GCH (Martins House) Limited

Martins House

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?	Requires Improvement

Summary of findings

Overall summary

We inspected Martins House on 11 August 2016 and identified breaches with the following areas, person centred care, obtaining consent, good governance and staffing levels, promoting peoples dignity, providing care in a safe manner, protecting people from abuse, effectively managing people's nutritional needs and effective management of the service and organisation. We took action using our regulatory powers and urgently imposed a restriction to ensure Martins House took no further admissions, and sought urgent assurances to ensure people were kept safe. We also placed the service in Special Measures and kept the service under review along with referring our findings to the local authorities safeguarding and commissioning teams.

We carried out a comprehensive inspection at Martins House on 30 March 2017, this was unannounced. At this inspection we found that significant improvements had been made across the safe, effective, caring and responsive domains, although further improvement was still required in relation to the management of the service. Martins House is registered to provide accommodation and personal care for up 60 older people some of whom live with dementia. At the time of our inspection 28 people were living at the service.

Since our last inspection a new manager was appointed in August 2016 and had registered with the Care Quality Commission as they are required to do. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People did not experience delays whilst waiting for their care to be provided, staff had sufficient time to carry out their tasks as the registered manager had recruited a significant number of staff to the home. They had reduced the number of temporary staff working in the home to zero hours prior to the inspection. People's care plans had been developed to include more up to date information. However, these records still required work to ensure they included all the specific information about people's needs. Risks to people's safety and wellbeing were positively managed with appropriate equipment in place to support people's health needs. People were supported by staff who had undergone a robust recruitment process to ensure they were suitable to work with vulnerable people. People's medicines were managed safely and people received their medicine as the prescriber intended.

People were supported by staff who were well trained and supported by effective leadership to develop their skills and provide effective care. Care staff received regular supervision of their conduct and practise. People's consent was sought however the service did not consistently work in accordance with MCA and DoLS legislation. People were happy with the food and drink provided to them and where people were at risk of weight loss, staff took appropriate the actions to support their welfare. People were supported by a range of health professionals who were positive about the improvements in the home.

Staff spoke and interacted with people in a kind and friendly manner, demonstrating a caring approach to

meeting people's individual needs. Staff ensured people's dignity and privacy was maintained at all times and supported people's social needs. People felt able to raise a concern or complaint with staff who they felt would take appropriate action to resolve these. People were provided with regular opportunities to meet in order to discuss improvements in the home or be kept abreast of developments.

People did not always receive high quality care that was well led. People felt the service was well managed and that the management team were visible. Staff felt confident in approaching the registered manager and felt they were supportive of them. Governance systems in the home had been introduced and had improved in identifying areas of poor practise or risk to people, however these systems continued to be under review. People's care records continued to require further development.

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 told us they felt living at Martins House. People were protected from the risk of harm because staff were sufficiently trained to identify and report any possible signs of abuse.

Equipment required to keep people safe, or support their health needs was in place when required.

Risks to people's safety and well-being were identified, assessed and responded to as needed.

People were supported by sufficient numbers who had been recruited following a robust recruitment process to ensure they were fit to work with vulnerable people.

People's medicines were managed safely, and people received their medicine as intended by the prescriber.

People lived in a clean and hygienic environment.

Is the service effective?

Good

The service was effective.

People were supported by staff they felt were well trained and supported.

Staff told us they felt supported in their role and received appropriate training to support them and enable them to develop.

People's nutritional needs were met and those people at risk of weight loss were monitored and supported well.

People were supported by a range of health professionals when their needs changed or when they requested to.

Is the service caring?

Good

The service was caring.

People's privacy was respected when providing personal care and peoples dignity was promoted.

Peoples received care in the manner they preferred this to be delivered.

People felt listened to and that their opinion mattered.

Peoples confidential information was managed securely.

Is the service responsive?

Good

The service was responsive.

People received personalised care from staff, who knew them well and were provided with the opportunity to pursue their individual hobbies and interests.

People were free to choose to spend time in their rooms or alone and were given attention from staff.

The dementia environment had significantly improved to support the needs of the people who lived there, although one unit continued to remain under construction.

People and relatives told us they were aware of how to raise concerns or complaints and that their concerns would be dealt with.

Arrangements were in place for people or relatives to provide feedback about concerns or improvements they may have had through regular meetings.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The home had employed a registered manager who provided clear leadership and accountability within the home.

