

Martha Trust Hereford Limited

Martha House

Inspection report

Martha House, Hampton Green
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Martha House is a residential care home providing personal and nursing care to children, young and older people with learning disabilities or autistic spectrum disorder. People at Martha house may also live with physical disabilities.

Martha House accommodates up to 14 people in one adapted building. People living at the home had access to communal facilities including sensory and activity rooms, lounge areas and garden facilities. There were 14 people living at the home at time of inspection.

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

Temporary changes to the senior staff leading the home had been made, and to the overall number of staff supporting people, since our last inspection. However, there were enough staff to care for people who knew people's safety needs. Recruitment checks were made on new staff before they could care for people.

People's risks had been assessed and relatives were complimentary about the way people's changing safety needs were met. Staff knew what action to take if they had any concerns for people's safety. Systems were in place to manage the administration of people's medicines so these would be administered as prescribed.

Safe practices were followed to reduce the risk of infection such as the use of visitor pods and PPE. We found the risk of infections could be further reduced through maintenance of porous areas, for example in bathrooms. The registered manager agreed to address this.

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.

The registered manager, provider and senior staff checked key areas of the quality and safety of the care provided. Some of the provider's checks had not been undertaken. The registered manager and provider had rescheduled these, so they could be further assured people continued to receive good care.

The registered manager had ensured The Care Quality Commission was now notified of key events in the home. The provider and registered manager had introduced new opportunities to promote discussion and to support staff during periods of temporary management changes and revised staffing levels. Relatives told us they valued the care provided because of the way the home was run.

People's relatives had opportunities to visit their family members in line with changing government guidance. The registered manager assured us they would update the provider's website to reflect this.

We expect health and social care providers to guarantee autistic people and people with a learning disability

the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of safe and well-led the service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. This included the model of care and maximising people's choice, control and independence. Care provided is person-centred and promotes people's dignity, privacy and human rights. The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

The manager, senior managers and support staff shared person centred values in relation to how people were supported. People were supported to make clear choices for example what they did and how they spent their day.

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 09 June 2018).

Why we inspected

We received concerns in relation to the management of service, staffing and people's access to visitors. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained good. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well-led sections 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.

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 until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 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 Care Act 2014.

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We were unable to speak directly with people who lived at Martha House, so we spent time meeting people and seeing how they were supported by staff. We spoke with 17 members of staff including the registered manager, the deputy manager, two provider's representatives, four senior/specialist support staff, and seven care staff. In addition, we spoke with four relatives.

We reviewed a range of records. This included three people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included checking the provider's policies and procedures.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- We saw on the day of the inspection there were enough staff to care for people and to spend time supporting them to do things they enjoyed.
- Relatives and staff told us they had been consulted about recent changes in staffing levels, which initially led to a reduction in staffing. The registered manager kept the staffing levels under review and had increased the staffing level as new people came to live at the home.
- People's relatives and staff told us there had been temporary changes to the staff managing Martha House. Relatives and staff told us this had not impacted on the care provided to people, as many staff knew people well.
- Staff received training and induction which helped them prepare to care for people. Staff also worked with more experienced staff, initially, who knew people's preferences and needs well. New staff were not allowed to work with people until recruitment checks had been completed, so the registered manager would be assured staff were suitable to work with people receiving care.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who understood how to recognise the signs of abuse, and who knew how to promote people's safety.
- Relatives told us staff were skilled at noticing any changes in their family member's well-being. One relative said, "They [staff] would notice if [person's name] was subdued."
- Relatives and staff were confident any concerns they raised about people's safety would be promptly addressed.

Assessing risk, safety monitoring and management

- People's safety needs had been identified and plans put in place to manage their safety. The support provided to people was adjusted as their needs changed.
- Relatives were confident their family member's safety needs were met. One relative said, "I think they have done a brilliant job keeping residents safe, happy and busy. They have really looked after [person's name] well." Another relative told us their family member had recently had a change in safety needs, which staff consulted them about. The relative told us, "I can't fault the safety. [Staff] are doing a perfect job."
- Staff knew people's individual risks. For example, risks in relation to mobility, choking and people's underlying health conditions. Staff were supported to do this through regular opportunities to discuss and reflect on people's support needs.

