Mr Jason Collins

Housemartins

Inspection report

Colebrook Lane
Cullompton
Devon
EX15 1PB

Tel: 0188435443

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

The inspection took place on 20 July 2016 and was unannounced. We previously inspected this service on 1 and 15 April 2015. At the previous inspection we identified two breaches of regulations. This related to staff not receiving regular training and updating to maintain their skills and knowledge to provide care for people. The second breach was about failing to notify the Care Quality Commission (CQC) about some suspected abuse concerns. At this inspection we found improvements had been made in both these areas.

Housemartins is registered to provide accommodation with personal care for up to five people with learning disabilities. Four people currently live at the home, some people had autism and others had physical health needs.

The home had a new registered manager who registered in March 2016. 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.

At this inspection we identified several environmental risks for people who lived at Housemartins. These included scald risks due to excessively hot water, broken window restrictors in some upstairs bedrooms, and fire risks, identified by a contractor who visited the home on 13 July 2016 to undertake a fire risk assessment. We asked the registered manager to seek further advice to help them risk assess and prioritise what urgent actions were needed to improve people's safety and reduce environmental risks for them. They sent us a report within a few days of the inspection, which set out actions underway to address the concerns. They have kept us regularly updated since then on the progress of remedial works being undertaken at the home.

Staff treated people with sensitivity, dignity and respect. People's physical and psychological needs were met by staff who were knowledgeable and confident to care for them. People were supported to keep in touch with family and friends and spend time with them.

People had access to healthcare services for ongoing healthcare support. Staff recognised when a person's health deteriorated and sought medical advice promptly when they were feeling unwell. They worked closely with local healthcare professionals such as the GP, community nurse and learning disability team, who confirmed staff sought advice appropriately about people's health needs and followed their advice. People received their prescribed medicines on time and in a safe way. They were supported to improve their health through good nutrition. Staff encouraged people to eat a well-balanced diet, make healthy eating choices and be active.

Staff demonstrated a good understanding of what might constitute abuse and knew how to report any concerns they might have. For example, staff knew how to report any concerns within the organisation and externally to organisations such as the local authority, police and to the Care Quality Commission.

Staff were knowledgeable about people's care needs and received regular relevant training and updating. The provider had a written complaints policy and procedure, although no complaints were received. Information about how to raise concerns or complaints was provided in a suitable format for people. People and relatives said they could speak to the registered manager and other staff if they had any problems.

The culture at the service was open, and promoted person centred values. Staff worked proactively with other professionals for the benefit of the people they supported. The provider had a range of quality monitoring arrangements in place. These included audits of care records and medicines management and regular health and safety checks. They made continuous improvements in response to their findings.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People were at increased risk because of excessively hot water, and other environmental risks. Following the inspection, the provider addressed some of these risks and more work was planned.

Risks assessments for individuals were detailed and identified measures to reduce risks as much as possible.

People were supported by enough staff so they could receive safe care at a time and pace convenient for them.

Staff received training on recognising potential signs of abuse. They knew how to report concerns and concerns reported were investigated and dealt with.

People received their medicines on time and in a safe way. Robust recruitment checks were undertaken before staff began to work for the service to ensure they were suitable to work with people.

Is the service effective?

Good

The service was effective.

Staff received regular training and support through supervision.

Staff demonstrated an understanding of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and how these applied to their practice.

People accessed healthcare services appropriately, staff recognised changes in people's health, sought professional advice appropriately and followed that advice.

People were supported to eat and drink and maintain a balanced diet.

Is the service caring?

Good

The service was caring.

People received care from staff who developed positive and caring relationships with them.

Staff were kind and affectionate towards people and knew what mattered to them.

Staff treated people with dignity and respect and were compassionate towards people. Staff organised care around people's needs.

Staff supported and involved people to express their views and to make their own decisions, which staff acted on.

Is the service responsive?

Good

The service was responsive.

People received personalised care from staff who knew each person, about their life and what mattered to them.

Each person had a individual programme of activities they enjoyed. They were encouraged to socialise, pursue their interests and hobbies and increase their independence.

People and their relatives felt confident to raise concerns with staff. There was a complaints process, although no complaints had been received.

Is the service well-led?

Good

The service was well led.

There was a registered manager, the culture was open, and promoted person centred values.