Systems to monitor and improve the quality and safety of the service provided had improved and were used within the home effectively.

Peoples care records continued to require reviewing, however improvements had been made.

People and staff told us the management team were visible and responsive.

Meetings were held regularly with staff and feedback regarding the quality of care people received was in the process of being obtained.	

Martins 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 was planned to check whether the provider was now meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place at Heath Lodge on 30 March 2017 and was unannounced. The inspection was carried out by two inspectors, a specialist nurse advisor whose specialism was with dementia and an expert by experience. An expert by experience is a person who has experience of using this type of service.

Before the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We reviewed a copy of the action plan sent to us by the provider that told us how they would meet the legal requirements. We reviewed copies of regular monitoring audits we received from the provider, alongside reports from the local authorities serious concerns meetings held in partnership with the provider that set objectives to discuss and improve performance in the home. We reviewed safeguarding meetings that had been held in response to historical concerns about the care people received and we also reviewed the findings of a service monitoring audit carried out by the local authority. We sought additional feedback from social care professionals who supported people living in Martins House.

During the inspection we observed staff supporting people who used the service; we spoke with 12 people who used the service and the relatives of four people. We spoke with ten staff members, and one volunteer. We also spoke with the registered manager, the deputy manager, the provider and two visiting health professionals.

We also 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.

We reviewed care records relating to eight people who used the service and other documents central to people's health and well-being and associated management records.

Good

Is the service safe?

Our findings

At our previous inspection, people were not kept safe from the risk of harm and did not feel safe living at Martins House. Staff were not aware of how to identify when people may be at risk of harm, and did not report incidents or document incidents or injuries when they occurred. At this inspection we found significant improvements had been made.

People told us they felt safe and were comfortable in approaching staff or the registered manager if they felt otherwise. One person said, "I know if anything caused me concern, with other staff or residents I would go straight to the manager. It is what we are told to do and I would not hesitate. I have never had to." A second person said, "It felt dark here before, frightening sometimes, but the new managers [registered and deputy] have breathed light into the home and I feel very content now." People's relatives shared the views given by people who used the service. One relative encapsulated this by saying, "I have emails here going back years where I told the previous managers about the poor care and that [person] wasn't safe. This new manager has turned the clock back to the good days when the care was good and people were safe."

Staff were knowledgeable about safeguarding procedures and how to protect people against the risk of avoidable harm and abuse. They told us they had regular training and the processes in the home regarding safeguarding people had improved. Staff knew how to report their concerns internally and externally to local safeguarding authorities and they were knowledgeable about whistleblowing procedures. One staff member told us, "I have complete trust and confidence in the management team here that they will action if I report anything to them. I know I can contact CQC or the safeguarding team as well." Information was available to all staff, people and visitors to the home regarding external organisations people could anonymously report their concerns to, and training records confirmed staff had received appropriate training.

Since the last inspection the registered manager and provider had reviewed the process for reporting and monitoring incidents, injuries and safeguarding concerns within the home. The registered manager reviewed incidents for emerging patterns or trends that may indicate a cause, and the information was analysed on a monthly basis by the provider, and shared with the management team. Learning from incidents was a new initiative in the home, with the registered manager using examples to further improve staff knowledge and also to enable staff to reflect on different ways to manage situations.

Staff confirmed to us they regularly checked people`s skin and recorded on body maps if they found any marks or unexplained bruises. They told us they reported to the senior staff member and the registered manager so these could be investigated and reported to the local safeguarding authorities. We found completed body maps in people`s care plans, however, there had been no need to escalate concerns to the safeguarding authority since December 2016. This meant people safeguarding processes in place had kept people safe from the risk of harm.

At the last inspection in August 2016, risks to people's safety and wellbeing were not identified or appropriately managed, people's skin integrity was not managed to prevent further skin breakdown and people at risk of falls were not appropriately assessed and suffered further harm. At this inspection we found

significant improvement had been made.

Staff were knowledgeable about risks associated with people`s daily living. Staff told us they knew people well and knew how to mitigate and manage risks to keep people safe. Where people required equipment to assist with their mobility, staff were quick to refer to the relevant health professional to have this put in place. The registered manager had further put in place equipment which included chair raisers to make chairs easier to sit in, sensor mats in people's rooms to alert staff when they rose from bed, and had assessed and removed bed rails that were unnecessarily in place and posed a risk of entrapment to people.

