

Shaw Healthcare Limited

The Martlets

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Martlets situated in East Preston, West Sussex. It is one of a group of homes owned by a national provider, Shaw Healthcare Limited. It is a residential 'care home' providing care for up to 60 people who may be living with dementia, physical disabilities, older age or frailty as well as up to 20 people who may require nursing care. At the time of inspection there were 48 people living at the home.

People's experience of using this service and what we found

Since our last inspection the provider had continued to receive support from the local authority and external healthcare professionals to improve the care people received and the overall governance of the service. At this inspection we found that significant improvements had been made to ensure that the risks identified during the last inspection were addressed. It was evident that the manager and staff had worked hard to raise standards and improve people's care. Feedback from people, their relatives and professionals confirmed this.

Some improvements were still needed with regard to the providers understanding and implementation of the Mental Capacity Act. This meant that people were not always supported to have maximum choice and control of their lives, and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

People told us they felt safe and were cared for by a consistent team of staff who knew them well. Significant improvements had been made to ensure that people received safe care and were protected from avoidable harm. When incidents or accidents had occurred, appropriate investigations were carried out and actions taken to reduce the risk of reoccurrence. Medicines were managed safely and given in accordance with prescriber's instructions and care recommended by healthcare professionals was implemented and recorded appropriately. Staff had received training in infection prevention and control (IPC) and IPC practice within the home was in line with current guidance.

Staff were recruited safely and had the skills, training and competence to provide safe and effective care. The manager had recently recruited staff who received a comprehensive induction and were assessed as competent before supporting people. Agency staff had received the same training and were also assessed as competent before commencing work. Staff received regular supervision which provided opportunity for feedback, focused on their strengths and identified areas for development.

The culture of the service was positive, person-centred and promoted good outcomes for people. People told us they enjoyed a range of activities which considered their emotional and social needs, and they were treated with kindness and respect. Our observations of staff engaging with people confirmed this.

The provider had reviewed and revised their quality assurance systems which had improved oversight of the care and support people received. People and their relatives told us they received regular updates about the

service and any changes required as a result of Covid-19. The manager provided leadership for the staff who felt valued, supported and part of a team.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last overall rating for this service was 'Inadequate' (report published 14 January 2021). The home had failed to make enough improvements to meet the requirements of the warning notice and remained in breach of multiple regulations. The home was placed in special measures and the provider served a notice to impose conditions on their registration. The provider was required to submit monthly reports to CQC to demonstrate what actions they were taking to improve, by when, and how this would be monitored. The home was required to make significant improvements within a six-month time frame to prevent us taking action in line with our enforcement procedures and starting the process of cancelling their registration.

At this inspection enough improvements had been made and the provider was no longer in breach of regulation 12 (safe care and treatment), regulation 18 (staffing) and regulation 17 (good governance).

Why we inspected

We undertook this unannounced, focused inspection on 8 April 2021 to check the provider had complied with the conditions imposed on their registration. We also needed to ensure that actions submitted in their monthly reports were embedded and confirm they now met legal requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from 'Inadequate' to 'Requires Improvement'. This is based on the findings at this inspection. As a result of these findings, the home is no longer in special measures.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Martlets on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

The Martlets

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by three inspectors who undertook an on-site visit.

The Martlets is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home did not have a manager who was registered with the Care Quality Commission. The service had a new manager who had recently started working at the home having moved from another of the providers services. They had started the process to become registered manager at the Martlets. Until the new manager is registered, the provider is legally responsible for how the home is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the home since the last inspection. This included the monthly reports submitted by the provider in accordance with the conditions imposed on their registration. The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people that used the service during and after the inspection to gain their views about their experience of care provided. We spoke with 13 members of staff including the manager, deputy manager, quality improvement manager, clinical lead, registered nurse, team leaders, carers, administrative staff and chef. We reviewed a range of records. This included 11 people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with another two staff members and five relatives about their experience of care provided. We received feedback from two healthcare professionals who had regular contact with the service. We continued to seek clarification from the provider to validate evidence found and reviewed training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Inadequate. Risks relating to people's health had not been appropriately managed. Medicines were not always managed safely or effectively. The provider was in continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a notice to impose conditions on the providers registration.