Using medicines safely

- People were administered the medicines they needed to remain well by staff who had been trained to do this, and whose competency was regularly checked.
- Staff had been provided with the guidance they needed to promote the safe administration of "when required" medicines.
- Senior staff undertook regular checks on the medicines administered to people, so they could be assured people received these as prescribed. Checks were also undertaken to ensure people's medicines were safely stored and disposed of.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. The home presented as clean, but we found some bins required replacement and some surfaces in bathrooms had become porous. The registered manager agreed to address this without delay, to further reduce the risk of the spread of infections.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Relatives were confident to raise any concerns they had about any incidents. Relatives told us staff listened and took learning from any events. This helped to ensure people were further supported.
- Staff regularly met to discuss people's changing safety needs, reflect on the care they provided and to consider any learning from incidents and concerns.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At the last inspection we found the management team did not always investigate medication stock errors or notify The Care Quality Commission of all authorisations under Deprivation of Liberty Safeguarding, (DoLS). At this inspection we found improvements had been made. The registered manager now undertook checks on the medication management. In addition, DoLS authorisations were now being notified as required to The Care Quality Commission.
- There was no evidence of harm to people, but some planned premises audits had not gone ahead as scheduled, owing to temporary changes in the management team because of the COVID-19 pandemic. However, senior staff had continued to check essential elements of safety of premises, including infection control. The registered manager and provider's representative had already developed plans to ensure all premises checks would be fully undertaken without delay.
- Other checks were undertaken by the registered manager and senior staff, including care planning arrangements and spot checks on staff interaction with the people they supported, so the registered manager could be sure people received good care.
- Relatives had been consulted about key changes planned at the service. Staff had been supported to understand what the changes meant for their roles. Where staff required additional support to understand the rationale for the changes and to implement these, staff were supported by senior staff.
- Staff were guided in how they were expected to care for people through one to one meetings with their managers, staff meetings and regular communication with colleagues. One staff member told us because of this, "I think we are a good team who work well together."
- The registered manager understood their responsibility to be open and honest in the event something went wrong with people's care. The registered manager understood what key events needed to be notified to The Care Quality Commission.

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

- Relatives told us because the way the home was managed their family members were cared for well. One relative said, "Everything they are doing is fine with us and [Person's name] is loving it." Another relative told us staff focused on the support their family member wanted and said, "My overriding feeling is it is so good to have such a good care home. And I love talking about [person's name] and [staff] that care for them."
- Staff told us they were encouraged to make suggestions about people's care and said the registered

manager's and senior staff's approach was to provide good care to people, by focusing on people's needs. One staff member said, "[Registered manager's name] wants happy and safe lives for the residents."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Relatives said they were fully involved in their family members care and their views listened to. One relative highlighted how involved they had been in decisions when their family member had recently moved to Martha House. The relative told us how proactive and reassuring and approachable staff had been. The relative explained this had contributed to their family member having a smooth transition into care at Martha House. The relative said, "I spoke with [Registered manager's name] about the move. I found [the registered manager] lovely. It made me feel at ease; you feel comfortable to ask questions."
- Relatives told us they were able to visit their family members, in line with current guidelines, enabling people and their families to reconnect. However, the provider's website contained out of date visitation guidance. The registered manager assured us their website would be amended to reflect current arrangements without delay.
- Staff gave us examples showing action was taken to meet people's individual communication, sensory, health and well-being needs. This was done through effective and open joint working with relatives and other health and social care professionals. This helped to ensure people would enjoy opportunities to express themselves and to enjoy the best health possible. One relative explained there was a specific fun, sensory activity they liked to do with their family member. The relative said, "[Staff] have been good in allowing me to do this, I have not been excluded."
- The registered manager gave us examples of other joint working they were introducing to benefit people living at the home. This included the reintroduction of additional opportunities for people to do things they enjoyed, as there had been limited access to these things during the COVID-19 pandemic.
- The registered manager and provider had put systems in place to gather the views of relatives and staff through surveys, to inform future development of the home. Staff gave us examples of how they offered day to day choices to people and checked people's views and decisions through seeing how they reacted to the options offered.

Continuous learning and improving care

- Relatives told us if they made suggestions for improving care their views were listened to.
- Staff said they were encouraged to reflect on the care provided so this could be further improved.
- The registered manager and provider had systems in place for investigating any concerns and taking learning from these.