GCH (Hertfordshire) Ltd

Martins House

Inspection report

Martins House
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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This was the first inspection of Martins House under the new provider GCH (Hertfordshire). GCH (Martins House) was changed as a legal entity to GCH (Hertfordshire) in June 2017 but had remained part of the Gold Care Homes group.

This inspection was carried out on the 25 July and 02 August 2018.

Martins House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. They are registered to provide accommodation nursing and personal care to 60 older people some of whom may live with dementia. At the time of the inspection there were 53 people living in the home.

The home had a manager who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

People told us they felt safe living at Martins House. Staff were knowledgeable about safeguarding processes and when to report concerns to the registered manager, or when to confidentially raise concerns through whistleblowing. Staff demonstrated a good understanding of people`s needs and were knowledgeable about risk management and how to mitigate risks to keep people safe. People were supported by sufficient numbers of staff who responded in a timely manner to people when they required assistance. People were given their medicines as the prescriber intended and medicines were managed safely. People lived in a clean and hygienic environment.

People were supported by a staff team who had been trained appropriately and who were supported by their line manager. People's consent was obtained prior to care being provided and staff explained to people what they were consenting to. Where people were unable to provide consent the legal requirements were understood by staff and followed.

People were supported to have sufficient food and drinks. People had access to healthcare professionals such as their GP as and when required.

People felt that they were treated as individuals and they mattered. The care people received was personalised and that staff paid close attention to the needs of the people they supported.

People were encouraged to socialise, pursue their hobbies and interests and try new things. There was a strong culture within the service of treating people with dignity, respect and supporting people to remain as independent as possible. People and the staff knew each other well and these relationships were valued by

people who used the service. People nearing the end of their life and their families received a good level of care and support.

People and their relatives where appropriate were involved in the development and the review of their care and support plans. Support plans were comprehensive and captured people's support needs as well as their preferences regarding the care they received. Care plans were updated every time a change occurred which influenced the way people received support. People were supported to take decisions about their care and be independent. People were encouraged to socialise, pursue their hobbies and interests and try new things.

The registered manager and the provider carried out a regular programme of audits to assess the quality of the service, and we saw that these were capable of identifying shortfalls which needed to be addressed. Where shortfalls were identified, records demonstrated that these were acted upon promptly. People felt the registered manager was approachable and staff felt the registered manager listened to their views and was responsive. A range of meetings were held so people and staff were able to share their views about the quality of care provided. People's care records were accurately maintained.

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.

People were kept safe from the risk of abuse.

People were supported by sufficient numbers of staff.

Risks to people's safety and welfare were identified, assessed and safely managed to mitigate the risks.

People were supported by staff who had undergone a thorough recruitment process to ensure they were of sufficiently good character.

People's medicines were safely managed and administered when people required them.

People lived in a clean environment and staff followed robust infection control processes.

Is the service effective?

Good

The service was effective.

People were cared for by staff who were trained and supported to provide effective care.

People consents was sought prior to care being provided. Where people were unable to provide consent, the appropriate legal process was followed.

Peoples nutritional needs were met and those at risk of weight loss were supported appropriately.

People were freely able to access support from a range of health professionals when needed.

The home had undergone refurbishment works to ensure the environment met people's needs, and further developments were planned for the future.

Is the service caring?

Good

The service was caring.

People were treated in a dignified and sensitive manner.

Staff knew people well and listened to their views and opinions about their care.

People's privacy was respected and maintained.

People were able to use advocacy services to support their decision making.

Peoples confidential information was kept secure.

Is the service responsive?

Outstanding ☆

The service was very responsive.

People's care records were specific to their individual needs and captured the support people needed to remain independent.

People had access to a comprehensive range of activities which were based on people's individual needs and choices.

People's needs were responded to by a team of passionate staff who worked to prevent people from feeling socially isolated.

People and their relatives knew how to raise concerns and were all confident the registered manager would act appropriately.

Is the service well-led?

Good ●

The service was well led.

