

Key inspection report

Care homes for adults (18-65 years)

Name:	House Martins Care Limited (Number One)
Address:	1 Sumner Road Salford Gtr Manchester M6 7QH

The quality rating for this care home is:	three star excellent service
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A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

Lead inspector:	Date:							
Susan Jennings	1	3	0	4	2	0	1	0

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Adults (18-65 years) can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	House Martins Care Limited (Number One)
Address:	1 Sumner Road Salford Gtr Manchester M6 7QH
Telephone number:	01706602404
Fax number:	01706219646
Email address:	house-martins@ntlworld.com
Provider web address:	www.housemartinscare.co.uk

Name of registered provider(s):	House Martins Care Limited
Name of registered manager (if applicable)	
Mr Geoff Godwin	
Type of registration:	care home
Number of places registered:	5

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	5	0
sensory impairment	5	0
Additional conditions:		
<p>The registered person may provide the following categories of service only:- Care home only- Code PC, to service users of the following gender:- Either. Whose primary care needs on admission to the home are within the following categories:- Sensory Impairment - Code SI Learning disability - Code LD The maximum number of service users who can be accommodated is : 5</p>		

Date of last inspection								
Brief description of the care home								
<p>Number One is home to five people requiring support to lead independent lives. The aim of House Martins Care Ltd is to meet the needs of people who are deaf, have learning disabilities, autism, epilepsy and minor mental health problems. The company has a commitment to providing an environment where staff are able to communicate in British Sign Language.</p>								

Brief description of the care home

Number One is a house with five bedrooms, situated in a residential area of Salford, within easy reach of shops, public transport and motorways. Further information and contact details are available on the company's website. Fees at the home vary depending on the assessed needs of the individual.

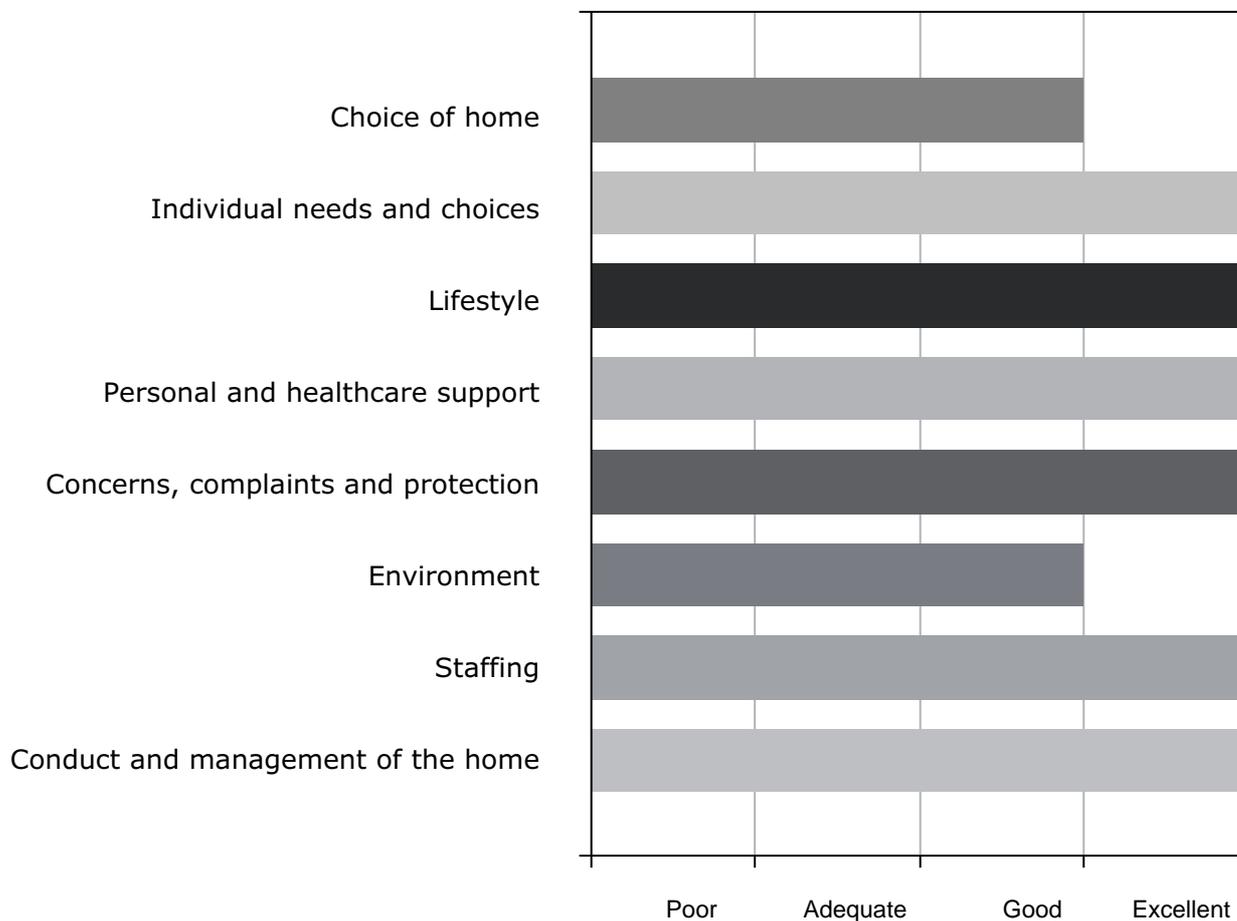
Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

