

Methodist Homes The Martins

Inspection report

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Date of inspection visit:
13 September 2022

Date of publication:
13 October 2022

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

The Martins is a residential care home providing accommodation, and personal care for up to 42 people across two floors consisting of four units. The service also provides specialist care to people living with dementia. At the time of our inspection there were 37 people using the service.

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

The management team conducted a variety of audits to assess the quality and safety of care provided. Managers and staff demonstrated a positive culture which was person-centred. The management team investigated incidents fully, and actions were identified to make improvements.

Managers and staff were clear about their roles; however, further work was needed to ensure the Care Quality Commission [CQC] was notified of significant events within timescales as required.

People, their relatives and staff were involved and engaged in the service. The provider had systems in place to monitor and review the service. The provider was working with health and social care professionals to meet people's health, welfare and social needs.

There were sufficient staff available to meet people's needs at the time of our inspection. Staff were safely recruited and checks were made on their suitability.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Relatives spoke positively about the caring culture of the service and said their loved ones were safe and well supported. They also told us the service was managed well, communication was good and their opinions were sought in the planning and review of people's care and treatment.

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

Rating at last inspection

The last rating for this service was outstanding (published 26 September 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from outstanding to good based on the findings of this inspection.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

The Martins

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 Health and Social Care Act 2008.

Service and service type

The Martins is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Martins is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with eight people who used the service, four relatives and seven staff, including the registered manager.

We reviewed four care records, medicines administration records (MAR) and four staff recruitment and training records. We also reviewed other records, including policies and procedures, and records relating to the quality and safety monitoring of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Equipment used by people and staff were checked and serviced regularly. This included lifting and fire safety equipment.
- The home environment had been assessed for potential risks. People had personal emergency evacuation plans (PEEP's) in place in the event of a major emergency requiring evacuation. Records showed fire drills were routinely completed.
- The management team conducted a variety of audits to assess the quality and safety of care provided. This included a report following a daily walk around the building.
- People's care records and associated risk assessments were clearly documented. Staff could access the records which considered risks associated with people's health conditions as well as providing information on people's, wishes and preferences.
- Further work was needed to improve the management of records in relation to the monitoring of people at risk of losing weight. Where people had been identified at risk and required weekly weight monitoring, we found gaps in staff recording of these. The registered manager provided assurance of immediate action taken in response to our findings to improve oversight and monitoring.

Using medicines safely

- We found carry forward medicines from the previous month had not been recorded on Medicines Administration Records [MAR].
- Not everyone had a PRN protocol in place as is good practice. PRN medicines are given only occasionally and not on a consistent basis, such as medicines for pain relief.
- Shortfalls we identified were promptly addressed by the management team.
- Staff had received training and had their competency regularly assessed.
- Medicines were stored securely and at appropriate temperatures.
- There were systems in place to ensure time specific medicines were administered as prescribed, such as medication to treat people diagnosed with Parkinson's and antibiotics.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is

usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations had been applied for to deprive a person of their liberty.

Systems and processes to safeguard people from the risk of abuse

- There were a range of measures in place to safeguard people from the risk of abuse.
- The management team understood their responsibilities for reporting safeguarding concerns to the relevant authorities with a system in place for logging incidents with outcomes.
- Staff had received training in safeguarding procedures and knew how to report any concerns relating to people's welfare within the service. However, further work was needed to ensure all staff were aware of local protocols should they wish to escalate concerns to the local safeguarding authority.
- Staff supported people in a caring and respectful manner. Interactions demonstrated that staff and people had developed meaningful relationships.

Staffing and recruitment

- Staffing levels were assessed by using dependency tools. Staffing levels were regularly reviewed to ensure sufficient staffing levels remain in place to meet the needs of the people.
- Sufficient staff were observed deployed on the day of inspection to ensure people's needs were met in a timely manner.
- One person told us, "I would say most of the time there is enough staff. They do use agency on occasions which is not great but they do their best." Another person said, "The staff are wonderful, so kind and helpful. They [staff] come quickly when I call for help most of the time. There are the odd occasions when I have to wait longer than I would like."
- Relatives told us, "They have had a period when there was not enough staff and lots of agency which is not ideal, but this has improved lately." And, "There appears to be enough staff the majority of the time we visit. We are kept informed of any changes. There is more staff around of late, less agency on shift. The manager has been organising zoom calls throughout the pandemic and keeping us informed of changes and updates us on the staffing situation."
- We found gaps in the system for ensuring staff received all training required as part of their induction. The registered manager told us this had been identified and plans were in place to ensure improvement in this area.
- Staff were safely recruited, and checks were made on their suitability through references from previous employers and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.