People, relatives and staff all felt the service was well managed and the management team were visible and approachable.

People, relatives and staff were freely able to share their views about the management of the service.

A system of governance continually monitored and developed the quality of care people received.

Peoples care records were accurately maintained as their needs changed.

Management had worked in partnership with other providers to develop the care people received.

Martins House

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.

This inspection took place on 25 July and 02 August 2018 and was unannounced.

The inspection was undertaken by one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone using this type of service. The expert used for this inspection had experience of a family member using this type of service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information available to us about the service such as information from the local authority, and notifications submitted to us. A notification is information about important events which the provider is required to send us by law. We spoke with the local authority safeguarding and commissioning teams and asked for their views about the care provided at Martins House.

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.

During the inspection we spoke with ten people, four people's relatives, seven staff members, the deputy manager, the registered manager and two members of the providers senior management team.

We reviewed the care records and risk assessments of three people who used the service to ensure these were reflective of people's current needs. We also reviewed additional information on how relating to the quality of the service provided to people and how this was monitored.

Good

Is the service safe?

Our findings

People told us they felt safe living at Martins House. One person said, "It's a very nice home, I feel very happy here." One person's relative said, "[Person] is happy, I haven't ever thought about them being safe, but thinking about it, yes they are, I am never worried that they are not safely cared for."

People were protected from the risk of harm by staff who knew how to identify abuse and how to report concerns. Staff were able to confidently describe to us what abuse was, and circumstances where they would take action. One staff member said, "The other day, [Person] had a small mark on them. I body mapped it, made a note and reported it to my senior. Straight away they came and looked, in the end it was nothing, but it could have been where they [Person] had been harmed." Staff were aware of how to raise concerns anonymously following the organisations whistleblowing procedure if they had concerns regarding a staff member or manager. One staff member said, "If I saw something and couldn't go to the manager, then I would either raise as whistleblowing or come to you [CQC] or social services, I have all the phone numbers." This demonstrated that staff were also aware of local organisations they could raise their concerns with. Training records confirmed that all staff have undertaken appropriate training.

Where there had been incidents, accidents or safeguarding reviews, lessons learned from these was an area that had been implemented into team meetings and handovers and was being further developed. Staff spoken with were aware of recent incidents and actions arising from these, however this process required further development to embed as daily practise.

Risks to people's health and well-being were identified and managed. We saw that staff completed a range of assessments to mitigate the risks to people in areas such as mobility, skin integrity, and risk of falls. For example, managers had been proactive in using sensor mats for when people are sat in their chair and move to get up. They also had looked at the chairs people used and where needed used raisers to increase the height of the chair, making it easier for people to get up from. Staff told us both these interventions had reduced the numbers of falls and injuries for those at high risk of falls. Incident records we reviewed also confirmed this.

Staff spoken with were knowledgeable of people's health needs and were able to describe to us how they safely provided care to people. For example, when we observed one person transferred using a 'Bucket chair' we asked why the person was unable to use a hoist. All the staff spoken with were aware of the medical reasons behind this where it was advised to move the person as little as possible, which was consistent with the information held in the hospital discharge records and persons care plan. One person told us, "I had a fall at home and was admitted to hospital then I came here, I asked if I could have a walking frame, they provided it, I have had no falls here. I have a mat beside my bed [Connected to the call system], if I put my feet on it when I need someone they come quick." This demonstrated that risks to people's safety and wellbeing were assessed and known by staff who supported them.

People and staff told us there were sufficient numbers of staff available. One person said, "There are plenty of them, they are all very nice, they come quickly." One person's relative said, "There are always sufficient

numbers of care staff, there is always someone there to help people." Staff were equally positive about the staffing levels. One staff member said, "We have a lot of agency, but that doesn't seem to make any difference as the managers use the same ones so they know people. Some of them [Agency staff] have been here as long as I have. Overall, yes I think the staff on shift is enough." We saw that the registered manager regularly reviewed people's needs and amended their staffing levels accordingly. For example, where people were admitted onto the short stay unit the registered manager had adjusted staffing levels accordingly. Although the registered manager told us they staffed above the assessed levels, people's view was this level was enough.

