GCH (Martins House) Limited

Martins House

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

This inspection was carried out on 08 December 2015 and was unannounced.

Martins House is a residential home that provides accommodation and personal care for up to 60 older people, some of whom live with dementia. The accommodation was arranged over three floors and at the time of our inspection there were 54 people living at the home. There was a manager in post who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the C Q C to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

When we last inspected the service on 06 March 2014 we found them to be meeting the required standards. At this inspection we found that they were still meeting the standards although requirements were needed in some areas

People had their medicines administered by staff who received appropriate training and were knowledgeable in how to handle medicines safely. However, we found that

Summary of findings

medicines administration records were not always signed by staff after they administered people`s medicines and medicine boxes were not always dated on opening as recommended by best practice guidance.

People were encouraged to participate in varied activities however activities for people who were not able to leave their bedroom due to their physical condition or they chose not to participate in the group activities were not sufficient.

People`s care plans detailed their needs, abilities and how and when they needed support from staff; risks to their wellbeing were identified and appropriately managed to keep people safe. However, care plans had little information and lacked details about people`s preferences, likes and dislikes.

People received care and support from staff who was knowledgeable and knew their needs well. Their dignity and privacy was promoted. Staff attended regular training sessions in various topics relevant to their job roles and as a result they were delivering care at a high standard.

Staff ensured they asked people`s consent before they cared for them and care plans held consent forms signed by people or their rightful representative.

The registered manager proactively sought ways to improve people`s quality of life they trained their staff as Champions in different areas and used their expertise to improve the care they delivered to people.

There were regular audits done by the registered manager and the provider and we saw that they mainly identified the same areas in need of improvement as we had identified. There were action plans in place to address the majority of the issues, however plans to improve the environment to be more `dementia friendly` had no time frames.

People, relatives and social care professionals told us they found the management approachable and open to suggestions on how to improve the service they provided. Staff had confidence in management, they felt supported through regular supervisions and meetings where they discussed personal development and they received feedback about their performance.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe.

People had their medicines administered by trained staff. However, medicines administration records were not always completed in line with best practice guidance.

Peoples` dependency levels were not monitored and used to establish staffing. People in their bedrooms were left unsupported for a long time due to insufficient numbers of staff.

Risks to people`s health and wellbeing were identified and managed effectively.

Recruitment processes were robust and ensured staff employed were suitable to deliver care safely.

Staff were confident in recognising signs of abuse and follow the safeguarding procedure which was displayed around the home.

Is the service effective?

Good

The service was effective.

Staff were well trained and they were able to tell us how they used their knowledge to the benefit of the people in the home. They had regular supervisions and felt supported by management.

People had their dietary needs met. They were presented with plenty of choices from a varied menu and the meals were cooked daily from fresh ingredients.

People had access to health care professionals and staff supported people to attend appointments.

Is the service caring?

Good

The service was caring

Staff showed respect to people, they were kind, caring and they involved people in decisions regarding their care.

Staff showed empathy, patience and a calm approach when caring for people who lived with dementia.

People`s dignity and privacy was respected and promoted by staff.

Is the service responsive?

Good

The service was responsive.

Summary of findings

People had comprehensive care plans to detail their physical and health needs. However they lacked detail in people`s preferences, likes and dislikes.

Activities provided for people were varied; however people who were in their bedrooms all the time only had one to one activities once a week.

People, staff and relative felt their voices were listened too and if they had a complaint this was appropriately investigated and responded by the registered manager.

Is the service well-led?

Requires improvement 

The service was not always well-led.

The provider had not ensured that their policy regarding evacuation of the building in case of emergency was fit for purpose and placed people and staff at risk.

The registered manager and the provider carried out regular audits and as a result they developed action plans to ensure they improved the quality of the service provided.

The registered manager was working with a reputable care provider association to improve care standards and staff training.

Staff and social care professionals told us that the registered manager was always open to listen and respond to ideas for improvement.

Martins House

Detailed findings

Background to this inspection

This visit took place on 08 December 2015, was unannounced and carried out by two inspectors and a bank inspector.

