Methodist Homes

The Martins

Inspection report

Vinefields
Bury St Edmunds
Suffolk
IP33 1YA

Tel: 01284753467
Website: www.mha.org.uk/ch51.aspx

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Outstanding ☆
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

The inspection took place on 21 February 2017 and 6 April 2017. The inspection visit on 21 February was unannounced but the second visit was announced.

The service provides residential care for up to 42 people, some of whom are living with dementia. At the time of our inspection 40 people were using the service.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our previous inspection in October 2014 we found that people were receiving high quality care which responded to people's individual needs. At this inspection we have found that these standards had been maintained and in some areas further improved. This meant that people received an outstanding level of care which responded to their individual needs and preferences. Skilled and caring staff supported people in the way that they chose.

People received safe care which met their individual needs and preferences. There was a strong commitment to enabling people who used the service to be as independent as possible through robust risk assessment to keep them safe. Risks were assessed and documented in care plans and environmental risks were very well managed. The manager and staff demonstrated a very good oversight of risk.

Staff were trained in safeguarding people from abuse and the manager referred incidents appropriately to the local authority safeguarding team for investigation. Internal investigations into safeguarding incidents were carried out in an honest and transparent way. The service worked well with other professionals to investigate any safeguarding matters.

There were enough staff to keep people safe and to enable them to live their lives in the way they chose. Staff were recruited safely as there was a robust recruitment procedure in operation. The service was overstaffed by 10% to further ensure care and support was delivered consistently by staff who knew people well. Staff had time to spend with people and people's needs were met promptly.

Medicines were managed safely and people received their prescribed medicines when they needed them. Staff were trained and verified as competent to administer medicines.

The service was clean and infection control measures were in place. All staff had a good understanding of how to reduce the risk and spread of infection.

Staff received an excellent work based induction and a variety of relevant and person centred training to

help them carry out their roles. Training was innovative, challenged staff and was designed to drive continual improvement. Staff were supported with regular meetings, supervision and values driven appraisal of their performance. Staff were very positive about the training they received and felt valued by the manager and the organisation.

Staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA ensures that people's capacity to consent to care and treatment is assessed. If people do not have the capacity to consent for themselves the appropriate professionals, relatives or legal representatives should be involved to ensure that decisions are taken in people's best interests according to a structured process. DoLS ensure that people are not unlawfully deprived of their liberty and where restrictions are required to protect people and keep them safe, this is done in line with legislation. Practice related to MCA and DoLS was very good and in line with legal requirements.

People who used the service praised the food highly. People were referred to appropriate healthcare professionals, such as dieticians, promptly if they required this support. There was sensitive support at mealtimes for people who needed help or encouragement to eat and to maintain their weight. Oversight of people's nutritional needs was good. Mealtimes were very chatty and sociable occasions which people clearly enjoyed.

People were promptly supported to access the health and social care professionals they needed. There was evidence of good partnership working with the district nursing team and other healthcare professionals. Feedback from healthcare professionals working with the service was very positive.

Staff were exceptionally caring and compassionate. They treated people respectfully and demonstrated great patience and empathy. Staff sought to ensure people's self-esteem and dignity was maintained. The caring role was not limited to care staff but administrative staff and volunteers played an important part in the caring life of the service.

The Christian values of the service were evident throughout and this was very important to all of the people who used the service. Many staff shared the Christian values which were fundamental to the service. This provided a common bond between staff and the people who used the service. The staff also actively supported people to explore other faiths if they chose to.

Care was person centred and people's individual needs were well documented. Staff demonstrated a good knowledge of these. Care was delivered holistically and staff caring for those people living with dementia never lost sight of the person inside and had received training related to this in particular. People living with dementia played a full part in the life of the service and the atmosphere was inclusive and caring.

People were extremely well supported at the end of their life. They experienced care which reflected their very specific preferences and met their needs at this most important time. The manager, supported by the staff team, focussed on ensuring people's end of life care was given in line with their expressed wishes. Staff were proud of the end of life care that people received.

People who used the service, and their relatives, were involved in planning and reviewing their care and had opportunities to feedback about the service. The provider was proactive in seeking people's views and acted on information they received in order to improve the service.

People were supported to follow a range of hobbies and interests and to take an active and purposeful part in the daily life of the service. Those living with dementia and those unable to go out independently were

provided with appropriate stimulation and occupation. People were encouraged to remain part of their local community.