Where people required assistance from staff to mobilise, risk assessments had been completed and updated following any changes to their mobility. Staff we observed throughout the inspection demonstrated a good understanding of how to assist people with transferring. For example, we observed staff used the hoist to transfer a person from their wheelchair to a more comfortable chair in the communal lounge. The person initially was quite nervous about using the hoist, however staff were seen to reduce their anxiety and involved them in the process, talking in a reassuring manner with regard to what they were doing. At the end of the procedure the person was calm and relaxed in the hoist, and whilst laughing was heard to say to staff, "I quite liked that." Staff were aware of the people at risk of falls, and were aware of actions they could take to minimise the risks particularly at night. One newly employed night staff member told us, "Since I have worked here nobody has had a fall during my shifts. We check people regularly and they have alarm mats if they cannot use their bells." Staff told us they carried out hourly checks on people, and if a person was awake offered them a drink or assistance with their personal care. When people pressed their call bell for assistance staff were quick to respond. These actions helped prevent people getting out of bed whilst sleepy and stumbling.

People whose skin integrity was at risk of further skin breakdown had a risk assessment and care plan in place that was regularly reviewed. Each staff member we spoke with was aware of the people who were at risk of developing pressure ulcers and the appropriate equipment was in place such as pressure relieving mattresses and cushions. Staff also detailed what actions they would take to mitigate these risks, such as regularly applying barrier creams to the specific areas, increasing fluid to maintain hydration and when people were in bed or sat for long periods ensuring they repositioned. At the time of the inspection, nobody in the home had a pressure wound or moisture lesion to indicate poor pressure care.

At the previous inspection people were not supported by sufficient numbers of staff. People experienced delays when summoning staff assistance, and did not have their personal care needs met. At this inspection, significant improvements had been made.

People told us there were sufficient numbers of staff. People said when they required assistance staff promptly responded, and that they knew the staff who assisted them. One person said, "Staff are very kind to me, they spoil me. I do feel safe because they look after me so well. There are certainly enough of them now." A second person said, "That manager came here and quickly got the measure of that lot [previous staff members] and their little legs didn't touch the floor when they realised what was going on. The good ones remain, there's not the agency lot there was before, and I am greeted with a friendly face every day."

Staff told us they felt there were enough staff to meet people`s needs in a timely way. They told us people's needs were met safely because there was only permanent staff working. One staff member said, "It is so much better to have a permanent staff team. Agency staff are not used anymore and we all work together." Another staff member said, "It is very nice now because the staff working here now are here for the right reasons and they want to make a difference to people."

On the day of the inspection we observed staff answered call bells promptly and regularly checked on people who remained in bed or in their rooms throughout the day. We observed staff sat and chatted , to people in a clam and unhurried way and saw they spent time with people. Since the last inspection, the management team and provider had comprehensively reviewed the staffing team, and performance managed a number of staff who either left voluntarily or who were dismissed. The registered manager embarked on a significant recruitment programme, and at the time of inspection had managed to employ a full staff team and eliminate agency usage in the home.

Staff told us before they stared working at the service they went through a thorough recruitment process where their employment history was explored, references were asked from their previous employers and a criminal records check was done to ensure they were suitable for the roles they had to perform. Newly employed staff told us they were made welcome by staff and managers in the home. They told us that they felt well supported throughout their induction and they were only left working on their own when they completed at least a week of shadowing. Staff did not commence work until they had completed a week of induction training in mandatory areas. One staff member told us, "I was made to feel welcomed from day one. Staff and the managers are very nice. I worked in care before and I found that here I had a whole week shadowing not just one or two shifts as in other places. I find this better because it gives time to learn people`s names, their needs and they get used to us as well."

At the last inspection people's medicines were not managed well and people did not receive their medicines as prescribed. Since the last inspection the registered manager and provider had contracted a new pharmacy to provide people's medicines and associated records. We saw that staff followed safe working practice while they administered medicines and records checked were completed consistently. We observed staff administering medicines to people in a calm and safe manner. Medicines which were suitable were pre-packed by the pharmacy in individual pots for each person for the times of the day they were prescribed. This helped staff spend less time in having to individually check and administer people`s medicines. Staff took time and sat with people whilst they helped them taking their medicines. We observed that the help and support given to people was appropriate and promoted their independence as much as possible. Medicines were stored appropriately in a well organised temperature controlled room. MAR charts were signed after staff gave people their medicines. There were PRN protocols in place to ensure staff had guidance in how and when to give people medicines prescribed on as and when required basis.