At this inspection, the provider had made significant improvements to ensure the risks to people's health were appropriately managed. Monthly reports submitted to CQC demonstrated the work undertaken and where improvements had been made. Staff had completed enhanced training to improve their knowledge, skills and competence in how to support people to meet their needs. Quality assurance processes to identify shortfalls in care had been developed and their effectiveness regularly reviewed. Risks to people's health were appropriately assessed, monitored and evaluated and care plans and risk assessments reflected this. The provider was no longer in breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People and their relatives told us they felt safe and viewed the service as their home. One relative said, "[person] is very safe there, the security is very good, staff use a hoist well and they know what they are doing."
- Staff were aware of people's risks and how to support them. Staff told us they kept up to date with changes in people's risks and care through regular handover meetings and knew how to access people's risk information if they needed.
- At the last inspection staff had not sought medical advice when a person's clinical condition had changed. Staff had not been provided with guidance to inform them of the signs and symptoms to observe which may indicate a decline in the person's health. During this inspection improvements had been made. Staff had completed an enhanced training programme to further develop their clinical skills to ensure people's healthcare needs were appropriately monitored, and professional advice sought when changes in their presentation had occurred. Training included how to recognise severe infection and signs of deterioration in a person's health. Staff felt confident in their ability to identify changes and escalate them when required. Revised quality assurance processes ensured that shortfalls in practice relating to clinical care were identified and acted upon. Individual training needs were addressed through additional supervision and coaching sessions. One person had wounds resulting from a health condition which were at risk of becoming infected. Detailed care plans were present to guide staff on how to provide safe care. The person had received care in accordance with their plan and timely review from healthcare professional was requested for advice on continued management. All other risks in relation to the wound had been assessed and acted upon to ensure the person received safe care and treatment.

- The manager and senior team had taken action to minimise the risk of harm to people who were assessed as a high risk of falls. People who experienced falls were referred to external healthcare professionals for advice on how to keep them safe and their care regularly reviewed. People who had fallen were subject to regular monitoring and enhanced monitoring if a head injury was sustained, so any changes in the person's clinical presentation could be identified and acted upon. One person experienced six falls in four months, staff had followed the providers protocol to ensure the person was appropriately monitored. Guidance from medical and healthcare professionals was sought which led to a reduction in falls and therefore reduced the risk of potential harm. Care plans and risk assessments reflected these changes. Another person had fallen and sustained an injury. Initial observations of the person led staff to seek medical advice for that injury, however one week later it became evident that another injury had occurred for which the person was admitted to hospital. Review of the person's care showed that although they were admitted to hospital one week after the fall, staff had taken appropriate actions during that time to monitor the person and sought advice from health professionals to ensure safe care and support.
- At the last inspection people were not protected from the risk of malnutrition. At this inspection significant improvements had been made. Staff had now completed training in nutrition and how to use the Malnutrition Universal Screening Tool (MUST) when assessing people's risks. Advice had been sought from health professionals for creative ways to improve people's appetite. Staff understood their responsibilities for weighing people and reporting any weight loss. People received care that ensured their nutritional needs were met and their weight was regularly monitored, our observations confirmed this. One person who had lost a significant amount of weight due to illness had been reviewed by their GP and placed on the end of life care pathway. Staff were advised that monitoring their weight was no longer required. However, as the person's health became stable and began to improve, staff had reintroduced regular weight checks to monitor their progress and commenced a high calorie diet. Improvements in the person's health meant their weight had increased they were no longer on the end of life care pathway. Subsequent risk assessments completed showed this person was now at low risk of malnutrition.
- People who required a modified diet received this safely. People's dietary needs identified on assessment were re-checked and confirmed with the Speech and Language Team (SALT) before the person's care plan was updated. Staff told us they had access to the texture modified diet policy and had completed modified diet training. We observed people receiving the correct texture modified meals and staff adhered to the provider's policy.
- People assessed as at risk of dehydration received enough fluids to meet their needs. Fluid charts were completed to show how much people were drinking and were frequently monitored. Shortfalls in people's daily fluid intake were escalated and addressed. Staff had received training in hydration and mini coaching sessions had been held to enhance their knowledge. The manager had appointed two hydration champions to promote best practice. We observed the home's 'hydration trolley' in use, and people were enjoying the additional drinks, fruit and high calorie snacks on offer. One person told us, "There is plenty of choice for drinks and I get enough of everything", another person said, "There is always snacks and drinks if I want them".