A complaints procedure was in place. No formal complaints had been made but informal issues were well managed and resolved quickly to people's satisfaction. The manager gave people many opportunities to raise informal issues and was always looking to improve the service. People had the confidence to raise concerns and felt listened to.

A comprehensive system of audits and spot checks was in place to monitor the safety and quality of the service. Staff took pride in carrying these audits out regularly where they had been given the delegated authority to do so. The manager took overall responsibility for ensuring that any identified actions were put in place.

The exceptional manager acted as role model and was respected by people who used the service, relatives and staff. They led by example and clearly set out the standards they expected from staff. They had excellent oversight of the issues that affected this service, which has a history of positive inspections by CQC, and were able to motivate their team exceptionally well. The manager demonstrated a commitment to the ongoing improvement of the service. They aimed to ensure that people's individual needs and preferences were met through the delivery of innovative and person centred care. The manager and staff took a pride in their work and clearly cared deeply about the people who used the service and their families.

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.

Staff understood their responsibilities with regard to safeguarding people from abuse and had received appropriate training.

Risks to people were very well managed and staff demonstrated skills in reducing risks to people.

There were enough skilled and experienced staff to meet people's individual needs and spend quality time with them.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff received a comprehensive induction and training was provided to help staff meet people's individual needs. Training was challenging and encouraged staff to think deeply about their practice.

Staff had received training in MCA and DoLS. The service had ensured decisions had been taken lawfully and in people's best interests. People were supported to be as independent as possible and restrictions were always sensitive to people's need to be independent.

People were positive about the food. Those at risk of not eating enough were supported with their diet and were well monitored.

People were promptly supported to access healthcare professionals when they needed to.

Is the service caring?

Outstanding ☆

The service was extremely caring.

Feedback from people who used the service and relatives was

very positive about the kindness and patience of the staff.

People's privacy and dignity was maintained and their distress and anxiety alleviated. Staff, including office staff, were skilled in managing people's anxious and distressed behaviour.

People were encouraged to remain independent which raised their self-esteem. Those living with dementia were enabled to have a role in the day to day life of the service.

People received outstanding end of life care which respected their very individual wishes and provided comfort. Staff went the extra mile to ensure people received the person centred end of life care and support they needed.

Is the service responsive?

Outstanding ☆

The service was extremely responsive.

People's care needs were assessed before they were admitted to the service. People who used the service, and their relatives, were involved in assessing, planning and reviewing care which responded to their individual needs. Care plans took into account people's specific needs and gave staff detailed guidance on how to provide individualised care. Care was provided in a holistic manner and care plans showed how people's needs were interlinked.

Care for people living with dementia focused on the person and not on their condition. People were provided with occupation, group and one-to-one activities and sensory stimulation. People were encouraged to feel that they had a role and were needed.

People were supported to follow their own interests and hobbies and to access leisure opportunities outside the service. People were supported to follow their Christian faith in their daily lives. The Christian values of this organisation were demonstrated throughout the service.People were also actively supported to explore other religious faiths if they chose to.

A complaints procedure was in place. Although no issues had been raised formally, informal issues were very well managed. The manager was proactive in ensuring that people were satisfied with the service they received and responded promptly to any minor issues that were raised.

Is the service well-led?

Outstanding ☆

The service was extremely well led.

Staff were well supported and motivated by the exceptional manager. The manager was a very effective role model for excellent practice. The provider supported and encouraged the manager and recognised and celebrated their achievements.

There was a comprehensive system of audits in place to monitor the quality and safety of the service. Action followed promptly when any issue was identified.

The manager had good oversight of the service and was focussed on continuous improvement. They managed the service in an open and transparent way for the benefit of all.

The caring and Christian ethos and values were evident throughout the service. The feeling was of an inclusive and caring service focussed on excellence and always looking to improve

The Martins

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 21 February 2017 and 6 April 2017. The inspection was unannounced on 21 February but our second visit was announced.

The inspection team consisted of two inspectors and an inspection manager on 21 February and one inspector on 6 April.

Before we inspected we reviewed the information we held about the service. This included any statutory notifications that had been sent to us. A notification is information about important events which the service is required to send us by law.

We spoke with twelve people who used the service, six relatives, three health and social care professionals, two members of the domestic and kitchen staff, the staff member in charge of maintenance, five care staff, three senior care staff, the administrator, the registered manager and the regional manager. We also contacted two health and social care professionals after the inspection visits had taken place.
We observed staff providing care and support and we 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 communicate with us easily.

We reviewed five care plans, five medication records, three staff files, staffing rotas for the weeks leading up to the inspection and records relating to the quality and safety of the service and its equipment.