People, relatives and staff expressed confidence in the registered manager, and the home was well organised and run.

People, relatives and staff views were sought and taken into account in how the service was run.

The provider had systems in place to monitor the quality of care provided and made continuous changes and improvements in response to the findings.

Housemartins

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 checked 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.

The inspection took place on 20 July 2016 and was unannounced. One inspector inspected the service. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This 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. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report. Prior to the inspection we reviewed information we had about the service from previous inspection reports, our contact with the service and any notifications received. A notification is information about important events which the service is required to send us by law.

We met with the four people who lived at Housemartins and looked in detail at three people's care records and spoke with two relatives. We met with the registered manager and four staff. We looked at four staff files and at the provider's quality monitoring systems. These included the supervision and training matrix for staff, fire safety and electrical checks, and records of annual servicing and maintenance undertaken. We sought feedback from professionals who worked with people at the service such as commissioners, the district nurse, the GP practice and an Independent Mental Health Advocate, andwe received a response from three of them.

Requires Improvement

Is the service safe?

Our findings

We identified several environmental risks for people who lived at Housemartins. These included scald risks due to excessively hot water, broken window restrictors in some upstairs bedrooms, and fire risks, identified by a contractor who visited the home on 13 July 2016 to undertake a fire risk assessment.

An environmental risk assessment, dated 2010 showed water temperatures were controlled using thermostatically controlled valves fitted in all bathroom areas. Although the tap over the bath on the ground floor was thermostatically controlled, we found the water temperature in the upstairs bathroom, shower room and in the sinks in people's bedrooms all felt too hot to hold your hand under the hot tap. Staff said they used a thermometer to check people's bath temperatures, before they went into the bath, to avoid scald risks, but these were not recorded. People's personal care records showed staff had assessed they were safe to spend time alone in the bath/shower, which meant their risks of immersion in hot water were increased. Thermometers available in home were unable to accurately measure the exact temperature of the hot water. This was because the temperature exceeded the maximum 50 degrees the thermometers could measure. The Health and Safety Executive (HSE) recommendation is that hot water temperatures which vulnerable people access should not exceed 44 degrees. We asked the registered manager to take urgent action to further assess and reduce these risks.

Health and safety checks had also identified that two window restrictors fitted to people's bedrooms upstairs were not working properly, and the registered manager was discussing steps to address this with the provider. Window restrictors are used to reduce the risk of people falling from window openings. The registered manager undertook fire safety checks, when they first started work at the home, and identified some concerns about fire risks at the premises. Previous annual fire risk assessment reports from an approved contractor had not identified these risks. So, they arranged for a new contractor to visit the home on 13 July 2016 to undertake a fire risk assessment. Although the report had not yet been received, verbal feedback had confirmed a number of fire safety improvements were needed. These included that the fire exit on the upstairs landing was unusable, because the fire door opened the wrong way, and there was no external fire escape stairs fitted for people to access the ground floor in a fire. The fire alarm system and fire zone arrangements did not meet British Standard recommendations, some fire sounders were not loud enough and automatic fire detectors were well overdue for replacement. The registered manager said some issues had been already addressed, such as the repairs, the replacement of fire detectors and sounders. They were in the process of obtaining quotes to address the remaining issues. It was not yet clear from the information available how urgently some of the remaining risks needed to be addressed.

This is a breach of regulation 12 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

We asked the registered manager to seek further advice to help them risk assess and prioritise what urgent actions were needed to improve people's safety and reduce environmental risks. We asked them to send us a report within a few days of the inspection, which they did. The report set out actions underway to address the concerns, and the registered manager has kept us regularly updated since then on the progress of

remedial works being undertaken at the home. The most recent update on 11 August 2016 confirmed a thermostatic valve has been fitted to the boiler, which was set at 42 degrees, in accordance with HSE recommendations. Replacement window restrictors have been fitted and a prioritised phased programme of works to improve fire safety was underway, which included plans to install an external fire exit stairs. An updated health and safety risk assessment showed other steps being taken to further reduce environmental risks for people. For example, plans to add fencing to the edge of a raised patio area, in order to prevent the risk of people injuring themselves if they fell off the edge.

