

Martha Trust Hereford Limited

Martha House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Martha House is a residential care home providing personal care to 14 people at the time of the inspection. The service can support up to 14 people.

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

Right Culture: We received a potential concern in relation to staff culture. The provider, registered manager and senior staff had taken immediate steps to address this. We found there was a positive and person-centred culture, which focused on meeting people's needs. Relatives were positive about the service and staff team, and their views were echoed by health and social care professionals who regularly worked with staff at Martha House. People were supported by trained staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. There were effective systems for monitoring and improving the quality of the service and learning from incidents.

Right Support: 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. People's freedom was not unnecessarily restricted, and people were not physically restrained. People lived in a safe, clean, well equipped, well-furnished and well-maintained environment. People had a choice about their living environment and were able to personalise their rooms. Staff focused on people's choices and preferences, so they had fulfilling and meaningful everyday lives. People were supported by staff to pursue their interests. Staff worked proactively with people, relatives and health and social care professionals to maintain people's health and wellbeing. Staff supported people to take their medicines safely and as prescribed. The registered manager was working with staff and other organisations to review how people's medicines were managed.

Right Care: People were supported by staff who knew them well and were kind and attentive to them. There was an approach to supporting people so their individual preferences and lifestyles were respected. Staff understood how to protect people from abuse and told us they were encouraged to speak up if needed to protect people. People's needs were identified, their care was planned, and their needs were met. People took part in a range of meaningful activities and had good relationships with staff and their families.

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 good, (published 17 August 2021).

Why we inspected

The inspection was prompted in part due to a concern received about the culture of the home. A decision was made for us to inspect and examine this.

We found no evidence during this inspection that people were affected by this concern. Please see the Well-led section of this full report.

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 remained 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 Martha House 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Martha House

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.

This was a targeted inspection on a concern we had about the culture at the service.

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

Inspection team

The inspection was carried out by 2 inspectors and a specialist advisor in nursing.

Service and service type

Martha House 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. Martha House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority 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 of this information to plan our inspection.

During the inspection

We spoke with 1 person who lived at the home and 7 relatives about their experience of the care provided. In addition, we sought the views of 2 health and social care professionals who regularly work with the home. We spent time seeing how staff cared for people. We spoke with 12 staff. This included the nominated individual, a provider's representative, the registered manager, the quality and health & safety officer, a practice development lead, 2 senior/nursing staff and 5 care staff.

We reviewed a range of records. These included 5 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management and safety of the service, including policies and procedures and audits were reviewed. We also checked how staff were supported in their roles.

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.

Systems and processes to safeguard people from the risk of abuse

- Relatives were positive about the way their family members were protected from abuse and told us this was underpinned by good communication with the staff who cared for people. One relative said, "I have no safety concerns. It is [person's name] home and they are happy there." Another relative said, "I am 100 percent [person's name] is safe here."
- Staff had received training on how to recognise and report abuse. The registered manager planned to review new staffs' induction programme so they could be assured staff had received safeguarding training upon entry to employment at Martha House.
- Staff were confident if they raised any concerns for people's safety senior staff would take action to protect them.

Assessing risk, safety monitoring and management

- People's risks were assessed and plans developed to promote their individual safety needs. These included risks relating to choking and when people moved around the home. Detailed pictorial guidance was available to assist staff to safely use people's specialist equipment such as hoists, chairs and beds.
- Relatives told us their suggestions about their family member's safety management were listened to.
- Staff had a good understanding of people's individual risks. One staff member explained they had to ensure they supported some people to manage risks they experienced from allergens and how they assisted people so they would enjoy good skin health.
- Staff took time to explain to people when they were offering them assistance and did not rush people when they wanted support. This helped to promote people's safety.

Staffing and recruitment

- There were enough staff to care for people. One relative told us they visited the care home regularly and said, "Staff come running if a call bell is pressed." We found there was also sufficient staff to spend time chatting and caring for people, so they did not become isolated. This helped to promote people's well-being.
- Relatives were positive about the levels of staff available to meet their family member's needs, although there had been some reduction in the numbers of staff to care for people, recently. However, relatives said this had not unduly affected their family members opportunities to do things they liked. This included if people wanted to spend time enjoying themselves as part of their local community.
- People were cared for by a consistent staff team. One relative said, "Staff turnover is very reassuring, [low]. [Person's name] main [staff] has been there a long time."
- Senior staff considered staff skill mixes and people's support preferences when planning who would work

with people. One relative told us, "Over the years we have found the care very good. [Senior staff] seem to have been able to employ staff who get involved. They are nicely matched."

