

Martha Trust Hereford Limited

Martha House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was carried out on 8 December 2016 and was unannounced.

Martha House is a nursing home that is registered to provide accommodation for up to 14 people with complex learning disabilities. At the time of inspection there were 13 people living at Martha House.

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.

We carried out an unannounced comprehensive inspection of this service on 10 February 2016. Although a breach of legal requirements was not found we did have concerns about how the service was managed. We also had concerns about how medicines were administered. After the comprehensive inspection, the provider wrote to us to say what they would do to in relation to the concerns we had about the management of the service.

We undertook this focused inspection to check that they had followed their plan and to confirm that they had now addressed these concerns. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Martha House on our website at www.cqc.org.uk

After our last inspection we asked the registered persons to take action to ensure that medicines were administered safely. At this inspection we found that improvement had been made. The nurses who were responsible for administering medicines made sure that medicines were given in line with people's prescriptions and by staff that had received appropriate training in medicines.

After our last inspection we asked the registered persons to take action to make improvements to the way management communicated with the staff. At this inspection we found that improvement had been made. Staff felt supported and more involved in the running of the service. Communication had improved and there were systems in place to keep the registered manager up to date with what was happening in the home and to identify any concerns early on. Feedback from the staff and relatives was gathered on a regular basis and any areas identified for action were acted upon.

After our last inspection we asked the registered persons to take action to make improvements to staff confidence and morale. At this inspection we found improvement had been made. Staff felt supported and could contact the registered manager at any time. They felt that they were able to raise any concerns and they would be listened to.

A range of quality audits and checks were completed regularly to ensure that good standards were

maintained. Where any concerns were identified appropriate action was taken.

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.

We found that action had been taken to improve how safe the service was.

We found that action had been taken to improve how medicines were administered.

People were kept safe and free from harm because staff understood how and when to report any allegations of abuse.

Relatives told us that there were enough staff to provide support when it was needed and to keep people safe.

Staff had a good understanding of people's needs and how to manage risks associated with their care.

Is the service well-led?

Good ●

The service was well led.

We found that action had been taken to improve how well led the service was. .

People and staff felt that the registered manager and the provider were approachable and supportive. Staff said they could talk to the manager at any time and they would be listened to.

The registered manager monitored the quality of the service by a variety of methods including audits and feedback from the people that lived there. They used the information to make improvements to the service.

Martha House

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Martha House on 8 December 2016. This inspection was done to check that improvements planned by the provider after the 10 February 2016 inspection had been made. We inspected the service against two of the five questions we ask about services: is the service Safe and is the service Well Led?

This unannounced visit took place on 8 December 2016 by one inspector.

Before our visit we reviewed information we held about the provider including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us. We also asked the local authority for any concerns or information relating to Martha House. We did not receive any information of concern.

We met all of the people who lived in this home. The people who lived at Martha House had limited verbal communication and so were unable to tell us their views of the service. We spent time observing how people spent their day as well as observing the care being provided by the staff team. During the visit we spoke with two relatives, five members of care staff, the clinical director, the quality assurance manager, the deputy manager and the registered manager. We reviewed records relating to the management of the service, this included the quality checks made by the provider and the registered manager.

Is the service safe?

Our findings

At the last inspection on 10 February 2016 we found that the service was not always safe. Medicines were not always safely administered as times staff that gave medicines did not have suitable training in medicines. Also the nurse signed the medicine administration record (MAR) to indicate medicines had been administered even if they had not been given by the nurse. This was not in line with good practice or their own internal medicine policies and procedures. In February 2016 the provider sent us an action plan that told us what they planned to do to meet the legal requirements. The provider told us they were going to review their medicines policies and to start training all care staff in medicines. During this inspection we found that improvements had been made.

People now received their medicines in line with national guidance for safe medicines administration from the Nursing and Midwifery Council (NMC). Staff told us that there were times when some people that lived there would only take medicines from their key worker or familiar staff, and that this was not always the nurse in charge. At the last inspection this meant that there were times when a nurse would sign to say medicines had been taken without checking to see that they had. It also meant that at times staff who had no training in medicines were giving medicines to people. We saw that medicines were administered by the nurse and where another member of staff gave the medicines to a person to take, the nurse only recorded it had been taken once they had observed this. On occasions where it was not possible to observe it was always checked with the member of staff that they had been taken before it was written in the MAR. The registered manager said that they were in the process of training all staff in medicines, and only staff who had completed the training could administer medicines. We found that medicines were ordered, stored and disposed of safely and appropriately.