There was an ongoing programme of repairs, maintenance and refurbishment to improve the environment of the home. Household electrical and gas systems were regularly serviced and tested. Regular checks of the fire alarm system, fire extinguishers, smoke alarms, and fire exits were undertaken. People participated with staff in regular fire drills, so they were used to practising fire evacuation.

People were protected because staff had good awareness of how to keep people safe and protect them from avoidable harm. Two relatives said they felt very confident people were safe and well looked after at the home. A relative said a person had temper tantrums sometimes, which staff dealt with well using positive behaviour support techniques. A health professional said people felt safe with staff who were kind and gentle in their approach with them.

People were protected against the risks of potential abuse. Staff had completed safeguarding training, and demonstrated a good awareness of the signs of potential abuse. They knew how to report concerns and contact details about how to contact the local authority safeguarding team were on display in the staff office. Staff supported people with their monies and there were recording systems in place with receipts to account for any expenditure, which reduced their risk of financial abuse.

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. The registered manager had notified the local authority safeguarding team and CQC about safeguarding concerns relating to conflict between two people. Their records showed staff had taken the appropriate actions in response. They contacted health professionals to seek advice and developed positive behaviour management plans to address the concerns and reduce the risk of recurrence. A positive behaviour management plan is a document created to help understand and manage behaviour in adults who have learning disabilities and who display behaviour that others find challenging.

Personalised risk assessments balanced the risk for individuals with the freedom to have independence and new experiences. A relative said staff struck a good balance, for example, by giving the person freedom to go for a walk in the local park and to the shop. Staff accompanied them in busier, less familiar environments, such as when going to Exeter. Each person was taught about road safety and reminded to listen, look and only to cross the road when safe to do so. When a person was being transported in the provider's vehicle, their risk assessment showed staff were instructed to sit this person in the back seat for safety. This was to reduce the risk of them getting into conflict with others or distracting the driver. Each person had a missing person's form, with their photograph and details, so the emergency services could be alerted and given a person's details, if they went missing. The provider notified us about an incident where a person went missing on one occasion, they were quickly found and returned home safely.

People's behaviour support plans included personalised information about any triggers for challenging behaviour. For example, being corrected and told 'no.' Behaviour support plans included detailed advice for staff on actions to take, depending on the level of challenging behaviour being displayed. For example, by distracting the person and encouraging them to listen and co-operate. Staff could judge a person's mood and wellbeing by their body language and vocal sounds. They responded appropriately to calm, distract or

reassure a person when they showed signs of becoming upset. Since we last visited, staff had completed managing challenging behaviour training and learnt breakaway techniques. They said this increased their skills and confidence in managing any behaviours that challenged the service.

Accidents and incidents were reported and reviewed by the registered manager, who identified any additional measures needed to reduce risks for people. For example, where a person had regular incidents of challenging behaviours, staff sought professional advice and were working with the person, to re-enforce and reward positive behaviours and minimise impact of negative behaviours on others.

There were enough skilled and experienced staff to keep people safe and meet their needs. People's care was provided by a stable, team of staff who knew each person well and provided continuity of care for them. Care was organised around people's wishes and preferences. There were two staff on duty most of the time during the day, depending on people's plans. Each person had dedicated one to one time with a staff member each week, to do what they wanted. For example, one person liked to go out in the car, and another person liked to go for a pub lunch. At night there was a sleep in member of staff, who could access advice by telephone from on call staff, if needed. The staff team worked flexibly to cover sickness and staff leave, and did not use agency staff, which meant people had continuity of care from staff they knew. This meant staff had enough time to support people's care needs and ensure people had a good quality of life.

People received their medicines safely and on time. Staff were trained and assessed to check they had the required skills and knowledge to support people with their medicines. Information about each person's medicines, their uses and side effects were kept at the home. Staff administered people's medicines to them. All medicines were kept in a securely locked cupboard. Staff completed a medication administration record (MAR) to document all medicines given. We checked people's medicines and found that all doses were given, as prescribed, and the remaining doses were accounted for. MAR charts were checked daily so any discrepancies or gaps in documentation were immediately followed up. Any medicine errors were reported with action taken to improve medicines management and increase people's safety. Where there were any changes in people's medicines, the registered manager provided detailed written information about changes for staff.

