House Martins Care Limited

House Martins Care Limited Number Two

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

House Martins Care Limited provides specialist residential care and support to people who are deaf and living with a learning disability. Accommodation and support at House Martins Number Two is provided from a residential house which is well integrated within the local community. At the time of our inspection visit there were five people living at House Martins Number Two.

People who used the service also benefited from being near another residential home owned by the same provider, House Martins Number One. The two services had a joined-up approach to delivering care and support across both of their locations. This enabled the service to provide a wide range of activities from both locations. Deployment of staff was also flexible between both locations which meant the service was well equipped to respond to people's individual needs. Throughout this inspection report there will be similarities in the content to that of the inspection report for House Martins Number One, which we also inspected alongside House Martins Number Two.

The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

We were assisted throughout the inspection by a registered manager. 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.

This inspection took place on 18 and 19 October 2018. The service was last inspected on 25 and 26 January 2016 and received an overall rating of good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

We found people were cared for by sufficient numbers of suitably skilled and experienced staff who were safely recruited. Staff received the essential training and support necessary to enable them to do their job effectively and care for people safely.

Staff were aware of their responsibilities to safeguard people from abuse. Risks to people's safety were assessed and medicines were administered safely.

Infection control policies continued to protect people from the risk of infection.

There was an open learning culture and staff felt supported in their roles. This was reflected in a low

turnover of staff and this benefited the quality of care that was provided.

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

The service continued to work within the principles of the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards (DoLS). Staff understood the importance of involving people as much as possible in their care and acted in their best interests if decisions needed to be made on their behalf.

Staff spoke about people with genuine empathy and compassion and demonstrated a commitment to providing good care. Staff were observed to interact with people and each other in kind and caring ways. The service had clear values in relation to supporting people to maintain their privacy, dignity and respect.

Key workers were knowledgeable about people's needs and people told us that they were happy with the care they received.

Care and support plans were regularly reviewed. People were supported to maintain good health and receive ongoing healthcare support. Care and support plans were regularly reviewed. Care and support plans included hospital passports and health action plans, which ensured they were supported effectively should they need to access health services.

People continued to receive support with their nutrition and hydration. Advice and guidance from health professionals had been included in the support plans. People liked the food and could choose what they wanted to eat and told us that they liked the food.

Staff were proactive at promoting activities and access to the wider community. People participated in regular activities that they chose and enjoyed including holidays and access to paid employment.
End of life care was person-centred and focused on providing the best care possible. This included considering the persons wishes and preferences and involving both professionals and family.

The registered manager was committed to providing a high-quality service and spoke in a caring and compassionate way about the people who used the service. The service had internal quality assurance systems in place to monitor performance and to drive improvement.

The service continued to work closely with their partners and stakeholders to share skills and knowledge and maintain the quality of the service.

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? The service remains safe.	**Good**
Is the service effective? The service remains effective.	**Good**
Is the service caring? The service remained caring.	**Good**
Is the service responsive? The service remained responsive.	**Good**
Is the service well-led? The service remains well-led	**Good**

House Martins Care Limited Number Two

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.

A comprehensive inspection of this service was carried out on 18 and 19 October 2018. We gave the service 48 hours' notice of our inspection visit. This was because people living at the locations we wanted to visit are often out during the day; therefore, we needed to be sure they would be in.

The inspection team consisted of one adult social care inspector from the Care Quality Commission. We also used an independent British Sign Language (BSL) interpreter who helped us to speak with people who used the service; and with members of staff who were deaf.

Before our inspection the provider completed a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed the information we held about the service and we looked at the statutory notifications they had sent us. A statutory notification is information about important events, which the provider is required to send to us by law.

Before the inspection visit we contacted the local authority safeguarding and commissioning teams about the service to gather relevant information. We also contacted Salford Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We did not receive any negative information from these organisations.

People who used the service also benefited from being near another residential home owned by the same provider, House Martins Number One. The two services had a joined-up approach to delivering care and support across both of their locations. Throughout this inspection report there will be similarities in the content to that of the inspection report for House Martins Number One, which we also inspected alongside House Martins Number Two.

As part of our overall inspection of both locations, we spoke with seven people who used the service, seven staff members, three managers, four relatives and three external professionals.

We looked at records relating to the management of the service. This included policies and procedures, incident and accident records, safeguarding records, complaint records, six staff recruitment, training and supervision records, five care and support records, team meeting minutes, building safety and maintenance records and a range of auditing tools and systems and other documents related to the management of the service.

