were given the support, care and comfort they needed. The staff told us how they worked closely with palliative care teams and other professionals to make sure people received the treatment they needed. We saw that care plans were in place regarding end of life care, although these tended to focus on people's physical needs only and did not address the support people may need with fears or anxieties in a meaningful way. We fed this back to the registered manager who

agreed to look at the current care plans and see how these could be improved.

Good

Is the service well-led?

Our findings

People using the service told us they were happy with the quality of service they received. Some of their comments included, ''The best thing about living here is the comfort'', ''I am glad I have somewhere like this to live'', ''I am very happy here and the girls are friendly'' and ''They are helpful, and it is safe.''

The provider had a selection of cards and letters thanking them for they care they had given loved ones. Some of the comments in cards received shortly before the inspection included, ''Thank you so much for looking our friend'', '' You were very kind and caring and made [person] feel comfortable'', ''Sending our deepest gratitude for the care and compassion you gave our loved one'' and ''Thank you for looking after [my relative] with love and kindness.'' A member of staff who had left the service wrote, ''I am very thankful for all the support I got – it has been a pleasure to work with you all.''

The staff we spoke with told us they felt well supported and happy working at the service. They had opportunities for training, support and professional development.

The registered manager had worked at the service since it opened. They were a qualified nurse and undertaking a level 5 qualification in managing health and social care services. They were supported by a team of senior staff, who included a clinical lead and head of nursing. The staff spoke positively about the registered manager. Some of their comments included, "[Registered manager] is a brilliant manager. I'm learning a lot from her", ''The manager is coming onto the units all the time to ask if residents are happy'', ''[The manager] comes when people are having food to ask if they are happy with it, this is really important", "We are carers, but we are human and [the manager] is very kind to us, that is why we are so happy here", "She is always listening", ''I started [a number of years ago] and still I'm here because of [the registered manager]. She's very good, very good at Martin House. If we have a problem we go to see her, she will always see us'' and "I think manager always takes seriously, she never ever ignored us."

There were effective systems for monitoring the quality of the service. In addition, to the regular time the registered manager spent on each unit, they also carried out formal checks. These were recorded showing areas which were positive and whether improvements were needed. The provider's senior managers visited the service for 'inspection style' checks looking at the key questions about whether the service was safe, effective, caring, responsive and well-led. The checks included actions where improvements were needed. The last such check took place on 19 September 2018. The staff commented that regional managers visited often, and they felt comfortable speaking directly to them with any queries or concerns.

The staff undertook regular audits of the environment, health and safety, infection control, medicines management, care plans and care delivery. These were recorded and there was evidence that action had been taken when problems were identified.

The staff used an electronic system for care planning, recording assessments and recording care delivery. They commented that the system allowed them to spend extra time with people. Relatives and visitors could also ask staff to show them evidence of care provided, for example how often people had received

showers or whether they had had enough to eat and drink. The provider was able to audit individual care records using the system.

The provider organised regular meetings for people using the service, staff and visitors. These included opportunities for people to feedback their views on the service. They also organised for quality satisfaction surveys to be sent to all stakeholders. The results of these were analysed and a report was publicly shared. The most recent survey results indicated people were happy. Where some issues had been raised the provider had responded to these and asked the staff for their views on how they could make improvements.

The service had been inspected by Healthwatch Ealing, an independent organisation who carry out checks on care services. The last Healthwatch visit was in September 2017. They had been satisfied with the service and felt it was well-run.

The registered manager attended registered manager meetings with other managers working in the organisation. They told us they shared information and ideas and worked together closely all of the time. The registered manager also attended network meetings with other providers working in the London Borough of Ealing. Representatives of the local authority carried out regular monitoring visits of the service. We met two representatives of the London Borough of Ealing who were visiting the service on the day of the inspection. They explained that they had a good working relationship with the manager and staff at the service.