At the last inspection people did not live in a clean environment and the home was not well maintained. At this inspection improvements had been made, however further improvements were still required.

People told us the home was clean. One person said, "It is spotless here. You can always see cleaning being done." We observed one domestic thoroughly clean one person's room, and whilst doing so was fully engaged in conversation with the person. As they left that room, they saw a bed that needed to be made and went in immediately to do so, they then carried on with some additional cleaning duties along the way. They responded promptly to spills and calls for assistance and proceeded straight to the dining area when they were called to deal with a spillage. The provider has commissioned a full redecoration programme of the downstairs communal areas and bathrooms. Areas had been painted and maintained, and the home had a full complement of domestic staff. The home had a clean and fresh aroma, people's clothes had been kept clean by laundry staff and chairs, equipment and carpets were clean and well maintained.

Several areas of the home were still under decoration. For example, corridors upstairs and bathrooms continued to be in need of repair and redecoration. However, extensive work had been carried out since the last inspection, and a maintenance contractor had been employed who had a schedule to complete the works in a timely manner. This is an area that continues to require improvement, this has been fully reported

on in the 'well led' section.

Good

Is the service effective?

Our findings

When we last inspected Martins House in 2016, we found staff morale was poor, staff were not supported by the management team, and people lacked confidence in staff abilities. People's nutritional needs were not met and those people at risk of weight loss continued to lose weight unobserved. At this inspection we found significant improvements had been made.

People told us they felt staff were skilled and experienced when providing care. One person said, "They are all angels, so gentle and professional." One person's relative said, "There were those staff here before that just had to go, they were not here for the right reasons. But this crop of staff has the experience and knowledge, that can be trained, but they have the right characters and approach and that only comes from good leadership."

Most of the staff employed at the home had been in post for less than six months due to significant changes implemented by the management team. Staff told us they completed a structured induction programme and had completed appropriate training necessary for their job roles before they started working unsupervised in the home. One new staff member told us, "This is my first day. I am enjoying it but trying to remember everyone's name. I have had training already in loads of areas like health and safety, moving and handling, continence, care planning and I have another tomorrow. Staff then completed a one or two week shadowing period with an experienced staff member, and then were assessed by a manager before they were counted on the rota and could work on their own. Since the last inspection, a cadet scheme had been introduced, offering young adults the opportunity to spend a placement in the home in order to develop their knowledge and skills with the view to take up a career in care. We spoke with the cadet at the home who told us, "I didn't have much confidence when I started, now I love being with these people. Being here has made me think now I want to be either a carer or a nurse."

Staff told us they felt supported by their line manager and were provided with opportunities to develop and improve their practise. Training records seen demonstrated staff completed their induction and other key areas of training were provided. There was a training plan in place to continue to develop the newly employed workforce which covered further areas such as advanced dementia care and leadership skills for senior staff. One staff member told us, "During my probation, and after I have done the training I was observed by managers. I found this good because they always gave me feedback and told me what I was doing well and where I needed to improve. The managers always showed me the right way to do things until I learned how to do it well."

Care staff told us they were supported and listened by their line managers. All the staff we spoke with told us they were observed by their line manager and their competencies were checked. For example one staff member said, "I was a carer before in a bigger home. This is much better for the residents. Here everyone works together as a team. Training is very good and it is hands on management, you can ask anything." Staff were further encouraged to develop in their role, and we spoke with staff who had been promoted from other positions in the home when the registered manager reviewed the staffing structure.. One staff member told us, "At the beginning I wasn't sure about taking on the senior role, but [managers] have been really

great and supportive and I am really enjoying the new role being able to make a difference to people." We saw that a training and development plan had been put in place for this staff member which was specifically for the role they were performing.

Staff had regular meetings with their line managers and structured supervisions to plan and develop their performance. The registered manager had identified staff who had an interest in specific areas to take on extra responsibilities and develop their areas of interest and become champions. At the time of the inspection, there were designated champion staff for falls, dementia, safeguarding, end of life, nutrition, infection control and dignity. This meant that staff holding these titles were able to mentor and guide other staff to develop and improve the quality of the care people received.

