Shaw Healthcare Limited

The Martlets

Inspection report

Fairlands
East Preston
West Sussex
BN16 1HS
Tel: 01903 788100
Website: www.example.com

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Ratings

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

Overall summary

The Martlets is a purpose built care home providing accommodation, nursing and personal care for up to 80 older people, some of whom are living with dementia. It is set out over three floors. The ground floor is for older frail people, the first floor is for people living with dementia, and the second floor is for people who require nursing care. Each person had their own en-suite bedroom including toilet and wet room and each floor included a comfortable lounge and dining area. Everyone had free access around their floors and people on the ground floor were also able to access the garden area and to go out into the local community. For people living on the first and second floor staff assistance was required to go into the garden or to leave the premises. The Martlets is situated in East Preston West Sussex.

The person currently managing the home had not yet registered with the Care Quality Commission (CQC). They have submitted an application applying for registration but this has not yet been processed. We have referred to this person as 'The manager' throughout the report. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

Staffing levels were not maintained at a level to meet people's needs at all times. People and staff told us there were not enough staff on duty and we observed that at times there were not sufficient staff available to provide timely support to people.

People told us they felt safe. They had no concerns about the safety of people. There were policies and procedures regarding the safeguarding of adults and staff knew what action to take if they thought anyone was at risk of harm. Appropriate recruitment checks were carried out to check staff were suitable to work with people.

Care records contained risk assessments to protect people from any identified risks and helped to keep them safe. These gave information for staff on the identified risk and guidance on reduction measures. There were also risk assessments for the building and contingency plans were in place to help keep people safe in the event of an unforeseen emergency such as fire or flood.

People were supported to take their medicines as directed by their GP. Records showed that medicines were obtained, stored, administered and disposed of safely

Staff were supported to develop their skills by receiving regular training. The provider supported staff to obtain recognised qualifications such as National Vocational Qualifications (NVQ) or Care Diplomas. A number of staff had completed training to a minimum of (NVQ) level two or equivalent. People were well supported

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The manager and staff understood their responsibilities in this area and acted in people's best interests if they did not have capacity to consent to their care and support.

People were satisfied with the food provided and said there was always enough to eat. People had a choice at meal times and were able to have drinks and snacks throughout the day and night. Meals were balanced and nutritious and people were encouraged to make healthy choices. However some people told us that due to the time taken to deliver meals food was tepid or cold.

Staff supported people to ensure their healthcare needs were met. People were registered with a GP of their choice and the manager and staff arranged regular health checks with GPs, specialist healthcare professionals, dentists and opticians. Appropriate records were kept of any appointments with health care professionals

People told us the staff were kind and caring. Relatives had no concerns and said they were happy with care and support their relatives received. Staff respected people's privacy and dignity and staff had a caring attitude towards people.

Before anyone moved into the home a needs assessment was carried out. However only three people knew a care plan had been prepared for them and only one person said they were included in their development.

People's care plans provided information for staff on how people should be supported. However care plans were task orientated and not person centred. There was little or no evidence that people were consulted and involved in the planning of their care so people were not always involved. This meant that care may not always be delivered in the way they preferred.

We observed a range of activities taking place for people and there were three activity co-ordinators employed. A weekly activity plan and timetable was displayed on each floor of the home,

People told us the manager and staff were approachable. Relatives said they could speak with the manager or staff at any time. The manager operated an open door policy and welcomed feedback on any aspect of the service. Regular meetings took place with staff, people and relatives.

The provider had a policy and procedure for quality assurance. The manager and senior staff carried out weekly and monthly checks to help to monitor the quality of the service provided. Quality assurance surveys were sent out to people, relatives and staff each year by the provider to seek their views on the service provided by The Martlets.

Summary of findings

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe.

There were not always enough staff to keep people safe and meet their needs at all times.

Risk assessments were in place and reviewed to help protect people from harm. People said they felt safe. Staff understood safeguarding including the signs of abuse and what action to take.

Medicines were stored, administered and disposed of safely.

Is the service effective?

Good

The service was effective.

Staff were provided with the training and support they needed to carry out their work effectively. The provider, manager and staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

People had sufficient to eat, drink and maintain a healthy lifestyle. People had access to health care professionals to maintain good health.

Is the service caring?

Good

The service was caring.

People were treated well by staff. Relatives confirmed staff were caring and respectful in how they treated people.

People were supported by care staff to ensure their privacy was respected. People and staff got on well together

Is the service responsive?

Requires improvement

The service was not always responsive.

Care plans were not person centred and did not take into account people's wishes and preferences about their needs and how they wished to be cared for.

A range of organised activities was available to people on a daily basis.

Complaints were addressed and managed appropriately in line with the provider's policy. Complaints were dealt with promptly.

Is the service well-led?

Requires improvement

Some aspects of the service were not well led.

The manager had not yet registered with the Care Quality Commission.

Summary of findings

There were formal systems and processes in place to measure the quality of care delivered.

People and their relatives felt the manager and staff were approachable and said they could speak with them at any time.

The Martlets

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 checked 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 27 October and 3 November 2015 and was unannounced. Three inspectors, a nurse specialist advisor and an expert by experience in older people and dementia services undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

Due to the fact that some people at the home were living with dementia not all people were able to share their experiences of life at The Martlets. We did however talk with people and obtain their views as much as possible.