We looked at the recruitment files for three staff members who had recently started work at the service. We saw that relevant pre-employment checks had been completed for these staff. These checks included criminal records checks, written references and evidence of their identity. Where agency staff were used, a profile of their skills, abilities and training, along with verification of their character had been seen. This ensured that staff employed were of sufficient good character to work with people using the service.

People's received their medicines in accordance with the prescriber's instructions. We checked people's medication administration records (MAR) and found these were complete with no errors or omissions. Physical stocks tallied with stock records demonstrating people had received their medicines when required.
People's preferences and allergies were clearly recorded, and a review of people's medicines, particularly those to manage behaviours that challenge were regularly carried out.

Staff had received training to administer medicines and their competencies were regularly checked. Staff maintained accurate records for the receipt and disposal of medicines. The room used to store medicines was well organised. The deputy manager had reviewed people's medicines and where people were prescribed their medicine they had worked with the GP and pharmacist to ensure these were in pre-packaged blister packs and not numerous different open boxes. This reduced the chance of people not receiving their medicines, or errors occurring. Where people required their medicines to be given covertly staff had sought the advice of the GP, relatives and asked the pharmacist to authorise the use of covert medicines to ensure this was safe.

People told us that staff assisted them with their personal care using appropriate personal protective equipment. We observed throughout that staff used aprons and gloves when assisting people. The home was bright, clean and presentable. People told us they lived in a clean environment. One person said, "The hospital I came from could learn a lot from this place. My room, bed, the bathroom is impeccably clean. Yes it's a bit tired in places, but it is clean."

Staff spoken with were aware of how to evacuate people in the case of a fire. Regular fire drills and checks were made of fire equipment with external companies carrying out necessary maintenance and safety checks when required. Following on from a recent fire assessment, the registered manager had put in place a number of actions which were due to be completed. These were for areas such as replacement emergency lights and a door alarm.

Good

Is the service effective?

Our findings

People told us staff were confident when they supported them with their care and support needs. One person told us, "They do a good job, they know what they do and get on with it. If ever there's one that is not so sure, there is always a good one to guide them."

Staff were provided with training and support to help perform their roles effectively. One staff member said, "Training has been really good, it's not all e-learning where we are sat in front of a computer. [Staff member] is really good at teaching us and I have learned a lot." Key areas such as moving and handling, safeguarding, and mental capacity had been provided, and a training program to provide further development opportunities for staff was planned. The service was working with a local training provider to develop a range of champions in the home in areas such as safeguarding, wound care, dementia and falls. At the time of inspection champions were in place for dementia and nutrition and further staff were due to be accredited in end of life care, falls and wound care. The champions in post were developing how they would share information with at the time of inspection. The registered manager was also about to work towards accreditation for dementia care, and had plans to also develop their end of life care to achieve further accreditation.

Staff told us that they had opportunities for on-going progression. We saw that vacancies were advertised internally for staff to move into a senior carer role and receive support and training in relation to supporting staff and developing their management role.

Staff felt supported in their roles and received formal supervision on a regular basis. One staff member told us, "I can go to any of the managers at any time for help. They are very hands on particularly [Registered Manager] so when they give advice its better because they work on the floor everyday." A second staff member said, "Supervision is good, I get feedback on how I'm doing and how I can improve and also how I am generally. I feel very supported and nothing is too much trouble."

We observed throughout the inspection staff obtaining people's verbal consent prior to assisting them. Staff clearly explained how they wished to assist people and waited for the person to respond. Where people declined and were not ready or did not wish to be helped, then staff acknowledged this and returned later.

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 Act 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff had completed MCA and DoLs training that helped them understand issues around capacity and supporting people effectively with decision making. We saw that written consent had been obtained from

people relating to the support they received.