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 met 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 under the Care Act 2014.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we observed staff support people who used the service, we spoke with 15 people who used the service, four relatives, 12 staff, including kitchen staff, care assistants and team leaders. In addition we talked to the registered manager, the deputy manager and the regional manager for the provider. We also obtained feedback from a social care professional.

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 talk with us.

We reviewed care records relating to seven people who used the service, four staff files and other documents central to people's health and well-being.

Requires improvement

Is the service safe?

Our findings

Two people told us that they had to wait for long periods of time on occasions for their call bells to be answered. One person told us, "They could do with a few more staff; it takes them a while to come when I press my [call bell]." Another person said, "I do feel safe, but sometimes I wait a long time to have my bell answered." On the day of the inspection we observed that there were generally enough staff to meet people`s needs and call bells were answered promptly, however at meal times when staff assisted people with their meals some people in their bedrooms were left unattended for long periods.

The registered manager told us that the provider was introducing a nationally recognised dependency tool with clear framework to establish reasonable and practical staffing ratios to meet people`s needs. The dependency tool used by the service at the time of the inspection only established if people were low, medium or high dependency without clear guidance in how these influenced staffing ratios. We observed one person, who could have been at risks of not having their needs met by staff in Martins House. We saw the person had spilled their drink on the floor and they were constantly trying to stand up from their chair, they were at risk of slipping. We were concerned for this person`s safety and observed them until staff had come to support them. Staff told us they had to support people on the ground floor where most of people chose to have their meals and they were checking people in their bedrooms every 20 minutes. The registered manager told us they already contacted the specialist mental health team and social care professionals and asked for their assistance to find alternate accommodation for this person due to their high needs which they were struggling to meet. They told us that this person was at very high risk of falling and they had injured themselves several times since they moved to the home. On the day of the inspection the person was transferred to hospital for an assessment of their needs for them to move to a more suitable service.

Risks to people`s wellbeing were identified and risk assessments were developed to detail the measures and plans staff had to follow to mitigate the risks and ensure people were safe. We saw that risk assessments were developed in areas like mobility and falls. Information was gathered about the accidents, injuries and incidents at the home. This was collated and analysed by the registered manager. They were investigating and sharing any learning outcomes with staff to ensure improvements were made and reduce the risks of reoccurrence.

Each person had a personal evacuation plan in case of an emergency situation. These provided clear information for staff on how to support people in case of an emergency. However, we were concerned that the plans were instructing staff to follow the manual handling assessments for each person even in case of an evacuation. This meant that two staff members had to use the hoist to lift people into their wheelchairs and then follow the evacuation procedures; this meant that people could not be evacuated in a timely manner. We addressed this with the provider who stated they would look into this.

Most people told us they felt safe in Martins House. One person said, "I feel very safe here." Another person said, "I do feel safe. It can be noisy but it's ok." Relatives felt the home was safe for their loved ones. One relative told us, "I know [name] feels safe here and I know they are safe here." Staff were knowledgeable about safeguarding procedures and they confidently described who they would report to if they suspected abuse. Information about safeguarding procedures and contact numbers for the CQC and the local safeguarding authority were displayed around the home for staff and visitors. This meant that the provider had taken necessary steps to ensure people were safeguarded from abuse.

There were safe and robust recruitment processes in place to make sure staff employed were suitable to work at the home. Appropriate checks were undertaken before staff started work these included written references, satisfactory criminal history check, and evidence of the applicants' identity.

We observed that staff wore a 'do not disturb' tabard when they administered medicines to people. They offered people their medicines in a friendly and professional manner. Two people declined their medicines and this decision was respected. The staff member told us that those people had capacity and their decision needed to be respected; they told us they would try again after a few minutes as people may change their minds. Staff had been trained in the safe administration of medicines and they demonstrated good knowledge about safe practices.

Requires improvement

Is the service safe?