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Improvements had been made to ensure that people at risk of, or had experienced falls were monitored and reviewed. Health professionals confirmed this. The manager and deputy manager had reviewed their quality assurance processes which provided better oversight of all falls that occurred regardless of the circumstances. This was an example of lessons learnt to ensure people received safe care and treatment.
- Staff had received safeguarding training and were aware of their responsibilities for reporting concerns. Staff knew how to identify signs of abuse and were confident that concerns would be dealt with by the management team. One staff member told us, "I'm confident about what to do and how to raise concerns. I think we've got an approachable team now."

- The manager understood their role and responsibilities in relation to safeguarding. They had notified CQC of incidents of alleged abuse for which the appropriate actions had been taken, this included referrals to the local authority.
- Accident, incident and safeguarding reports were reviewed, and investigations carried out when required. These events were analysed, and actions taken to reduce the risk of reoccurrence.
- Training sessions for staff were held to reflect on safeguarding incidents and share outcomes or learning from investigations. Staff found these sessions valuable, one staff member told us, "The new training we've had is good, more in depth."

Staffing and recruitment

At the last inspection the provider had not ensured they had deployed enough staff with the relevant skills and competence to meet people's care and treatment needs. The provider was in continued breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvements had been made to ensure that the service had deployed enough staff with the skills and competence to meet people's needs and they were no longer in breach of regulation 18.

- The manager used a dependency tool to assess people's needs and make decisions about staff deployment throughout the home. They explained the dependency tool did not always consider the social and emotional needs of people and had taken this into account when staff were deployed. People's individual needs were reviewed daily and staff deployed accordingly. There were two activities co-ordinators to support people's emotional and social wellbeing. The provider confirmed the current dependency tool is under review. The revised tool will include people's social, emotional and complex nursing needs to support the appropriate deployment of staff, and will continue as the home's occupancy increases.
- One of the conditions imposed on the provider's registration was the requirement to recruit a clinical lead. This registered professional would be responsible for the clinical oversight of the home and help ensure that people living at the Martlets would receive the right care and support to meet their physical health needs. The provider had met this condition and a clinical lead was recruited to the service. A registered nurse and activities co-ordinator had also been recruited; this had reduced the need to use agency staff.
- People and their relatives continued to provide mixed feedback about the number of staff available to support them, however people told us staff responded quickly if they called. One person told us, "I have a call bell, I just have to ring the bell and they are here for me." Another person said, "I think there are enough staff. On my birthday and at Christmas there were lots of staff it was lovely." Although another said, "I do think they're short of staff and could do with a few more here and there, they don't seem to have enough time to spend time for a chat, I'd like a chat sometimes but they are a bit too busy to stop for that".
- One relative told us, "My impression is that staff levels are low, it's difficult to get through on the phone", however another said "There seems enough staff, the reception lets you in the building. Always seems to be staff around, they are welcoming."
- People told us they felt their emotional and social needs were considered and there was enough staff to support with this. One person told us, "Staff check in with us regularly in the communal areas about activities and what we want to do and plan ahead for activities." Another person said, "Sometimes I like to go to the garden and in the grounds, they have lovely grounds here. They help me out and I have a cup of tea, it's very nice."
- Staff told us they had enough time to meet people's needs and our observations confirmed this. One staff member said, "We've got plenty of staff at the moment, I can't see any issues with staffing cover and people are getting what they need, less agency staff are being used. We've had more recruitment recently; staff have more time with residents."
- People and their relatives felt that staff were suitably trained and had the skills and competence to care for their loved ones. One relative told us, "Staff are well trained, [team leader] is very good, we have a lot of

contact." Another said, "Sure, the staff are trained, they seem to be familiar with dementia and how to cope with it, they do really well." A person told us, "The staff do know what they are doing, they are very caring."

