

Langley House Trust

# House of St Martin

## Inspection report

House Of St Martin  
Langford Lane, Pen Elm  
Taunton  
Somerset  
TA2 6NU

Tel: 01823275662

Date of inspection visit:  
12 September 2016

Date of publication:  
24 October 2016

### 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

This inspection took place on 12 September 2016 and was announced. The registered provider was given 48 hours' notice because the location was for people who are often out during the day. We needed to be sure that the manager and some of the people who used the service would be available to speak with us.

House of St Martin is registered to provide personal care for adult male offenders and those at risk of offending. It also offers a floating support service in Somerset which does not come within the scope of our registration requirements. House of St Martin is a supported living service. Supported living is a way of providing housing and support to help people to lead independent lives. The service also provides support to people in their own homes in the community that includes personal care and social support and prompting with daily activities.

Care and support is provided twenty four hours a day by staff who work from an office on the premises. House of St Martin is a service run by a national Christian charity, Langley House Trust, which delivers offender rehabilitation services. The service aims to provide assistance and support to enable people to make positive life changes and live life crime-free. House of St Martin has accommodation for 19 people. At time of visit, five people lived there. One person was away from the home for a few days on a family visit.

There is 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.

The registered manager and staff had the skills and knowledge needed to support people living in the main house and in the community.

People said they were supported by kind and caring staff. One person said, "The staff have been brilliant. (Member of staff) has stopped people going off the tracks. They are as good as gold here. (Member of staff) has the magic touch. They are really good. I can't praise them enough." Another person said "the staff are good. They do listen. They do their jobs with respect and kindness."

People received support that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about how the service supported aspects of their day to day lives.

This inspection took place on 12 September 2016 and was announced. The registered provider was given 48 hours' notice because the location was for people who are often out during the day. We needed to be sure that the manager and some of the people who used the service would be available to speak with us.

House of St Martin is registered to provide personal care for adult male offenders and those at risk of

offending. It also offers a floating support service in Somerset which does not come within the scope of our registration requirements. House of St Martin is a supported living service. Supported living is a way of providing housing and support to help people to lead independent lives. The service also provides support to people in their own homes in the community that includes personal care and social support and prompting with daily activities.

Care and support is provided twenty four hours a day by staff who work from an office on the premises. House of St Martin is a service run by a national Christian charity, Langley House Trust, which delivers offender rehabilitation services. The service aims to provide assistance and support to enable people to make positive life changes and live life crime-free. House of St Martin has accommodation for 19 people. At the time of our visit there were four people who lived there.

There is 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.

The registered manager and staff had the skills and knowledge needed to support people living in the main house and in the community.

People said they were supported by kind and caring staff. One person said, "The staff have been brilliant. (Member of staff) has stopped people going off the tracks. They are as good as gold here. (Member of staff) has the magic touch. They are really good. I can't praise them enough." Another person said "the staff are good. They do listen. They do their jobs with respect and kindness."

People received support that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about how the service supported aspects of their day to day lives.

People told us they felt safe with the service and staff who supported them. One person said "It is very safe here. If there are any problems staff sort them out straight away. They are very skilled at what they do." Another person said "They have done an amazing job to keep me safe. If it was not for them I would not be here. They have never let me down."

All staff understood their role in maintaining a safe environment for people and the importance of being alert to any possible abuse or if people were at risk of neglecting themselves.

There were appropriate numbers of staff employed to meet people's needs and provide a flexible service. For example, staff were able to accompany people to appointments and participate in projects with people.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

There was always a senior member of staff on duty or on call to support staff and people receiving a service. Staff and people receiving a service commented on the availability of the manager who ensured support was being delivered in a skilled way.

The registered manager and staff had a clear vision for the service they wanted to supply to people. They

kept their skills and knowledge up to date by on-going training and reading.

The vision and values of the service were seen in the way staff interacted with and communicated with people.

There were systems in place to ensure people received safe and appropriate support with their medicines.

There were effective quality assurance systems in place to monitor support and ensure the service was as safe and effective as possible.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe. People told us they felt safe with the staff who supported them.

People were supported by enough staff to meet their needs safely.

The recruitment procedures ensured all staff were checked before they began work to minimise the risks of abuse to people.

There were systems in place to ensure people received safe and appropriate support with their medicines.

There were policies, procedures and ways of working in place designed to reduce identified risks.

### Is the service effective?

Good ●

The service was effective. People were supported by staff who had the skills and knowledge to meet their needs.

Staff ensured people consented to the support they received.