During our inspection we observed how staff interacted with people and supported them in the communal areas of the home. We looked at care plans, risk assessments, incident records and medicines records for seven people. We looked at training and recruitment records for four members of staff. We also looked at a range of records relating to the management of the service such as complaints, records, quality audits and policies and procedures.

We spoke with 15 people and three relatives to ask them their views of the service provided. We also spoke to the area manager, the manager, two Registered General Nurses (RGN) four team leaders, four domestic staff, two activities co-ordinators, the maintenance person, the cook and seven members of care staff.

The last inspection was carried out in September 2013 and was compliant in all outcomes inspected.

Requires improvement

Is the service safe?

Our findings

People told us they thought there should be more staff. One person said "There are definitely not enough staff both day and night. They have a lot to do, they get on with their jobs but they are too busy". Other comments included: "The staff are marvellous; they do all that they should and come as quickly as they can when I need them but they don't have enough time". "They (staff) are always so busy. They don't have time to have a chat". The majority of the 15 people we spoke to said that there was not enough staff around. A relative said that whenever they visited it was difficult to find staff. A community nurse we spoke to also said that whenever they visited staff were "A bit thin on the ground". People told us that staff shortages were most noticeable at the weekends. However, the homes staffing rota showed that staffing levels were maintained at the same levels throughout the week and at weekends.

On the ground and first floor there were three accommodation wings with 10 bedrooms in each wing. On the second floor there were two accommodation wings each with 10 bedrooms. The Martlets employed a total of 71 daytime staff consisting of a manager, unit managers, RGNs, team leaders, care staff, domestic staff, maintenance, activity and admin staff. There was a total 19 night staff who worked separately from day staff.

We looked at staffing levels across the home including those at weekends. On the days we visited there was a team leader and four staff working on the ground floor supporting 28 people. On the first floor there was a team leader and five members of staff supporting 29 people who were living with dementia. On the second floor there was one registered general nurse (RGN) and five members of staff supporting 20 people. Staff on the nursing floor told us that the majority of these people had high dependency needs. The staffing rota for the previous four weeks confirmed these staffing levels were maintained on all days. The rota showed that at night there was a team leader who provided support across the ground and first floor with three care staff on the ground floor and three care staff on the first floor. On the second floor there was a RGN and two care staff.

Staff working on the ground floor told us that there were usually enough staff to meet the basic needs of people using the service but they sometimes felt "rushed". One staff member told us the availability of more permanent staff would enable them to spend more time with people and provide them with 'the extras' such as having time to spend with people and interact with them. One member of staff told us "I never feel rushed when providing care but I do feel we could spend longer with people and give them more time". Staff on the first and second floors said the staffing levels made it difficult to meet people needs at all times and that on occasions when people required support they had to prioritise those in greatest need which inevitably meant that some people had to wait. Staff said they were rushed at times especially in the mornings when they were getting people up and at lunch times to support people with their meals. They told us they did not always have the time to interact with people as much as they would like to.

During our visit we observed that on the first floor people were still being supported to get up at 11am Staff told us that this was because of the time it took them to support people with washing and dressing. People said there was not always enough staff to provide support. A relative said "You see people waiting for their lunch or waiting to be helped to eat". We observed one person in a first floor lounge with their head in their hands crying quietly on and off for 30 minutes during and after lunch, where no member of staff had time to comfort them or sit with them and offer emotional support. The registered nurses felt that there was insufficient time to complete all of the necessary paperwork including care plans during their allocated hours. We noted that the RGN, who was due to finish at 2pm, was still handing over at 2.20pm, with other paperwork still to complete.

Staff told us that staff were sometimes taken from one of the floors to cover other areas of the home and in addition staff were sometimes taken from the floor to escort residents to healthcare appointments which left the floor short. We observed that on the first day of our visit a member of care staff on the dementia floor had to leave the home to carry out an assessment for a potential new resident. This reduced the staffing levels on the floor and increased the workload for existing staff. Staff said sickness also presented problems with staffing. During the visit we spent time in the lounge area on the second floor and there were long periods when there were no staff in this area supervising the three residents who were sat in the lounge. If these individuals had called out and asked for support or needed assistance there was no one around to provide support for them.

Requires improvement

Is the service safe?

We were also told by staff who administered medicines that the medicine rounds took a great deal of time to complete and took up a large percentage of their time, preventing them from carrying out other duties. Observations of the lunch time meal also showed that there were not sufficient staff to offer support to people. On the first floor we saw at least three people who needed one to one support and their meals were left on the table going cold before a member of staff could help them.

The above evidence shows that sufficient numbers of suitably qualified persons were not always deployed to meet people's needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager told us that they thought a dependency tool was used to determine staffing levels but the current staffing levels were devised prior to them taking over the manager's role. The area manager said the provider was introducing a new dependency tool that would be available in the new year. The manager said currently if there were any concerns regarding the dependency needs of individual people they would use a 48 hour diary where staff recorded the time spent providing care to the person so they could adjust staffing levels if needed. The manager told us they would review staffing levels and use the dependency tool as soon as it was available. They said they would take into account the layout of the home and people's needs at different times of the day to ensure that staffing levels were sufficient.

