We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

**Martins House**

Jessop Road, Stevenage, SG1 5LL
Tel: 01438351056

Date of Inspection: 06 March 2014
Date of Publication: March 2014

We inspected the following standards to check that action had been taken to meet them. This is what we found:

| Cleanliness and infection control | Met this standard |
| Management of medicines           | Met this standard |
| Records                           | Met this standard |
**Details about this location**

<table>
<thead>
<tr>
<th>Registered Provider</th>
<th>GCH (Martins House) Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Manager</td>
<td>Mrs. Michelle Bladen</td>
</tr>
<tr>
<td>Overview of the service</td>
<td>Martins House provides accommodation for up to 60 people who require care.</td>
</tr>
<tr>
<td>Type of service</td>
<td>Care home service without nursing</td>
</tr>
<tr>
<td>Regulated activity</td>
<td>Accommodation for persons who require nursing or personal care</td>
</tr>
</tbody>
</table>
When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

<table>
<thead>
<tr>
<th>Summary of this inspection:</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why we carried out this inspection</td>
<td>4</td>
</tr>
<tr>
<td>How we carried out this inspection</td>
<td>4</td>
</tr>
<tr>
<td>What people told us and what we found</td>
<td>4</td>
</tr>
<tr>
<td>More information about the provider</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Our judgements for each standard inspected:</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleanliness and infection control</td>
<td>5</td>
</tr>
<tr>
<td>Management of medicines</td>
<td>7</td>
</tr>
<tr>
<td>Records</td>
<td>8</td>
</tr>
</tbody>
</table>

| About CQC Inspections | 9    |
| How we define our judgements | 10   |
| Glossary of terms we use in this report | 12   |
| Contact us | 14   |
Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Martins House had taken action to meet the following essential standards:

- Cleanliness and infection control
- Management of medicines
- Records

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 6 March 2014 and talked with staff.

What people told us and what we found

When we inspected Martins House on 24 September 2013 we identified that in some areas of the home the cleanliness was not of a satisfactory standard. We also identified that there were shortcomings in the management of medicines and in record keeping. We asked the provider to tell us what actions they were going to take to ensure that the essential standards were met. They sent us a plan of actions they would take and told us that the service would meet the essential standards by 24 December 2013. We carried out a further inspection on 06 March 2014. This was to check that the improvements identified in the plan of actions had been made.

We found that the improvements identified in the plan of actions had all been completed. The management had been effective in addressing the areas of concern. The standards of cleanliness had improved, as had the management of medicines and record keeping.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.
Our judgements for each standard inspected

<table>
<thead>
<tr>
<th>Cleanliness and infection control</th>
<th>Met this standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>People should be cared for in a clean environment and protected from the risk of infection</td>
<td></td>
</tr>
</tbody>
</table>

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

When we inspected Martins House on 24 September 2013 we identified areas where the cleanliness was not of a satisfactory standard. Areas we noted that failed to meet the essential standards included carpets in some of the bedrooms, toilets in en-suite facilities, sinks and draining boards in the laundry and a hand washing basin was missing in one of the communal bathrooms.

We asked the provider to tell us what actions they were going to take to ensure that the essential standards were met. They sent us a plan of actions they would take and told us that the service would meet the essential standards by 24 December 2013. We carried out a further inspection on 06 March 2014. This was to check that the improvements identified in the plan of actions had been made and the service had met and maintained satisfactory levels of cleanliness.

People were cared for in a clean, hygienic environment. During our inspection on 06 March 2014 we noted that the home looked clean and there was no offensive odour present in any of the rooms we looked in. We noted that the toilet bowls in all of the en-suite facilities that we looked at were clean and stain free. We also noted that the carpets that we had seen during our previous inspection had been replaced with vinyl floor covering that was easily cleaned.

The carpet in one of the bedrooms we looked at had stretched and become discoloured by frequent cleaning. Later in the day it had been arranged for this to be replaced with vinyl floor covering on 13 March 2014. The provider may find it useful to note that although the carpet in the lounge appeared to be clean there were patches of it in which the colour had been bleached during the cleaning process. This made it look unsightly.

We saw that the missing basin for hand washing had been installed in the communal bathroom. However, the provider may find it useful to note that this was sited on the opposite side of the bath to the liquid soap and paper hand towels. This made it inconvenient for carer workers to use. We also saw that the sinks and draining boards in the laundry had been cleaned and were scale free. A member of staff told us that this was
because more effective cleaning products were being used.

