

Minster Care Management Limited

# Martin House

## 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 responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Martin House is a care home with nursing for up to 75 older people. The service is divided into five self-contained units. Each unit was for up to 15 people. At the time of the inspection, 57 people were living at the service. Some people had nursing needs, some were living with dementia and some people were being cared for at the end of their lives.

The service is managed by Minster Care Group, a private organisation managing care and nursing homes in England, Scotland and Wales.

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

People were happy living at the service. They liked the staff and felt their needs were met. They were given choices and received personalised care. The staff treated them with respect and planned care which reflected their needs, choices and interests.

The staff felt well supported. They had the training and information they needed to care for people. Systems to recruit staff helped to make sure they were suitable and had the skills needed for their roles.

People were safely cared for. Risks within the environment were regularly assessed and action taken to maintain safety. The staff assessed and planned for risks related to people's health, wellbeing and needs. They worked with medical professionals to monitor people's health and keep them safe. People received their medicines safely and as prescribed.

People had enough to eat and drink. There were planned social events and activities. People lived in a comfortable and clean environment.

There were suitable systems for dealing with accidents, incidents, safeguarding alerts and complaints. The management team had a good overview of the service and worked with staff to learn from these events. There were a range of audits and checks to help monitor and improve the quality of the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 31 July 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to

improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 19 May 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve person-centred care, safe care and treatment, consent to care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, effective, responsive and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Martin House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Martin House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

#### Inspection team

The inspection took place over two days. The first day of the inspection was conducted by three inspectors, a nurse specialist advisor 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.

The second day of the inspection was a review of how medicines were managed and was conducted by a member of the CQC medicines inspection team.

#### Service and service type

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

We looked at all the information we held about Martin House including notifications of significant events and the provider's action plan following the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

## During the inspection

We met and spoke with 12 people who lived at the service and staff on duty, who included nurses, senior care workers, care workers, the activities coordinator and members of the management team. We observed how people were being cared for and supported. Our observations included the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at records used by the provider to manage the service, which included the care plans for 16 people who used the service, records of accidents, incidents, safeguarding alerts and complaints, meeting minutes and records of staff recruitment, training and support.

We looked at how medicines were managed. We also looked at the environment.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection, we found that the provider had not assessed or safely managed risks and this was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found improvements had been made and the provider was no longer breaching this part of Regulation 12.

- The staff assessed risks for people related to their health and wellbeing, moving safely, eating and drinking and skin integrity. The assessments were clear and appropriately detailed. They were regularly reviewed and updated. There were plans to help reduce risk and to keep people safe.
- The provider made sure checks of the environment and equipment took place. These were recorded and when problems were identified, they had taken action to put things right.
- There were suitable systems for dealing with emergency situations. These included clear procedures to be followed in the event of a fire and contingency plans for COVID-19 outbreaks.

### Systems and processes to safeguard people from the risk of abuse

- There were systems and processes designed to help safeguard people from the risk of abuse. The staff received training to understand about recognising and reporting abuse. People told us they felt safely cared for.
- The provider had worked with the local safeguarding authority and other agencies to help investigate allegations of abuse and take steps to protect people from harm.

### Staffing and recruitment

- There were enough staff to keep people safe and meet their needs. The provider had systems for covering staff absences and using the same familiar staff to support people. People told us they did not have to wait for care and staff attended their needs well.
- The provider's systems for recruiting staff helped to make sure they were suitable. They undertook a range of checks on staff suitability and assessed their skills, competencies and knowledge through the recruitment process and inductions.

### Using medicines safely

- Medicines were safely managed. There were systems for ordering, administering and monitoring

medicines. Staff were trained and deemed competent before they administered medicines. Medicines were stored safely and records were appropriately kept. We found that medicines fridge and room temperatures were appropriately monitored.

- The provider maintained a system to monitor and audit people's medicines on a regular basis, and we found improvements had been made as a result of this.
- We were assured that medicines related incidents were investigated properly with appropriate action plans and there were adequate processes in place to ensure staff learned from these incidents to prevent them occurring again.
- People received their medicines as prescribed, including Controlled Drugs and those supported with covert administration. We looked at 10 people's medicines and found no abnormalities in the recording of medicines administered. Some people were prescribed PRN (as required) medicines. There was information about these.
- There were separate charts for people who had medicines such as patches, ointments and creams prescribed to them (such as pain relief patches), and these were filled in appropriately by staff.