Good

Is the service safe?

Our findings

People trusted the staff to keep them safe, and we found there were systems in place which were designed to keep people safe. Staff had received training in safeguarding people from abuse and systems were in place to try to reduce the risk of abuse. Staff were able to tell us what they would do if they suspected or witnessed abuse and information was available to guide staff if they needed to make a safeguarding referral to the local authority.

Staff were aware of the service's whistle blowing policy and told us they would raise a concern about unsafe practice if they witnessed it. The service had reported safeguarding concerns appropriately and had notified CQC of any they were dealing with. The registered manager kept us well informed during any investigations the local authority asked them to undertake. We saw evidence of the service being proactive in raising concerns in order to keep people safe.

Risks relating to the environment had been assessed and measures put in place to reduce these risks. The staff member responsible for maintenance had an excellent overview of routine maintenance and kept clear and accurate records. Fire detecting and fire-fighting equipment was regularly checked and serviced. Fire evacuations were practiced regularly, including at night, and staff used role play to learn from scenarios. For example staff pretended to be service users who were ill or unable to leave their bed independently and colleagues practiced evacuating them. We saw that the fire risk assessment was a working document which was regularly reviewed.

Hoists, lifts, window restrictors and call bells were tested regularly and serviced appropriately. Water tests were carried out to ensure the water temperature did not pose a risk to people. The risk of legionella bacteria had been assessed and actions taken to reduce the risk. A comprehensive annual health and safety audit was carried out by an independent company. The manager produced an action plan and we saw that they followed up any recommendations.

Measures were in place to reduce the risk and spread of infection. Staff, including domestic staff, were knowledgeable about infection control. Systems were in place to ensure the regular cleaning and deep cleaning of the service. Domestic staff received in depth training with regard to COSHH (Control of Substances Hazardous to Health) regulations. One relative was keen to praise the cleanliness of the service and the high standards of the domestic staff.

We saw that risks, such as those related to moving and handling, prevention of pressure sores, choking and a person's risk of falling had been assessed. Actions to reduce these risks were very well documented in care plans. Risk assessments reflected people's current needs and were subject to regular review. Assessments were also in place to review specific risks, such as one person's risk assessment for having a hot water bottle in bed.

People's risk of falling was well managed. Equipment, such as sensor mats, to alert staff that a person at high risk of falling had got out of bed, were in place for some people. Falls were analysed each month to try

to detect any patterns or trends to see if any further measures were needed to reduce the number of falls. We observed staff working safely according to people's moving and handling care plans. Risk assessments regarding moving and handling were detailed and contained guidance for staff such as the exact sling size to use when hoisting someone.

Pressure care was equally well managed and staff demonstrated a good knowledge of how to reduce the likelihood of someone developing a pressure sore. We observed good practice with regard to the regular repositioning of people.

People who used the service, and relatives and staff, told us they felt there were enough staff on duty to meet people's needs and keep them safe. A person who used the service commented, "Yes there are enough staff. . .Sometimes people go off sick and they get agency. Some of them are quite nice. [Agency staff member] was on last night – she is my friend. It's nice to have a friend". One relative told us, "There are enough staff. They increase when they need them – like when [my relative] had to go to hospital".

The service over-recruited by 10% as part of a strategy to achieve consistent care delivered by staff who knew people's needs well. The same agency staff were used, as much as was possible, which also helped to ensure consistency. We observed staff to be busy but to have time for people and no staff member expressed a concern about staffing levels. A staff member on one particular unit told us, "There are enough, yes. If it's a bad day we can ask for help from others. A fresh face can often help". We saw this happen in practice during our inspection, when a member of staff came over from another part of the service to help out when someone had become distressed. On one occasion we saw that a staff member was lone working on one unit while a colleague took their break. The staff member had a phone on them and told us, "I have the phone if I need anything but it's very calm today".

Rotas confirmed that staffing levels were stable and people were regularly supported by staff who knew them well. Staffing levels were complemented by the addition of many volunteers who undertook a number of different activities within the service. Volunteers conducted the daily morning prayers, ran a mobile shop and provided activities such as scrabble sessions and quizzes.

Staff employed at the service had been through a robust recruitment process before they started work. Permanent staff, agency staff and volunteers had checks in place from the Disclosure and Barring Service to establish if they had any criminal record which would exclude them from working in this setting. Interviews took place to establish if staff had the skills and qualities needed to carry out the role safely and effectively.