People said they felt safe living in the Martlets. One person said "I feel safe here and am confident they would respond well to any emergency". Another person told us "They look after me properly and I feel very safe". The provider had an up to date copy of the local authority safeguarding procedures. The manager knew what actions to take in the event that any safeguarding concerns were brought to their attention. Staff confirmed they had received training with regard to keeping people safe and knew how to report any safeguarding concerns to their manager or to a member of the local authority safeguarding team. Staff were able to describe the types of abuse they may witness or be told of and knew what action to take.

Risk assessments were contained in people's care plan's and these gave staff the guidance they needed to help keep people safe. For example one person had a risk assessment in place as they could at times present behaviour which was challenging to others. The risk assessment explained the behaviours this person exhibited and provided staff with information on risk reduction measures for this person. Manual handling records were in place and they included information on the equipment and staff needed to ensure safe moving and handling. Each person had a personal evacuation plan which recorded any specific actions required in the event of an evacuation and there were contingency plans in place should the home be uninhabitable due to an unforeseen emergency such as total power failure, fire or flood. These plans included the arrangements for overnight accommodation and staff support to help ensure people were kept safe.

The building was purpose built with en- suite facilities to people's rooms. Wide corridors had handrails to assist people with mobility. There were different styles and shapes of chairs including recliner chairs. Specialist mattresses for pressure relief were in use and we were told these were available as needed and no delay was experienced when staff requested them. There was suitable equipment including standing hoists, full body hoists, sit on weighing scales and walking aids as well as wheelchairs. We were told the hoists had problems with their batteries, and therefore they were not retaining their charge, which meant that they only lasted a couple of minutes before 'bleeping' as an indication they were running out of charge. This problem had been reported and new batteries were on order. People's safety was protected by the use of suitable and safe equipment to meet their needs.

The manager told us that regular maintenance checks of the building were carried out. There was a maintenance person based at the home and they carried out day to day maintenance tasks. If staff identified any defects they were recorded in a log and reported to the maintenance person who signed these off as each defect was rectified. The manager said that any defects were quickly repaired and this helped to ensure people and staff were protected against the risk of unsafe premises.

Recruitment records for four members of staff showed that appropriate checks had been carried out before staff began work at The Martlets. Potential new staff completed an application form and were subject to an interview with a senior staff member and the manager. Following a successful interview Disclosure and Baring Service (DBS) checks were carried out. DBS checks help employers make safer recruitment decisions and help prevent unsuitable

Is the service safe?

people from working with people who may be at risk. Recruitment checks for nurse staff included checking their registration with the Nursing and Midwifery Council to ensure their registration was up to date. The manager told us that there was an ongoing recruitment process and that in recent months a recruitment drive had resulted in the numbers of agency staff used being greatly reduced. We were told that currently there was no clinical lead (a clinical lead is someone who is empowered to provide nurse leadership and to motivate and encourage excellence in nursing practice) to support the nursing staff and this was leading to additional work being placed on the nurse staff. They felt that the clinical lead post was essential for support, guidance and advice especially as the manager was not a nurse. Currently the nursing staff were having to manage and support each other. The manager told us that they were actively trying to recruit a clinical lead. The manager said that recruitment to this post was a priority.

There was an accident/incident reporting system and staff were aware of the reporting procedures. We noted that incidents were logged on the provider's computer system and scrutinized by external colleagues. The manager was aware of the procedures to follow should there be a need to report accidents to relevant authorities. Records showed that any accidents recorded were appropriately dealt with by staff and medical assistance had been sought if required.

We looked at medicines, medicines storage and records. We observed some medicines being given on each of the three floors. Staff carried out appropriate checks to make sure the right person received the right medicine and dosage at the right time. Some people were prescribed medicines to be taken 'as required'. We saw that these were given in accordance with people's needs. Staff only signed the Medication Administration Record (MAR) sheets once they saw that people had taken their medicine. We saw that staff recorded the dose given of variable dose medicine. Medicines were recorded on receipt and administration and we saw the records of disposal. Medicines we checked corresponded to the MAR which showed that the medicines had been given as prescribed.

We identified some issues related to the recording of medicine administration. There was no clear information regarding which code to use on the MAR sheets for medication not given. The MAR sheets had a coding system - 'NT' for medication that had not been taken. The medication policy had the code 'NR' and there was a piece of paper stuck to the front of the MAR sheets folder telling staff to use the code 'Y'. Staff told us that they were using 'Y' for all medicines that had not been given. It was unclear from the MAR sheets the reasons why medicines had not been given. This was because the coding system being used did not differentiate between medicine that had been refused and medicine that had been omitted on the basis of a clinical decision. We raised this as an area for improvement and the manager said they would ensure that there was a clear code system in place for recording medicines. We were told by the manager on the 2nd day of our visit that a coding system was now in place.

People's medicines, including controlled drugs, were stored safely. We observed that the medication trolleys were kept secure during the medicine rounds. We saw that lockable fridges were used to store medicine that required lower storage temperatures. We were told, and records confirmed, that the room and fridge temperatures were monitored to ensure that medicines were stored at the correct temperature. Medicines were recorded on receipt and we saw the records of disposal. Unused and not required medicines were returned to the dispensing pharmacy at the end of each month.