People were supported to have a balanced diet. We saw lunch tables were nicely laid with condiments, napkins, cutlery and flowers. The dining room was sociable and relaxed and staff were able to eat their meal with people they supported. People were offered a range of healthy home cooked meals and alternatives offered where people did not like the food on the menu that day. One person told us, "I don't like mashed potato so they always give me new potatoes." A second person said, "There's a couple of daily choices, but [Cook] will make whatever I feel like to be honest. Today though is a favourite, roast pork, and I get extra so I am looking forward to lunch."

Staff were observed to offer people clothes protectors and people were supported to eat independently where they were able. Where they were not able staff assisted them in an unhurried manner, offering gentle encouragement to get people to eat. People were provided with drinks at lunch and throughout the day, and a range of healthy snacks and home cooked cakes were available.

Staff had recorded any specific dietary needs people may have, such as allergies, requiring soft or pureed meals due to swallowing difficulties or preferences due to cultural reasons. Kitchen staff were made aware of these dietary needs and prepared the meal accordingly. For example, people with a pureed meal had their lunch served using moulds to make them more visually appealing. People with specific cultural needs, such as eating halal meat had this provided.

The chef, visited all those people who were at risk of weight loss going around the home and asking people what they liked, and what they could make specially for them. One person particularly liked only certain foods from their home country and had experienced weight loss. However the chef went and spoke to them, got the foods they wanted to eat which resulted in their weight improving and stabilising.

People's health needs were met. We saw care plans addressed people's health needs and records confirmed that people were supported as appropriate to make and attend health appointments. A range of health professionals visited to support people such as district nurses, chiropodists, speech and language therapists and dieticians. The Registered Manager was able to demonstrate where they had worked with the local hospital to improve people's discharge. The manager of the short stay unit told us, "People used to come from the hospital with cannula's still in, because they were in such a rush to get people out. We work well with the hospital social work team and this has improved a lot. Their goal is our goal and that is to get people out of hospital and get them home, wherever that may be and we work together to make it happen." One health professional told us, "I find with Martins House everything around the assessment, move in and care received is well planned, co-ordinated and delivered. We work well as a multi-disciplinary team, and have achieved some really positive outcomes for people."

The environment was spacious and well laid out, ensuring there was enough room to meet people's support needs. There were areas that were planned for improvement, notably one of the bathrooms on the ground floor not being used due to maintenance issues. Part of the home had been extensively refurbished, providing a comfortable communal lounge, sensory room, and themed areas such as a sweet shop and café. However, much of the home was drab and in need of redecoration which the registered manager was planned as part of a cyclical maintenance program. This would ensure that signage, the decoration and other adaptations to the premises would help to meet people's needs and promote their independence. People did however have a number of areas in the home and grounds where they were able to meet friends and relatives in privacy, and also spend time alone if they wished. One person said, "As much as I like being around others sometimes I just need to be on my own, and I have no issues having both when I want."

Good

Is the service caring?

Our findings

People told us that staff were kind, sensitive and respectful towards them. One person told us, "I came for convalescence, I liked it so much, I've said yes I'm staying. I eat too much, I've been making birthday cards today and they gave me cheese, grapes and biscuits and milk shake and tea! I need help at night and they come quickly, it amazes me the patience they have." One person's relative said, "[Person] has settled in very well with the staff, the care is excellent, you can't fault it."

Staff knew people well and were familiar with their daily needs and routines. People, and their relatives told us they felt staff listened to them and that their views mattered and staff used this information to assist people positively. For example, we observed one person become anxious and was calling out. The staff member obviously knew them well, they were observed to offer reassurance to the person and knew the person was looking for a soft toy. The staff member located this and gave it to them, which the person then cuddled and immediately relaxed. A second staff member was seen to intervene and support one person who had become disorientated whilst trying to locate their bedroom. The staff member was quick to identify they person was distressed and showed them to where their room was. Although the person calmed when they found their room, it would be beneficial for the home to have decoration, signage, themed or coloured areas to orientate people to avoid them becoming anxious and disorientated.

