Knightingale Care Limited

Martin Hall Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 11 April 2018 and was unannounced. Martin Hall 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. It provides accommodation for older people and those with mental health conditions or dementia. The home can accommodate up to 40 people. At the time of our inspection there were 23 people living in the home.

There was a registered manager in post. At the time of our inspection the current registered manager was in the process of de registering with CQC and a new manager who will be referred to in the report as 'manager' had been appointed who was in the process of registering with CQC. A registered manager is a person who has registered with the Care Quality Commission 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. In this report when we speak about both the company and the registered manager we refer to them as being, 'the registered persons'.

The service had not previously been rated because this was the first inspection for the location under the new provider.

Guidance was in place to ensure people received their medicines when required. Medicines were managed administered safely.
Where people were unable to make decisions arrangements had been made to ensure decisions were made in people's best interests.

A system was in place to carry out suitable quality checks were being completed and actions taken where issues were identified. The provider had ensured that there were enough staff on duty. In addition, people told us that they received person-centred care.

There were systems, processes and practices to safeguard people from situations in which they may experience abuse including financial mistreatment. Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. Background checks had been completed before new staff had been appointed.

The environment was clean. There were arrangements to prevent and control infections and lessons had been learned when things had gone wrong.

Staff had been supported to deliver care in line with current best practice guidance. People were helped to eat and drink enough to maintain a balanced diet. People had access to healthcare services so that they received on-going healthcare support.

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive ways possible. The policies and systems in the service supported this practice.

People were treated with kindness, respect and compassion and they were given emotional support when needed. They had also been supported to express their views and be actively involved in making decisions about their care as far as possible. People had access to lay advocates if necessary. Confidential information was kept private.

Information was provided to people in an accessible manner. People had been supported to access activities and community facilities. The registered manager and manager recognised the importance of promoting equality and diversity. People's concerns and complaints were listened and responded to in order to improve the quality of care. Arrangements were in place to support people at the end of their life.

The senior management team promoted a positive culture in the service that was focused upon achieving good outcomes for people. They had also taken steps to enable the service to meet regulatory requirements. Staff had been helped to understand their responsibilities to develop good team work and to speak out if they had any concerns. People, their relatives and members of staff had been consulted about making improvements in the service. The provider had put in place arrangements that were designed to enable the service to learn, innovate and ensure its sustainability. There were arrangements for working in partnership with other agencies to support the development of joined-up care.

Further information is in the detailed findings below.

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.

Medicine records were completed. Medicines were administered and managed safely.

Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe. Arrangements were in place to safeguard people against avoidable accidents.

Arrangements were in place to ensure there were sufficient staff to care for people safely. There were systems, processes and practices to safeguard people from situations in which they may experience abuse.

Arrangements were in place to prevent the spread of infection.

Is the service effective?

Good

The service was effective.

The provider acted in accordance with the Mental Capacity Act 2005. Arrangements were in place to protect people from having their liberty restricted unlawfully.

Staff had received sufficient training and support to assist them to meet the needs of people who used the service.

People had their nutritional needs met. People had access to a range of healthcare services and professionals.

The environment was appropriate to meet people's needs.

Is the service caring?

Good

The service was caring.

People had their privacy and dignity maintained.

Care was provided in an appropriate manner.

Staff responded to people in a kind and sensitive manner.

People were able to make choices about how care was delivered.

Is the service responsive?

Good

The service was responsive.

Care records were personalised and regularly reviewed.

People had access to a range of activities.

The complaints procedure was on display and people knew how to make a complaint.

The provider had arrangements in place to support people at the end of their life.

Is the service well-led?

Good

The service was well led.

Quality assurance processes were effective in identifying shortfalls in the care people received and improving the quality of care. Action plans were in place.

Staff were listened to and felt able to raise concerns.

The provider notified the Care Quality Commission of events in line with statutory requirements.

Martin Hall Nursing Home

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 was a comprehensive inspection.

This inspection took place on 11 April 2018 and was unannounced.

The inspection was carried out by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at information the registered persons sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about.