- Staff received a comprehensive induction which was overseen by the manager and training that enabled them to competently perform in their role. There was a strong emphasis on supervision and development which staff described as supportive. Safe recruitment processes gave assurance to the manager that staff were of suitable character and had appropriate experience to meet people's needs.

Using medicines safely

- Medicines were received, stored, administered and disposed of safely. Improvements had been made regarding the oversight and quality assurance processes for managing stock of medicines. The provider had introduced additional checks to ensure that any shortfalls in stock were identified and actions taken to reduce the potential risk of people missing their prescribed medicines. Despite these improvements, there remained some issues within the external system which meant that people were still, on occasion without their prescribed medicines. Proactive measures implemented by staff to obtain people's medicines had significantly reduced the time people were waiting. When a delay in the home receiving medicines had been identified, staff increased people's observations and monitored for changes in their health, so any changes could be quickly acted upon. We could see that the management team were working closely with the GP and pharmacy to resolve these issues.

- People who were prescribed medicines to be given at a specific time had been given them correctly. One person told us "I am supported with all of my medication, there are set times through the day that I need tablets and they manage that. I feel okay with staff managing it all." When omissions were identified by the providers auditing system, these had been reported to the local authority and investigated appropriately.

- Medicines that require more stringent levels of storage and administration were administered safely. One person prescribed one of these medicines was observed receiving their medicine in accordance with best practice guidance. The staff member told us they had completed training and been assessed as competent in supporting the trained nurse to administer medicines that require additional measures of storage and administration.

- Staff had completed medicines training and had been assessed as competent before giving people medicines.

- The provider had introduced an electronic medication administration record (e-MAR). Medicines audits were completed via the e-MAR. Any omissions or errors were identified through this process and acted upon to resolve.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. There were processes in place to ensure that visits were safe and facilitated in an environment which reduced the risk of potential infection transmission.

- We were assured that the provider was meeting shielding and social distancing rules. We observed furniture spaced in accordance with social distancing guidance and people were supported by staff to adhere to these measures.

- We were assured that the provider was admitting people safely to the service. Although the service is not currently open to admissions, people required to leave the home for reasons such as medical appointments would be isolated on return in accordance with current government guidance.

- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. Staff had received training in PPE and were observed using PPE correctly.

- We were assured that the provider was accessing testing for people using the service and staff. The provider operated a whole home testing programme. People and staff were tested in accordance with government guidance. Visitors to the service were checked for completion of Covid-19 lateral flow tests

before entering the home.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The home was clean, hygienic and maintained to a high standard. People and relatives told us the home was clean. One person said, "It's spotless, very clean, daily cleaning and wiping things down in the bedroom, bathroom and everywhere." A relative told us, "Whenever I've been there they are always cleaning, I've never smelt bad smells in the home."
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date. The provider had clear, robust and up to date policies to keep people, staff and visitors safe.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. The providers policy for visitors stated that visits to the home could be facilitated within a specific timeframe. One relative told us that this had been difficult to see their loved one as they were unable to visit within the times specified. This was raised with the provider who took immediate action to update their policy so people could receive visits from their relatives at times which suited them.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. Some improvements had been made yet further improvements were needed in relation to staff competencies and training. The provider was in continued breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was served a notice to impose conditions on their registration which required them to ensure that staff had undertaken the required training and held appropriate and competent skills in accordance with the provider's policies.

At this inspection improvements had been made and they were no longer in breach of regulation 18. The provider had introduced an enhanced training programme for staff which would meet the requirements of the conditions imposed on their registration.

However further improvements were needed to ensure the provider is working within the principles of the Mental Capacity Act 2005 (MCA). This key question remains rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At the time of our inspection 15 people were subject to DoLS. Four of these people had conditions associated to their DoLS. This meant the provider was required to adhere to the conditions to ensure they were legally compliant. It was difficult to ascertain from people's care records whether the conditions were being met. It was not evident that mental capacity assessments had been completed for people that may lack capacity as a result of a clinical condition, as records containing this information could not be located. The provider's service improvement plan (SIP) also highlighted that actions relating to the completion of mental capacity assessments for people assessed as lacking capacity had yet to be completed.