People were supported to express their views and be actively involved in making decisions about their care. We saw from records that care plans were person centred, focused on the persons needs and clearly developed with the person or their relative as appropriate. For example, one person had written their own care plan, clearly detailing the support and care they required, and how they wanted this to be provided to them.

The registered manager understood how people may be at risk from isolation when they left the short-term unit. They had implemented a scheme called, 'Forget me Not' which was a support service for people when they went home. It enabled people to be able to return to Martins House to visit, to speak with staff, socialise with people they met, have a meal and other tasks such as have staff do the washing for them. One person's relative said, "[Persons] not been here long, but I heard of this and think it's a brilliant idea to keep people connected and well. [Person] won't need to use that, but it is comforting to know if they need a bit of extra help it's available." We were provided with a further example where staff supported people's wider family when they resided at the home. The registered manager told us about one person's relative who found it difficult to manage when their loved one moved to Martins House. As the person had not support at that time, the management team provided support to them, and organised an assessment by the local authority due to their self neglect. This person was then moved into Martins House to be reunited with their loved one. Due to the actions of staff at Martins House this person now enjoys living once again with their loved one and living a fulfilling and safe life.

Overall people appeared comfortable in the company of staff and interactions between staff and people were friendly and relaxed. Interactions observed by staff were meaningful with people, and staff knew what was important to people. People were well dressed and groomed, their hair was clean and styled how the

person preferred along with make-up applied and people's perfume used. One person's relative said, "For [Person] their appearance was very important to them and one of the reasons I like it here is because staff assist [Person] with the same attention to detail as they did."

People's privacy and dignity was maintained. Staff were observed to knock on people's doors before entering. Staff called out to the person as they entered the room, and they ensured doors were closed when personal care was provided. People were able to choose whether they wanted a male or female member of staff to assist them and this was respected. One person wrote to us and told us, "I was really worried about having people help me to wash and dress but the staff are so gentle and understand this. It is not embarrassing at all and now it really doesn't bother me. The staff really understand that I am a private person and they respect and ensure that my dignity is maintained."

People told us they could meet their visitors in private and were supported by staff to maintain contact with their relatives. For example, we were shown examples where people were able to celebrate their relative's birthday with the in privacy. People's care records were stored safely and securely and staff were aware of the importance of both people's confidence and also protecting their personal information. We observed that when staff were discussing people, they did so away from others and in a manner that meant they could not be overheard.

Staff ensured people were given information about external bodies, community organisations and advocacy services that could provide independent support and advice to them. We were able to see that where needed, the registered manager had involved advocacy services in decisions relating to people's care.

Outstanding ☆

Is the service responsive?

Our findings

People, relatives and health professionals consistently told us they felt their opinions mattered and were kept involved and informed. Staff including agency staff were able to demonstrate an in depth knowledge of what was important to each person. When staff spoke about people they did so with passion and pride in the work they did. Staff were led by a management team, that placed people at the centre of everything they did. The registered manager looked for ways to improve the care and support they provided to people and celebrated people's achievements. People living at Martins House had positive experiences and fulfilling lives. One person told us, "I thought coming into care would be a slow wait for the end, but It's the opposite, I feel ten years younger."

People's care plans had been developed with them and took account of what was important to them. People's care plans clearly explained to staff how people wanted to receive their care and were reviewed regularly or when their needs changed. In addition to areas such as personal care, or moving and handling, care plans detailed areas important to people such as personal and family relationships, their interests and life history, daily routines and how they wished to have their care provided. Staff handovers ensured that important information was shared between staff members, for example feedback from GP or District Nurse visits. However, staff also discussed people's wellbeing, and staff reminded each other to check in on people more regularly because they were having an off day, or because they were low in mood, or had just moved in so felt a bit overwhelmed. Having an awareness of these more subtle areas demonstrated that staff knew people well, and also were able to respond to a change in their social or emotional needs positively.

All the staff we spoke with demonstrated a fundamental understanding of how important it was for people living in the home to continue to live their life the way they wanted. Staff had developed positive strategies around engaging people meaningfully to limit isolation and promote inclusion and positively support their health and wellbeing.