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. We found that staff were knowledgeable about the principles of the MCA and they followed best interest processes to help ensure that the way people received care and support was in their best interest. One staff member told us, "We always assume people have capacity and we give them choices. Even if they lack capacity in one area they may be fine in others." Staff told us that the care people received was in their best interest and they gave examples when they involved other professionals in people`s care. For example a staff member told us about a person who had been taking medicines to help them sleep. However on numerous occasions staff had to wake the person up to give them their medicines. Staff felt that this was not in the person`s best interest and involved the person`s GP who stopped the medicine. Staff told us the person was sleeping undisturbed during the night. However MCA and best interest decisions were not always clearly documented in people`s care plans. This was an area the registered manager was aware of and was in the process of inviting families or advocates into the home to review these.

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). Staff told us about people who lacked capacity to take certain decisions and had restrictions applied to their freedom in order to keep them safe. We found that for people who had DoLS authorisation in place these ensured that the least restrictive methods were used when people were deprived of their liberty.

People told us they enjoyed the food provided. One person said, "It's much better now, I get lots when I want, and if I don't like something then I can ask for something else." When staff assisted people with their meals, they did so attentively, and concentrated only on the person they were supporting before they assisted another person. Kitchen staff were aware of people's allergies or nutritional needs, or whether people required soft or pureed meals. We saw that professional guidance regarding nutrition was followed, and kitchen staff were informed of those people who were at risk of weight loss. The kitchen manager told us about those people and was keenly aware of their needs. They told us they fortified people's diets routinely, and provided additional snacks throughout the day to promote weight gain such as milkshakes, which we observed being provided.

People were offered several drinks and snacks throughout the day. We saw the coffee shop had a range of snacks and home baked cakes that people could eat. One person was seen to be supported a person who did not understand when they were offered a biscuit. The staff member asked, "Would you like a wafer or a scone?" They realised the person could not understand what they meant so the staff member brought both over on a plate saying "Here they are; would you like the wafer or scone (pointing) or both?" The person then

sat contently eating the snacks they had selected.

Staff monitored people`s nutritional intake. People were weighed regularly and where a weight loss was identified staff involved the person`s GP and a dietician to ensure they had specialist advise in meeting people`s nutritional needs. Staff also monitored people`s fluid intake. Night staff recorded and totalled people`s fluid intake over a 24 hour period and at the morning hand over staff were informed of people who had a lower intake than usually to encourage them to drink.

We saw that staff quickly involved health care professionals in people`s care when it was required. We observed health professionals visiting during the inspection and sought feedback from them subsequent to the inspection who all told us that care staff as well as managers were knowledgeable about people and their needs and that referrals were always appropriate in a timely manner. They told us that staff followed the individual care plans put in place for people, such as creaming, repositioning, increasing food or fluid intake. For example we were told a visiting health professional that when they asked staff to ensure one person's legs were elevated then ensured this happened, with a subsequent improvement in the person's condition. Care plans looked at demonstrated a range of health professional involvement including, GP's, district nursing teams, chiropodists, mental health teams, phlebotomists and speech and language therapists.

Good

Is the service caring?

Our findings

At our previous inspection people were not treated with dignity, did not have their personal care needs met, and did not receive care delivered in a consistent manner from staff in a kind, caring and respectful manner. At this inspection we found significant improvements had been made.

People told us they were treated in a dignified manner and that staff were caring in their approach. One person said, "They will spend as much time as I need so I can look my best." Another person said, "These staff are wonderful, patient caring and especially kind." People's relatives agreed, one relative told us, "The difference now is a world from where it was last summer and before, it was horrible here, but the staff have put the care back where it belongs." Another said, "Staff always seem concerned, caring and I have seen them cuddling residents."

People looked presentable and well groomed. People`s hair looked clean and combed and people had their nails manicured and painted. We saw people wore jewellery of their choosing, were dressed in appropriate and clean attire and staff were attentive to help people change if their clothing was stained. At meal times, we saw staff gave people a choice to wear a 'dignity' apron in order to protect their clothing.

Staff addressed people using their preferred names and it was clear that they knew people well. They knocked on bedroom doors and greeted people when they went in. People`s privacy and dignity was promoted. We observed staff closed bedroom doors when they offered personal care. There was a relaxed and happy atmosphere in the home. Staff had time to chat with people, have a laugh and help people do what they wanted. We saw people going to the registered manager`s office and sat down to have a chat The relaxed manner the staff had created gave a welcoming and calm atmosphere to the home.