People were cared for in a clean, hygienic environment. Staff had suitable housekeeping cleaning materials and equipment and followed housekeeping schedules. Staff washed their hands before and after providing personal care and used personal protective equipment such as aprons and gloves. The registered manager said they had got staff to give the whole house a good 'spring clean' and encouraged them to wash towels and tea towels daily. These measures helped reduce people's risks of cross infection. The most recent environmental health visit had awarded the home the top rating of five for kitchen hygiene.

Suitable recruitment procedures and required checks were undertaken before care workers began to work for the agency. Checks included the Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Good

Is the service effective?

Our findings

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. We followed up concerns raised about the lack of staff training from our last visit. Following the inspection, the provider sent us an action plan detailing the actions being taken to provide additional staff training and we found improvements in staff training. This meant people received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles.

Staff said they had the training and skills they needed to meet people's needs. A training matrix showed staff had undertaken a range of training to ensure they had the right knowledge and skills. Staff had completed training on safeguarding and the Mental Capacity Act (2005) (MCA), first aid, moving and handling and fire safety training. They had also undertaken training relevant to the specific needs of the people they supported. For example, autism and epilepsy awareness, behaviour and communication training and an introduction to gentle teaching. Other training planned later this year included equality and diversity training and 'Understanding and Managing Challenging Behaviour.'

When staff first came to work at the service, they undertook a period of induction. A new member of staff undertaking their induction said, "I feel well supported." They were working alongside more experienced staff, which they really valued in helping them to get to know each person and by observing the various ways staff supported them. The staff member was completing the Care Certificate, they said the registered manager was going through various aspects with them and observing their practice. The Care Certificate is a set of national standards that health and social care workers are expected to adhere to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. All new staff had a probationary period, so the registered manager could assess they had the right skills and attitudes to become care workers.

Staff told us they felt supported by the registered manager. Staff were supported in their practice through regular one to one supervision. They said they valued the opportunity to talk through any issues. The new manager was planning to undertake annual staff appraisals in the near future, to provide individual staff feedback on their performance and identify any further training and development needs. A staff member said they were working with the registered manager to take on more responsibility, and was undertaking a management course at level five for career progression.

Staff demonstrated a good understanding of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and how these applied to their practice. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people were assessed as not having the capacity to make a decision, staff involved a people who knew the person well and other professionals, in making a 'best interest' decision. Where a 'best interest' decision needed to be made about a person's medical treatment, staff consulted relatives and professionals and agreed the person should have the procedure in their 'best interest.'

For another person, the registered manager was arranging for a health professional to undertake a mental capacity assessment, to help make a 'best interest' decision about a health screening test. Staff used the Department of Health MCA guidance to guide their practice, however, the provider had no local mental capacity policy and procedures or framework for staff to use to record their MCA assessments or 'best interest' decisions. Since the inspection, the registered manager has contacted us to confirm these have now been developed.

Staff promoted people's choice and sought their consent for all day to day support and decision making, for example, about food and drink choices and how they wished to spend their day. People's consent for their treatment was sought. Staff described how they would recognise if a person (with limited verbal communication skills) gave their consent. For example, how the person would take staff by the arm to show them what they wanted. Staff also described how they would know the person didn't give their consent to what was proposed from their body language, the words they used, their demeanour and gestures, and by not co-operating with the request.

DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and, in a person's own best interests. One people was subject to a standard DoLS authorisation at the time of our visit, which we checked and found staff were acting in accordance with it. Where a person's behaviour had deteriorated, staff had introduced stricter controls on the person's freedom in their 'best interest.'This included making checks on the person and resrictions on their freedom whereby currently they could not access their local community unaccompanied. Staff sought the advice of the local authority DoLS team about these decisions and had made a Deprivation of Liberty application for the person. This demonstrated staff were acting in accordance with national guidance.

Each person had an assessment of their care needs and detailed care plans informed staff about how to provide the care and support each person needed. For example, one person had a skin condition, their care plan included details about keeping their hands clean and their nails short. Also, the need to apply cream regularly to their skin to prevent cracking and making sure the person didn't spend too long in the bathroom washing their hands.