#### Preventing and controlling infection

- There were systems to help prevent and control infection and these were followed. The environment was clean and there were regular audits and checks on this.
- Staff received training to help them understand about good infection prevention and control, as well as food hygiene. The management team monitored staff practice and assessed their skills and knowledge in these areas.
- There were suitable systems for managing laundry and waste.
- The provider had updated their procedures in line with government guidance during the COVID-19 pandemic.

#### Learning lessons when things go wrong

- The staff and management team learnt when things went wrong to help improve the service. All accidents, incidents, complaints and adverse events were reported and investigated. The management team met with staff following these events to discuss lessons learnt and what they could do differently.
- We saw staff had taken appropriate action to help protect people and keep them safe after accidents and incidents.
- The registered manager liaised with other managers of local care services, within the organisation and external professionals to share learning.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection, we found the provider did not always ensure they had obtained people's consent or followed best interests processes when imposing restrictions on people. This was a breach of Regulation 11 (consent to care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found improvements had been made and the provider was no longer breaching Regulation 11.

- The provider ensured they obtained people's consent to their care, treatment and any restrictions. For people who lacked the mental capacity to consent to any areas of their care, the provider had sought consent from their legal representatives and/or met with other representatives to make decisions in their best interests.
- The provider had applied for DoLS authorisations when needed and monitored conditions relating to these.
- People told us staff asked them for their consent to care interventions. Staff were reminded to do so within care plans and through regular training and discussions with the management team.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were assessed before they moved to the service and regularly reassessed and

reviewed to capture any changes in their needs.

- Assessments were used to help develop care plans and these were personalised and reflected people's individual preferences and needs.

Staff support: induction, training, skills and experience

- People were cared for by staff who were suitably trained, experienced and qualified. Staff undertook an induction and a range of training when they started work. There were regular training updates, including in house training provided by the management team.
- Some staff were supported to undertake qualifications and nurses were supported to refresh their learning and knowledge for their registration with the Nursing and Midwifery Council.
- The staff had regular individual and team meetings with the managers to discuss their work, roles and responsibilities. They also had good systems for communicating about people's needs and any changes to these.
- The staff felt supported and felt training was useful. Some staff had been assigned special 'champion' roles. They were given extra training in an area of responsibility which they were then tasked with cascading to others and monitoring this aspect of the service.

Supporting people to eat and drink enough to maintain a balanced diet

- People had enough to eat and drink and were able to make choices about food and drinks.
- People's nutrition and hydration needs were assessed and planned for. When people were identified as at risk relating to this, the staff monitored food and fluid intake and made referrals to relevant professionals. The staff monitored people's weight to identify any concerns with changes to this.
- There was a planned menu offering choices at each meal. These included an Asian diet choice at each meal. We saw staff offering people options and alternatives if they did not want a main choice or did not like the food they were given. Snacks and light meals were available throughout the day and night for people who wanted these.
- People were kept well hydrated with staff offering them drinks and checking they had access to these.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were assessed and planned for. There were care plans for people's healthcare conditions and these included guidance from other professionals.
- The staff monitored people's health and wellbeing. Nurse worked at the service throughout the day and night. They assessed changes in people's health and liaised with other professionals when needed.
- The GP and practice nurse visited the home regularly. People also saw other healthcare professionals. They confirmed this and we saw records of appointments. Staff followed the guidance and recommendations from these professionals and information was incorporated into care plans.

Adapting service, design, decoration to meet people's needs

- The building was suitable to meet people's needs. The home was divided into five self-contained units. People had their own en-suite facilities. They shared communal areas which were comfortable, light and well ventilated.
- There was enough suitable equipment to meet people's needs. For example, adjustable beds, call bells within people's reach and equipment to help people move safely.
- The décor and furnishings were well maintained and there was appropriate clear signage. The provider was looking at ways to develop a more interactive environment for people living with dementia to help alleviate their distress and agitation. For example, they were purchasing sensory equipment and tactile wall coverings.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

At our last inspection, we found that people's care had not always been planned in a person-centred way. This was a breach of Regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching Regulation 9.