People received consistent care from staff in a kind, caring and respectful manner. Staff were friendly, courteous and smiling when they approached people. Staff did not ignore people when they spoke with them, but showed a genuine warmth, concern and interest in what they had to say. For example, one person was a little quiet during the morning. As a staff member passed them by we heard the person say to them, "I do like a cup of tea." The staff member stopped and encouraged the person to talk about themselves, shared stories about the previous career they had, and how they had known the same friends locally. Whilst the person was engaged and happy, the staff member encouraged them to change their shirt. They asked them to wait while they got things ready in their bedroom, and also made them a cup of tea to have when they got there. When they came back to take the person to change, they were clearly happy that staff had showed an interest in them and made them feel important. We saw throughout the day, because this person had difficulty with their hands, numerous staff made regular cups of tea, and opened sweets for them to enjoy unprompted. We observed continuous sensitive and kind interactions between staff and people who used the service. The way people related to staff demonstrated positive relationships between them based on respect and trust.

People were clearly involved in their care. Staff constantly asked people what and how they wanted help with, what they wanted to eat or drink and care records demonstrated people had regular baths and

showers according to their choice. People had their care needs regularly reviewed by staff and recently staff started inviting families if it was appropriate to review people`s care plans and care needs. One person told us, "I am the most important person here, they [staff] tell me that, and I know I am because they listen to me and love me."

At the time of the inspection, the registered manager was making links with local organisations to provide advocacy support to people who lived in the home to provide independent support with personal matters, which included matters that arose within the home such as a concern or making decisions about care.

People's confidential records were held securely at all times in locked offices that only staff had access to. When staff discussed people's needs, they did so away from people and in a manner that meant they would not be overheard. This ensured that visitors and other people who lived at the service would not inadvertently overhear personal and sensitive information discussed about people.

Good

Is the service responsive?

Our findings

At our last inspection we found that staff delivered care and support in a task orientated way and there was little interaction seen between people who lived at the home and staff. People's social needs were not met and there were little opportunities for people to socialise. People were unsure of how to raise their concerns and complaints, and relatives told us that when they had recently raised complaints these had not been thoroughly responded to. At this inspection we found significant improvements had been made.

Care plans contained information about people`s medical conditions, personal care needs, medication, risks to their well-being, MCA and also records when other health or social care professionals visited, alongside care reviews.

We found that the information in the care plans enabled staff to understand what people`s needs were and how to manage any risks involved. Care plans however continued to lack detailed information about people`s likes, dislikes and their preferences with regard to the care they needed although the risk of inappropriate care was mitigated as staff clearly knew people very well and involved people with their decisions. One staff member told us, "I am here almost every day and I know who wants to get up at what time or when they want to go to bed, what drinks or food they like." One person's relative said, "I think the relationship and understanding between [person] and the staff is so close they both just know what the other wants and when they need it." We observed through the inspection that staff intuitively intervened when people required assistance and staff clearly knew people's preferences. We heard throughout the day staff called people by their preferred names, knew how they liked their beverages and food preferences, people's social groups, family history and individual interests. One person said, "I am very happy with this lot now [staff], they talk to me, involve me in things every day and listen to what I have to say with interest, I think this home is very responsive."

People were occupied and engaged throughout the day of the inspection. There were a range of activities organised daily and people could chose if they wanted to join in. For example there was a café where people could sit in staff`s company or with family members who visited and could enjoy a freshly baked cake and read the newspaper. In the lounge area in the morning there was a film which had been chosen by people and later armchair exercises with a balloon. People who were interested could also join in arts and craft sessions. There were rummage baskets with scarfs and different materials for people to touch and feel. We saw one person constantly changing the scarf on a life size cut out of the Queen, and they clearly gained a lot of pride in doing so, smiling as they managed to put on the scarf they wanted.

People were also involved in daily tasks if they wanted. We saw people who poured drinks out for one another and a second person told us they worked in the registered manager`s office on occasion. We saw throughout the inspection people being encouraged to assist staff with daily tasks, and observed an endless stream of people going in and out of the office.