This approach clearly evident from our observations across the home. We observed that people living at Martins House had been supported to maintain their interests and live their life as they wished. People were able to join in a range of group social activities or be supported on a one to one basis. We saw positive examples of both taking place. During the inspection we saw karaoke in the lounge, with staff and the deputy manager, along with people up on their feet singing and dancing with lots of laughter. All involved were having a good time and thoroughly enjoying an impromptu activity.

A range of activities was made available to people living in the home. There was an activity schedule in place, however this was subject to change and variation, based upon what people wanted to do. We saw from resident's meetings that people were forthright in suggesting things they could do in and out of the home which were accommodated. For example, people said they wanted things such as trips to the garden centre, zoo's, pub lunches, café trips and visits to the cinema included. People told us all these suggestions were things that were available to them if they wanted. One person said, "There's bingo and the usual stuff, but what I like is we can pretty much do what we want. The staff don't want us to be bored, they put a lot of time into keeping us active and happy, it's not good when you're my age and have too much time on your

hands, so I like to be occupied."

Staff were committed to ensuring that people's social needs were met to help them avoid isolation. They tried to ensure people's physical and mental needs were met by social inclusion and were clear about needing to understand who the person was so they could meet their specific needs and interests to promote their wellbeing. People we spoke with told us the approach of staff helped them feel part of the home and felt that they were important.

We found many examples of the support staff had provided to people having a significant impact on their lives. The staff team tried a variety of different activities to create a vibrancy and buzz across the home. They celebrated special occasions, such as the royal wedding, Armed Forces Day, world chocolate day, and world emoji day. The team were developing a baby musical class for local mothers and babies to attend for a sensory workshop. Volunteers were sought to help with this class and a number of people were wanting to attend. This approach demonstrated the exuberance and dedication of staff to continue to develop and improve how they engaged with people in a meaningful way.

We found for one person among many, this passionate and enthusiastic approach from staff had dramatically improved their wellbeing. This person had moved to Martins House after a traumatic and unsettled way of life that had significantly impacted upon their confidence and trust in building meaningful relationships. The person withdrew to their room, and chose to not participate in socialising or any form of activity. As a result, their mental wellbeing suffered significantly.

The registered manager ensured this person's care was provided by a small, consistent team only, who they referred to as the 'Focused Team.' Their specific goal was to build trust and enable a meaningful relationship to be formed. Slowly over a period of time, this small staff team were able to encourage this person to leave their room for a short walk around the home and garden, seeing and meeting new people as they went. Eventually the person and team were able to join in social activity within the home, and this person felt more comfortable around people. At the time of the inspection, the person was not supported by this team, they were able to freely socialise, join in activity and lead a fulfilling life. The approach of the staff, which took day to day support over six months to ensure they understood this person's emotional, psychological and physical needs, had been fundamental in enabling this person to overcome their anxieties and fears. One health professional shared their views about this, "[Person] is more engaging with others and able to communicate with care staff. Through all of the great support from carers and their motivation and encouragement [Person] is doing well. I visit every six months and when I visit there has been a vast improvement. I would like to thank all the staff for all their support."

Further examples of care provided by staff who knew people well was exemplified where another person had been very sociable and outgoing whilst living at Martins House for some time. Staff reported that the person was becoming withdrawn and not their usual self, refusing to engage with the usual activities they enjoyed. Due to personal reasons, this person's mental health had deteriorated and they at that time felt depressed and experienced thoughts of self harm. Staff referred this person to the mental health team where medicines were prescribed. However, staff continued to support this person, and looking for ways to support them through this difficult time. The registered manager organised additional counselling and support for this person, which resulted in them ceasing to take their medicines. At the time of the inspection this person had returned to their old self, regularly leaving the home for day trips out, actively pursuing their faith and socialising and interacting as they had done before. Additionally, this person was able to rebuild relationships with their relative and lead a rich and full life.