Good

Is the service safe?

Our findings

All the people we spoke with stated that they felt safe and happy living at House Martins. One person who used the service told us, "Yes I am happy here, I like the staff they look after me." Another person commented, "Yes staff help me and I like my bedroom." One relative commented, "Yes, it is 100% safe." A second relative commented, "[name] is completely safe and happy there, we are more than delighted with it."

People were protected from harm by trained staff who knew how to keep people safe and knew what action to take if they suspected abuse was happening. Policies and procedures for safeguarding people from harm were in place to support staff. The training records showed that all staff had received safeguarding training. Appropriate safeguarding information was on display on the notice board to support residents and families to raise concerns if they needed to.

The provider had robust recruitment procedures in place which helped to protect people against the risk of unsuitable staff. We looked at six staff personnel files to check that the procedure had been followed. Appropriate checks were carried out before staff began working for the service.

We looked at five people's care and support records. Each care and support record had a range of risk assessments in place to keep people safe from harm. These included assessments and strategies for managing falls, medication, use of hazardous substances, use of sharp instruments such as cutlery and assessments to manage situations where people were at risk of choking. Each risk was scored with a risk rating and a description on how to mitigate the risk. We saw that these risks were regularly reviewed and systems were in place to ensure that staff were clear about each risk. This included random spot checks in supervision to test staff knowledge.

One person had a positive behavioural support plan in place. This included a person-centred approach to managing behaviour that could be challenging. Staff had specific meetings to focus on this person's individual needs and each staff member signed to say they had understood the agreed plan. The registered manager explained that incidents were now less frequent and less serious because of this approach. Reliance on medication had reduced and had not been required since January 2018.

Medicines were stored, administered, recorded and disposed of safely. This included sample signatures of staff responsible for administering medicines and a photograph of each person who used the service alongside their Medication Administration Record (MAR). Staff were trained in the safe administration of medicines and kept relevant records that were accurate and up to date. An external audit was also carried out annually by the chemist to help maintain good standards.

The service had an open team culture that ensured that any concerns within the service were dealt with quickly. Accidents and incidents were appropriately recorded and included outcomes and learning to inform future practice. The registered manager also completed a six-month quality assurance report. This contained a section on safety and was used to monitor standards in this area.

The house was clean and well-maintained. The approach to infection control was person centred. It was regularly cleaned by people who lived there and people were supported to be independent about how and when their rooms were cleaned. Staff carried out a deep clean of the kitchen on a six-weekly basis and toilets and bathrooms were cleaned daily. An infection control audit carried out by the local council awarded a score of 97%. They had also achieved the highest rating for food safety and hygiene from the Food Standards Agency.

The environment was safe for the people who lived and worked there. All necessary safety checks were carried out including gas, electricity and firefighting equipment.

We looked at staffing levels across the service and found sufficient numbers of staff were deployed to keep people safe and meet their individual needs.

Good

Is the service effective?

Our findings

One person who used the service told us, "I am happy living here, staff help me if I have any problems." Another person was happy with their social life and listed the different things they were supported to do, "I like cycling, bowling, swimming, snooker and going to the gym." A relative commented, "Yes they communicate very well and [name] loves being there. It's her home. They go above and beyond and they go the extra mile. They have also supported me very well too."

New staff received a comprehensive induction with training the provider considered mandatory that covered all key areas of learning required for this environment. The induction focused on human rights using a tool called the, 'accomplishment framework'. It focused on seven areas which are widely agreed to be important in shaping everyone's quality of life and supported staff to use this as a foundation for their work.

The service was focused on continuous professional development to make sure people's needs were met and staff attended additional training when required. All the staff we spoke with felt they received a good level of training and felt confident in their roles. One staff member commented, "We have good training. No gaps. If we ask and there is a need and they will provide it."

First aid training had been booked and was going to focus on the risk of choking as one resident had recently been assessed as being at risk. One member of staff had been accepted onto a four-day intensive training course regarding positive behaviour support funded by skills for care. The service had also recently joined the Grey Matters Group. This provided a comprehensive training system and is endorsed by skills for care. Grey Matters tests knowledge and competency and informs future training needs.

All the staff we spoke to felt supported in their roles. One commented, "We receive good support. It's a nice place to work. These guys have the persons best interests at heart." Staff were provided with two types of supervision every three months. One was for personal support. The second focused on the care and support plans for people that they key worked where clear objectives were set to ensure that people's needs were being met. Annual appraisals were also carried out and appropriate records were kept.