People regularly saw a range of health professionals such as their local GP, practice nurse specialist dentist, psychiatrist. One person was regularly visited at home by members of the community nursing team, who supported them with a medical condition. A visiting nurse said staff were always organised when they visited, and called them if they noticed signs the person was becoming unwell and might be developing an infection. They said staff followed their care advice and made sure the person was kept well hydrated to keep them in good health. When a person recently had to go to hospital for a procedure, staff accompanied the person and remained at the hospital with them to reassure them until they were ready to go home. Each person had a 'hospital passport' which provided key information about their medical history, medicines and communication needs. This informed health professionals in the event the person needed hospital care. People also had an annual health check from their GP to monitor their ongoing health.

People were supported to improve their physical health and were encouraged to eat a well-balanced diet and take regular exercise. Care records included details of people's food likes and dislikes, for example, that a person's favourite food included sausages, cheese sandwiches and Chicken Korma. Staff cooked lots of meals from scratch using fresh ingredients and people sometimes helped, for example, one person liked chopping carrots. A person, who was previously overweight and had lost weight, were being helped by staff to maintain a healthy weight. Staff encouraged people to eat plenty of fresh fruit and vegetables and

promoted healthy eating choices. People sat around the kitchen table regularly with staff to plan their meals and staff included 10 healthy choices people chose to include into the weekly menu plan.

Good

Is the service caring?

Our findings

There was a family atmosphere at the home, people appeared happy and content, they were relaxed and comfortable with staff. People looked happy and staff were kind towards them. Staff knew each person well, treated them as an individual and staff were caring and compassionate towards people. They were patient, and gentle with people, listened attentively to what they had to say, there was lots of laughter, chatting and good humour. When a person was worried or upset or wanted something, staff noticed and responded immediately. A relative said, "Staff are easy-going, he is very happy there, they are all very caring, his keyworker is like a second mum to him." Another said, "The best thing about the home is the companionship, they all get on well together." Two health professionals said they thought staff were caring and trustworthy.

People were supported by staff who knew what mattered to them. Staff spoke about people with warmth and affection, they knew about people's lives, their families, what they enjoyed doing and things that upset them. On the day we visited, three people were excited and were busy getting ready to go out to a day centre, which they were looking forward to. The fourth person went along for a ride in the car and then enjoyed some quiet time watching TV, and spending one to one time chatting with a member of staff when they returned. People enjoyed spending time together and with staff. In the evening when everyone returned home, people and staff sat around the kitchen table and enjoyed a meal together and chatted about their day. Afterwards, three people sat in the garden chatting with two staff, enjoying the evening sun. One spoke on the phone with their mum and another was listening to music on their tablet computer.

Staff knew people's individual communication skills, abilities and preferences. They used a variety of methods to communicate effectively with people and provide each person with the information they needed to make choices. Each person had a 'communication passport' which showed their preferred ways of communicating. For example, one person's showed they had a slight hearing loss, and their care plan said, 'Face [person's name] and speak slowly, do not use too many words and speak clearly.' In the kitchen staff had a display board and used photographs, easy read pictures and symbols to remind each person about their plan for the day. The board included photographs of which staff were on duty each shift, so people knew which staff to expect.

People were supported to express their views and be actively involved in making decisions about their care. Each person had an allocated a key worker who worked with the person to identify what they would like to do and what support they needed. People were involved in developing and updating their care plans, and in reviewing them regularly. Relatives said they were consulted and involved with any significant decisions made about the person's care and treatment. One said, "His mum or brother get involved, staff are always very good with communicating with us." A local authority independent mental health advocate acted on behalf of a person living at the home. They visited and spent time with the person every two months and were consulted and involved in 'best interest' decisions about them.

Staff treated people with dignity and respected their privacy. They were discreet when supporting people with personal care, for example, when a person was using the bathroom they protected their privacy by

closing the door and pulling the curtains. Each person had their own room and could spend quiet time on their own, whenever they wished. People's spiritual and religious needs were known to staff, for example, that one person was a member of the Church of England but chose not to attend Sunday services.

People were supported to keep in touch with family and others who mattered to them. Each person's care records included a family tree which highlighted people significant to the person. Two people visited and stayed at their family home regularly. People's bedrooms were personalised and decorated to their taste. Each person has pictures and photographs of family members and of important family occasions. One person's room housed their extensive DVD collection and another person's had memorabilia of their favourite football team. A third person had their artwork on display in their bedroom and a bunch of felt flowers in the kitchen which they had made.

Good

Is the service responsive?