Staff also used doll therapy for people who lived with dementia as a way of calming people down when they became agitated or anxious For example after lunch we observed a person who had difficulties expressing

themselves verbally and were restless and agitated as if looking for something. A staff member understood what the person wanted and they went and got the doll the person was looking for. When the person saw this they smiled and held the doll which clearly calmed them, leading to them contently dozing off in their chair holding the doll close to their chest.

There were several projects initiated by the staff and the management in Martins House to involve and bring the community in the home and raise awareness and to demonstrate examples of good care. For example there was a joint initiative with staff from the home and the local commissioning group for a `Caring Garden` project. Family members were encouraged to participate and bring in people from the community to work with a horticultural therapist to design and develop the garden for people to enjoy. The registered manger and staff also developed a dementia themed street on the ground floor that followed best practise within the dementia care field. We saw there was an old fashioned sweet shop, a café, and a post office which was also the manager's office. People were seen to be enjoying themselves, popping into the sweet shop where they chose the sweets they liked, or collected their mail from the 'Post office.' Once people had gone about their business, they were able to relax and socialise with friends and relatives in the café, and were seen to enjoy the homemade cakes and other snacks available. One person's relative told us, "We were able to hold [persons] birthday party in the café. Family came and it was a nice place to be together. Better than being in the bedroom or elsewhere in the home."

Staff observed in the home had clearly adopted an inclusive and person centred approach which ensured they understood people's needs and how to meet them, but also supported people's relatives in the same manner. This approach had clearly benefitted people who lived in Martins House. People told us they felt included and that they shared a sense of belonging in the home, and relatives told us the approach of staff and the improvements in the home had made significant changes. One person relative told us, "It is so much nicer here now, before my [partner] wouldn't come in, it was too upsetting. But on Mothering Sunday my [partner] was happy to come in on their own and spent quality time with [person]. They were really pleased they had been welcomed in and chatted to by staff and [person] was looking good, so much improved, and it was nice to see they were laughing whilst telling me. It has made such a difference to us all."

People and their relatives told us they knew how to raise a complaint. They were clear that they would speak with the staff, deputy or registered manager, and knew the management team by name. Where people had raised concerns, these were dealt with quickly by the management team. One person's relative told us, "I probably more than most here have emailed, phoned, spoken with and directed previous managers about the state of the home before these new ones came. I have to say, quite frankly, nothing is too much trouble for them, and if we now take a concern, no matter how small, they are on it and the problem is gone." One person told us, "I tell them [management] and they get it sorted out, I don't mind how they do it, so long as they do it, and they have done so far."

People and relatives were provided with regular meetings where the registered manager met with them to discuss improvements in the home. We saw from minutes of previous meetings that the registered manager had discussed the issues found in the home at the last inspection and how they had addressed these. They had asked for people's views and opinions on the changes they implemented and ensured people were happy. We saw that the recently completed entrance area with shop and café was at the request of people, and a great number of discussions had ensued the design was as people wished it to be. This demonstrated to us that people's feedback was valuable to the management team, who listened to the views and opinions of others regarding what was important to them.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection we found that the home was without a registered manager. The provider's quality assurance systems had not taken account of issues identified in other of their local homes to improve and monitor the quality of care people received at Martins House. Care records, and records that related to the management of the service were incomplete. Staff and relatives told us they felt the support from the provider was below of what they expected. The provider had signed up to a complex care premium programme where they committed to improve staff training, moral and subsequently improve care to people however they failed to deliver on their commitment. At our previous inspection the provider did not have sufficient interim management arrangements in place to support the development of the home.

At this inspection we found the home had a registered manager in post. The registered manager made significant changes to the management structure of the home. They reviewed the senior staff team, recruited a deputy manager, and administrator and recruited a permanent team of care staff People told us they felt the management team within the home had been central to the changes and improvements. One person's relative told us, "It's like being back to the good days …….. I hope [management team] will stay for years to come to keep the place about care and not the financial bottom line."

However, we found that further developments were needed in key areas of the home, which included the environment, systems and processes to capture people`s consent to care in the care planning process, personalised care plans. Although an extensive renovation project was on going, there were still communal areas and bathrooms that were in a state of dis repair and poorly maintained. A schedule of works was under way, and the registered manager was able to provide us with assurances that these works would be completed shortly. We also found that consent to treatment for those people who lacked capacity had not been assessed and obtained in line with the legal requirements. Where relatives informed the home that they held Power of Attorney for people`s health and welfare decisions, these had not been verified.