People who used the service continued to be supported to maintain their health and wellbeing. Their needs had been thoroughly assessed and were reviewed regularly. Detailed health action plans and hospital passports provided thorough details of the persons health needs and the support people needed when accessing health services. People were supported to attend a variety of health-related appointments including diabetic reviews, regular health checks with the nurse and visits to the opticians. Each person's personal care was attended to including regular care of toe and finger nails for example.

People were supported to maintain their nutritional and hydration needs. Individual dietary needs and people's likes and dislikes were recorded. People were encouraged to maintain a balanced nutritious diet whilst exercising their own choices and the people we spoke with said they liked the food.

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 Act requires that as far as possible people make their own decisions and are helped to do so when needed. When someone lacks the mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. It was evident that the staff used a range of communication methods to ensure that people were involved as much as possible to make decisions about their lives. Where they were unable to we could see that best interest decisions had been made.

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. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLs). There were clear systems in place and the service complied with their obligations under this legislation.

The premises were maintained to a good standard and they were decorated and furnished to a high standard. People's bedrooms were personalised and the registered manager ensured that any decision about the service considered that this was their home.

Good

Is the service caring?

Our findings

People who used the service told us that staff were kind and caring. One commented, "Yes staff are caring, it is a happy place to live, staff are happy too." Relatives commented, "They are amazing. It is a caring place and they put my mind at rest", "[Name] is happy and the care is exemplary, we can't fault anything", "When he has stayed overnight in hospital they have stayed overnight with him. We think this is going above and beyond the call of duty." A professional told us, "I have met several staff and they are always very caring, far beyond what you would expect, it is as if my patient is one of their family."

Human rights and person-centred care was integral to the way the service delivered care and support. It featured in all aspects of their work including recruitment and care planning for example. The evidence we collected during the inspection was consistent with the providers statement of purpose that they, "Provide care and support… that is committed to enhancing the quality of life of each person."

The provider also employed staff who were either from the deaf community or had experience in their personal lives of supporting people who were deaf. All the staff we spoke with had excellent values and cared about the people they supported. Staff said, "I love working with the residents. We are like a family" and "Treat people how you want to be treated. We are here to help them live life as best they can."

There was a desire and a commitment to continually improve communication through learning and experience. Continuity of staff and continuity of people living in the home enabled the service to develop excellent methods of communication that included British Sign Language (BSL). One professional told us, "I have found staff to be extremely caring, they go that extra mile. They document questions that we have asked and take the time to try and find out the persons views and relay the answers to us."

People were treated with dignity and respect. Wherever possible, staff employed within the service were encouraged to communicate with each other using sign language. This included the people who used the service and acknowledged that the home was for the deaf community. They employed a sign language teacher to train both staff and the people they support to improve their signing. They also had a sign and write programme on the computer which is used to help improve communication and a phone that was used for people who are hard of hearing. Skype was used to contact parents and other deaf people alongside the fax machine, text messages and the minicom.

Equality and Diversity information in the care files ensured that people were given the opportunity to share relevant information if they chose to in line with the Equality Act 2010. The legislation identifies nine protected characteristics such as religion and sexuality that people should be given the option to share and discuss. This is important as it can help to inform care planning and to remove barriers to good care.

People who used the service told us that they were supported to be independent where possible. One person told us, "Yes I cook and clean and help around the house." Another person said, "Yes, I go shopping and staff encourage me to tidy my room," Staff were all able to explain how they supported people to be independent and gave examples about personal care and preparing food. One staff member commented,

"Seeing them become independent is what I enjoy the most."

Staff received training in confidentiality and data protection and all the records we asked to look at were stored securely.

Good

Is the service responsive?

Our findings

The service continued to provide support from two locations which were in close proximity to each other. Both House Martins Number One and House Martins Number Two provided activities and support to people who used the service at both locations. This approach encouraged and increased social interaction for people who used the service and gave both services more flexibility in the way they deployed staff. For this reason, we have considered House Martins 'whole service' approach to being responsive.

The service was committed to removing all barriers to good care. The Accessible Information Standard was met and the service was continually assessing how to improve communication with the people who used the service. The Accessible Information Standard aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need from health and social care services.

Individual activity schedules showed people had been supported to participate in a broad range of activities and interests including walking, drama and dance. People who used the service told us what they enjoyed doing. One person commented, "I like to go shopping and swimming." A second person said they chose to go bowling.