- People received personalised care which met their needs and reflected their preferences. They told us their needs were met and they were happy with their care. We observed staff interacting well with people. They knew them well and provided consistent and appropriate care. People were encouraged to make choices. These were respected and the staff supported people to be independent where they were able.
- The staff created personalised care plans which detailed people's needs. The care plans included information about known preferences. The plans also incorporated feedback from the person, their representatives and healthcare professionals.
- Care plans were regularly reviewed and updated when people's needs changed.
- Staff kept records of the care they had provided. These showed care plans were followed and that people's health and wellbeing were monitored.
- The staff spoke a range of different languages and were able to communicate with people from different countries and cultural backgrounds. They treated people respectfully and with understanding. People's sensory needs were met and staff provided them with clear information which they could understand to help them make choices.

End of life care and support

- People received personalised care and treatment at the end of their lives. The staff worked with palliative care teams to monitor and plan for people's care at this time, to make sure they were safe and comfortable.
- Staff received training to understand about providing personalised end of life care. Visiting nurses were helping to create plans to be followed in the event of someone dying or needing end of life care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in a range of different activities. The provider employed a member of staff who planned and coordinated leisure and social events. All staff played a role in facilitating these.
- People had opportunities to take part in a range of organised group and individual activities. There were resources staff could use to support people and we saw staff engaging in appropriate and meaningful activities during our inspection.
- People had good relationships with each other and staff. Friendships were supported and encouraged and we saw people spending time enjoying each other's company. People were also supported to access the community if they wanted to visit local shops and facilities.
- Visits to the service were welcomed and encouraged. The provider held meetings for people living at the service and their visitors to discuss their experiences.

Improving care quality in response to complaints or concerns

- There were systems for dealing with complaints to make sure these were investigated, learnt from and responded to.
- The provider had responded appropriately to complaints they had received.
- People using the service knew who to speak with if they had a concern and felt any concerns would be addressed.

# Is the service well-led?

## Our findings

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

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

### Continuous learning and improving care

At our last inspection, we found the provider's systems and processes for monitoring and improving the quality of the service had not always been implemented effectively. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching Regulation 17.

- There were systems and processes for monitoring and improving the quality of the service. These included checks and audits, systems for dealing with adverse events and learning from these, as well as staff training, supervisions and meetings to discuss the service.
- The provider's audits identified when there were problems and action had been taken to address these.
- The provider had a good overview of the service and worked closely with the management team to make sure people received quality care and support. The provider had made improvements since the last inspection.

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

- There was a positive culture. People were well cared for and liked the service. Staff treated people well, promoting independence, offering choices and providing personalised care and support. We saw staff comforting people, sensitively intercepting and redirecting people when they became distressed or agitated. Staff checked on people's comfort, wellbeing and enjoyment or meals and activities.
- The staff felt well supported and enjoyed working at the service. They had the training and support they needed. They also had opportunities to develop their skills and contribute their ideas for running the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under duty of candour. They had investigated complaints, incidents and accidents and responded to these, including apologising and explaining what had gone wrong and how they would put things right.
- The provider had notified CQC and other agencies when needed. This showed they were open and transparent.

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

- The registered manager was appropriately qualified and experienced. The staff felt supported by the management team and told us they could approach them when needed.
- The management team and staff were well informed about good practice and legislation. The provider had a range of up to date, clear policies and procedures which included links to relevant guidance. There were regular meetings for staff and they were able to access information they needed via computer links, devices used within the service and on their phones.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider engaged with people and other stakeholders. They asked for feedback through regular meetings and satisfaction surveys. The management team also ensured they knew people using the service and staff well. They regularly met with them informally and were able to explain how people had been cared for and about their needs.
- People living at the service came from a range of different cultures and backgrounds. Their individual needs were assessed, and the provider was able to supply staff from the same cultural backgrounds who understood and supported people. People were supported to access places of worship or worship within the home when they wanted.

Working in partnership with others

- The staff worked in partnership with others. They regularly liaised with other healthcare professionals to make sure people's needs were met. The management team also met with healthcare groups to discuss best practice and how to support specific people.
- The registered manager attended local authority forums and met with other care home managers to discuss ideas and learn from each other.