three star excellent service

Our judgement for each outcome:



How we did our inspection:

The quality rating for this service is 3 stars. This means the people who use this service experience excellent quality outcomes.

The visit was undertaken as part of a key inspection, which includes an analysis of any information received by us (the Care Quality Commission) in relation to this service prior to the visit.

The visit was unannounced and took place over the course of three hours on Tuesday 13th April 2010. During the visit we spent time talking to people living at the home, the manager and support staff. We looked at a sample of care plans of people living at the home and staff recruitment files.

This visit is just one part of the inspection process. other information received was also looked at. Some weeks before the visit the manager was asked to complete a

questionnaire called an Annual Quality Assurance Assessment (AQAA) telling us what they thought they did well, what they needed to do better and to give us up to date information about the service they provided.

This helps us to determine if the management of the home see the service in the same way we do and if our judgements are consistent with the providers or managers.

References to 'we' 'our' and 'us' throughout this report represent the Care Quality Commission.

What the care home does well:

The home has a low turnover of staff offering great stability to people living at the home.

People are supported with taking part in community activities in accordance with their wishes, abilities and preferences.

Care plans are detailed and provide enough information about how people's care needs should be met.

People have a 'health action plan' to make sure their healthcare needs are addressed.

Regular safety checks are made on the building and equipment.

All staff are able to communicate with people in a way that suits them best. All staff use British Sign Language.

They encourage people to participate in community activities.

They encourage people to have regular health checks.

What has improved since the last inspection?

They have developed a new more detailed assessment document.

Staff have attended refresher training in Infection Control, Care and Responsibilities and Risk Assessments.

The front wall and fencing has been replaced.

They have further developed the allotment.

They have changed the way they review care plans at team meetings. They now have a more focused team meeting and look at fewer care plans at each meeting. This enables staff to carry out a more in depth review of care plans.

They have updated the family medical history in each care plan.

What they could do better:

The home is meeting all of the standards and people living at the home are satisfied with the support they receive.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk.

You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.

Details of our findings

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Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them, what they hope for and want to achieve, and the support they need.

People can decide whether the care home can meet their support and accommodation needs. This is because they, and people close to them, can visit the home and get full, clear, accurate and up to date information. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between the person and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People were given information about the home and their care needs were assessed before admission.

Evidence:

They told us that there have been no new admissions since the last inspection. We saw a sample of care plans that contained an assessment of people's needs. The information provided ensured that staff understood the individual needs of people living at the home.

They told us that admissions to the home would be gradual with the option of having trial visits. This is to make sure that the person has time to familiarise themselves to the other people living at the home and the support staff and to make the move a more positive experience.

Service user guides and feedback forms are given to people on admission in a format that is based on the individuals communication needs. Support staff explain what people can expect living at the home.

Evidence:

With the assistance of support staff we asked people if they were happy living at the home. The responses were all positive and it was clear that there was a good relationship between support staff and people living at the home.