Two people who used the service continued to be supported to participate in part-time employment and were supported by staff from House Martins to achieve this.

People continued to receive care that was personalised and responsive to their needs. Each person completed a document called, "About Me" which was person centred and reflected the persons background and preferences. This included recording their personal histories in great deal and a section on their circles of support. Other sections of the document recorded their likes and dislikes and how they wanted to be supported in areas such as physical health, family and friends, emotional health and how they express their feelings. One person had requested in a section called, 'My deaf culture', that, "I enjoy being in situations where other people use BSL, take me to places where I can meet other people who are deaf or use BSL." People were supported to attend a group in Salford for deaf people.

Entries in daily records were thorough, written respectfully and were up to date. Regular support plan reviews required each person's key worker to read through their day to day records and write out weekly summaries. Every three months a manager and a key worker would complete a 'support plan supervision' session. This involved a structured discussion around every aspect of people's individual care and support needs.

There was good feedback from all relatives and professionals that we spoke to about how people's needs are met. One professional told us, "They attend clinics with the patient, have all information to hand and promptly carry out all changes of treatment, medication, diet which my team recommend."

The service was proactive when addressing people's needs. For example, one person was incontinent. The

service had many meetings and discussions and tried different approaches medically and behaviourally to help the person. This included introducing a low fibre diet and Irritable Bowel Syndrome medication. The quality of the person's life had significantly improved as a result.

The service continued to follow the provider's complaints policy and the management of complaints was included in the registered managers six monthly audit of the service. How to complain was clearly displayed in the hallway. The service had not received any complaints since 2017. Relatives we spoke with were confident the service listened to any concerns they raised and responded. One relative commented; " Yes there has never been a problem communication is always good."

The service had someone on end of life care for the first time. In response they had trained staff in bereavement training and end of life and the approach throughout has been person centred, focused on the individual and meeting their specific needs in the way they wanted including involvement of family and friends. This personalised approach was underpinned by their end of life policy and a wide range of professionals had been involved including Salford learning disability team, the speech and language therapist, the local hospice, the district nurse and the GP who visited every two weeks.

Visits had been arranged to see people that meant something to the person such as workplace friends and a meeting was being organised to visit staff at their old school who they were fond of. Staff have received support and a bereavement specialist has been made available to support staff and other people in the two homes.

In the summer House Martins booked a cottage for several nights so that each house could spend a few nights away. The person on end of life stayed for the whole duration so that they could spend quality time with everyone from both houses.

Good

Is the service well-led?

Our findings

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

During the inspection we found that House Martins was managed by professionals and staff who were dedicated to the people that they supported. The service continued to benefit from an established registered manager who had been involved in the service for over 20 years. The registered manager was well supported by two assistant managers who themselves had been with the service for many years. Continuity of staffing at all levels helped improve the level of care that was provided and reflected on how well led the service was.

There was good feedback about how the service was well led. One professional told us, "The manager is well respected and everything always seems to be taken care of." One relative commented, "It is definitely well managed, they are like a family, they understand." A second relative commented, "Yes very much so it is well led."

Staff continued to feel valued, respected and involved in day to day decisions about how the service was run. One staff member said, "I love it here, it is a joy. It's a rewarding job." Another staff member commented that management, "Are approachable and responsive to the needs of staff and residents. They always look at how to resolve problems as they arise. It's a great team we are like a family." A third member of staff said, "The people who lead this service actually care and make sure that people's needs are met."

Staff meetings continued to be held on a regular basis and set clear objectives which were checked at the next meeting. The management philosophy had not changed. It promoted a culture of openness and honesty and was genuinely focused on enhancing people's quality of life. Managers were visible, accessible, approachable and hands on and the service had excellent vision and values that it put into practice.

The service continued to demonstrate good governance. There remained an effective system of auditing and cross checking at every level of the organisation to ensure quality and consistency were maintained. This included a six-monthly quality audit by the registered manager and a weekly summary sent to the owner who visited the service every four weeks.

The registered manager was actively involved in searching out best practice opportunities and had recently engaged with the Cornerstone Trust to discuss how the service could improve. The registered manager also kept up to date with best practice through a meeting with a skills for care representative at a registered manager meeting three times a year. Plans were also in place to meet the Seashell Trust again in the near future to discuss best practice. The registered manager had recently met with their communication director at the end of January 2018 and taken part in a radio interview on Salford radio to discuss supporting people with learning disabilities to gain paid employment.