People's health needs were monitored and action was taken when required to ensure their health needs were met.

Staff liaised with health care and other professionals. They followed their guidance when appropriate to promote people's well-being.

### Is the service caring?

Good ●

The service was caring. People told us staff were polite and kind.

Staff respected people's privacy and promoted their independence and dignity.

People were fully involved in decisions about their care and support. There were regular reviews which enabled people and their relatives to express their views.

### Is the service responsive?

Good ●

The service was responsive.

People were provided with care which reflected their wishes and needs.

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their choices.

People knew how to make a complaint and were confident that action would be taken.

**Is the service well-led?**

**Good** ●

The service was well-led.

The registered manager had good working relationships with the staff team and external agencies. This helped ensure people received personalised support which met their needs.

People praised the manager for their skill and commitment to their support.

Staff felt well supported and clearly led by the registered manager.

The registered manager actively sought and acted upon the views of others.

There were a variety of systems and methods to assess and monitor the quality of the service.

# House of St Martin

## 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. We looked at information we had received about the service.

At our last inspection on 6 November 2013 we did not identify any concerns with the care provided to people.

This inspection took place on 12 September 2016 and was carried out by one adult social care inspector. The provider was given 48 hours' notice because the location provides a domiciliary care service. We needed to ensure the manager was available in the office. We also arranged to meet staff and to visit people who received a service at the supported living accommodation.

The service was preparing for changes to their registration and purpose. Up to 19 people were able to live in a supported living environment at the House of St Martin. Four people were living there at the time of the inspection. Other people had been assisted to settle into homes in the community as the house prepared to re-register as a service providing residential care.

During the inspection we met four people receiving support in the main house. Other people received support in their homes in the community. Staff also provided drop-in support to people at "hubs" in the community but this part of the service is outside of the scope of our registration requirements. We spent time at the office and met with the registered manager, area manager and two care workers. We viewed records relating to individual care and the running of the service. Records seen included four support plans, three staff personal files, records of staff training and quality monitoring records. We contacted five professionals who knew the service well and received feedback from one.

# Is the service safe?

## Our findings

People told us they felt safe with the service and staff who supported them. One person said "It is very safe here. If there are any problems staff sort them out straight away. They are very skilled at what they do." Another person said "They have done an amazing job to keep me safe. If it was not for them I would not be here. They have never let me down."

The service supported people in many ways to keep them safe. All staff understood their role in maintaining a safe environment for people and the importance of being alert to any possible abuse or if people were at risk of neglecting themselves. One member of staff said "We are aware of where people are, if they are feeling safe and ok. We see changes in people's behaviour or relationships. We can discuss their concerns with them. We listen a lot."

The registered manager talked to us about the sometimes complex task of keeping people safe. Because of their physical and emotional needs people sometimes did not understand the support they needed and staff needed to be skilled and understanding to help them. They said when the main house had been full it had been particularly important that staff knew people well and understood what action they needed to take and when to contact senior staff or health and social care professionals for further support. Staff told us there could be issues between people living in the shared accommodation and part of their role was to anticipate problems and de-escalate a situation so people remained safe.

Risks of abuse to people were minimised because the provider made sure that all new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and checking that prospective staff were safe to work with vulnerable adults.

Staff told us, and records seen confirmed that all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Where allegations or concerns had been brought to the registered manager's attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected.

People received support visits in line with their needs and wishes because sufficient staff were employed. The provider made additional staff available so they were able to cover staff sickness and respond to emergency situations. There was always a senior member of staff on-call who could provide back up to care staff in an emergency. Some people lived away from the main house and received support in their own homes. Staff were allocated to support individual people and got to know them well. When assessed as necessary two staff provided people's support. Sometimes changes had to be made to staffing arrangements and the systems of support planning and office support were intended to ensure staff could provide support to all people safely.

Support plans contained risks assessments which outlined measures in place to enable people to take part



in activities with minimum risk to themselves and others.

The service had systems in place to support staff and ensure their safety at all times. Staff worked in a professional manner and respected the boundaries of their role to provide people with a secure framework in which to live. Staff communicated with the on-call support team whenever they needed advice or support.

People received medication according to their needs. At the time of the inspection people needed only prompting to take their medicines and people were encouraged to be increasingly independent. For some people it was particularly important staff took action if medicines were not taken and this was noted in their care plans. There was a detailed medication policy in place and staff received annual training. Staff were assessed as part of their induction to ensure they were competent to prompt people with their medicines. There were policies and procedures in place in the event of a medication error. All errors would be investigated. There were systems in place to monitor that the administration of medicines including a twice daily check of the Medicine Administration Records (MAR sheets) and regular manager's audits.