Individual needs and choices

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's needs and goals are met. The home has a plan of care that the person, or someone close to them, has been involved in making. People are able to make decisions about their life, including their finances, with support if they need it. This is because the staff promote their rights and choices. People are supported to take risks to enable them to stay independent. This is because the staff have appropriate information on which to base decisions.

People are asked about, and are involved in, all aspects of life in the home. This is because the manager and staff offer them opportunities to participate in the day to day running of the home and enable them to influence key decisions. People are confident that the home handles information about them appropriately. This is because the home has clear policies and procedures that staff follow.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are supported by staff to make decisions and choices in all aspects of daily living.

Evidence:

We saw a sample of care plans. We saw that they were person centred so that the person received support in the way they preferred. The plan contained information such as who and what is important to them, how they keep safe, their goals and aspirations, their skills and abilities, and how they make choices in their life. The care plan included information about people's health, this was called a 'health action plan'.

We saw that people were involved in developing and reviewing their own care plans. This means that they were able to make decisions and choices about the support they received.

We saw that care plans contained information about individual interests, specific intervention plans, individual likes and dislikes and preferred social activities. Care

Evidence:

plans were reviewed on an on going basis.

The method of communication used by people living at the home was British Sign Language. We saw that staff continued to sign when talking among themselves. This means that people living at the home were aware of the conversations and were not left out.

We saw that a picture board had been developed to help one person to communicate. This is a series of laminated pictures that provided a quick and easy method of communication for this person. We saw staff communicating with the person using the board. This means that staff are supporting people to communicate their wishes and preferences.

We saw that they had developed feedback sheets to get people's opinions and views about the service they receive. These were in easy read format and staff supported people to complete the forms. The results are analysed and an action plan is drawn up. This means that the home listens to and acts on what people say.

We saw that people received their personal allowances. We saw that money was kept individually and securely and records of any transactions were kept. People had access to their personal allowances at all times. Where staff accessed money for people the records were signed by two members of staff.

Lifestyle

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They can take part in activities that are appropriate to their age and culture and are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives and the home supports them to have appropriate personal, family and sexual relationships. People are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. Their dignity and rights are respected in their daily life. People have healthy, well-presented meals and snacks, at a time and place to suit them.

People have opportunities to develop their social, emotional, communication and independent living skills. This is because the staff support their personal development. People choose and participate in suitable leisure activities.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are supported to maintain links with the local community and to lead a fulfilling life.

Evidence:

People living at the home told us that they received the support that they needed to get out and about within the local community. We saw people going out for walks or to the local shops. We saw photographs of trips to local parks and of holidays in Wales. The comments were very positive including 'I like to go on holiday to Wales'. One person told us that they were able to visit a friend in hospital. The manager told us that staff would take them as often as they wanted to go. The staff have three pool cars available for them to use. This means that people living at the home have opportunities to participate in activities outside of the local community.

They have an allotment and use the produce grown when cooking. They told us that

Evidence:

people living at the home competed an agricultural course at Trafford college and the skills learnt at college have been transferred to the allotment.

We saw that some people were supported to make use of local community resources independently. Others were supported by staff to be active within the local community such as going for walks, bowling, swimming and eating out.

We saw that people were supported to maintain contact with family and friends. A number of people living at the home went home at weekends or for holidays.

We saw that people were encouraged to make choices about their day to day lives. One person told us they could chose how long they stayed with family and were able to choose their meals by selecting something from the freezer. They told us that people living at the home were involved in shopping, planning meals, and meal preparation. One person told us about going on a shopping trip with the manager to a large wholesale warehouse where they were offered samples of hot drinks and food. It was obvious that they had really enjoyed the trip.

Another person was supported to make choices by using a picture board. We saw that people living at the home had a good working relationship with staff and it was clear that staff respected people's right to live an ordinary and meaningful life. We saw that staff used sign language when talking to each other so that people were not left out of conversations.

The manager told us that they have regular home meetings where people are involved in the day to day running of the home. They kept minutes of the meetings so that everyone was kept informed in any developments in the home.