Medicines were managed safely and people received their prescribed medicines on time. There were systems in place for the ordering, storage, administration and disposal of medicines including controlled drugs. Information about what people's medicines were for and how they liked to take them was comprehensive and made very clear to staff. We saw that the GP had been consulted about how to successfully give medicines to one person. There was a clear procedure in place to contact the GP if a person refused their medicines two days running. Protocols were in place for PRN medicines and we saw that these were regularly reviewed. PRN medicines are given only occasionally and not on a consistent basis, such as paracetamol for pain relief.

We noted that prescribed medicines were made available without delay. We observed a drugs round and noted that people were encouraged to drink a full glass of water with their tablets and were asked about pain relief as a matter of routine. One person told us, "I don't like paracetamol. They make me constipated. They took me to the pain clinic. Now I have patches for the pain". Staff were patient and thorough in their administration of medicines. All staff had received relevant training and their competency was checked

annually and spot checks took place to ensure their practice remained good.

Good

Is the service effective?

Our findings

People who used the service, and their relatives, were very positive about the skills and expertise of the staff and consistently told us staff understood their needs. One relative said, "Last year [my relative] wasn't well and the care was marvellous. Two staff stayed with her. I came in every day but I wasn't needed". Another relative said, "[My relative] has settled in really well thanks to the team here at The Martins".

When first employed staff undertook a comprehensive induction which was designed to ensure they had the required skills and competences to carry out their roles effectively. We reviewed staff files, and confirmed that each person had received a structured induction. Checks on staff competency and supervision sessions were in place. Formal supervisions were held regularly and an annual appraisal system had been recently updated. The new appraisal was more person centred and focussed on the wellbeing of staff from the outset. Agency staff received an induction before working unsupervised.

Care staff received a wide range of relevant and person centred training including training in nutrition, pressure care, moving and handling people, fire and food hygiene. Training related to specific needs such as managing people's distress and using distraction techniques had been provided to all staff. Training in restraint was no longer delivered as the service. The focus had moved away from reliance on any techniques related to particular holds and looked to manage people's behaviour in other ways. Staff were all trained in giving people the 'Five Star Experience' and we found that staff were aware that the people who used the service were their customers and deserved the best.

The manager had an overall training matrix which showed that most courses had been delivered to a minimum of 97% of the staff team. Training was a mixture of online sessions and face to face training with practical sessions. A new training company was providing training as the manager felt sessions needed to be more challenging and it was good to have a change of format. One staff member was particularly positive about the training provision saying, "I asked for challenging behaviour [training] and [the manager] put me on… I get training to progress". Staff were given the opportunity to undertake nationally recognised qualifications in care.

Many people who used the service were living with dementia. Staff were knowledgeable about people's conditions and were able to tell us about the different types of dementia and how they affected people. Staff had received experiential dementia training and training called 'The Person Inside' which focussed on the person rather than the condition. We noted some excellent skills demonstrated by staff when interacting with people living with dementia.

Throughout our inspection we observed staff asking for people's consent before providing them with care and treatment. People's capacity to consent to aspects of their care and treatment was documented in their care plans and signed by them or their relatives, if appropriate. Some specific issues had been considered, such as one person had been assessed as capable of deciding whether they slept in a bed or in the armchair. However we did also note on two occasions that the person concerned, or their relative, had not signed the consent form relating to their care, but a member of staff had. We fed this back to the manager who told us

this was not usual practice and assured us they would address this issue.

Staff had been provided with training in MCA and DoLS and were knowledgeable, although we did find some confusion regarding DoLS on one unit. Staff were clear about people's right to make decisions, including decisions which might be viewed as poor decisions. We saw that Best Interest decisions had been appropriately taken on behalf of people who had been assessed as being unable to make a decision for themselves, such as for having the influenza vaccination. We also saw that, where required, applications had been made to the local authority when it was felt that someone needed to be deprived of their liberty in order to keep them safe.

Care plans made people's wishes clear with regard to whether they wished to be resuscitated should they suffer a cardiac arrest. Appropriate DNACPR orders (do not attempt cardio pulmonary resuscitation) were in place for people who wanted this and staff were aware of who had these in place.

People who used the service were very happy with the food and the choice available. One typical comment was, "The food is very good. We are fed and watered!" We saw in one person's records that they had been hungry in the night and staff had made them a sandwich and a cup of tea. If people did not like the meal alternatives were offered. We observed lunch on two different units and both were pleasant and sociable experiences. People living with dementia were shown the day's choices so they could make a choice more easily. Where one person was unable to make a choice staff plated up both of the day's meals saying, "I tell you what – I'll give you a little of both". People were given a choice of three drinks and were encouraged to help themselves to more vegetables. Menus were changed on a seasonal basis after full consultation with the people who used the service.