During the inspection we spoke with four people who lived at the service, three relatives, two nurses, two members of care staff, the manager, the deputy area manager and the registered manager. We also looked at four care records and records that related to how the service was managed including staffing, training and quality assurance.

Good

Is the service safe?

Our findings

People told us that they felt safe living in the service. We saw evidence of people being supported to maintain their feeling of safety. For example a person had requested a gate for their room door to prevent people gaining unauthorised access and this had been facilitated. Relatives also told us they were confident that their family members were safe. One relative said, "My [family member] is so safe here, they check on them every two hours and all through the night. I check the paperwork in the room to see that they do this." Another relative told us, "I come in every day so I see what is happening and I am really happy that [family member] is safe here. The staff seem to know what they are doing and they have such a difficult job." Another relative said, "When I walk away I don't feel worried about [family member]. I feel that they are safe here and getting the best possible care. That puts me at my ease."

There were systems, processes and practices to safeguard people from situations in which they may experience abuse. Records showed that care staff had completed training and had received guidance in how to protect people from abuse. We found staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. This included reporting issues to external agencies such as the local authority. Staff told us they thought people were treated with kindness and they had not seen anyone being placed at risk of harm. We also noted that the registered persons had established transparent systems to assist those people who wanted help to manage their personal spending money in order to protect people from the risk of financial mistreatment.

We found that risks to people's safety had been assessed, monitored and managed so that people were supported to stay safe while their freedom was respected. This included measures that had been taken to help people avoid preventable accidents. For example, risk assessments were in place to manage the risk of falls. Arrangements were in place to protect people in the event of situations such as fire or flood.

Staff were supported to promote positive outcomes for people if they became distressed. For example, guidance was available in people's care plans so that they supported them in the least restrictive way. When we spoke with staff they were able to tell us about these. For example, allowing a person to have their bedroom door locked at all times.

We found that suitable arrangements were in place to safely manage people's medicines in line with national guidelines. We observed medicine administration records (MARs) were completed according to the provider's policy. Medicine front sheets were in place and included information about allergies and how people liked to receive their medicines. Information to support staff when administering as required, (PRN) medicines, was available to staff to ensure people received their medicines when they needed them. Where people received their medicines without their knowledge (covertly) we observed the appropriate arrangements had been put in place to ensure the method of administration did not affect the way the medicines worked.

The provider had ensured there was enough staff on duty to provide safe care to people. Staff said they thought there was sufficient staff. The registered manager told us they had put in place arrangements to

ensure there was sufficient staff to support people. They said they had taken into account the number of people living in the service and the care each person needed to receive. They explained this was reviewed on a weekly basis to ensure there continued to be the appropriate number of staff to meet people's needs. Arrangements were also in place to provide cover in the event of staff absences due to sickness or annual leave. At the time of our inspection the provider was in the process of recruiting to nurse vacancies. In order to encourage staff to apply and avoid staff shortages the provider was considering incentives such as moving expenses.

We found that in relation to the employment of new staff the registered persons had undertaken the necessary checks. These included checking with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. In addition, references had been obtained from people who knew the applicants. These measures had helped to establish the previous good conduct of the applicants and to ensure that they were suitable people to be employed in the service.

People told us they felt the home was clean. Suitable measures were in place to prevent and control infection. Staff had received training and understood how to prevent the spread of infection. Audits had been carried out and actions put in place where issues had been identified. One person said, "The cleaners have been in today and moved all the cupboards and given the room a really good clean." A relative told us, "[Family member] room is always clean and tidy. Sometimes you might smell an unpleasant odour but it has got better. I think they have removed some of the carpets which have been a problem in the past."

We found that the registered persons had ensured that lessons were learned and improvements made when things had gone wrong. Staff told us they received feedback on incidents and accidents. Records showed that arrangements were in place to analyse accidents and near misses so that they could establish how and why they had occurred. We also noted that actions had then been taken to reduce the likelihood of the same thing happening again.

Good

Is the service effective?

Our findings

We found that arrangements were in place to assess people's needs and choices so that care was provided to achieve effective outcomes. Records showed the registered manager and manager had carefully established what assistance people required before they were admitted. Initial assessments had also considered any additional provision that might need to be made to ensure that people did not experience any discrimination. An example of this was establishing if people had cultural or ethnic beliefs that affected how they wished to receive their care.