Peoples rights and responsibilities were respected and the staff are committed to enabling people to make choices so that they live fulfilling and active lives. Peoples preferences about daily routines and how to spend their leisure time is respected. We saw that people were able to choose to spend time alone or in the company of others. This means that staff respect people's right to make choices and respected privacy.

One person was at college on the day of our visit. Others were watching television or engaged in other activities such as artwork. We saw that each person is given a range of opportunities to promote personal development and have a timetable of activities that they choose to take part in. We saw that people were able to make drinks and snacks whenever they wanted.

Personal and healthcare support

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People receive personal support from staff in the way they prefer and want. Their physical and emotional health needs are met because the home has procedures in place that staff follow. If people take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it in a safe way.

If people are approaching the end of their life, the care home will respect their choices and help them to feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People's individual healthcare needs are identified and met to keep them safe and healthy.

Evidence:

We saw that people's personal healthcare needs were recorded and understood by support staff. The plans were called a 'Health Action Plan' they were detailed and regularly reviewed and gave sufficient information to show how people's personal, medical and social needs were to be met. The plans covered a diverse range of needs such as hospital checks, optical checks, well man and well woman checks.

People's preferences were respected, for example if people express a preference for particular support staff this could be accommodated as far as possible and if it is in the person's best interests.

There are no strict routines at the home. This means that people can make choices about their daily routines. Support staff assist people to develop a care plan based on their wishes and preferences.

Evidence:

We met people living at the home and talked to staff during our visit. Comments were positive and included, 'we have supervision meetings where the care plans are discussed' and 'care plans are updated on a regular basis'. We looked at a sample of care plans and confirmed that they had been reviewed on a regular basis.

We looked at the storage and management of medication. They were found to be generally well maintained and safely managed. The Medication Administration Sheet (MAR) were signed and up to date with no gaps in recording.

We saw that they were signing for receipt of medication on a separate sheet. We recommended that they sign for receipt of medication on the MAR. This is to make sure that there is a clear audit trail for each person. We also saw that one medication was handwritten onto the MAR but had not been signed by two members of staff. This should be done to make sure that information copied from the original container regarding dose and frequency is accurate.

Staff who support people with medication had received training in administering medication. Training is regularly updated for specialist procedures such as administering rectal Valium. Risk assessments and care plans show how support is to be provided and there was lockable storage available for medication to help reduce any risks.

Concerns, complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them, know how to complain. Their concern is looked into and action taken to put things right. The care home safeguards people from abuse, neglect and self-harm and takes action to follow up any allegations.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People's concerns were listened to and acted upon and policies and procedures were in place to safeguard people from harm.

Evidence:

We saw that they had policies and procedures in place relating to complaints and safeguarding. Information about making a complaint is made available to everyone living at the home and their families. They told us that they work closely with people living at the home and their representatives so that people know who to talk to if they have any concerns or complaints.

They have not received any complaints in the past twelve months. They have a method of recording any concerns or complaints including how they investigated and what the outcomes were.

We spoke to one person with the assistance of the manager. They told us they were very happy with everything at the home and would tell the manager if they were not happy. They also told us that the manager would listen and act on what they said.

We looked at a sample of people's financial records and saw that people had access to their money whenever they want. We saw that these records were well kept and accurate. This means that people's financial interests were being safeguarded.

Evidence:

We saw that all of the staff are trained in safeguarding issues and in diffusing and managing potentially challenging situations. This means that staff have the knowledge and skills to calm situations to make sure that people are kept safe.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, comfortable, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it. People have enough privacy when using toilets and bathrooms.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People live in a safe, comfortable and well maintained home.

Evidence:

The home is located at the end of a row of terraced houses in a residential street. It was well maintained both inside and out and looks no different to other houses in the area.

We saw that each person had their own room. Bedrooms were personalised with pictures, ornaments and other personal effects such as televisions and DVD players. One person invited us into their bedroom and showed us their collection of films, pictures they had painted and other personal belongings. They had pet fish and were responsible for feeding the fish and cleaning the tank. They told us they also had a pet cat. It was clear that staff in the home encouraged people to individualise their rooms.

All areas of the house were clean and tidy and people enjoyed a comfortable and homely environment. The lounge and kitchen/dining area were domestic in nature and accessible to everyone. Some people were able to look after their own rooms and others needed support from staff to keep their rooms clean and tidy.