Those people who had been assessed as being at risk of not eating or drinking enough were sensitively supported with their diet. Extra milk shakes and cream shots were given to people and their weights were regularly monitored. If people continued to lose weight they were referred to the dietician or speech and language therapist for further advice. We saw that staff followed the care plans health professionals had put in place and kitchen staff had a good knowledge of people's dietary needs and preferences. Food and fluid recording was good. One relative told us about a time when their relative had been unwell. They said, "Staff tempted her to eat and encouraged her. She is back to her old self now".

Staff were knowledgeable about people's healthcare needs and current health conditions. Records showed that people had access to a variety of healthcare services including GPs, district nurses, falls team, psychiatrists, continence service, opticians, occupational therapists, dieticians and chiropodists. People told us staff responded quickly if they became unwell. One person said, "I have a good CPN (Community Psychiatric Nurse)…. I asked to see her". We noted that when a concern was identified with a person's health the service took prompt action to refer the concerns to the GP or other healthcare professional. We received positive feedback from a local healthcare professional about the way the service managed people's healthcare.

Outstanding ☆

Is the service caring?

Our findings

People who used the service, and their relatives, were very happy with the way staff provided care and support. One relative said, "[My relative] is so happy here. Last week she had a fit of giggles and I saw how she fitted in- giving help to another person by pouring them juice. Her caring side was returning to her – not just being done to". Another relative of someone living with dementia commented, "They are fabulous. [The manager] is wonderful. The carers ring me and explain if there's been an issue. They are so caring and wonderful. I know this isn't what we imagined [for my relative] but this is one place that seems to suit her".

We saw numerous examples of staff demonstrating patience and kindness whilst supporting people. Relatives were keen to share with us how kind and patient they found the staff overall. One said, "I take my hat off to them. I give them the thumbs up!" We observed staff treating people with kindness and sharing a joke with them which we saw was greatly welcomed. People were involved in the daily life of the service and some greatly enjoyed helping out with tasks such as taking the drinks trolley round, laying the table and clearing up. We also saw staff using these tasks as a distraction technique when people became distressed and anxious. Each time they successfully redirected the person's attention away to focus on the task in hand.

Staff were observed encouraging people to eat, getting down to their level and speaking softly in a kind manner and holding people's hands. Care plans contained specific guidance for staff about how to reassure people if they became distressed and documented strategies to distract people and help them focus on something more positive. We observed staff using these techniques as a matter of routine.

Staff knew the people they were caring for well and were able to use this knowledge to provide effective care. One staff member told us, "We have had dementia training so we know how it feels. We use techniques to calm them. We take them into the garden, give them a cup of tea or go somewhere quiet like the summerhouse to calm down". People's care plans guided staff about how to offer reassurance to people, although we observed this occurring naturally.

We noted that the administrator also provided small tasks for people to do around the office and a place to sit and chat if they became distressed or unsettled. They described an incident that had happened the previous day saying, "[A person who used the service] came and sat in here for three quarters of an hour. I started by telling them that I had a problem as my shoes were hurting. [They] then gave me some advice and we started chatting and it distracted [them]. …I give people little tasks like putting stamps on envelopes and it helps to calm them and then off they go".

Staff respected people's privacy and their personal space. A health and social care professional commented, "I have arrived unannounced and have witnessed how the carers work with, and talk to, the residents and have always found them to be polite and treated them with dignity". We observed staff knocking and waiting before entering people's rooms and asking people's permission to provide care and support.

There was an awareness that some people liked to keep their own company, maintain their independence

and do things in their own way. We saw that one person's care plan clearly documented that they wished to open their own post and answer their own phone. One staff member told us, "We are a little community. Everyone's an individual". People were aware that they could discuss any aspect of their care either informally or through the formal reviews of their care which were held regularly. One person said, "My care plan is due for review. They do it every so often. My friend comes". Another person confirmed, "Yes, you can definitely influence things".

There was a relaxed and happy atmosphere throughout the service. We came across a game of catch in one of the lounges. Four people were playing and two staff. All were enjoying the fun and the chaos and everyone was laughing.

A relative told us that they had found the manager had been particularly kind and accommodating when they had been making arrangements for their relative to move in. They had been enabled to have additional time to help get their relative ready for the move. This had meant that things had gone smoothly and the move had been a success. The said, "[The manager] was extremely helpful to the family as a whole and made it work".