One person's relative had written to the registered manager expressing their gratitude for the care and

support their relative had received. This relative expressed their gratitude as the person was able to get up, eat and drink sufficient amounts, and interact with other people. This person prior to living at Martins House had spent periods of time unwell and a spell in hospital, which had left them depressed and isolated, spending long periods curled up on their bed, withdrawn and isolated. This person's relative said they had recently had a meeting with the registered manager and were delighted that the person would remain at Martins House for the long term. They expressed a sincere gratitude for how staff responded to this person's needs, and helped them feel welcome and part of the home. They felt that finally having this person residing at Martins House gave themselves and the wider family peace of mind and reassurance that they were cared for by a dedicated team who knew the person well.

Staff took time to acknowledge the difficulty families and young children had when they saw their loved one unwell, or when they didn't understand how living with dementia impacted on them. Staff where possible tried to support people's families to understand these areas. For example, they had bought books specialist book for residents and their relative's children that explained in an easy format what dementia was to enable them to understand what their relative is experiencing and help them come to terms with it.

People receiving end of life care and their families were treated with exceptional care and compassion. The service had strong links with the hospice team, and also the GP and palliative nursing teams who supported the home with people's clinical needs when approaching the end of their life. The registered manager demonstrated a strong vocation to ensure people were offered a high level of end of life care for people. They said, "This is the one area we don't get another chance to get it right, we have to make sure these people all pass away with the dignity and honour they deserve." From our observations, staff had followed this philosophy set by the registered manager.

End of life care plans for people, clearly recorded how people wanted the end of their life to be. They captured what was important to people, where people wanted to spend their final days, the people they wanted present and arrangements for afterwards. The approach to discussing end of life care with people and their relatives was one that was sensitively addressed by staff, but one where the discussions were gently prompted at the earliest possibility. This enabled , people and their relatives to have a plan in place that all involved understood and were comfortable with.

There were clear records if people had a 'Do not attempt resuscitation' (DNACPR) decision in place or if they wished to be resuscitated. Where required, end of life medicines were held in case people needed them to support a dignified death to manage pain or help people rest comfortably. Staff had developed local links to support staff understanding of end of life care and how to ensure when this time came people were supported to have a dignified and private end of life. One person's relative told us, "I don't know how much time [Person] has left, they are up and down, but all the staff have made the last couple of years very special for me and when [Person] finally goes I will have very fond memories thanks to them."

Complaints that were received were recorded, investigated and responded to appropriately. People we spoke with told us they felt comfortable to approach the registered manager and staff to raise a concern. One person said, "I don't have anything to complain about but I know I can go and see [Registered Manager] if I did." One person's relative said, "In my experience things don't get to the making a complaint stage because they deal with things before they escalate." Where complaints were made we saw they were robustly investigated and responded to, and remedial actions implemented. The management team discussed the outcome of complaints with staff in team meetings to ensure all staff were aware of the concern raised. This helped to promote an open and transparent culture within the home.

People told us there were regular meetings organised where they could speak up and told us they felt their

views and opinions were listened to. Minutes of meetings we looked at demonstrated the meetings people attended were well attended, and discussed matters relating to the home and also informed people about key areas such as safeguarding, fire safety, health and safety and infection control. The meeting was a working meeting where people's views were sought. The registered manager had recently sought people's views about how best to recognise staff through an employee of the month scheme where people can vote for the staff member they felt had demonstrated the values of the home. One person said, "The meetings are proper discussions about proper things and feel like we are making a difference."

Good

Is the service well-led?

Our findings

The provider had a clear approach to providing people with person centred care. They expected staff to put people at the centre of what they did as a key principal of the organisational approach. Throughout our inspection we found that people were supported by a staff team who placed them at the centre of what they did.