Staff told us of the training they had received in medicines handling which included observation of practice to ensure their competence. Where people refused their medicines they were encouraged to take them later. However we saw that the specific times that medicine was taken was not recorded. Staff told us that the medicine rounds took two hours and all of the medicines given during this time were recorded as 'breakfast', 'lunch' or 'tea' and no actual times were recorded. All the staff we spoke to who were responsible for administering medicines told us that they felt under a great deal of pressure during the medicine rounds. We were told that the provider was introducing a new medicines system that electronically time stamped the medicine administration times. However there was no planned date for its implementation.

The manager told us that the housekeeper was the lead person for infection control. However they had not produced an annual infection control statement. During our tour of the building the environment appeared clean and smelt fresh with no malodours. There were hand gel dispensers around the home to help prevent any cross contamination. There were also hand washing facilities

Requires improvement

Is the service safe?

and suitable personal protective equipment such as gloves and aprons, around the home. The store room on the middle floor appeared well organised, clean and tidy. We noted that colour coded mops and buckets were used for different areas of the building in order to reduce the risk of and spread of infection. We saw cleaning schedules were in place for carpets, communal areas and bedrooms and the house keeper told us they now carried out a deep clean of one persons bedroom each day. They also told us that they carried out informal checks of the cleanliness of the environment to make sure that the five domestic staff employed each day were carrying out their duties to the expected standard.

Good

Is the service effective?

Our findings

People told us they got on well with staff and they were well supported. People said that staff were competent and skilled at their roles. The exception was the night staff where some people expressed concerns. One person said "They just don't seem to know what they're doing; you have to explain everything to them". Another person said "It seems like the night lot are still learning the job". Relatives told us the staff provided effective support to people. Observations showed people received care from staff who had the practical knowledge and skills to meet people's needs. Staff were seen to engage with people in a positive way, which people responded to. People told us the food was good and there was always enough to eat. However some people told us at time the food could be tepid or cold.

Staff spoke positively about the training they received. One person told us "The training is very good here" and another said "There are plenty of opportunities to do training; we are encouraged to progress". Staff completed courses made mandatory by the provider which included safe moving and handling, infection prevention and control, safeguarding and food hygiene. The computer training record identified when each staff member was next due their refresher training which helped to ensure that all training was up to date. Staff also undertook training in; first aid, nutrition, health and safety, fire, care practices, understanding dementia and managing challenging behaviour. Staff told us they had a good induction and received regular training; this helped them to provide effective support to people. We spoke to the manager about training for night staff and they told us the night staff team completed the same training as day staff.

All new staff were supported by a mentor, allocated to them on their first day. Their induction included an orientation with a tour of the building and discussion on terms and conditions of employment, operating the home, training, communication skills and code of conduct. New staff worked a minimum of a six month probation period when they spent some time shadowing experienced staff. New staff were expected to complete the recently introduced Care Certificate. This covers 15 standards of health and social care topics, which is a national qualification. Their progress was reviewed formally every two months by their supervisor and although their contract of employment was offered soon after they started work it was subject to them achieving a satisfactory probationary period and being confident in their role.

The provider encouraged and supported staff to obtain further qualifications, such as National Vocational Qualifications (NVQ) or Care Diplomas. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. These helped ensure the staff team had the skills to meet people's needs and support people effectively. Staff confirmed they were encouraged and supported to obtain further qualifications. Nurse staff said they were supported to update their skills and attended refresher training. The day prior to the inspection, the RNs had had a full day training from the Community Matron, and this training had covered topics including diabetes , catheterisation and bowel care. However the RNs did indicate that they felt more training in clinical topics was required and updates in topics they referred to included syringe driver training, venepuncture as well as updates on the care plans and record keeping. However the lack of a clinical lead meant that there was no one to monitor and oversee the nursig staff and provide clinical support to them. This had been identified as a priority and this post was being recruited to.

Consent to care and treatment was sought in line with the requirements of the Mental Capacity Act 2005. The MCA aims to protect people who lack mental capacity, and maximise their ability to make decisions or participate in decision-making. The manager understood their responsibilities in this area and staff understood the main requirements of the legislation. The manager told us that although people at The Martlets were frail and some were living with dementia people were able to make day to day choices and decisions for themselves. The manager understood that if a person needed to make specific decisions their capacity to make decisions would need to be assessed. We saw that in some people's care plans capactity assessments were in place and had been appropriately completed. It was also understood by the manager and staff that if the person was assessed as lacking capacity, decisions about their care and treatment would need to be made on their behalf and in their best interest. The manager told us that currently 27 applications for people under Deprivation of Liberty Safeguards (DoLS)

which applies to care homes had been made and these were being dealt with on a priority basis. DoLS protects the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm.

Staff said although some people had difficulty remembering things they were able to make their wishes known to staff. We observed staff supporting people and saw people were consulted as much as possible. Staff took time to explain things to people in a way they understood. People told us that they made choices about how they spent their time. They told us staff respected and listened to them. One person told us, "The (staff) are very good".