Many people were effective self-advocates and this was encouraged. Those less able to state their own wishes and preferences were provided with effective advocacy by the staff, volunteers or professional advocacy services. We noted, for example, that the service had gone to great lengths to ensure that one person had been provided with effective advocacy and support regarding a possible move to another service. The matter was complex and had been challenging for staff. However the manager had ensured that the person was made aware of the choices that were available to them and supported them to find the information they needed to make this important decision.

We found excellent provision was in place for those people approaching the end of their life. All staff had undertaken specific end of life training which focused on people's individual needs. People had care plans which documented their wishes with regard to the end of their life. Where needed, we saw that the service worked in partnership with local GPs, district nurses and the hospice service to ensure people's wishes were respected and their pain was controlled. The Chaplain and volunteers from the local church were available, night and day, for those people who required this support in their final days.

We heard of examples of exceptionally caring practice supporting people at the end of their life. The administrator recounted to us how they had come in several nights running to sit with a person who did not want to be alone and whose family were not able to be with them all the time. They said, "I just talked to [them] and held [their] hand and we talked about imagining they were walking along a beach".

The manager told us, "Nobody has experienced an end of life that doesn't befit them as a person…Our absolute aim is to be there with them. Dignity, respect, being the best and treating everyone as an individual". They described how they provided for people's very specific end of life wishes. This included singing particular songs, arranging for gong therapy and helping one person in their search for a mixture of faiths which suited them. They had then researched specific prayers and rituals to carry out before the person passed away and afterwards. The service, which has its own faith basis, had worked in partnership with people from other faiths including Buddhism and Greek Orthodox to meet people's individual needs at this most important time.

Outstanding ☆

Is the service responsive?

Our findings

We saw that people's care and support needs were comprehensively assessed before they moved into the service to ensure the service could meet their needs. The assessment was carried out by the manager or deputy. A care plan was drawn up once they moved in and people's feedback on their care was sought once they had had a chance to settle in. People who used the service, or their relatives, had been involved in developing their care plans and plans reflected how people wished to receive their care and support.

Care plans were kept discretely in people's own rooms in a specially built shelf and not on public view. They were accessible for the person and their relatives to view should they wish to. People were aware of the contents of their care plans and chatted enthusiastically about them. One person who used the service was happy to share their care plan with us. They said, "The care plan's in my room. Yes you can have a read of it". A relative told us, "They reviewed [my relative's] meds on my suggestion. I asked and they have done that and [my relative's health] has improved". Another said, "You feel you can go to the carers and ask anything. They keep us informed, they ring us and keep us involved".

We found that plans included detailed guidance about how to support and care for people as well as their specific preferences, likes and dislikes. One person told us they had lived abroad and felt the cold. We noted that they had an additional radiator in their room which was nice and warm, and this was their preference. Records documented that they wished to have two hot water bottles at night and daily notes confirmed that they had been given these the previous night.

Another person's plan reflected their choices and the things that were particularly important to them. There was a section called a 'Living, working, recreation plan'. The plan identified that gardening was a particular passion and the person told us, "I can't live without my garden". We saw that the person wandered out into the garden whenever they wished to and had their own plot in the garden. Staff were able to monitor the person via a silent alarm which was triggered each time they went out into the garden. This meant that staff were aware of the person's movements and were able to keep them safe whilst enabling them to freely come and go.

Care plans were written holistically and considered how people's care needs were interlinked. Plans clearly identified how one aspect of a person's care could have an impact on another. For example one person's care plan regarding maintaining healthy skin was linked to their Waterlow pressure risk assessment and capacity to understand why caring for their skin was important. Similarly their nutrition care plan reflected their likes and dislikes but also incorporated their capacity to understand the importance of nutrition. It identified any heightened risk their lack of understanding might pose. Another person's plan documented how a particular medicine they were taking might increase the risk of them falling. This meant staff were alerted to a potential additional risk for this person.

Care plans documented if people were happy to receive care and/or personal care from a staff member of the opposite gender. People told us their choices were respected. Plans contained good life histories which enabled staff to have a more comprehensive picture of the people they were supporting and caring for. Staff

knew people's histories well and were able to talk to us about them. One staff member told us how one person liked to chat through their care plan and photographic life history. They said, "Staff spend hours with the book. She loves talking about her life". The person confirmed this was the case.