People were confident the staff knew what they were doing and had their best interests at heart. Members of staff told us and records confirmed that they had received introductory training before they provided people with care. As part of their initial training, new staff also completed the National Care Certificate which sets out common induction standards for social care staff. In addition, they had also received on-going refresher training to keep their knowledge and skills up to date. When we spoke with staff we found that they knew how to care for people in the right way and where people had specific needs arrangements had been put in place to provide training to staff. For example, a nurse who had not previously worked in this area of care told us they received lots of support and training to help to orientate them to the service.

Staff told us they were able to speak with the senior management team at any time if they needed to. Arrangements were in place for staff to receive one to one support. Records showed supervisions and appraisals on a one to one basis had taken place. This is important to ensure staff have the appropriate skills and support to deliver care appropriately.

We observed lunch and saw it was served in three communal areas or people's bedrooms according to people's choice. The experience in the main dining area was noisy but the staff were organised and ensured all food was served promptly. The meals looked appetising and the portions were of a good size. The menu was written on a chalkboard in the dining area and a picture menu was also displayed however we observed there was no choice offered for lunch on the menu. We saw if a person did not like the food the staff offered an alternative. The people we spoke with told us they thought there was insufficient choice at mealtimes. One person said, "When they bring me my post I ask what the food is today and then they tell me. If I don't ask I don't get to find out." Another told us, "The food is quite good really. They know I don't like mushy peas so I have baked beans instead which is nice, other than that there is no choice. "People were supported to eat and drink enough to maintain a balanced diet. We observed drinks were available throughout the day in communal and bedroom areas. Where people had specific dietary requirements we saw these were detailed in care records and staff were aware of these.

Records confirmed that people had received all of the help they needed to see their doctor and other healthcare professionals such as specialist nurses, dentists, opticians and dieticians. On the day of our inspection we observed the chiropodist carrying out treatment. Reviews were held with people and professionals who were involved in their care. These included meeting with their GP, personal representatives and other health professionals. This helped to promote good communication resulting in consistent and coordinated care for people. Where people had specific health needs for example diabetes,

care plans reflected this and detailed how to meet these needs. 'Grab sheets' were in place to use when people were admitted to hospital to ensure staff had an understanding of people's care needs.

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 law 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found that suitable arrangements had been made to obtain consent to care and treatment in line with legislation and guidance. Staff were supporting people to make decisions for themselves whenever possible. Records showed that when people lacked mental capacity the registered manager had put in place a decision in people's best interests. These were decision specific as required by national guidance.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found where people were subject to DoLS the appropriate arrangements had been put in place with input from relatives and other professionals.

Where people were able to consent documentation had been completed with them for issues such as access to records and photography. Do not attempt cardiac pulmonary resuscitation orders (DNACPR) were in place where appropriate.

We saw that refurbishment had taken place in the communal areas and this was ongoing. The refurbishment had addressed issues such as the replacement of floors. The manager told us they intended to continue the refurbishment process in bedroom areas, for example removing and replacing flooring in ensuites and ensuring bedrooms met people's needs. We saw a bedroom was being fitted with a desk and the internet for a person who used a computer on a regular basis.

Good

Is the service caring?

Our findings

People and their relatives were positive about the care they received. A person told us, "The staff are always friendly and ask how you are. They take an interest in my wellbeing as well which is thoughtful." Another said, "Oh the staff are lovely, so kind and patient." A relative told us their family member had some pictures stuck on their wall and they had started to peel off. They said, "When I came today someone has put them all in a nice frame. I thought that was really nice of them just to do that." Following the sing a long we observed a member of staff reminiscing with a person about when they sang in a choir and singing along with them a song they remembered.

People were treated with kindness and were given emotional support when needed. For example, one person was upset by another person who lived at the home. We observed they were comforted by a member of staff. We observed the person became calmer and sat with her for a while.