People, relatives and health professionals spoken with were positive about the management of Martins House. They told us the registered manager and management team were visible around the home and approachable. One person said, "I know who the manager is, [Registered Manager] and I have a good chat all the time, they don't suffer fools and they keep this place in order. I think it's a good home." One person's relative said, "We haven't been visiting [Person] long but we can see the manager is on the ball. They are certainly a presence in the home." One health professional said, "I think getting [Registered manager] and [Deputy Manager] in to manage the home when they did saved Martins House. They have turned it round over the last two years and I have no worries referring to them. [Registered Manager] is a good manager who leads by example."

People, relatives and staff were able to share their views about how the service was run. Staff had regular meetings with management where they could raise ideas, concerns and discuss particular issues. One staff member said, "The meetings are good. It's a chance to hear about what's going on but also to suggest to management what's working and what's not." In addition to reviewing incidents, accidents, staffing and other routine areas, staff spoke about a key policy for the month. For the current month, the policy was hydration and weight management. Given this was an exceptionally hot month, this gave staff the opportunity to refresh their knowledge about keeping people cool and hydrated, and how to support people who were at risk of weight loss. Although the meetings covered a broad range of topics, only nine care staff attended.

People and their relatives also had an opportunity to meet regularly with management. Minutes showed issues discussed were around things such as activities, infection control, food and staffing. These meetings had begun to raise people's awareness of safeguarding, providing people with an awareness of what safeguarding was and how to raise concerns.

The provider had systems in place to monitor the quality of care provided to people. We saw that regular visits were undertaken by senior management where areas such as staffing levels, safeguarding, training, complaints and care records were audited. We reviewed a copy of the providers compliance monitoring tool [CMT] that recorded the findings from a variety of audits and ongoing monitoring. An action plan had been developed based on the findings and was regularly reviewed. The registered manager told us the key area they needed to improve at the time was to make people's care records more person centred. This was a continuing piece of work and they told us, "What I've been fighting for is to get the seniors to make the care plan more person centred. They had only had basic dementia awareness training, but now the seniors have level 1 and 3 dementia awareness which is a lot more in depth. That has enabled them to understand people's dementia to write a clearer plan."

The registered manager analysed their staffing levels alongside incidents, falls and injuries. They looked for patterns and trends that emerged and shared the findings with staff. Trends were discussed in team meetings and resulting actions agreed and implemented. For example, the registered manager had shared their analysis with staff of when a higher proportion of falls had occurred. They had identified 53% of falls were between 20:00 and 08.00 and discussed the reasons for this. Since the meeting and implementing a night visit check sheet around these areas there was a reduction in the falls at night.

The provider advised us that they were shortly due to implement electronic care records and monitoring into Martins House among other local homes on a trial basis. They told us they felt that this would reduce the time spent recording information and updating care records, and also enable staff to spend more quality time with people. They were also enthusiastic about the improved quality monitoring this provided, which meant as a provider they would be able to see in real time how the care was provided to people in each of their homes.

People's feedback about the quality of care they received had been sought, in addition to the views of staff and health professionals. At the time of the inspection this information was being analysed, and the results would be shared with staff, people, relatives and visitors to the service. Where feedback suggested improvements were required, the registered manager told us they would form part of the continuall improvement plan for the service.

Martins House staff had been recognised in a local care award and were a finalist in the "Make a Difference" award. This was an award that recognised the contribution that staff made to people's lives.

The registered manager and deputy manager had worked with other local providers to develop the short term residential care model. They had attended a local forum and discussed how the short term beds allows hospitals to discharge people into a safe environment whilst they continue to heal or improve their mobility. They were able to share their experience of managing this model and discuss how all of the providers involved could work together. Further meetings within the partnership were planned to further review and develop this model with the local authority.

People's care records were accurately maintained and updated when their needs required. We found the care records easy to negotiate and written in a clear and concise manner. However, on the short stay unit care records needs to be maintained for all areas that people require support with. For example, as required medicine protocols must be in place when required, and where people are no longer considered short term, then a long term residential plan must be developed.

Notifications that are required to be made to CQC of particular events had been made in a timely manner. Where necessary the interim manager had also referred incidents, accidents, safeguarding to the local authority and had positively supported any investigation in a timely manner.