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 of the service. Volunteers and the manager led daily prayer sessions and people were very positive about these. One person said, "Volunteers lead the prayers. I didn't go today but I do love it". We observed people singing hymns and reciting passages of the bible to each other over a cup of tea. Some people attended services externally as well as being able to attend the weekly service held at The Martins.
Many, but not all, of the volunteers were connected to the church. The service valued its volunteers and had recently held an event to recognise and celebrate the contribution volunteers from the church, and those outside it, make to the life of the service.

Throughout the day people were supported to follow their own interests and hobbies. Regular activities were provided onsite including arts and crafts sessions, classical music appreciation sessions, quizzes, cookery, knitting, coffee mornings and falls prevention exercise classes. Film screenings, music therapy, visiting entertainers and outings to local places were regularly arranged. We saw noticeboards around the service full of photographs of all the recent activities and relatives told us they liked to see this, especially if they had been unable to attend an event in person. Themed activities were put on such as a Valentine's Day event or a horse racing game on Grand National day.

People who used the service were supported to maintain recreational links to the local community. For example one person regularly attended the local WI meetings and others were supported to go to the local swimming pool. Relatives of people who had previously been resident at the service before they passed away, continued to visit and provide additional recreational opportunities such as meditation and gong therapy.

There was good provision for people living with dementia and we saw that most people on the dementia unit were regularly supported to take part in the group activities provided. The service had recently started taking some people to the dementia friendly screenings at a local cinema and this had been viewed very positively by those who had attended. One to one sessions were held for those who did not like group activities. For example we observed a member of staff come to give one person a manicure. People were encouraged to maintain their independence and carry out the usual daily living tasks such as laying tables and making drinks, with staff support if needed.

On the day of the inspection we observed both individual and group music therapy. This provided an individualised activity for those who chose to participate in a one to one session. During the group therapy session it was clear that the musician knew the people well, chose songs that people enjoyed singing and gently encouraged participation. Staff were also involved in this session and danced with people who wished to dance and supported people to play instruments. Everyone enjoyed the session and staff and people chatted about this afterwards over refreshments.

The service demonstrated that it was responsive to people's individual needs. For example where staff felt it would benefit and calm people they had introduced them to doll therapy. This involves giving a person living with dementia a doll to hold and care for. This links to people's past memories of caring for children and we saw that dolls were given to both men and women in recognition that the nurturing role is not specific to one particular gender. We noted that the provision of a doll had a clear benefit for one particular person whose anxiety and distress had declined significantly since this had been introduced.

We received positive feedback about the service from a healthcare professional who works with the service in relation to their dementia care. They told us, "There is a good philosophy that goes right through the home to the care staff…[the service] works well with people who are more challenging". We observed one person who was becoming very distressed. The staff member reminded them that they needed help putting the cups away. They immediately refocused on this task and they and the staff member had a joke together with the staff member saying, "I'll tell you what – we should get a uniform on you!".

There were opportunities for people who used the service and their relatives to attend meetings to provide feedback about various aspects of the service. A meeting had been held recently and we saw from the minutes that it had been well attended and a variety of issues had been covered including staff vacancies, National Care Home Open Day, a new project to re-vamp areas of the garden and proposed future trips out. People had the opportunity to raise issues and we saw that people had made suggestions and given feedback. One relative had given very positive feedback about the most recent dementia friendly cinema trip. The latest quality survey was discussed and feedback about the results was made an agenda item for the next meeting, by which time responses would have been fully analysed.

The service had a complaints policy and procedure in place but had received no formal complaints in the last year. People told us they knew how to make a complaint and information on how to do this was displayed. Informal complaints had been addressed and resolved to people's satisfaction. A staff member told us, "People say and we resolve!"

While we were carrying out our inspection visit a relative told us that one of the bathrooms was sometimes a bit cold. We investigated this and agreed that the large bathroom was not as warm as it should have been, partly due to staff opening a window to air the room. We spoke with the manager about this and found that plans were already in place to address this. They also assured us they would put some more interim measures in place to make sure the room was a little warmer until a permanent solution was in place.

Outstanding ☆

Is the service well-led?

Our findings

The service had a registered manager in post and an internal candidate had just been appointed as a new deputy. Several people using the service had been very happy about this promotion and the staff member showed us a card one person had made them. In order to be completely fair to all candidates the manager told us that they had had no previous sight of the interview questions and interviewed with their line manager. This demonstrated an even handed and fair approach which we found reflected in all activities undertaken by the manager.

