

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

House Martins Care Limited Number Two

2 Rivington Road, Salford, M6 8GQ

Tel: 01617368057

Date of Inspection: 16 January 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Meeting nutritional needs	✓	Met this standard
Management of medicines	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	House Martins Care Limited
Registered Manager	Mr. Geoff Godwin
Overview of the service	House Martins number two is a small residential home in Salford which provides support and accommodation for up to five adults who were deaf and have a learning disability. Care is provided at the home on a 24 hour basis.
Type of services	Care home service without nursing Domiciliary care service
Regulated activities	Accommodation for persons who require nursing or personal care Personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 16 January 2013, talked with people who use the service and talked with staff.

What people told us and what we found

On the day of our visit to House Martins Number Two there were five people living at the home and we spoke with two of them to find out what it was like to live there and how they were supported by the staff. As the people who lived at the home were deaf we spoke to them via members of staff who used BSL (British Sign Language) to communicate.

Comments from people who used the service included;

"I really like living at Number Two. I enjoy swimming and dancing when I can".

"I have a paid job at the moment. The staff always go with me each time I'm working".

"The staff help me with my medication. I get my tablets every morning".

"I like going on holiday. A member of staff always comes with me".

We found that people living at the home were supported by the staff to live as independent a lifestyle as possible which was centred around their hobbies, interests and personal preferences.

None of the people we spoke with had any concerns about the service provided but everyone said they would feel quite comfortable in raising any concerns with the manager of the home if anything ever did arise.

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

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone

number on the back of the report if you have additional questions.

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

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We spoke with two people during our visit who both expressed their satisfaction with service they had received whilst living at Number Two. One person told us "I like the activities that I can do here. I enjoy going to the gym, swimming and walking".

During our time at Number Two we observed people preparing and making their lunch, watching television or sitting quietly in the lounge. There were several activities taking place during the day such as pottery and snooker, and people went out at various times to take part in these.

Each person living at Number Two had a support plan in which was accurate, up to date and provided a good overview of people's background and how they had chosen to live their life. Support plan information was broken down into sections which included a health action plan, mental and emotional needs, family and social relationships, lifestyle and culture and living skills. We found that each area of need told us how staff supported them and any encouragement they needed to receive.

We found that each person's areas of daily living had been risk assessed appropriately. One person had risk assessments in place for injuries from traffic, getting lost whilst out and safety within the house. The risk assessments detailed any control measures that needed to be in place.

We saw records of where people had attended appointments at the dentist, opticians, hospital and psychiatrists and how they had been supported to do this by the staff. There were also records available of where people had been in contact with their families and what the discussion had been about. Health action plans also provided evidence of good joint working with community health care professionals.

Support plans were person centred and told us exactly how each person preferred to live their life and what their daily routine consisted of. Each person had a 'pen picture' in their file which told us about their likes, dislikes, personal preferences and things that made

them happy.

The two people who we spoke with told us that the staff helped them to manage their money. We were told that people had a weekly allowance which they could spend as they wished, although staff told us that in the past they had made suggestions as to how people could spend their money more wisely. One person told us "The staff help me to manage my money. I get some spending money each week and I just need to ask the staff when I want it".

We spoke with one person who was currently working in paid job. We were told "I enjoy my job. I look forward to it.". People who worked were supported to get to work and back although some were able to commute themselves if they wished.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

We found that there was a four week menu in place at Number Two which had been based on peoples likes and personal preferences. We were told that the main evening meal was cooked by the staff on shift each night but that people were given different supporting roles such as peeling vegetables or setting the table. Staff told us that people could eat what they wanted for breakfast and lunch but that they were always available to help.

People living at the home told us that they always had enough food and drink which preferences and nutritional needs. One person who lived at Number Two told us that they liked to cook their own meals and could prepare food on their own. Staff told us that they tended to be in the kitchen when people were preparing their food in case they needed anything. We were told by one person "I like cooking, and preparing my own meals".

People living at Number Two told us they were involved in the weekly shop to buy the food which people had requested. The food was paid for using petty cash and usually two people living at the home would help with the shopping but this was rotated. One person told us how they enjoyed putting the shopping list together and getting their favourite things.

We read in support plans how people who used the service had been encouraged to make healthier choices in their food and drink. For example we read in one persons support plan how staff had informed them about the benefits of drinking diet coke and eating whole grain bread. We saw some of the receipts from the weekly shop and found that they contained plenty of fruit, vegetables and wholegrain produce as well as people's own personal choices.

We also saw records in support plans of where a person had previously been overweight, and as a result had been supported to live a healthier lifestyle. We read how they had been supported to try and exercise five times a week for 30 minutes and how fruit and vegetable intake had been increased. We also read how one person needed to have a low salt and potassium diet and we read about the kinds of food they could and couldn't eat.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

During the inspection we looked at how medicines were ordered, stored and disposed of as well as checking what guidelines were in place for people who used PRN (when required) medication.

We found that there were separate storage spaces for prescribed, homely remedies and medication that needed to be returned. These were all stored in the main office in a locked cupboard with only staff having access to the key.

We found that medication was ordered each month and usually two weeks in advance of a cycle beginning, by the senior support workers. Where necessary, repeat prescription requests had been made and they were followed up with the chemist to ensure that there were no delays in receiving the medication.

Each person at the home had their own individual medication order placed which detailed the dosage required and the date it was ordered. When medication was delivered it was signed for by the senior on shift and checked again to ensure that it was what had been ordered.

We found that each person had their own MAR (Medication Administration Record) chart which had been completed and signed by staff when medication had been given. All the medication given at the home was taken orally and staff placed the tablets in small pots and watched people take them before signing the MAR chart to say it had been taken. There was one person who required PRN (when required) medication and we read a letter from the GP (General Practitioner) which detailed exactly how and when to use the medication. Individual GP advice was also recorded within each person's file.

All support workers and senior support workers had received appropriate training for administering medication. In the past, training had been provided by Salford College and Social Care TV which was accredited by the Salford Training Partnership.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

There were effective recruitment and selection processes in place and appropriate checks were undertaken before staff began work.

Reasons for our judgement

During the inspection we looked at two personnel files to ensure that staff had been recruited appropriately and safely. We looked at the files of one support worker and one senior support worker.

We found that application forms were retained and held on file. There were also copies of job descriptions available and contracts of employment which had been signed by staff. We saw documents to prove identity for each staff member and found that the manager had signed to say they had seen the original documents.

Both personnel files that we looked at contained two references from previous employers. These references were the ones that had been listed on the initial application form.

Each file we saw contained evidence that a CRB (Criminal Records Bureau) application had been made and the disclosure numbers had been retained.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

During the inspection we were told by both people who used the service, and also staff that they hadn't had to make any complaints recently. We saw a log of complaints and the last one recorded was from 2002. Despite how long ago this complaint was we read what action had been taken and what the outcome had been. We also saw a comments book which mainly consisted of compliments from friends and family members who had visited.

There was a complaints policy available which was displayed in the main office. We questioned the registered manager as to whether people were aware of its existence and we were told that it wasn't displayed in the main area of the home as staff wanted to keep it as 'homely' as possible. When we asked people who used the service about the complaints policy we were told that they would always consult with staff if they were unhappy with anything.

When asked, people appeared happy and content living at Number Two and told us that they felt staff would address their complaint properly if they ever made one.

About CQC inspections

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

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

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

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

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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

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

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

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

You can tell us about your experience of this provider on our website.

How we define our judgements

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

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

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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