People were supported to have sufficient to eat, drink and maintain a balanced diet. One person said, "The food is good, yes". People were happy with the choice of food and drinks available. One person said "The food is lovely here. It suits me fine". Another told us "I like the food we have, especially the puddings". People said they could choose where they wanted their meals and that they were happy with the choices available. However some people complained that the food sometime could be cold. Meals were prepared in the main kitchen which was on the ground floor. There was a four week rolling menu with a choice of meals for breakfast, lunch and supper. The lunchtime meal was the main meal of the day and this was served at 1pm. Food was brought up to each dining area in a heated trolley and staff were instructed to check and record food temperatures before serving to people. We observed staff plating up meals for people and they appeared appetising and well presented. However food was not left in the heated trolley until staff were available to provided assistance and therefore went cold if the person needed to wait for staff to support them.

We observed lunch on all of the floors and found that on the ground floor the atmosphere was calm and relaxed and people who took longer to eat than others were afforded the time to do so. On the first floor one dining area was full with some people eating meals in chairs in the lounge area. These people were unable to sit at the dining tables as there was no capacity to seat them in that particular dining area The second dining area on the first floor only had two people who sat at the table, however people in the lounge opposite were not offered the opportunity to sit there if they so wished.

On the second floor on the nursing unit lunch looked well-presented and staff assisted residents with their meals. We were told there were six or seven residents who required assistance and there were two care staff in the dining area to assist. Several residents remained in their beds for meals and they were assisted by staff as required. The activities person came to help with the lunch time meal. The RGN was administering medications. The serving of the meal took some time and at 1.40pm two residents were still waiting to be served. This was due to staffing numbers being insufficient to provide appropriate support to be given so that everyone could eat at the same time. At 2pm, one person was still being assisted with lunch. We spoke to the manager about this who told us they would look into this issue and possibly stagger meal times between floors so that sufficient staff were available to provide support to those people who needed it.

People at risk of poor nutrition were regularly assessed and monitored using the Malnutrition Universal Screening Tool (MUST). MUST is a five-step screening tool to identify people who are malnourished, at risk of malnutrition or over weight. All people with special dietary needs were regularly assessed by external professionals, including the GP and dietician to ensure their nutritional needs were being met. When required people's weights were recorded to monitor significant loss or gain. Food and fluid charts were in place to monitor how much people had eaten and drank on a daily basis. Staff had a good knowledge of people's dietary requirements, including those requiring special diets such as pureed, soft or meals that needed to be cut into small pieces for people. Communication between kitchen and care staff was good. Care staff advised the chef of changes made to people's diets following input and advice from visiting professionals, such as speech and language therapists.

People's healthcare needs were met. Each person had a health care plan and this contained a health assessment with information about the person's health needs. People were registered with a GP in the local area. Staff told us they were able to access support and advice from GPs, district nurses, dietician, speech and language therapists and the psychiatric service. In addition an optician and dentist also assessed people in the home. Staff were knowledgeable about people's health care needs. Staff said appointments with other health care professionals were arranged through referrals from people's GP. A record of healthcare appointments was kept in each person's care

Good

Is the service effective?

plan together with a record of any treatment given and dates for future appointments. A staff member said, "Everyone's health care needs are looked after. We call the GP or nurse if we have any concerns and support them to attend appointments". We spoke to a visiting community nurse who told us that The Martlerts was proactive in asking for advice and support and that they followed any advice and treatment plans. The daily handover sheet provided details of people's health appointments. This helped people to stay healthy and meant people's needs were monitored and care and support was planned and delivered in accordance with their individual needs and care plans.

Staff told us they were well supported by their team leader or line manager and other permanent staff in the home. The area manager admitted and records confirmed that up until recently staff had not received supervision as regularly as they should. However since August 2015 regular supervision sessions every two months had been introduced by the recently appointed manager for all staff. Records confirmed that all staff had received their supervision as planned. We saw from the supervision documents that both the member of staff and the supervisor had an opportunity to raise items for discussion.

People said they were happy and comfortable with their rooms and that they got the rest they wanted at night. People's individual needs were met by the adaptation, design and decoration of the service. People's rooms were decorated in their favourite colours and were personalised, with personal memorabilia and photos. However, some rooms were stark and un-stimulating for those in bed for much of the time.

Good

Is the service caring?

Our findings

People were happy with the care and support they received. People said they were well looked after and that they were supported by kind and caring staff. Comments from people included: “Everything is good”; “We are certainly well looked after, the staff are marvellous”; “I have been here for four years and I wouldn’t go anywhere else” “I do get on well with them”. “They’re very good on the whole”. “I like to be here”. “I’m happy here yes”. “It’s perfect for me here, I think the staff do very well” and “Everyone is very nice, yes they are kind to us”.

People were supported to maintain relationships with their families. Details of contact numbers and key dates such as birthdays for relatives and important people in each individual’s life was kept in their care plan file.

The majority of staff were kind and caring, but we did note one member of staff who was unsympathetic and abrupt and have fed this back to the manager. This was during the very busy lunchtime on the first floor. A person asked twice for help with their meal to be told: “No you can feed yourself ” and “No you do it”. The same member of staff abruptly removed a newspaper that someone was wiping their mouth with saying “give it to me” and did not give the person any explanation or a replacement napkin. This resulted in the person becoming angry and not understanding why the paper had been removed. We also observed the same member of staff removing a duvet from a person who was carrying it across the floor. They took the duvet off them with no explanation leaving the person looking confused and bewildered. We passed this information to the manager who told us they would speak to the person concerned and take appropriate action as required.