After the inspection the provider confirmed that although the SIP had not been updated, the actions

resulting from CQC's recommendation to ensure that people were supported to consent to their care and treatment were complete. We sought assurances from the manager who informed us that capacity assessments for people had been located and were included in their care records for staff to reference. The manager gave assurances that staff and people's adherence to DoLS conditions were recorded in their DoLS care plan and available if required.

- One person living with dementia for whom a DoLS application was made had been assessed by a Best Interest Assessor to determine whether DoLS was required. The person was assessed to have capacity to decide where they lived and therefore did not require DoLS. The person wished to continue living on the unit where the door was kept locked for people's safety. The locked door could cause a person to be deprived of their liberty should they wish to go out and were unable. Staff told us the person could be at risk if they went out alone, yet there was no risk assessment in place or guidance for staff to say how the person would be supported to leave if they wanted to. This was raised with the deputy manager who immediately took action to complete a capacity assessment and update the person's risk assessment, this included a conversation with the person about how they could remain safe. The absence of guidance for staff in how to manage this potential risk had not been considered by the provider.

We recommend the provider continues to seek advice and guidance from a reputable source to assure themselves they are working within the principles of the MCA.

- Staff had received MCA training and understood the principles when caring for people. One staff member told us "I had MCA training recently. If I was concerned about someone beginning to lose mental capacity or lacking capacity, I feel able to flag up concerns to the manager."
- Interactions with people were respectful and friendly. People told us staff asked for their consent before providing care and they were able to make everyday choices for themselves. We observed staff were accepting of people's choices about where they wanted to be and engaged in conversations which were warm and caring.

Staff support: induction, training, skills and experience

- At the last inspection the provider had used agency staff to ensure adequate staffing levels were maintained. Agency staff had not always had their competence assessed to administer medicines or support people to move or change position. At this inspection there were enough staff with the training, skills and competence to meet people's needs. Staff received a comprehensive induction and were assessed as competent before they could support people. The provider assured themselves agency staff were suitable to provide effective care, by ensuring they completed the same competencies and training as permanent Shaw employees. This included medicines training and how to support people appropriately when moving them.
- The provider had developed and embedded an enhanced training programme for staff which would meet the requirements of the conditions imposed on their registration. This included more in-depth and specific training relating to the needs of people living at the Martlets. The provider had introduced the NHS initiative 'Stop, Look, Care' to further equip staff with the skills to deliver high quality care. Staff felt more confident in their ability to assess people's health. For example, improving people's oral care meant staff had quickly identified problems which could affect their hydration and nutritional needs and taken action to address this. The manager informed us this had led to a reduction of infections and falls throughout the home.
- Staff received regular supervision in a variety of ways which focused on their wellbeing, development and areas for improvement. One staff member told us, "Supervision is very good, we get feedback about our work which is always positive, even if it isn't, it feels positive." Another staff member said, "Supervision is every month, it works both ways. I feel I can raise concerns and seek training; I get feedback. It's a supportive process."

- The manager had recently introduced champion roles where staff could receive further training in specific subjects and increase their knowledge and skills. Staff described the training as "more intense than previous training, informative and useful" and had given them a better understanding of when to escalate concerns or make onward referrals to health professionals for advice. The management team had a good understanding of their staff skills and strengths and had identified staff who were interested and suitable for champion roles.

Supporting people to eat and drink enough to maintain a balanced diet; Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support

- People were supported to eat and drink enough to maintain a balanced diet. We observed people enjoying their meal in the dining room. One person told us, "They have lovely food, there is a lovely choice of meals, you can ask what you want for dinner, there's more than I need really." People who required a texture modified diet were presented their meal in a way they preferred to make it more appetising. One person told us "I have to have pureed food. I did ask them not to use a large plate because it was all too much, they swapped to a smaller plate and it's looks more manageable now."

- The chef kept a record of people's dietary requirements and used the International Dysphagia Diet Standardisation Initiative (IDDSI) to ensure people received foods that were safe and suitable for their needs. Staff had received training in nutrition and hydration and knew how to support people who required support with their meal.

- People had received an oral health assessment in accordance with best practice guidance and were supported to promote good oral hygiene. Oral care had been identified and implemented as a champion role in the service.