When we looked at care records for people we found that in some instances these lacked personalisation, and did not detail accurately the needs of people. For example, when care plans were reviewed, the reviews did not accurately assess the risk of weight loss for people by attributing a 'MUST' score.

The registered manager had developed a service improvement plan [SIP] that they constantly reviewed and updated, which incorporated the aforementioned areas. We saw that work had begun to make the required improvements, and the registered manager had set clear time frames of when these would be achieved.

The registered manager acknowledged that there had been delays with achieving some areas of their improvement plan, such as consents and updating care records. They told us that they had prioritised recruitment, and had managed to extensively recruit, retrain and promote staff to permanent roles. They told us and people confirmed that the permanent staff group were inducted, supported and trained to improve and deliver high quality care. There was a system of audits in place to keep people safe and monitor the quality of care. These were completed on a weekly and monthly basis and reviewed key areas such as people's weights, pressure ulcers, infection control, health and safety, staffing levels and accidents

and incidents. Audits continued to be completed as a handwritten exercise although the provider planned to introduce a dashboard for managers to use in April to allow data to be inputted more effectively but also as a way of providing detailed analysis to be shared across all departments in the organisation.

We found that the provider continued to develop and implement their quality assurance and governance systems across the organisation and were at the time of this inspection introducing various systems and tools across the group. However, at the time of our inspection the audit tools were not sufficiently developed by the provider to fairly and accurately assess the quality of the services provided in Martins House.

The provider had made several changes to the operating structure within the organisation. There was a lack of shared organisational approach to improving quality across the Gold Care group. The provider told us they were developing a strategy of care to share with their homes and staff. However at the time of our inspection this was not in place and key expectations from the provider about what quality care meant in Gold Care Homes and how this should be achieved were not present had not been communicated to all managers and staff working for the provider.

The provider acknowledged that they needed to develop a more structured organisational support network for managers and develop well known and established systems and processes across all their homes to ensure improvements could be made across the board. Where a service improves their overall rating from inadequate to good CQC needs to be assured the provider and management team will sustain the improvements and continue to develop and implement innovation within the services they provide. CQC will continue to monitor Martins House and will take the necessary action if the improvements are not sustained.

People, their relatives and staff were overwhelmingly positive about the registered manager and the management team at Martins House. One person told us, "[registered manager] is an inspiration to those lucky to work under them. They lead by example, listen and do as they say they will and are not afraid to take hard decisions. I say thank you for coming to Martins House and making our lives good again." One person's relative said, "The care starts with the manager, they have really made an impression." We saw comments left in a book at reception were equally positive. These were received from visitors to the home and also health professionals. All the comments remarked on how the overall quality of care in the home had improved since the last inspection and attributed the positive changes to the management team at Martins House.

Staff told us the management team were visible, supportive and approachable. One staff member said, "The manager is non-stop, they are the first one in work in the morning, and usually last to leave. Anytime we need a bit of guidance or support then they are there for us and are so easy to talk to." The registered manager had seemingly supported people, relatives and staff at Martins House positively although we found other than a monthly visit by the regional manager to review the 'Compliance' of the home, the registered manager had not received appropriate support or supervision and they were not provided with an opportunity to discuss their personal development.

Staff told us they met with the management team regularly and were asked routinely for their ideas, opinions and suggestions about the running of the home. Staff were able to tell us about the challenges faced by the home in the past, even where they had not been in post at that time. The registered manager maintained a shared learning theme to the meetings and discussions they held to ensure that all staff reflected on areas of poor care, or situations they may have been able to handle in a more positive manner. One staff member said, "The meetings are a good time for us to be able to hear what's happening in the

home and how the manager wants us to help."

Staff told us that they knew the ethos and the values of the registered manager. They told us that the registered manager was leading by example and they promoted high quality dignifying care for people. One staff member told us, "Managers are very supportive and their ethos and values are very strong. They are advocates in promoting people`s dignity." Another staff member told us, "The managers are always out and about talking to people and us [staff]. They also have their meals sitting with residents in the dining room. No other manager has done this before. I think it is a very good example for all of us [staff]." This meant that staff and management shared an ethos about providing person centred care that had developed into a positive and inclusive staff culture within the home.

At the time of the inspection, the provider was in the process of seeking the views and opinions of staff, relatives and people about the service they received. These were being collated by an external organisation who would collate the findings into a report and appropriate action plan.