- Staff were recruited safely. The provider followed safe recruitment processes to ensure staff were suitable for the role. This included undertaking checks such as references 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.
- The registered manager had recently reviewed the questions they used at interview, and planned to increase the breadth of questions relating to applicants' experience of keeping people safe.

Using medicines safely

- People were administered their medicines by staff who were competent to do so. Staff had received training and had their medicine competency assessed to ensure they followed correct procedures.
- Relatives told us staff checked their family member's medication out and on return, when their family members spent time visiting them. This helped to provide assurance people received the medicines they needed to remain well.
- Records such as Medication Administration Records (MAR) showed people's medicines were administered as prescribed.
- People's medicines were stored securely. Checks had not been undertaken to confirm people's medicines were stored within the appropriate recommended temperature ranges when a new fridge was purchased. Checking the temperature where medicines are stored is important, as the effectiveness of some medicines reduces if they are not stored correctly. We drew this to the attention of senior staff who took immediate steps to address this.
- The registered manager told us they were reviewing their current medicine management arrangements to reduce risks to people further.

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 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.
- There were no restrictions on visitors. Relatives confirmed they were able to visit when they wished.

Learning lessons when things go wrong

- There were systems in place to explore any lessons to be learned should things go wrong with people's care. For example, staff gave us examples showing they were involved in discussions and made aware of any concerns so learning could be taken from any incidents.

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been identified and plans put in place to manage these. One relative told us, "We talked about [person's name] needs before they moved in. Staff were receptive and made us feel at ease. [Person's name] settled in like a dream. Staff love them and they love staff."
- Relatives and other health and social care providers views were considered when people's needs were assessed. One relative told us because of this, "Staff here know [person's name] needs and newer staff have opportunity to ask [colleagues], and can ask us family." This helped to ensure people needs were effectively managed.
- Staff understood what support people wanted. Staff were provided with a summary to guide them on key aspects of people's care, such as their safety support needs, and peoples care preferences.
- People's needs were reassessed as their needs changed. One staff member told us there was a team approach to this, involving people's relatives, their main care staff, specialist staff other health and social care professionals. This helped to ensure people's needs continued to be met as their needs changed.

Staff support: induction, training, skills and experience

- Relatives were complimentary about the skills and experience of the staff supporting their family members. One relative told us, "Staff definitely have the skills to look after [person's name]." Another relative told us they knew staff applied their knowledge and skills when caring for their family member because their family member was always settled and happy.
- Staff said they were supported in their roles through supervision meetings and received appropriate training to enable them to support people effectively. Staff said senior staff were always available to provide support should they want this and they had regular information sharing meetings with colleagues.
- New staff were supported through an induction programme and opportunities to work alongside more experienced colleagues, [shadow shifts]. One staff member said, "I had training for a month, including 20 monitored shadow shifts. This lets me know if I needed to do anything different, which helped me very well." Another new staff member told us the key information about people's care needs and preferences, "About me". The staff member said this had been particularly helpful in supporting them to provide good care to people as soon as they started caring for people.
- Staff had completed training relevant to their roles and gave us examples showing how their individual training needs were responded to. One staff member explained about the opportunities they had to develop their skills and said, "It makes you more confident, it makes moving and handling easy and you know different people need different [equipment]."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough so they would remain well. One relative told us their family member required very specific support. The relative explained how they, other health and social care professionals and staff had worked together. The relative said, "Between us we worked out a diet and treatment [person's name] could manage." This had helped to ensure their family member's nutritional needs were met.
- Staff gave us examples showing how they offered choices to people so their preferences and nutritional and hydration needs were promoted.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Relatives were positive about the way their family member's health needs were managed. Relatives gave us examples showing how Martha House staff advocated for people so they would have access to the health care they wanted.
- Health and social care professionals who regularly supported people living at the home told us staff knew people's health needs well and closely monitored any changes in people's needs. One health and social care professional said, "They [staff] are very responsive and always email if there are any concerns for people."
- Another health and social care professional told us, "They [staff] really know residents and the people living there are massively complex. They're really proactive in contacting other experts." The health and social care professionals said the advice they provided was always followed by staff, so people would enjoy the best health outcomes possible.
- People had health actions plans and health passports which were used by health and social care professionals to support them to access the care they wanted.
- Records showed people were supported to access healthcare services when required. This included the GPs, chiropodist, speech and language specialists, nurse specialists and dentist.