- Technology was used to enhance people's care. Call bells were in use for people to call for staff assistance if needed. For those unable to use call bells due to their level of understanding, infrared sensors or sensor mats were used in people's rooms so when they moved, staff were alerted and could go to offer their assistance.

- People were supported to access healthcare services and support. During the pandemic people were able to use video consultations to see their GP to address their health needs. One relative told us, "[person] had access to chiropodist and GP monitoring. As far as I know the home works well with the GP, [person] had all the health care in place to make them comfortable, they have improved at the home."

Staff working with other agencies to provide consistent, effective, timely care; Adapting service, design, decoration to meet people's needs

- Feedback from healthcare professionals was mostly positive and reflected the improvements observed during the inspection. We were told that at times it was difficult contacting the home via telephone, and as health professional visits were restricted due to the global Covid-19 pandemic, reviews of people's care were sometimes delayed. This said, to date there was no known, negative impact on people's care. This was fed back to the manager who was aware of this issue and gave assurances they were working to improve their communication systems.

- The management team had worked to improve relationships with external agencies. Staff communicated with other health professionals to inform them of concerns over resident's health problems and the effectiveness of new treatments.

- People were observed in a homely environment suitable for their needs. People appeared relaxed and comfortable and had their own private rooms which they were encouraged to personalise. One person told us "I love my room. It faces south and I can see out of the window and see the squirrels and birds, it's lovely."

- The home was spacious and light with adequate space for people to mobilise safely with their mobility aids. People were observed mobilising independently. For people unable to use the stairs, the home had a

lift available for use if required.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Inadequate. We continued to have concerns about the provider's oversight of the standard and quality of care people received. The provider had not taken enough action to ensure this improved and had not met the requirements of previous enforcement action within the specified time frame. They remained in continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was served a notice to impose conditions on their registration.

At this inspection, enough improvements had been made and the provider had revised their quality assurance processes to give better oversight of the standard and quality of care people received. Audits to monitor the standard and quality of care were completed on a weekly or monthly basis. Analysis of the effectiveness of these audits were completed each month in accordance with the conditions of registration. Shortfalls identified in standards of care and assurance processes were acted upon to make further improvements when needed. The provider was no longer in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

While it was evident improvements had been made, some improvements were needed to ensure the provider is able to assure themselves they are always working within the principles of the Mental Capacity Act, and their quality assurance processes enable them to identify shortfalls in this area.

This key question has improved to Requires Improvement. This meant the service management and leadership had not always been consistent. Leaders and the culture they created have not always supported the delivery of high-quality, person-centred care. The management team had worked hard to make the improvements required and in a short time scale. Further time is now required for the provider to assure themselves the improvements made are sustained and embedded in everyday practice.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the last inspection systems in place to ensure people received appropriate and timely support after experiencing an accident or incident were not always effective and did not provide sufficient oversight of people's care. This left people at risk. One of the conditions imposed on the providers registration required them to provide CQC with a monthly report summarising the governance and quality assurance activities completed. The report included the analysis and assurances of the care provided and enabled us to monitor the providers progress in making improvements. Analysis of their own governance systems led them to make changes having identified shortfalls in their system for managing falls. The provider previously operated two different systems for when someone had suffered a witnessed fall or when someone had been found on the floor. The provider has since updated their assurance systems to ensure that all falls are recorded in one location, which has given managers increased oversight of people at risk of frequent falls and their care. The providers ongoing analysis of all quality assurance systems had significantly contributed to the improved oversight of the care people had received.