Relatives told us that their family members were kept safe. One relative said, "There is no question, people are kept extremely safe." Staff told us what they would do if they suspected abuse and had a good understanding of the different types of abuse. They also told us what they would do and who they would contact if they suspected abuse.

There were systems in place to protect the people that lived in the home and to make sure that the relevant authorities were informed and action taken to keep people safe. The registered manager understood their responsibilities to identify and report potential abuse under local safeguarding procedures. They had made timely referrals to the local authority and notified us of any safeguarding referrals.

Checks were made to make sure that any potential new staff were suitable to work with people before they started to work for the provider. These included references, and a satisfactory Disclosure and Barring Service (DBS) check. DBS helps employers make safer recruitment decisions by preventing unsuitable people from working in care.

People had enough staff to support them, keep them safe and to meet their needs. For example where people indicated they needed support staff were able to immediately respond. Staff were able to spend time talking with people and responded quickly when people looked uncomfortable or required personal care.

The registered manager told us that they had enough staff to ensure continuity of care and only used agency staff where required. Any agency staff were suitably skilled and always supported by regular staff on any shifts.

People were supported by staff that understood and managed risk effectively. Staff were able to tell us about people's health needs and how they managed any risk. For example staff were able to tell us how they made sure that a person's epilepsy was managed safely. They were able to tell us what they needed to look out for and how they would respond if the person displayed signs of having a seizure. Relatives told us that they felt that people's risks were managed appropriately. One relative said, "Staff are so careful and know people's individual risks."

We saw that there was specialist equipment to assist with moving people to different areas of the home. There were comprehensive instructions and risks assessments to ensure that the risk of injury was minimised. All of the staff we spoke with told us that they had regular training on using the equipment, and what we saw demonstrated that they were able to operate the equipment safely. Risks to people's safety had been routinely assessed, managed and reviewed.

Is the service well-led?

Our findings

At the last inspection on 10 February 2016 we found that the service was not always well led. Staff did not always feel able to raise concerns with the registered manager. The provider and the registered manager had not addressed concerns raised by staff over the working environment at Martha House. This had led to staff feeling that there was not an open and transparent management culture. We were not assured that people would be supported in a culture where staff felt comfortable to raise concerns about people's care and support. In February 2016 the provider sent us an action plan that told us what they planned to do to meet the legal requirements. The provider told us they were going to gather staff views and identify action points to improve how staff were listened to by the provider and management. There had also been a new registered manager in the home. During this inspection we found that improvements had been made.

At our last inspection staff told us that they felt a lack of confidence in how the service was managed. They did not feel confident that concerns or complaints would be listened to. During this inspection we found that improvements had been made. Staff and relatives told us they felt there had been an improvement in how the service was managed. A relative said, "Communication between us, staff and the management has improved massively. The staff have started to gel, something that didn't really happen before." Staff told us they now felt that any concerns would be dealt with. Staff said that the atmosphere and culture in the service had changed and as a result staff morale had started to improve and communication between staff and the managers had also improved. One staff member said, "There is no longer a culture of feeling suppressed. You can say something and it is dealt with."

The registered manager told us that part of the provider's strategy to capture the views of staff and provide support to staff was the recruitment of the quality assurance manager. We spoke with the quality assurance manager and they told us that they were holding regular staff workshops to give staff the opportunity to discuss how the home was managed. Also the workshops looked at action points from the last staff survey carried out just after our last inspection. Staff that we spoke with were positive about these sessions, they told us that they now felt supported by management. However they said that the time the meetings were held often clashed with the busy lunchtimes, and this meant they were not always able to spare the time to attend. We raised this with the registered manager and the quality manager. They told us that they had also scheduled some breakfast meetings so that staff had the opportunity first thing in the morning. They also assured us that they would consult further with staff to identify the most appropriate time to hold future meetings.

The provider and the registered manager carried out regular checks and audits. These included checks on medicines, accidents and incidents and also care records. We could see where action had been taken, for example they had identified that there had been some errors on the recording of a particular medicine treatment regime. By looking into the reasons for the errors they had identified that the care plans were not as clear as they could be. They had now simplified the instructions regarding the medicine and there had been no further errors since.

All staff were aware of the whistle blowing policy and said that they would feel comfortable to whistle blow if

they felt that this was needed to ensure people's safety. Staff told us that they would now feel comfortable doing this in their own organisation. They also said that any abuse would be reported straight away to the local authority and CQC.

The provider had, when appropriate, submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. This means that we are able to monitor any trends or concerns.

The registered manager told us they had the full support of the provider to make decisions relating to the service. They told us that if extra support was needed all they needed to do was ask and the provider would enable it to happen.