Visiting in care homes

The registered manager was following current government guidance in relation to visiting at the time of the inspection. Relatives told us restrictions on visiting had been removed and they were able to visit their loved ones.

Learning lessons when things go wrong

● Systems were in place to record and monitor accidents, incidents and safeguarding concerns. The registered manager regularly reviewed these and took action where appropriate.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were individualised and person-centred.
- People's care and treatment needs were assessed prior to admission to the service.
- Care plans contained information as to people's needs and preferences about how they wished their care to be delivered, their life histories and interests.
- People and their relatives confirmed they were encouraged to contribute to the development and review of care plans and their views were listened to.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been assessed and recorded in their care plans, including any needs in relation to eyesight and hearing. If people did not use speech to communicate, care plans included information for staff about their individual methods of communication and how people could signify their consent.
- The provider had the means to adapt care documentation to meet people's communication requirements if needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to undertake a range of activities that met their needs and preferences. Regular activities were provided including one to one for people cared for in bed.
- Activities included arts and crafts sessions, quizzes, cookery, knitting, coffee mornings and film screenings. Visiting entertainers and outings to local places were regularly arranged.
- The service is run by the Methodist Homes Association and nearly all the people who used the service followed a Christian faith and this was an integral part of the daily life within the service. Where people did not practice a Christian faith, they told us their views were respected without any pressure to attend in-house church services.
- Following the recent death of Queen Elizabeth staff organised opportunities for people to get together in small groups to talk about their feelings in response to the sad news. Photos and books with memorabilia

were placed around the service to enable people to reminisce should they wish to do so.

- People were supported to maintain contact with their friends and relatives. Relatives were involved in the production of a regularly produced newsletter, designed for the individual which kept their loved ones involved in family life.
- One person told us, "I was lonely until I moved in here. I have made a couple of friends since moving in and I enjoy the opportunity to chat with them over a meal. Another said, "I don't get involved in the activities organised, but they [staff] respect my choice. I am happy in my room and if I need anything I can ask, and they oblige."

Improving care quality in response to complaints or concerns

- There was a system in place to respond to complaints and suggestions. One relative told us, "I have had to raise concerns in the, but these were dealt with and things improved." Another told us, "The manager is always willing to listen to any concerns and suggestions we might have. The communication is good and we are kept informed with any changes, such as when [person's relative] has a fall or has seen the GP."
- The service had received a number of written compliments and two complaints within the last year. Complaints had been responded to in a timely manner with a clear audit of responses with outcomes evidenced.

End of life care and support

- The service was not providing end of life support to anyone at the time of our inspection.
- People's wishes in planning for the care towards the end of their lives and in the event of death had been recorded. This included their spiritual wishes and advanced decisions in relation to resuscitation in the event of cardiac arrest.

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 our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager confirmed they had recently been behind in completing their notifications of death to CQC as is required by law. The registered manager told us they had reviewed their management processes to ensure they informed us within required timescales.
- Staff told us they worked well as a team and were well supported by the management team. One staff member said, "We are a good team here and work well to support one another. The management are approachable, visible and always available." Another said, "This is one of the nicest places to work. Everyone really cares about the residents."
- The management team conducted a variety of audits to assess the quality and safety of care provided. This included a management report following a daily walk around the building to assess the quality of care provided and safety.
- The shortfalls we identified in relation to the management of people's medicines and maintaining weight management records had not been identified in the current system of audits. In response to our findings the registered manager took action to immediately rectify shortfalls and improve their systems of auditing.

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

- The registered manager had an open and honest approach including in their response when things went wrong.
- There was a strong person-centred, inclusive and empowering culture. The values exhibited by the management team and staff meant people had been supported to achieve good outcomes.
- Relatives and staff told us the management team were approachable, supportive, and listened to them. Feedback from staff and relatives was encouraged through meetings, Zoom calls and quality assurance questionnaires.

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

- The registered manager investigated incidents fully, and where needed actions were identified to improve people's experiences of care.
- Staff were encouraged to be open and honest when things went wrong. Staff confirmed the management team were open to staff and people raising concerns. Where needed reflective learning opportunities were provided to ensure continued improvements to the quality of care people received.

- Throughout our inspection the management team were open, transparent and proactive in their response to our findings.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People, their relatives and staff confirmed they had the opportunity to provide feedback about the service and make suggestions for improvements.

- Staff attended regular team meetings and those we spoke with told us these were of benefit. One staff member told us, "We can raise things, through team meetings, handovers and senior staff are approachable and helpful."

- People told us they could raise any concerns they might have, and they attended meetings where improvements to their care was discussed and actioned.

- Relatives told us they were involved in the planning of their loves ones care and support.

Working in partnership with others

- The management team worked in partnership with health and social care professionals to achieve good outcomes for the people who used the service.