Where people required specific support to prevent them from becoming distressed this was detailed in their care records and guidance was in place to support staff. A relative told us, their family member often became upset when receiving personal care but that staff understood their needs and supported them appropriately, they said, "They [staff] treat [family member] with respect all the time. They talk to them and they are very tolerant." A staff member told us, "Our residents are our priority."
We observed staff stroking people's arms and backs, holding their hands, talking to residents at eye level, using terms of endearment and the residents preferred name. The staff were calm with people even when they were upset.

We found that people had been supported to express their views and be actively involved in making decisions about their care and treatment as far as possible. For example, a care record stated, "Please draw my curtains and switch my light off at night." A member of staff told us, "We never shy away from asking people what they want." People were also encouraged to remain as independent as possible. For example, a relative told us how staff had supported their family member to move from a mashed diet to more solid food.

We observed staff supporting people to move and saw this was done safely and at people's own pace. Staff explained what they were doing and how people could assist them when moving. One person was upset when being supported to use a hoist. We observed staff explained what they were doing and kept stopping the process to check the person was alright and not in any discomfort.

Most people had family, friends or representatives who could support them to express their preferences. In addition, records showed and relatives confirmed that the registered manager had encouraged their involvement by liaising with them on a regular basis. Furthermore, we noted that the provider had access to local lay advocacy resources. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

People's privacy, dignity and independence were respected and promoted. A person's care record stated,

"Provide private and confidential environments for voicing concerns or feelings. We observed there were a number of areas within the home where people could go for quiet time and privacy if they required." We observed staff knocked on people's bedroom doors and called them by their preferred name. People told us staff were usually respectful when given personal care and they had never felt undignified or embarrassed. One relative said, "They [staff] treat [family member] with respect all the time." We found that suitable arrangements had been maintained to ensure that private information was kept confidential. Computer records were password protected so that they could only be accessed by authorised members of staff.

Good

Is the service responsive?

Our findings

People said that nurses and care staff provided them with all of the assistance they needed. We found that people received personalised care that was responsive to their needs. Staff received daily updates and systems were in place to ensure staff received the information in a timely manner. This ensured staff were aware of people's changing needs. Where people's needs had changed we saw arrangements had been put in place to ensure they were met. For example, a person who had their medicines in their food had not been taking the medicines because they were not eating at lunchtime. We observed staff had discussed this with the GP and got the times for administration of medicines changed to teatime which improved the person's compliance with their medicines.

Assessments had been completed before people came to live at the service. Records showed that staff had consulted with each person about the care they wanted to receive and had recorded the results in an individual care plan. Individual booklets were included in the care record to inform staff about what was important to people. For example, information about people's work history and life experiences. This helped staff to understand people's needs and wishes. Care plans were regularly reviewed to make sure that they accurately reflected people's changing needs and wishes.

Care plans and other documents were written in a user-friendly way according to the Accessible Information Standard so that information was presented to people in an accessible manner. We saw people had been involved in discussions about their care plans and staff told us how they involved people and their relatives. Two of the people we spoke with told us they had been involved in putting a care plan in place for their family member. One relative said, "I have discussed [family member] care plan and we have an annual review about it. I always feel I can ask about anything to do with their health and care." Another told us, "I discuss my [family member] care plan every 2/3 months. I have not seen it, I wasn't aware that I could see it." We spoke with the manager and registered manager about this who told us they would consider how they could ensure people felt they were involved in their care planning process.

A member of staff was employed to lead on coordinating activities across the week. We saw there were regular visits from entertainers and other groups, including animal therapy and movement to music. One to one sessions were also available for those people who were unable or did not wish to join group activities. During our inspection we observed a number of activities taking place. For example, some ball games, looking at books, reading and a sing along. The activities coordinator told us, one to one support had been planned for the morning but people wanted to sing so the activity was changed. People were encouraged to participate in community events. For example, one person had been taken to see some lambs in the last week and another had also been out to a local coffee morning. A relative told us, "[Family member] used to play the piano and was in the choir and they always encourage them to be involved in any of the musical activities." Another told us they family member liked to paint and the staff had displayed some of their work on walls in communal areas.

People were supported to maintain relationships and relative's told us they felt welcomed at the home. A relative told us, "I have been able to personalise my wife's room. We had our 50th Wedding Anniversary here

and I have put up loads of pictures from that."