Staff respected people’s privacy and dignity. We observed them knocking on people's doors and waited for a response before entering. Staff said that they always treated people with dignity and respect. Staff used people’s preferred names, cloed doors on undertaking personal care and had private conversations. One member of staff told us, “We all get on well”.

We observed staff talking and engaging with people when providing support. Throughout our visit staff showed people kindness, patience and respect. This approach helped ensure people were supported in a way that respected their decisions and protected their rights. There was a good rapport between staff and people. We observed positive interactions and observed staff speaking kindly with people and sharing laughter. For example we saw a staff member with an arm around a person’s shoulder, holding hands to guide them and supporting them in a sensitive manner. Staff used gentle touch to reassure and support people. Staff walked with people at their own pace and when communicating with them they got down to their level and gave eye contact. They explained what was happening and spent time listening to them and responding to their questions and comments. One member of staff told us how they tried to come in early so that they could spend time talking with people before they started working and also took residents out shopping in their own time. We also observed staff interacting with people appropriately conversations overheard included “(named person) can I tuck your skirt in for you?”, “(named person) your lunch is here, it looks tasty”, “I’ll be back in a second (named person)..I just need to fetch something, won’t be long” and “(named person) I’m just going to sort your top out for you”. This was a kind and supportive approach which demonstrated care for the person.

Throughout the course of our visit, and apart from one incident which we have already mentioned, we observed staff treating people in a respectful and dignified manner. The atmosphere in the home was calm and friendly. Staff took their time and gave people encouragement whilst supporting them and when assisting them to eat. Staff respected people’s choice for privacy. People were seen to spend time where they wanted some in communal areas, others in their bedrooms. Visitors were seen to come and go throughout the day without restriction.

Everyone was well groomed and dressed appropriately for the time of year. We observed that staff spent time listening to people and responding to their questions. They explained what they were doing and offered reassurance when anyone appeared anxious. Staff engaged with people in a warm and friendly manner. However we did note that people were not always supported and included when decisions were made. People were not always offered a choice of where to sit at meal times. They were not always involved in decisions about the care and support and how they wanted this be be given. Although we saw staff

Good

Is the service caring?

consulting people and asking them what they wanted and offered choices, the written documentation in care plans did not reflect this. This has been explored further in the Responsive domain.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was passed verbally in private, at staff handovers or put in each individual's care notes. There was also a handover sheet where they could leave details for other staff regarding specific information about people. This helped to ensure only people who had a need to know were aware of people's personal information.

There was information and leaflets in the entrance hall of the home about local help and advice groups, including advocacy services that people could use. These gave information about the services on offer and how to make contact. This would enable people to be involved in decisions about their care and treatment. The manager told us they would support people to access an appropriate service if people wanted this support.

Requires improvement

Is the service responsive?

Our findings

People told us they were happy with the care they received and that staff did their best but they were always so busy. People said that there was not always enough staff and they could tell by the length of time it took to answer calls bells, staff not having time to respond to individual needs, time to talk and chat or offer stimulation to people in their rooms. People told us they could wait for long periods for call bells to be answered and in some instances even gave up waiting. Comments included "It's the only thing I'm not happy about. I can be sitting here for a long time before anyone comes". "It could be ages before they come so it's a waste of time" and "You're better off without a call bell for the use it is". The majority of people were not aware that they had a plan of care and had not been involved in reviews. One person said there had been a family meeting to discuss their care plan as the family had requested this. They said "They kept giving me big meals but we had a meeting with my children to talk about it all as I only want small meals and they wrote everything down so it's much better now" A relative said in the two years her mother and father had been at The Martlets there had been two meetings to discuss care issues.

Each person had an individual care plan and staff understood the importance of explaining to people what they were doing when providing support. Care plans were task led and although care plans identified the support people needed, they were not person centred and did not include information on how people wanted their support to be given. Care plans lacked information about people's choices and preferences. For example the care plan for one person stated 'needs support to wash and dress', there was no information about what the person could do for themselves and did not state what actual support was to be given or how the person wanted to be supported. Another care plan stated 'Needs full support with personal hygiene'. The plan stated that the person was very private and could become quite anxious during personal care and two staff were needed to assist the person concerned. There was no information on how staff should offer support or information on how they could help reduce any anxiety.

People gave us numerous examples of where they had not been consulted about the care and support they received. People said that they didn't have a choice about baths/ showers and that they didnot have one as often as they liked. One person said "I'd love a bath but they say my legs are too heavy". Another said " I would like a shower every day or at least twice a week . . . but I only get one a week". On a board in one of the care offices we saw a wipe board which contained the days of the week with people's names beside the day, for staff to address their bath/shower. This restricted people's choice and promoted institutional practice.