During our inspection of the home we saw that a plastic trolley, which had been used at mealtimes, had been damaged and could not be cleaned effectively. Later in the day we saw that this trolley had been disposed of and a new trolley was to be delivered the following morning.
Management of medicines

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

When we inspected Martins House on 24 September 2013 we identified that there were discrepancies between the amount of medicines held and the amount that the records showed should be in stock. This meant that people may not have received the medication that they had been prescribed. We also found that there were some deficiencies in the record keeping around medicines administration.

We asked the provider to tell us what actions they were going to take to ensure that the essential standards were met. They sent us a plan of actions they would take and told us that the service would meet the essential standards by 24 December 2013. We carried out a further inspection on 06 March 2014. This was to check that the improvements identified in the plan of actions had been made.

During our inspection of 06 March 2014 we saw that people were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. We carried out a full reconciliation of the medicines held for five people who lived at the home. We did not find any discrepancies between the amount of medicines stated to be held and that in stock. We saw that a new system had been put in place and all medicines held were recorded on the medication administration record (MAR) charts. Care workers carried out a reconciliation of the medicines held following each medicines round and recorded this on the MAR charts.

We saw that the temperature of the rooms in which the medication trolleys were stored had been recorded on a daily basis, as was the temperature of the refrigerator used to store medicines.

The manager told us that the pharmacy they used had recently completed an audit at the home, although the report was not currently available. However, the manager told us that the pharmacy had not identified any concerns with the management of medicines at the home.
Records

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

When we inspected Martins House on 24 September 2013 we identified areas where the record keeping was not of a satisfactory standard. We saw that care records had not been completed fully and care plans did not always reflect the care that was provided. Other records relevant to the management of the services, around medicines administration, were also not accurate and fit for purpose.

We asked the provider to tell us what actions they were going to take to ensure that the essential standards were met. They sent us a plan of actions they would take and told us that the service would meet the essential standards by 24 December 2013. We carried out a further inspection on 06 March 2014. This was to check that the improvements identified in the plan of actions had been made.

When we carried out our inspection on 06 March 2014 we looked at the care records of five people who lived at the home. We saw that care plans and risk assessments had been reviewed on a monthly basis and had been updated to reflect any change in people's care needs. The care plans identified people's behaviour indicators. One record advised care workers that if the person got up and appeared to be looking for something they should be asked if they wished to use the toilet. We saw that the records contained details of people's involvement and that of their relatives in their care review. People's weight had been monitored and recorded on a monthly basis, as had their risk of developing pressure sores. The provider may find it useful to note that the date of an amendment had been omitted from a care plan on two occasions, although the review record meant that this could be readily identified.

We saw that the records around medicines administration had been greatly improved. Temperature records were completed daily and the recording of medicines were accurate and checked on a daily basis.
About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.
How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

<table>
<thead>
<tr>
<th><strong>Met this standard</strong></th>
<th>This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Action needed</strong></td>
<td>This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.</td>
</tr>
<tr>
<td><strong>Enforcement action taken</strong></td>
<td>If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.</td>
</tr>
</tbody>
</table>
How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non-compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.


Glossary of terms we use in this report

**Essential standard**

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

- Respecting and involving people who use services - Outcome 1 (Regulation 17)
- Consent to care and treatment - Outcome 2 (Regulation 18)
- Care and welfare of people who use services - Outcome 4 (Regulation 9)
- Meeting Nutritional Needs - Outcome 5 (Regulation 14)
- Cooperating with other providers - Outcome 6 (Regulation 24)
- Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
- Cleanliness and infection control - Outcome 8 (Regulation 12)
- Management of medicines - Outcome 9 (Regulation 13)
- Safety and suitability of premises - Outcome 10 (Regulation 15)
- Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
- Requirements relating to workers - Outcome 12 (Regulation 21)
- Staffing - Outcome 13 (Regulation 22)
- Supporting Staff - Outcome 14 (Regulation 23)
- Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
- Complaints - Outcome 17 (Regulation 19)
- Records - Outcome 21 (Regulation 20)

**Regulated activity**

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.
Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term ‘provider’ means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a ‘service’.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.