- Audits had been reviewed and revised to ensure that shortfalls found at the last inspection were addressed. The introduction of the new e-MAR had given the manager improved oversight of medicines in stock and acted when issues were identified. For example, the monthly medicine audit highlighted that stock balances did not always add up. The quality improvement manager had investigated the cause of these shortfalls and subsequently provided coaching for team leaders and nurses to reduce the risk of reoccurrence. A robust system for monitoring stocks of medicines and tracking those that had been ordered but not yet delivered meant that staff had effective oversight of people who might be without their prescribed medicines and could monitor their health accordingly.
- When the previous registered manager left, the provider had quickly appointed the current manager to ensure there was ongoing managerial oversight of the home and care people received. The provider had recruited a clinical lead to provide increased oversight of the clinical care and support for people at the Martlets. This had contributed to the ongoing improvements in peoples care and governing the service. Staff told us the new leadership team had made a positive impact on staff morale and felt proud of the direction the service was heading.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team fostered a positive, person-centred culture which was evident throughout our inspection. People and their relatives were involved in planning their care. A relative told us, "Staff asked me for [person] biography so I wrote some of their history, so staff can get an understanding of them and their experiences, it's really good."
- We observed people engaged in meaningful activities and were treated with kindness and respect. People were encouraged to participate to promote their emotional and social wellbeing. The activities person had created a game of musical bingo using songs from previous decades. We observed people enjoying the game and singing along to the music.
- Staff had worked hard to ensure people felt that the provider's values of wellness, happiness and kindness were implemented in practice. One relative told us that their loved one's partner became unwell with a terminal illness. The persons partner moved into the Martlets so they could be with each other during their final days and be cared for by staff who knew them well. The family were so thankful to the staff for supporting this to happen.

The manager provided leadership for the team and staff understood their roles and responsibilities

- Staff described the current manager as approachable and fair. Staff understood their roles and responsibilities, had regular supervision and opportunities to discuss their learning and development needs. Staff felt well informed of what was happening in the service, knew when and how to receive information and contribute to people's care.
- Staff told us the providers values and expectations were promoted during their induction and encouraged in everyday practice. One staff member said, "We had a lot of management changes; we are a passionate team here and the changing management can be quite unsettling, but I always feel supported by my colleagues and management, never feel like you are on your own."
- The manager felt supported and had regular contact with the senior management team. Information regarding the service, progress on their improvement plan, learning and best practice was frequently shared.
- The manager understood their legal duties and sent notifications to CQC as required.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager was aware of their responsibilities under the Duty of Candour and had acted accordingly when required. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment. The manager had been open and transparent when people's care had not always gone to plan, relatives were informed if someone had a fall or their health had declined and contacted other relevant agencies if required.

- Relatives gave mixed feedback about being kept up to date with changes to do with the global pandemic and their loved one's care. We were told the openness and transparency of the service had improved. A relative told us, "Emails were sent through saying when the home is closed and when rules changed they let us know, I feel they have been open about the outbreak in Jan, but not earlier in the year." Another relative said, "Managers sent a lot of emails to update about activities during the lockdown so I felt well informed. Maintained communication with [person] and their activities have been maintained well through pandemic which was really good." However, another relative said, "it would be nice to have a monthly update on [person] rather than just contact when they have an incident like a fall." This was feedback to the manager.

- Professionals told us that they had built working relationships with individual staff members which had led to an improvement in the quality of information shared and quality of care people received. Advice healthcare professionals had given was implemented and people's progress fed back.

Continuous learning and improving care; Working in partnership with others

- The provider continues to have complex systems to record people's care. Information was stored in multiple locations which made accessibility difficult. Staff told us they sometimes spend a lot of time documenting and looking for information which reduced time they could spend with people. They shared their concerns this could get worse as the home's occupancy increased. Paper records were archived within a short timescale and difficult to locate if previous records were required to review people's progress over time.

This was fed back to the management team who were responsive and acknowledged the complexities with their current system. The manager informed us they are currently reviewing potential electronic record keeping systems which will eventually be introduced.

- The home worked in partnership with other agencies. Over recent months, the provider has continued to work in close partnership with the local authority, the clinical commissioning group and CQC to address the ongoing concerns regarding shortfalls in standards of care. The provider's Service Improvement Plan (SIP) was regularly reviewed in conjunction with other agencies and updated to ensure that improvements were completed, sustained and met within the timescales specified.

- The manager and nurses worked professionally with external agencies such as the GP practice, specialist health professionals and community matrons. Staff were aware of the importance of working with other agencies and sought their input and advice. People had access to a range of health care professionals. This enabled people's health needs to be assessed so they received the appropriate support to meet their ongoing needs.

- Staff were actively encouraged to develop personally and professionally; several had applied to complete a National Vocational Qualification (NVQ) in health and social care to enhance their knowledge and skills. Staff told us the managers were open to them working in different areas of the home if they wanted to gain experience. One staff member said "[managers] have been really good about supporting staff development."