There were also variations on choices about people going to bed and getting up. Some people said they chose themselves but those who required assistance tended to fit into what was best for the staff. One person said "I go to bed whenever I like but I don't need them to help me I can manage myself". Other comments included: "They (staff) come and ask me the night before what time I'm getting up the next day, and I just tell them to do what's best for them". "I try to help with their (staff) routine but it means I can be waiting a long time in the morning to get up". Another person said "I wanted to go to bed at 7pm the other night and was told it was too early and I couldn't, I felt like I was at school". One person said they would not like male care staff to wash them and so far it had never happened but that they had not been asked. At lunch time of the first floor some people could choose where to sit to eat their lunch whilst others were instructed where to sit. Some had to sit in chairs to eat their meal and were not offered a choice to sit in the lounge opposite which had spare places at the dining tables. This did not ensure that people received care that was responsive to their needs and preferences.

Daily records compiled by staff detailed the support people received throughout the day. Care plans were reviewed every month to help ensure they were kept up to date and reflected each person's current needs. However there was no evidence that people had been involved in their review. Recording was only one or two lines and reviews did not contain an evaluation of how the plan was working for the person concerned so it was not clear how progress or lack of it could be monitored.

The above evidence shows that people's plans of care did not always meet their needs and reflect their preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

For people receiving nursing care we saw that the pre assessments completed prior to the person moving into

Is the service responsive?

the home included information on the health care and support residents would need to address their activities of daily living. The care plans included information and guidance to staff about how people's care and support needs should be met. They contained information about people's medical and physical needs including skin integrity, manual handling , falls and nutrition, as well as specific risk issues such as swallowing. We saw that wound care records were completed at regular intervals and these had supporting body maps and included information on how wounds were healing or changing.

We spoke with the manager about this who informed us that the provider was in the process of introducing a new person centred care planning system and said they would ensure people were consulted and involved in the care planning process when making out the new care plans.

The team leader on each floor for each shift received a comprehensive handover from the team leader going off duty. This included any issues that had occurred and any appointments or specific information for individual people. The team leader coming on duty then gave a hand over to all staff coming on duty and completed a planning sheet to inform staff of their responsibilities. This gave details of what staff would be supporting people on each of the three floors. Staff said they were consulted and were able to have input to help ensure people were appropriately supported in a meaningful way. This ensured staff provided care that reflected people's current needs.

People were confident to approach staff, however requests for support were not always responded to quickly. Staff would acknowledge the person and tell them they were busy with another resident but would return as soon as they were able. This was frustrating for people living with dementia as they did not fully understand why they were having to wait. This also meant that people who had urgent personal care needs that needed addressing might be at risk.

Staff said that people could express their wishes and preferences and these would always be respected however this was not always evidenced in practice. Staff said people needed different levels of support and they gave individual support to people whenever it was needed. One staff member said "We are always very busy and it's hard to keep up but we work together to give people the support they need. Another staff member told us "We always talk with people and explain as much as possible what we are doing and why". They said if a person refused support at a particular time they would respect their decision and go back later and offer the support again. This enabled staff to respect people's choices but also ensured that they responded to people's needs.

People had differing views on the activities provided. Several people told us they enjoyed most of the activities. One person said "The activity co-ordinator is marvellous. He is a nice man and so funny. I enjoy the sessions and he is very good". Another told us they did not always know what activities were available. One person told us "I like doing the music sing along things we do" and another told us "I join in quite often with what's going on, I don't know what's happening today though and I didn't do anything yesterday". Another person said "I'd have enjoyed that today (we had mentioned what was happening downstairs) if I'd been asked. I should think a list or something on my wall would be most useful". One person who was being nursed in bed said "I'm sick of just staring at that wall". One of the activities co-ordinators told us that few people attended the organised activities from the nursing floor in view of their poor mobility. As a result they provided one to one sessions in people's rooms when they had a chat, completed a quiz or craft work or undertook simple exercises with them. We explained to the activities co-ordinator that some people were unaware of the activities taking place. They said they would get together with all of the activities co-ordinators to ensure that the information about daily activities was promulgated so everyone who wanted to could take part,

Three activity co-ordinators were employed to provide a range of activities for people. One focussed on providing activities for people living with dementia. Activity programmes were planned for each week and although most sessions were held on the ground floor all people were invited to attend. We noted that the activity programme was clearly displayed on each floor and included quizzes, bingo, music and movement and craft sessions such as pumpkin carving. In addition outside entertainers were brought in and we saw these included a flautist booked for next week, singers, the zoo lab and skittles. At the time of our visit communal areas were decorated with a Hallowe'en theme and photographs of activities were displayed about the home. During the morning we observed thirteen people enjoy a "What am I "guessing game in the lounge downstairs. People were engaged and enjoying this with laughter and jokes.

Requires improvement

Is the service responsive?

Generally the activities for people met their needs and gave stimulation. However for those people who remained in bed, more thought into meaningful activities at regular intervals was required. We spoke to one of the activities co-ordinators who told us they would survey those people on the nursing floor to see if there was more they could do to help stimulate and involved them in activities. The activities staff said the programme of activities depended on people's preferences and there were residents' meetings every four to six months when activities were discussed. They said "We give people a choice but encourage them to join in. As long as they are smiling and laughing when I've finished I know it's been OK".

We observed people who were mobile could move around freely on each floor. The dementia area was stimulating with good signage, boards with handles and catches to fiddle with, rummage boxes and sensory memorabilia around. People were not restricted. However access to other parts of the building or the garden would have required staff support and supervision and were, therefore, restricted.