Adapting service, design, decoration to meet people's needs

- People's bedrooms reflected what mattered to them. Relatives gave us examples of suggestions they had made so their family member's well-being would be enhanced by personalising their rooms.
- People had access to a range of dedicated areas within the home and garden to enjoy. For example, sensory areas, a swimming pool and comfortable areas to relax in.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA. Staff understood people's rights to make

decisions on their day-to-day care and supported people to do this. This included decisions on how they wished to spend their time and what they wanted to eat or drink.

- Where people lacked capacity to give consent capacity assessments and best interest decisions were completed appropriately. Relatives and other health and social care professionals told us they were consulted when significant decisions needed to be taken in people's best interests. One relative explained their family member had required support to make a significant health related decision recently. The relative told us, "They [staff] explained the pros and cons and [person's name] is getting on so well with this."
- DoLS applications had been made to the appropriate legal authorities for people who required this to keep them safe.

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 good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- We received one potential concern in relation to staff culture. The provider, registered manager and senior staff had taken immediate steps to address the potential concern. This included supporting staff, working with other organisations, arranging additional training and reviewing key policies. We found at the time of the inspection people living at the home had not been affected by this concern.
- Relatives were very complimentary about the way the staff team was led to focus on the needs of their family members. One relative told us because of this, "Staff are tuned into [person's name] and if he is not happy they find out why and remedy it. It's an absolute credit to [staff] that [person's name] is doing so well. Three cheers for Martha House, the care is exceptional."
- Another relative told us because of the open approach taken by staff, "We are really happy with [person's name] being there. They do everything they need to do. It was the best decision all round for [person's name] to move in, and we just want it to continue."
- These views were echoed by health and social care professionals we spoke with, who told us senior staff had an inclusive and open approach to meeting people's needs, so they achieved the best outcomes possible.
- Staff told us they regularly saw the registered manager and provider and found them approachable. One staff member said because of the way the home was run, "Our management team are number 1."

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 understood the need to be open and honest with people if things went wrong.
- Relatives, staff and other health and social care professionals confirmed they were kept informed and updated with key events at the home and about their family member's care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- The registered manager was supported by the provider and experienced senior staff and understood their role and responsibilities. This included the requirement to notify the Care Quality Commission (CQC) about key events at the home.
- Staff told us they were supported to understand how they were expected to care for people through staff meetings, supervision and feedback from senior staff.
- The registered manager and senior staff made checks on the quality of care people received. These

included checks to ensure people's clinical needs were met, that they had received their medicines as prescribed and checks on the safety of the premises. Where actions were identified these were addressed.

- Staff understood their roles and responsibilities and were guided to deliver good care through daily checks undertaken by senior staff. The registered manager gave us assurances they would record these checks in the future.
- Staff gave us examples showing how learning from events at the home had been communicated to them. This helped to ensure people would continue to receive good care, which developed to meet their needs.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff actively engaged with people and were supported to meet their preferences. For example, in relation to trips out they may enjoy.
- Relatives told us communication with staff was good, and this helped them to be involved in how their family member's care was provided. One relative said, "They listen and take action if we were to raise things. There's never a crisis because they communicate so well. [Staff] Involve us in decisions about care, in conjunction with the GP. I like to think we are all a team. It is all about [person's name]."
- Staff gave us examples showing how their suggestions had been listened to. These included how to meet people's changing needs and for interesting things for people to do. In addition, one staff member explained how at their request their shift pattern had been altered to support them to learn to provide good care to people.