Our findings

People received care that was personalised and responsive to their needs. A relative said, "He has a good life and is out all the time." Another relative said, "Staff look after him well, especially his key worker. He has a nice room, and everything he wants in terms of entertainment." Speaking about the range of interests and activities people enjoyed at Housemartins, a staff member said, "They have a brilliant life." Professionals praised staff for their individual approach to each person.

People kept busy and were always out and about. Every Tuesday staff said people went out together for the day, they each took it in turns to decide where they wanted to go. The previous day people said they enjoyed a picnic and spending the day at Forest Glade, a local holiday park set in woodlands nearby. They enjoyed swimming in the pool and the outdoor activity rides set amongst the trees. Since we last visited, staff told us how they had experimented with taking a person to a day centre, as they really enjoyed arts and crafts so thought they might enjoy it. Staff said the person loved it and had experimented with working with clay, weaving, done felt work and painting as well as making some new friends. Staff said since the person had become more outgoing they were talking more and their chronic skin condition had greatly improved, which they had attributed to these lifestyle changes. The person was now going to another day centre , one day a week, which they were also enjoying.

People enjoyed music, singing and dancing and some liked woodwork. Several people liked outdoor activities such as horse riding, football and looking after the animals at the centre. Since we last visited, two people had got computer tablets which they were really enjoying. One person particularly liked searching for theme tunes from TV series and films, whilst staff kept an eye on them to make sure they didn't access any websites unsuitable for them. Where a person's choices were limited because of their health needs, a staff member said they were exploring community groups they could attend, who could manage their needs. For example, they were trying to find a place where they could pursue their interest in pottery making and in sport. Staff had supported another person to shop online for new furniture for their bedroom. They had chosen a sleigh bed and some matching furniture and reorganised the layout of their bedroom. Staff said they were really pleased with it and enjoyed spending time in it.

People were part of their local community. One person liked going into town to buy their favourite TV magazine and was well known by local people, who stopped and had a chat with them. People enjoyed going to the pub for a drink and a meal, trips to the cinema and to play ten pin bowling. Another person liked to go shopping for clothes.

Staff told us about the ways in which people were encouraged to be as independent as possible. Staff supported people to do their personal shopping for toiletries and clothes. Personal care records showed which aspects of personal care each person could do for themselves and which they needed help with. For example, that one person could bath themselves. They needed supervision not to overfill the bath and reminding to wash properly and rinse off the soap. When brushing their teeth, staff were instructed to make sure the person brushed along the gum line and not to spend too long brushing. This showed staff promoted people to do as much personal care as they could for themselves. People were encouraged to

contribute to the running of the house and took pride in doing their weekly chores. For example, one person cleaned the transport vehicle each week, and another person helped in the garden. They helped with vacuuming, polishing, laundry and clearing the table. Each person had identified goals and objectives about how staff were helping people to maintain or increase their independence and learn new skills. For example, staff were exploring possibilities for one person who would like to get a job.

People's views were sought through regular informal meetings, for example minutes of the most recent meeting showed people discussed food choices and planned their menu, made plans for a birthday celebration and discussed where they would like to go on their weekly trip. They also discussed their plans for holidays and for a family barbecue at the home in July for people and relatives.
Staff knew people well, understood their needs and cared for them as individuals. They anticipated and responded to people's needs. A relative said the person was in good health but occasionally had challenging days, and got moody sometimes but said staff managed these situations really well. They said, "He has a go sometimes, they give him a drink and talk with him, he gets over it quickly and doesn't bear a grudge. Staff keep in regular touch and lets us know if there are any problems." There was a verbal handover between staff at the start of each shift ensured that important information was shared, and staff acted upon any changes in people's health. At staff meetings, each person's ongoing care was discussed with the staff team to monitor people's progress, any changes discussed and agreed were used to update care plans.

Care records were personalised, well organised, easy to read and navigate and were informative about the support each person needed. They gave a real sense of each person, including what made a good day for them and things that made them anxious. For example, that one person liked watching TV, and going for walks and regular visits from their family member . Another person's showed that fizzy drinks could be a trigger for challenging behaviour for them. Where necessary, the health and social care professionals were involved. For example, a person had trouble with their feet and had regular specialist appointments to fit new boots fitted with supportive insoles, so they could maintain an active lifestyle which included a love of walking. Daily records included details of care given, how the person had spent their day and about their wellbeing. For example, that a person had been very cheerful and singing during the day, especially when they were swimming.