# Is the service effective?

## Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs.

People told us how effective the support they had received had been. They told us about the skill of staff and how staff had used their skill and understanding to help people to improve their lives. The ultimate aim of the service was for people to become fully independent in the community whenever possible. The manager and staff told us about people who been successful in doing this. Two people living in the sheltered living service talked positively about their futures. They told us they would not have been able to contemplate this without the support from the staff. They were confident they would be able to receive some support in the community. One person said "I could tell you about people. People who would have ended up back in prison or on the streets if it was not for this place. They are really good here. I can't give them enough praise. They have stopped people going off the tracks."

People were supported by staff who had undergone a thorough induction programme which gave them the basic skills to care for people safely. New staff received a two week induction including shadowing experienced staff. They received a one day induction at the provider's head office and completed mandatory training. New staff were completing the newly introduced Care Certificate as part of their induction. Staff received regular reviews through their six month probationary period. One member of staff said of their induction "We had a wealth of training. We had regular supervision and support and it does not stop after that."

People were matched to the staff who could support them with activities they enjoyed. One person wanted to go to the gym and to run. A member of staff who shared these interests was able to accompany them and ensure they were safe.

Staff received basic mandatory training and specialised training to assist them to work effectively with people receiving support. The provider has a training department that offers a range of tailored courses. These include risk assessment and management, care planning and key working, and supporting people with challenging behaviour.

The registered manager told us that coaching and discussions with staff was the best way to support them and was very important. There was always a senior member of staff on duty or on call to support staff and people receiving a service. Staff and people receiving a service commented on the availability of the manager and senior staff who were always available to ensure support was being delivered in a skilled way.

Some people received help from the agency to maintain their nutritional needs. Meals were available in the main house and people were supported to assist in their choice and preparation. A smaller kitchen was available where people were supported to prepare food in preparation for leaving the main house.

People who received support were usually able to make decisions about what care or treatment they received. People were always asked for their consent before staff assisted them with any tasks. One person

told us how staff helped them to make their own choices and to consider whether an idea was "a good one." They told us they found it very helpful to discuss plans through with their key worker.

Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves at a particular time had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. There was evidence in one person's care plan that the process had been followed appropriately.

People were supported to see health care professionals according to their individual needs. Support plans showed people were supported by their doctors, community nurses and specialist professionals such as mental health services. Daily records showed staff took action if they were concerned about people. There were arrangements in place if people's health deteriorated including arrangements for emergency support for people. The service also worked closely with other professionals to ensure people were fully supported, these included the police and probation services. House of St Martin was supported by a Christian chaplaincy service but supported people of all religions.

## Is the service caring?

### Our findings

People said they were supported by kind and caring staff. One person said "The staff are brilliant. They are as good as gold here. (Member of staff) has the magic touch. They are really good. I can't praise them enough." Another person said "the staff are good. They do listen. They do their jobs with respect and kindness."

Although people were able to interact with all staff they are allocated a key worker. Key workers built up a professional relationship with people they support. Staff told us about the ways they had been able to get to know the people for whom they were a key worker. As a result of getting to know them well they had been able to assist them to make changes in their lives and improve their well-being. Assistance might include support with personal care and improving their independence and compliance with taking medicines. It would also be specific to each individual person for example helping a person to access and use a computer or supporting them in a running programme.

Staff talked to us about the importance they placed on maintaining and promoting people's independence. Staff talked to us about the ways in which they respected people's privacy and the importance of non-judgemental support. Staff established how much support people required in order to respect their privacy and promote their independence. The service aimed to support the majority of people to become independent but provided back-up services through their drop-in services.

The service supported people to make choices about how they spent their time. As a result of the support of the service people had been able to increase the activities and pursuits they were able to follow. One person told us about their running and voluntary work. Other people worked in the garden or completed house maintenance.

There were ways for people to express their views about their support. Each person had their support reviewed on a regular basis which enabled them to make comments on the care they received and view their opinions. Senior staff talked to people regularly. There were regular service user meetings where people were encouraged to give their views.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's support needs with us they did so in a respectful and compassionate way.

## Is the service responsive?

### Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences but also acknowledged the wider social needs of those who have an offending background. People were able to make choices about how the service supported aspects of their day to day lives. As people made progress the amount of support was reduced. However help could be increased rapidly when needed, for example, when a person had been unwell staff had stayed with them all night.