People`s medicine records had pictures of each person at the front of their charts and details about any medicine allergies they had. Records were accurate and generally well completed, however we found on two occasions staff omitted to sign for the medicines they administered to people. We also found two medicine boxes which were not dated when they were opened. This increased the risk for errors; staff could have administered medicines for people more than the required amount. The deputy manager took immediate action and identified the staff members who had not signed the medicine records. They told us they would address this issue in their supervision meetings with the staff members concerned. They also introduced a daily audit for staff to ensure errors are promptly discovered and actioned. We were reassured that these issues were taken seriously and actioned to ensure best practice guidelines were followed.

Good

Is the service effective?

Our findings

People and relatives were very happy with the knowledge staff demonstrated when they were supported people. One person said, "I think the staff are well trained, they know how to look after me." One relative said, "Staff are very knowledgeable about [relative`s] needs and they always communicate with me. I think they are very well trained." We asked staff about what training they were provided with and if they felt it helped them carry out their job roles effectively. One staff member told us, "I am doing a nutrition pathway. I have learnt a lot." Another staff member said, "There is training all the time. I deliver training myself." Staff told us they received training sessions to cover first aid, moving and handling, food hygiene, Mental Capacity Act and Deprivation of Liberty Safeguards. They confirmed they had national vocational trainings at different levels relevant to their job roles.

The registered manager told us that they were working with the local authority to obtain additional training for staff. They were training staff to become Champions and have expertise in several different topics like: Falls Champion, Dementia Champion, Wound care Champion, Health Care Champion, two Engagement leads, Nutrition Champion, End of Life and Dignity, Infection control and Safeguarding. The Champions had the responsibility to train staff and ensure they improved the quality of the care in their area of expertise.

Staff felt supported and confident in caring for people under the registered manager who was available to guide and mentor staff. One staff member said, "I feel well supported. The manager is very approachable. We have supervisions about two monthly and annual appraisals but we can go to managers any time." Another staff member said, "I have worked here a long time and seen managers come and go but this manager is a good one and I feel that I am valued in what I do for people here. I get good supervision and training too." This meant that staff were trained and appropriately supported to meet people's individual needs effectively.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack 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. Where 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working in line with the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that people who were being deprived of their liberty to keep them safe had the necessary assessments submitted to the local authority and were awaiting authorisations.

People told us that staff gave them choices and obtained their consent before assisting them. Staff demonstrated a good knowledge about working in line with the principles of the MCA and they told us how important it was to ensure the care they delivered was in people`s best interest. One staff member gave us an example when they acted in a person`s best interest, "You must always assume capacity. DoLS is about choice and freedom. A best interest assessor came to help us with a lady who refused to take medication for an infection. The covert medication worked a treat."

During our inspection we observed that people enjoyed their food and were offered drinks and snacks throughout the day. One person told us, "The food is quite nice. There is a good choice." One relative told us, "The food is very good, very fresh and cooked here. I enjoy eating here." Staff were knowledgeable about people's individual dietary requirements. We saw that where people required pureed diet, the cook presented the pureed food in moulds to ensure there was no difference in presentation to other people`s meals. One person told us, "I need to have pureed food and they [kitchen staff] do present it very nicely. "

We observed meal times in two areas at the home. In the dementia care unit people were not given a choice of food at the table, staff told us the menu choice forms were completed the day before. We saw that everyone was happy with the food they were offered, the food was well presented, appetising and smelt good. Staff sat and ate

Good

Is the service effective?

with people and made pleasant conversation. However, they did get interrupted from supporting people to eat when other people required support because there were no other staff available.

We found that people had their weight monitored regularly and if staff discovered an unexplained weight loss they were referred their GP or the nutritionists. Staff monitored the information about people's food and fluid intake; however this was not consistent or used effectively to assess the levels of risks associated with dehydration and malnutrition. We found that the provider was not using a nationally recognised malnutrition screening tool (MUST) to establish if people were at risk of malnutrition before a weight loss occurred. The registered manager told us that they had identified this shortfall and were in the process of making improvements with the Nutrition Champion to ensure each person who required their intake monitored had this done efficiently. They also started implementing the MUST for each person to ensure they were proactively monitoring people who were at risk of malnutrition.

People told us that they had access to health care professionals when needed. One person told us, "It's easy to see a doctor. It takes longer to see a dentist because transport has to be booked to take me." Another person said, "Staff do arrange a doctor when I need one." People had regular visits from opticians and a chiropodist.