People knew how to make a complaint and told us they would be comfortable to do so if necessary and were confident that any issues raised would be addressed by the manager. Leaflets describing the process were available in the reception area. We saw that the complaints received had been dealt with appropriately and in accordance with the timescales set out in the policy. Staff were aware of the complaints policy and procedures. They knew what to do if someone approached them with a concern and were confident that the managers would take the complaint seriously. All complaints were logged on the provider's computer system and this showed, the date the complaint was received, who had made the complaint and also details about the complaint. There was clear information on who had dealt with the complaint and included information on the outcome of the complaint and date. There was also a section to record any learning that could be taken from the complaint so it could be passed to relevant people.

Requires improvement

Is the service well-led?

Our findings

People and staff said the new manager was good and they could talk with them at any time. Relatives confirmed the manager was approachable and said they could raise any issues with them or a member of staff. They told us they were consulted about how the home was run by completing a questionnaire. One relative said "The manager is easy to talk to and always keeps me up to date with any issues regarding my relative and I can speak to them on the phone or meet with them whenever I want".

The manager was not yet able to demonstrate good management and leadership as they had only been in post a short time. However staff told us they felt that the manager was already making a difference. The manager, although not yet registered with the CQC, had submitted an appropriate application which at the time of the inspection was being processed. They acted in accordance with CQC registration requirements. We were sent notifications as required to inform us of any important events that took place in the home.

The Martlets did not have a registered manager in place from September 2013 until September 2014. Since September 2014 there have been two registered managers who only stayed for eight and five months respectively. This meant that any changes or improvments that had been put in place were not sustained and embedded in practice. For example the previous manager had introduced a "Resident of the week." This was designed to ensure that the person's care plan was discussed with them and that staff looked into all aspects of the persons life at The Martlets to see if any changes or improvements were needed. Staff told us this had been a useful tool but was not now being used as the manager had left.

The provider aimed to ensure people were listened to and were treated fairly. The manager told us they operated an open door policy and welcomed feedback on any aspect of the service. They encouraged open communication and supported staff to question practice and bring their attention to any problems. The manager said they would not hesitate to make changes if necessary to benefit people. All staff told us there was a good staff team and felt confident that if they had any concerns they would be dealt with appropriately. Staff said communication was good and they always felt able to make suggestions. They said the manager was approachable and had good communication skills and that they were open and transparent and worked well with them.

There were regular management meetings with other managers from the providers other homes in the local area. Regular meetings took place with senior staff and heads of departments and these enabled them to influence the running of the service and make comments and suggestions about any changes. The manager said that they and staff regularly worked alongside other staff to observe them carrying out their roles. This enabled them to identify good practice or areas that may need to be improved. However observations of staff practice were not recorded.

The manager showed a commitment to improving the service that people received by ensuring their own personal knowledge and skills were up to date. The manager said they attended management training provided and monitored professional websites to keep up to date with best practice. The manager said they were being enrolled on training to better understand the role of the RGNs and to gain an understanding of some of the clinical issues so that they could provide better support to nurse staff. The manager said that If appropriate they would pass on knowledge and information to staff so that they, in turn, increased their knowledge.

Staff told us that they had regular staff meetings and minutes of these meetings were kept so that any member of staff who had been unable to attend could bring themselves up to date. Staff told us that these meetings enabled them to express their views and to share any concerns or ideas about improving the service. However we looked at the minutes of the previous staff meetings and the minutes did not fully evidence this, The minutes contained information about who had attended and gave information about the topics discussed. There was no information about decisions that had been made and no action points to take forward. We discussed this with the manager who said they felt the staff meetings were useful and constructive but agreed that the minutes did not always reflect this. The manager said that in future they would ensure that minutes of staff meetings were more comprehensive to reflect the issues discussed and the

Requires improvement

Is the service well-led?

decisions made. This would help ensure that feedback was given to staff in a constructive and motivating way. It would also ensure that staff who were unable to attend any meetings were kept fully informed.

The provider had a policy and procedure for quality assurance. The manager ensured that weekly and monthly checks were carried out to monitor the quality of service provision. Checks and audits that took place included; food hygiene, health and safety, infection control and cleaning audits, care plan monitoring, audits of medicines, audits of accidents or incidents and concerns or complaints. The provider employed an area manager who regularly visited the home and checked that the manager's audits had been undertaken. The area manager explained they produced a report after each visit and if any shortfalls were identified they would produce an action plan and the manager had to sign off each area as the action plan was completed,

The provider also had its own quality team who conducted its own audits of the service they produced a report which was shared with the manager and this was kept on the provider's computer system. The manager would sign off any shortfalls identified in the report as they were completed. There was a six monthly return visit by the quality team to check that any required actions had taken place. The quality assurance procedures that were carried out helped the provider and manager to ensure the service they provided was of a good standard. They also helped to identify areas where the service could be improved.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met: Sufficient numbers of suitably qualified, competent, skilled and experienced persons had not been deployed in order to meet service users' needs. Regulation 18 (1).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care How the regulation was not being met: The registered person did not ensure that the care and treatment of service users was appropriate, met their needs and reflected their preferences 9(1)(a)(b)(c)(2)(3)(a)(b)(c)(d)(e)(h)(I)