Each person had their needs assessed before they received the service. The manager explained the importance of collecting information about people and referring to all appropriate agencies to ensure the person was likely to benefit from support by the agency. Certain criteria had to be fulfilled and there was a structured approval process that was always followed. The service aimed to help people to move on with their lives whilst maintaining the safety of the person, other people living in the main house and the wider community.

The registered manager said they explained the range of support they were able to offer to people and it was particularly important that they understood what was expected of them. Comprehensive support plans were developed outlining how these needs were to be met. As people's health and confidence had improved care staff supported them to access activities and clubs in the community. A wide range of opportunities were available including fishing, bike workshops and voluntary work. One person said they received a lot of help to develop new interests. They said "I have been involved in different projects. They have put me on the road again. The projects have helped lots of people."

Support plans were personalised to each individual and contained information to assist staff to provide support in a manner that respected their wishes. This was particularly important when people had taken time to accept support with personal care or mobility. One person said "They prompt people to keep clean. Help us to eat decent food. We get our respect back." Some people needed unobtrusive support whilst following their interests in the community. Support plans reflected the wide range of support people were receiving.

The service assisted people to maintain links with their families when this was appropriate and requested by both parties.

People confirmed they were met regularly by senior staff who sought their feedback and took action to address any issues raised.

Each person was made aware of the complaints policy when they moved into the house. People were encouraged to make complaints and to see this as a constructive way to resolve issues.

## Is the service well-led?

### Our findings

The registered manager had a clear vision for the service they wanted to supply to people. The stated vision of the provider is "A crime free society where no-one is disadvantaged or excluded because of their past." Their mission is "To work with those at risk of offending or have offended establishing positive foundations so that people can lead crime –free lives and become contributors to society."

The staff demonstrated that the vision and values had been communicated to them. All activities undertaken during the inspection provided evidence that the mission and values of the provider were recognised and used as a foundation for all interactions. The manager re-enforced them with staff through regular contact and by working with staff or meeting with people receiving a service. They were pro-active in developing the service and had sought professional support to assist with their plans.

People receiving support all spoke very positively about the registered manager. They said the manager deserved a "special mention" for their ability to listen and understand. Staff felt the registered manager was always available if they had any concerns. They told us, "They are very approachable. We can raise any concerns. There is nothing we cannot discuss."

Staff said the manager made the values of the service clear and they understood the purpose of the service. One staff member said "I have never worked with a better group of managers and staff. You do not have to ask for support. This place offers people a second chance. A safe place to rebuild their lives."

There were systems in place to develop and monitor the quality of the service. The area manager visited the service fortnightly and provided regular supervision to the registered manager. A national quality management tool provided a standardised system of audits. The provider offered support to the registered manager and the service by offering support with training and national systems.

The provider had recently gained the gold Investors in People Award that recognises a good standard of people management and training. □ The registered manager was also the provider and had a clear vision for the service they wanted to supply to people. Their vision and values were communicated to staff through regular contact and often by going out and working with staff or meeting with people receiving a service.

There were regular staff meetings and formal one to one supervisions. Supervisions were an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner.

Staff received regular support and advice from their manager via phone calls, texts and face to face meetings. Staff felt the manager was available if they had any concerns. They told us, "I know if I have any problems I have that support, that back up." They said the manager was approachable and kept them informed of any changes to the service provided or the needs of the people they were supporting.

The documentation used during staff supervision had recently been reviewed to simplify the records and therefore was not available in all the staff records we viewed. We saw copies of the new documentation in two of the staff records we looked at who had received supervision more recently. The supervision sessions gave staff the opportunity to review their understanding of their core tasks and responsibilities to ensure they were adequately supporting people who used the service. This included review of policies and procedures when required. The supervision sessions also gave staff the opportunity to raise any concerns they had about the person they were supporting or service delivery.

The manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. The manager undertook a combination of formal and informal checks to review the quality of the service provided. They were closely involved with people using the service and also complied with the provider requirements to undertake formal quality assurance procedures.

We saw that where shortfalls in the service had been identified action had been taken to improve practice. For example The quality assurance systems included reviewing the structure and content of the support plans. Support plans had any omissions identified and suggestions to improve their clarity and effectiveness. This showed the support plan was seen as a fundamentally important document used as the basis of delivering support. . There were audits and checks in place to monitor safety and quality of care. All accidents and incidents which occurred in the service were recorded and analysed. As far as we can ascertain, the home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.