The provider had a written complaints policy and procedure although no complaints were received since we last inspected. Staff talked to people day to day so any worries, grumbles or concerns were aired and dealt with straightaway. Relatives said they wouldn't hesitate to speak to staff or the registered manager with any problems. One said, "We have no reason to complain, [person] has lived there a long time and is very happy there." Another said, "If anything was not right I would say."

Good

Is the service well-led?

Our findings

People, relatives and staff expressed confidence in the registered manager. Staff said they found them approachable, and supportive. Relatives said they were very happy with how the new registered manager had settled in. One said, "It's going nicely, the new manager is fitting in quite well, and getting used to everyone." Another said, "Its ticking along nicely, the new manager has brought changes and new ideas and is shaking it up a little bit. I think it's a good thing to have a younger person in there." Staff comments included; "She is good, she listens and is well organised;" "She is on the ball, nothing is too much trouble" and "Excellent communication skills, things have definitely improved for people who live here and for staff."

The service was friendly, relaxed and homely, the ethos was of caring and gentle support. A relative said they felt able to talk openly and honestly to staff. A relative said they thought people at Housemartins had benefitted from the continuity of care by staff who had worked there for a long time. Professionals said the registered manager worked in partnership with them to support people's needs. When we asked staff, relatives and professionals whether there were any areas for improvement, they could not identify any and said they were very satisfied with the service.

Staff said they worked well as a team, enjoyed working at the service and were praised and encouraged for their work. The registered manager worked in the home four days a week, with one management day. They worked alongside staff which gave them an insight into their standard of practice, and meant they could role model the professional standards they expected. Staff said they had confidence in the registered manager who set clear expectations of them, and listened to their concerns. The registered manager said they discussed any conflicts openly within the staff team and resolved them. Staff said they could ring the manager anytime to discuss issues or seek support and advice. Regular individual staff supervision was used to reinforce the values and behaviours expected of staff. It was also used to discuss people's feedback and any lessons learned from accidents/incidents or other concerns. Where there were any issues about individual staff performance, staff records showed these were managed proactively with improvement plans agreed and followed up.

Staff confirmed they were consulted and involved in decisions about the service and their views were sought and acted on. Regular staff meetings were held where they discussed each person's needs, sought staff views and implemented them. For example, a key workers suggestion that a person should to try going to a day centre. A communication diary was used to remind staff about people's appointments and for reminders to make phone calls. This meant essential information about each person, and the day to day running of the home, was communicated between the staff team. The registered manager used a whiteboard in their office to remind them about things they needed to do.

The registered manager had a range of effective quality monitoring arrangements in place. These included regular audits of care records, and medicines management, any issues identified were raised and discussed with staff. Written records showed staff completed daily and weekly housekeeping tasks. Regular health and safety checks were undertaken with evidence of actions taken to address any repair and maintenance issues. For example, actions were being taken in response to health and safety and fire risk issues identified.

The registered manager had introduced a system to identify staff training needs, and to monitor that all staff regularly attended training and updating sessions. The home had a range of policies and procedures in place to guide staff. The registered manager had reviewed and updated some policies and was in the process of reviewing others.

Accidents and incidents were monitored so any themes or trends could be identified and steps taken to reduce risks. The provider visited the home regularly, and was in regular contact by phone. They spent time with people, talked to staff and met with the registered manager. Records of these visits showed they implemented improvements suggested by the registered manager. Further improvements were planned to decorate several people's bedrooms.

The registered manager kept up to date with regulatory changes by getting the CQC monthly newsletter and using the website. They also attended provider meetings at the local Provider Engagement Network (PEN) to learn from others' experiences and share good practice ideas.

The registered manager sent us regular notifications, as required by the regulations and responded to our requests for additional information. People's care records were kept securely and confidentially, and in accordance with the legislative requirements. All record systems relevant to the running of the service were well organised and reviewed regularly.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were at increased because of environmental risks at the premises. These included risks of scalding because hot water supplies exceeded maximum temperatures recommended by Health and Safety Executive for vulnerable people. Other health and safety risks included some fire safety risks and some faulty window restrictors. This is a breach of regulation 12 (2) (d).