Any aids and adaptations would be provided based on an individual assessment of

Evidence:

need. The people living at the home are deaf. We saw that the door bell is linked to a light that flashes to let people know there is someone at the door. This means that people are aware when there are visitors to the home.

They provided information about maintenance checks. We saw a sample of maintenance records they showed us that up to date checks had been carried out such as Gas and Electricity safety and fire drills.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent, qualified staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable. People's needs are met and they are supported because staff get the right training, supervision and support they need from their managers.

People are supported by an effective staff team who understand and do what is expected of them.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The recruitment and selection process protects people from harm.

Evidence:

We looked at a sample of staff recruitment files. We saw that a clear job description was provided. This means that staff were clear about their roles and responsibilities. We spoke to staff who told us that they had to complete an application form and attend a face to face interview. Two written references were seen on staff files and an enhanced Criminal Records Bureau check (CRB) is obtained for each member of staff before they commence working at the home.

Once appointed all staff are employed on a six month probationary period. This is to make sure that they are suited to the role. As people living at the home were deaf, new staff were required to use British Sign Language (BSL).

All new staff have an induction based on the Skills for Care induction standards. We saw that there was a questionnaire completed following induction to check the individuals understanding and knowledge.

We saw that each member of staff had a record of training on their personal files. These records showed that staff had received training in safe working practices such

Evidence:

as, NVQ levels 2 and 3, safeguarding, medication, food hygiene, first aid, care planning, epilepsy, BSL and deaf awareness. These records show when updates are due.

They told us that they also take advice from healthcare professionals such as dietitians and therapists and receive specific training in relation to autism. We saw that staff were knowledgeable and have good working relationships with health and social care professionals.

The home is staffed according to the needs of the people living there. There is a low turnover of staff, some have been employed at the home since it opened. This means that people benefit from the consistency provided by a well established staff team.

Staff told us that they received regular supervision with the manager. The manager told us that there were two types of supervision provided, one to discuss and review care plans and the other to discuss personal development and training needs. They told us that regular team meetings are arranged.

Conduct and management of the home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is run and managed appropriately. People's opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right. The environment is safe for people and staff because health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately, with an open approach that makes them feel valued and respected. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home is managed in the best interests of people living there.

Evidence:

The registered manager has been employed at the home for 19 years. He holds the Diploma in Social Work, NVQ level 4 in care, the Registered Managers Award and is in the process of completing British Sign Language level 3.

People living at the home benefit from a manager who has the values, skills, knowledge and experience to manage and develop the service. The home is effectively managed and any development is in the best interests of the people who live there. The manager also has management responsibilities for House Martins number 2 which is a short walk away.

We saw that the manager has an open and positive management approach. They have daily contact with people living at the home and staff and it is clear that people have access to the manager at any time.

Evidence:

The manager meets with support staff on a regular basis to keep people up to date with the developments of the home. This is either as supervision meetings, team meetings or team days.

We saw that they had a quality assurance process, this was in the form of questionnaires in an easy to read format and discussions with people living at the home and their representatives. The information received is analysed and a written plan of action produced to show how issues raised will be addressed. We saw last years plan displayed in the hallway. The manager told us that he was in the process of analysing this years questionnaires.

We saw that policies and procedures were reviewed on a regular basis and when there are changes to legislation.

There were various comments from staff regarding the manager. One member of staff told us 'he is always available to talk to if we need to discuss anything'.

Records and certificates showed that regular safety checks were carried out on the building and equipment. This included checks on electrical appliances, the gas supply and regular fire checks. These checks were made to make sure the home is safe for people to live in.

Health and safety of people living at the home and the staff is promoted through safe working practices. Training is provided in moving and handling, fire safety, first aid and other health and safety topics.

Records are maintained of all accidents and incidents at the home. Risk assessments are in place to make sure health and safety is promoted regarding the environment and meeting people's care needs.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	20	To make sure the information is accurate it is recommended that where medication handwritten onto the MAR sheets two people sign to confirm the information regarding dose and frequency.
2	20	To provide a clear audit trail it is recommended that receipt of medication is signed for in the section provided on the MAR sheet.

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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