Good

Is the service caring?

Our findings

People and relatives commented very positively about the staff. They told us staff were kind and respectful. One person told us, "I quite like it here. The staff are lovely, very obliging." Another person said, "I do like the staff here, they are lovely and caring."

Interactions between staff and people were caring and appropriate to the situation. Staff demonstrated that they knew how to support people and we observed that the support they provided was as described in their care plans. For example, they asked one person questions in a way that enabled 'yes' or 'no' responses, in line with theirs communication support plan. They also encouraged them to watch a 'musical', which had been identified as something they enjoyed in their support plan. Despite the person's limited verbal communication skills staff understood what they wanted and showed empathy. We saw that staff spoke with people during the day as they went about their work and did not miss opportunities for positive social interaction.

Staff were seen to be both comforting and caring. For example, we saw a person who was upset. Staff bent down to the person at eye level and gently tried to find out why the person was so upset. This took several minutes of patience as they tried to reassure the person who then told the staff member that they were upset about their relative not visiting. A member of staff sat with this person for a while which appeared to offer them great comfort and reassurance.

We saw that staff helped and supported people with dignity and respected their privacy at all times. For example, staff were discreet and explained to a person what they were doing whilst hoisting them and checked that the person was comfortable. Staff addressed people by their preferred names and knocked on bedroom doors before entering the rooms. One person said, "Staff knocks on my door even if it is open." Staff also ensured that confidentiality was well maintained throughout the home and information held by the service about people's health, support needs and medical histories was kept secure.

People and their relatives had been fully involved in the planning and reviews of the care and support provided. People were aware of their care plan. One person told us, "I do have a care plan although I don't look at it very much." Another person said, "I know what is in my care plan I do get the care as I want it." One staff member told us, "There is time to read care plans. We update care plans every day."

Where people lacked capacity and they had a family member who was close to them staff involved them in planning the right care for people. One relative told us, "My [relative] care plan is very up to date, I am very involved in their care and I visit a lot. The manager will send to my home address a written review for every three months with all the changes, although I visit very often." We saw that where people had no close family or friends to represent them Independent Mental Capacity Advocates (IMCA) were involved to ensure peoples right were represented.

People were encouraged and supported to maintain and develop relationships that were important to them, both at the home and with family and friends. For example, we saw that staff welcomed visitors and facilitated visits by ensuring people were assisted to move to quieter areas to spend time with their visitors in private

Good

Is the service responsive?

Our findings

People`s care plans were detailed, up to date and provided good information for staff about how to meet their needs, such as maintaining safety, personal care, eating and drinking. However, personal information about people's preferences, dislikes and preferred routines was not consistently clear or detailed enough. The registered manager told us that they started working closely with families and people to capture more details about people`s likes and dislikes and preferences to incorporate these in people`s care. On the day of the inspection an annual review took place with a person, their family and a social care professional. We asked the social care professional for feedback about the service and they told us, "I have no concerns about the care people receive here, I found staff being very responsive towards people`s needs." They continued, "Staff know people very well and they are very professional when we have the reviews." This meant that staff knew people very well and they were able to provide individualised support and care to meet their needs.

People received care which was personalised and adapted to their needs. For example, on the floor which accommodated people who lived with dementia staff had tried to make the environment appropriate for them. Colour had been used on the walls to differentiate between areas. Signage was clear and memorabilia such as old postcards were displayed. Artwork was tactile and memory prompts were used such as the date and time. Staff told us how they used 'doll therapy' and described the comfort some people obtained from this. We saw a person who seemed to be anxious and restless. Staff reminded them about their doll and had a conversation about it which helped the person calm down and go for a walk. Staff demonstrated a good sense of empathy with people and worked at peoples` own pace.

We saw that on the ground floor activities were provided for people who were more independent and joined in crosswords, indoor skittles sing along and exercises. However, people had mixed views about the activities they were provided with. One person told us, "They do the same things every week. I don't like bingo and I would like to go out more." Another person explained how the activities were quite 'child-like' at times. However, we did observe the majority of people on the ground floor enjoying a ball game. One person told us "I don't get bored. I'm going downstairs to do knitting. I knit with a few people." We saw people watching musicals in a quiet lounge, people listening to music and dancing and one person helped set the tables before meal times.