We noted that staff understood the importance of promoting equality and diversity. This included arrangements that had been made for people to meet their spiritual needs. For example, a person had changed their religion and we saw staff had discussed this with them and their family and checked what they wanted. Furthermore, the provider recognised the importance of appropriately supporting people if they identified as gay, lesbian, bisexual and transgender.

There were arrangements to ensure that people's concerns and complaints were listened and responded to in order to improve the quality of care. When we spoke with people they told us they knew how to raise concerns. A relative told us, "I would have no qualms about talking to (Manager). She is very nice and seems to know what she is doing."

The provider had some arrangements in place to support people at the end of their life. Records detailed people's preferences for their care at the end of their life and funeral arrangements. For example one record stated a person would like nice smells around and another asked not to be left alone.

Good

Is the service well-led?

Our findings

People and their relatives told us that they considered the service to be well run. Staff told us they thought the manager, registered manager and the owner were approachable and listened to them. A staff member said, "They are there if you need them." One person told us, "[Manager] is lovely. She is so approachable and I feel able to talk to her about anything." A relative said, "[Manager] is good she knows what she is doing and is really helpful. I don't think anything needs changing I like it the way it is."

There was a manager and registered manager in post who promoted a positive culture in the service that was focused upon achieving good outcomes for people. Staff described the home as homely and happy. We saw that during the inspection the registered manager was seen around the home and engaged with people. It was clear that the manager and registered manager knew people and they were familiar and comfortable with her.

Staff were confident that they could speak with the registered persons and manager if they had any concerns about people not receiving safe care. They told us they were confident that any concerns they raised would be taken seriously so that action could quickly be taken to keep people safe. The registered manager had developed working relationships with local services such as the local authority and GP services.

We found that people who lived in the service, their relatives and members of staff had been engaged in the running of the service. For example, feedback forms were available in the home. The manager told us relative's meetings had been poorly attended and they were looking at how to improve this. We also noted that the registered persons invited people who lived in the service, their relatives and professionals to complete questionnaires to comment on their experience of using the service.

In addition, we found that the provider had taken a number of steps to ensure that members of staff were clear about their responsibilities and to promote the service's ability to comply with regulatory requirements. Regular staff meetings were held and staff received feedback from the managers with regard to issues in the home. In addition staff were allocated specific areas of responsibility to ensure issues were addressed. For example at night a member of staff was assigned responsibility for ensuring tasks such as completing charts and carrying out night checks were carried out. Staff told us they felt there was a good team environment and staff understood their roles within the organisation. Some staff had been given lead roles in areas such as safeguarding and dementia care in order to ensure staff were kept up to date with changes and innovation in these areas.

We found that the registered persons had made a number of arrangements that were designed to enable the service to learn and innovate. This included linking with local organisations such as the local authority to introduce improvements. The service had also participated in national events such as national nutrition and hydration week in order to raise awareness. The manager told us they were also planning to have themes at team meetings such as dementia care to encourage discussion and sharing of knowledge across the staff team. We observed staff had worked with partner agencies in order to resolve issues. For example where

people were resistant to treatment staff had worked with the district nurses to find alternative methods which people were more accepting of but were still effective.

A member of staff told us they thought there had been a number of improvements including renovation. A relative told us, "There have been some good improvements around the home, the new owners seem to be making a difference." Where issues had been identified at meetings action plans had been put in place to address these.

A system was in place for checking the quality of care and ensuring it was improved. Records showed that the registered persons had regularly checked to make sure that people benefited from having all of the care and facilities they needed. Checks were carried out on issues such as falls, hygiene, health and safety and medicines. These checks included making sure care was being consistently provided in the right way, and staff had the knowledge and skills they needed. In addition regular checks had taken place to ensure the service met regulation. We saw the results of these checks were reported back to staff at meetings.

Records showed that the registered persons had correctly told us about significant events that had occurred in the service, such as accidents and injuries. We observed two minor incidences had not been notified to us. We spoke with the registered manager and manager about this and these were forwarded to us on the day of the inspection.