

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

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ 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 activity	Accommodation for persons who require nursing or personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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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 20 August 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We spoke to people who lived at the home about how they made choices. People told us they were able to make choices about day to day activities and were able to tell staff if they did not want to do something.

We looked at a sample of people's support plans. The support plans were detailed but information was difficult to find. The manager told us they already had a draft copy of a 'person centred plan' they intended to use.

We saw that support staff encouraged people to have a healthy lifestyle. On the day of our inspection people had been swimming and cycling. During the afternoon three people were playing a game of 'Wii ten pin bowling'. Comments included: "it is nice the staff are nice." "I can chose what to do."

We saw interactions between people who lived at the home and support staff were positive. People had lived at the home for a long time and were encouraged to maintain their hobbies and interests.

There was an 'open door policy' at the home and people were encouraged to express their opinions. The manager made time to speak with people who lived at the home, their relatives and support staff.

We spoke with support staff who told us that they received formal and informal supervision and they had opportunities to develop skills and knowledge via an on line training system. This meant that staff were able to develop skills and keep up to date with new methodology.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

All of the people who lived at the home used British Sign Language (BSL) and we saw that all of the staff had achieved a qualification in the use of BSL. We saw staff used BSL when speaking to each other so people knew what they were saying.

We spoke with people who lived at the home about how they gave consent. One person told us they were able to make choices and were able to tell staff if they did not want to do something.

The manager and support staff told us that people were involved in the day to day decisions within the home. We spent time observing how support staff interacted with people. We saw people being offered choices and we saw support staff asking people's permission before offering support.

We looked at a sample of support plans and saw that where possible signed consent to the plan had been given. A photograph and description of the person was held in the support plan. People told us they agreed to have a photograph taken.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We looked at the support plans of two people who lived at the home. We saw the support plans were detailed and gave good information about the person's needs. Support plans were divided into sections and included a health action plan, information about the person's mental and emotional needs, family and social relationships, lifestyle and culture and living skills.

Support plans gave us information about how each person preferred to spend their days, what activities they enjoyed and their likes and dislikes. We saw people's preferences in relation to what time they liked to get up and go to bed were recorded. The support plans were held in various files and the manager told us they had a draft copy of a 'person centred plan' they intended to use.

We saw risk assessments had been carried out in relation to safety in the community, road safety, safety in the house, behaviours and medical conditions. The risk assessments were reviewed on a regular basis and where necessary amended.

Records showed support staff worked closely with community health care professionals to support people. Support plans contained a record of appointments such as dentists, general practitioner (GP) and hospital visits. Where people had been to stay with relatives this had been recorded in the support plan.

We saw that support staff encouraged people to have a healthy lifestyle. On the day of our inspection people had been out cycling. One person told us they enjoyed going out with the staff. Comments included: "I like living here the staff are nice." "I can make choices."

The manager told us that staff turnover was very low. We spent time observing staff interactions and saw staff treated people with respect. All of the five people who lived at House Martins Number One had lived at the home for a long time and were familiar with all of the staff.

We sat in the kitchen area and saw people were helping to prepare the evening meal. We saw people were able to make a drink or something to eat whenever they wanted. We saw that people were involved in deciding what went onto the shopping list and what meals

they would prepare the next week. This demonstrated how staff supported people to make lifestyle choices.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

We walked around the home and saw that all areas were clean and tidy. Staff told us they supported people to keep their rooms tidy.

We saw that support staff had access to personal protective equipment (PPE) such as gloves and aprons. Liquid soap and paper towels were provided in communal areas we also saw stocks of gloves were available. We saw support staff washing their hands at regular intervals throughout our inspection.

Staff had completed infection control training. Training was updated via e-learning using Social Care TV which was accredited by the Salford Training Partnership.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We saw all new staff underwent an induction based on the Skills for Care common induction standards that covered; the role of the health and social care worker, communication and the principles of care. This meant that all staff received an induction which was relevant to their role.

One support worker showed us their training record on line. We saw that they had completed training in relation to administering medication, infection control, and principles of care, dignity in care, effective communication and emergency first aid.

We saw staff meetings were held on a regular basis and we saw the minutes of the most recent meeting. The manager had an agenda and outcomes from the meetings were recorded and displayed in the office.

Formal and informal staff supervision was provided. A supervision chart was displayed in the office showing when supervisions were due. Support staff told us supervision covered; individual training needs, support plan reviews and any concerns they may have.

Staff told us that the manager had a strong presence within the home and was always available to discuss any issues or concerns. We spoke with staff who told us they felt well supported by the manager. Comments included: "We get supervision and appraisal." "I have done a lot of e-learning I do it whenever I have free time and can do it here or at home." "I enjoy training." "We are allowed time to complete training." "If there was some training that we particularly wanted to do that was not on the e-learning I could ask and X would help me to access the course."

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

There were systems in place to monitor the quality of the services provided. We saw that a questionnaire had been sent out to relatives and professionals in January 2013. They had not all been returned but the ones we saw were very positive about the service.

Regular 'house meetings' were held with people who lived at the home. These gave people an opportunity to express their views and opinions about the service and to discuss holidays, activities and menus. In addition; the manager and or provider were available for people to speak to. We observed people approaching the manager throughout our inspection and the manager responded to people appropriately.

We saw that audits were carried out in relation to; support plans and risk assessments these were reviewed with the keyworker on a regular basis. Audits of the medication system were undertaken.

Regular staff meetings were held and staff were encouraged to express their views and opinions about the running of the home. We saw that minutes were kept and objectives recorded, these were displayed in the office.

About CQC inspections

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

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

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

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

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

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

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

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

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

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

How we define our judgements

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

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

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

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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