People who chose to stay in their bedrooms had less interaction and staff told us they were aware that people could feel lonely and they were trying to regularly visit people and have a chat. One to one activities were not as regular and mainly provided once a week. One staff member told us, "There are a lot of activities that go on. We try to encourage people to join in. Some people prefer a good chat but there is not always possible to spend as much time with people as you may like."

The registered manager told us that two staff members were being trained to be the `engagement leads` for the home and organise more suitable activities for people. They were also helped by `Friends of Martins House` fundraising comitte who organised events and used the raised funds to organise outings and trips for people.

There were regular staff, people and relative meetings. People felt they could raise concerns with staff and management. One person said, "Any problem I have I can always talk to the manager. They will listen as I always say my opinion." A social care professional told us, "The management is very open to suggestions and willing to change for the better." One member of staff said, "There was a staff meeting last Friday. It was helpful. Staff are free to talk."

There was a complaints procedure in place and this was displayed on boards around the home. People and relatives told us they knew how to make a complaint. There were systems in place to manage complaints which were resolved the satisfaction of all parties involved. This meant that people were actively encouraged to share their views about the service and these were used to drive improvement.

Requires improvement

Is the service well-led?

Our findings

The registered manager implemented measures to identify, monitor and reduce risks to people`s health and well-being. These included audits carried out in areas such as medicines, infection control, care planning and record keeping. The manager was required to gather and record information about the home`s performance in the context of risk management and quality assurance and the provider conducted regular audits to ensure this was done and any shortfalls were addressed. Health and Safety audits were carried out by external companies contracted by the provider. We found that none of the audits identified the risks for people and staff in case of a full evacuation as we reported in `Safe`. The provider had not ensured that their policy was fit for purpose and protected people and staff.

People who lived at the home, relatives and staff members were positive and very complimentary about the registered manager and how the home was run. One person's relative told us, "The manager is very good, they always have people`s best interest at heart." A staff member commented, "The leadership is good. The manager is fair and approachable."

The registered manager was very knowledgeable about the people who lived at the home, they demonstrated a good understanding of people`s needs, personal circumstances and the relationships that were important to them. Staff told us they felt they were listened to and the improvement they suggested to the management was valued and used to improve the quality of the service provided. One staff member said, "We suggested a dementia unit, it's there now. They are going to make a coffee shop near the main office. It will be a space for relatives to meet with people. It will be a private area."

Staff understood their roles and were clear about their responsibilities and what was expected of them. There was a good atmosphere at Martins House and it was evident that the staff team took pride in their work. A staff member commented, "It's a nice experience being here, not just working here." Another staff member said, "I just love it here, everyone is nice and we have a brilliant team from the top to bottom." The manager was very clear about their vision for the home and told us, "I have great plans for the home. We need to make it friendlier so we will have a coffee shop for people and visitors and staff to use, and an old fashion sweet shop in the future."

The registered manager had regularly monitored the service throughout the day. They were visible amongst staff and offered guidance and support where it was needed. Information gathered in relation to accidents, incidents and complaints was reviewed by the registered manager who shared learning outcomes with staff and used them to drive improvement. For example, a specialist drinking beaker was provided for a person who had difficulty holding and drinking from an ordinary glass.

The views, experiences and feedback obtained from people who lived at the home, their relatives, professional stakeholders and staff had been actively sought. Questionnaires seeking feedback about all aspects of the service were sent out and the registered manager collated the information and discussed results with staff when returned. The registered manager organised a health and safety committee which composed of people, staff and relatives. The group had regular meetings to discuss any concerns regarding health and safety around the premises.

The registered manager collaborated with outside agencies to improve the quality of the service provided and were an active member of a reputable care providers association and had gained recognition for staff training. They also encouraged a fundraising committee, `Friends of Martins House` and helped organising fundraising events to collect funds for outings for people.