Staff told us they felt well supported by the manager and found her open, approachable and fair. One staff member said, "She is open and upfront and honest. [She has] an open door policy. She wants to know, and none of us have a problem going to her. She is great". She was seen to be fair but also to have very high standards that people were supported to meet. One staff member commented on the management team overall saying, "Managers are supportive but constructively firm". This was seen as a positive quality by all staff we spoke with. Several people commented that the manager was a role model and always prepared to lead by example.

The manager was well supported in turn by a regional manager who praised the skills and expertise of the manager. They also commented on how successfully the manager had developed and skilled her team. They explained that when they were on call for the service calls showed that staff had the confidence to take appropriate action. They said staff used the on call facility often only to communicate what action they had taken rather than ask for help. This matched our observations of staff skills and knowledge.

The regional manager participated in providing positive feedback to staff via the compliments box. This was much appreciated by the manager and their staff and they felt truly valued by a senior leader within the organisation. The regional manager ensured that the excellent practice at The Martins was shared with other services via the regular regional meetings.

We found that innovation was encouraged and supported by the organisation and there was a constant striving for improvement. People were consulted in a variety of ways to provide feedback so that the service could learn to do things better. Staff, resident and relatives meetings, surveys, informal chats all contributed. We saw a prominently displayed poster asking people how the service was doing and requesting feedback to help them continuously improve. There was a real commitment to finding a better way to do things and keeping up to date with best practice and current thinking.

The manager demonstrated an open leadership style and was always ready to listen to feedback to improve the service. They told us about how they had responded to an area for improvement suggested through the staff survey. They told us that staff had commented on wanting to improve opportunities to respect people's dignity by spending more time with them. The manager arranged a workshop in response to this issue and facilitated a discussion with staff. The outcome had been that staff recognised that, as frontline workers, the responsibility for spending more time with people in a meaningful way was with them. The workshop confirmed to them that they had the full support of the organisation to do this. This was a successful way of

empowering staff to make improvements to people's daily lives by encouraging them to be responsible and accountable for positive interactions.

The training provision demonstrated a real commitment to developing staff so that they could meet people's individual needs. The service had trained some staff to become champions in particular areas of care. There was a dementia champion as well as one for moving and handling and behaviour that can be difficult to manage. These champions passed the additional knowledge and expertise they had acquired onto the rest of the staff team. The provider's training programme, which had been recently overhauled, demonstrated a very strong commitment to person centred care. Training tested and challenged staff in order to help them improve as care workers.

The provider demonstrated a further commitment to improvement by funding 10% additional staffing which was designed to ensure more consistent care. There was also a new initiative which was designed to free up more management time and which was greatly welcomed by the manager. The organisation was seen to be continually looking for ways of providing a more consistent and responsive service delivered by staff who knew people well.

Staff were aware of the service's values and all staff had undertaken a training course, 'Living the Values', based around the philosophy of the service. The service had recently moved away from an annual appraisal system where staff were measured against a set of key performance indicators (KPIs). The appraisal meetings were now more of a values based discussion which was seen as key to the further development and consistency of the team.

Management and staff considered the volunteers who regularly attended the service to be an integral part of the wider support network for the people who used the service and a bridge to the local community. People who used the service were supported to be well integrated into their local community and events were held which were open to local people such as the forthcoming National Care Home Open Day. The service had also taken part in a recent World's Biggest Coffee Morning and raised a considerable sum of money for charity.

The management team were aware of their responsibility to report significant events to the CQC. This information is used to monitor the service and ensure they respond appropriately to keep people safe. Where referrals had been made to the local safeguarding team we saw that thorough investigations had been carried out by the service and they had kept CQC well informed throughout.

Where incidents required investigation the service was honest and open. A health and social care professional praised the leadership of the service and commented, "If they have been at fault with any customer they have always notified me, and have actioned accordingly to remedy the situation…They have been verbally transparent about what has or has not occurred, and I have found the recording has provided the information that I have required".
Records relating to people's care were accurate, up to date and could be easily located when we asked to see them. People's care records were kept securely and discretely in their rooms which encouraged people to engage with their care records and take a real interest in the information.

There was a comprehensive system of audits in place to monitor the safety and quality of the service. As well as the internal audits and spot checks, on areas such as medication administration, we saw that the manager had also ensured external audits had taken place. For example annual health and safety and fire audits took place. Where audits had identified issues we saw that required actions were promptly put in place. The manager had excellent oversight of the issues facing the service on a daily basis. Audits were

working documents which were regularly updated which gave clear evidence of the service's continuous drive for improvement.