Mr Jason Collins

Housemartins

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 1 and 14 of April 2015 and was unannounced. We previously inspected this service in October 2013 and had no concerns.

Housemartins is registered to provide accommodation and support with personal care for up to five people with a learning disability. The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Some aspects of the service were not fully safe. Staff did not demonstrate a full understanding of types of abuse, therefore not all safeguarding incidents and allegations had been reported to the local authority and notified to the Commission. People and staff were at increased risk because staff needed more skills and training in managing behaviours that challenged the service.

People were supported by staff who knew them well and had developed very positive relationships with them. They communicated well with people and used a variety of verbal and non-verbal methods and understood what people 's non-verbal communications meant.

Risk assessments were undertaken and regularly reviewed. Staff were proactive at recognising and

Summary of findings

reducing environmental risks. Each person had a behaviour support plan, some of which needed more details about how to reduce individual risks as much as possible.

People and staff were at increased risk because staff needed more skills and training in managing behaviours that challenged the service. Following a eight year gap in staff training, update training for staff had recently been arranged.

People's legal rights were protected because staff promoted choice and sought people's consent. Staff acted in accordance with the Mental Capacity Act 2005 and Deprivation of Liberty safeguards. Where people lacked capacity, staff, relatives and professionals were involved in best interest decisions made about the person.

People were supported to access health professionals and ensure their physical healthcare needs were met. Relatives were very satisfied with the care and support each person received.

People led busy and active lives and were encouraged to be as independent as possible. Staff demonstrated positive regard for people and responded promptly when people needed support and assistance. People undertook a wide variety of activities and were active members of the local community.

Care plans described people's individual needs and how to meet them. People and relatives were involved in developing and updating their care plans. People felt confident to raise concerns and were listened to and required action was taken.

The culture of the home was open and people, relatives and staff had confidence in the leadership of the registered manager. The home had a variety of quality monitoring systems in place through which the quality of care was monitored, although some of these were not formally recorded.

Summary of 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?

Some aspects of the service were not fully safe. Staff did not demonstrate a full understanding of types of abuse. Therefore not all safeguarding incidents had been reported to the local authority and notified to the Commission.

Each person had a behaviour support plan, some of which needed more details about how to reduce people's individual risks as much as possible.

Staff were proactive at recognising and reducing environmental risks.

People's medicines were managed so they received them safely and as prescribed.

Requires improvement

Is the service effective?

The service was not fully effective. People and staff were at increased risk because staff needed more skills and training in managing behaviours that challenged the service. Following a eight year gap in staff training, a range of update training had recently been arranged.

People's legal rights were protected because staff promoted choice and sought people's consent. Staff acted in accordance with the Mental Capacity Act 2005 and Deprivation of Liberty safeguards. Where people lacked capacity, staff, relatives and professionals were involved in best interest decisions made about the person.

People were supported to access health professionals and ensure their health care needs were met.

Requires improvement

Is the service caring?

The service was caring. Staff were kind and compassionate towards people and treated them with dignity and respect. People were cared for as individuals and staff understood their needs well.

People and their representatives were supported to express their views and were involved in decision making.

Good

Is the service responsive?

The service was responsive. Staff responded promptly when people needed support and assistance.

Care plans described people's individual needs and how to meet them and people and relatives were involved in developing and updating them.

People undertook a wide variety of activities and were active members of the local community.

People felt confident to raise concerns and were listened to and required action was taken.

Good

Summary of findings

Is the service well-led?

Good

The service was well-led. The registered manager was very open and staff felt well supported in their work. People and staff had confidence in the management.

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

There was a variety of systems in place to monitor the quality of care provided for people and further improvements were planned.

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.

This inspection took place on 1 and 14 of April 2015 and was unannounced. One inspector completed this inspection. We met with four of the five people who lived at the service and spoke by telephone with two relatives to get their feedback. We spoke with four staff, looked at each person's care records and at four staff records. We also looked at a variety of quality monitoring information.

In preparation for the inspection, we reviewed the information we had about the service before the inspection. This included any notifications we had received. A notification is information about important events which the service is required to send us by law. We contacted health and social care professionals including commissioners and received feedback from five of them. This included community nurses, therapists and commissioners.

Requires improvement

Is the service safe?

Our findings

Prior to the inspection, the registered manager and the local authority safeguarding team had contacted us because of some concerns. These were about whether people who lived at the home were adequately protected from harm in relation to a person's behaviours that challenged the service. This included aggression towards other people such as hair pulling, grabbing and taking food, which sometimes resulted in others being frightened, upset and in provoking minor altercations. These safeguarding concerns had not consistently been notified to the Care Quality Commission, the local authority safeguarding team or commissioners. We followed up these concerns with the registered manager and provider in December 2014 and obtained assurance that appropriate actions were being taken to safeguard people. We reminded the provider and registered manager m about the regulatory requirement to notify all safeguarding concerns to us.

In January 2015, a multiagency safeguarding meeting was held and a support plan agreed to protect the person and others at the home. This included advice from health professionals in the learning disability team and additional funding to provide more one to one support to the person. The provider recognised they could no longer meet the persons needs long term and advised commissioners of this, who agreed to arrange a more suitable home to meet the persons' individual needs. The support plan included arranging a designated member of staff to be with the person during the day and extra night support. The provider agreed that staff would undertake managing challenging behaviour and safeguarding training.

People who could speak with us said they liked living at Housemartins, and felt safe there and relatives agreed. Staff felt confident to raise concerns and were confident any concerns reported were responded to. However, they were unclear about when concerns about aggression amounted to suspected abuse which needed to be reported to the local authority safeguarding team. Staff had last completed safeguarding training in 2007; update training had been arranged and was due to take place in the near future. Whistle blowing and safeguarding policies were available for staff to refer to for guidance.

The provider is required by law to notify the Care Quality Commission of allegations or instances of abuse. Some, but not all of the safeguarding incidents were reported to the local authority safeguarding team and to the Care Quality Commission, as they should be. For example, incident reports during March showed there had been further incidents of aggression by a person towards others, which were not notified to CQC. We discussed these with the registered manager, who said there was no risk of physical injury to people, so they didn't see these as that serious, rather that the behaviours were intimidating for people. This showed that some incidents were not recognised as safeguarding concerns and were not reported.

This is a breach of Regulation 18 of the CQC (Registration) Regulations 2009.

At the inspection, we followed up progress on this action plan. Staff said the person was due to move to a new home during the next few weeks and they were working with the new provider to organise this. We looked in detail at their behaviour support plans, and risk assessments all of which had been updated recently. The person's behaviour support plan included some measures about how to reduce risks of altercations. For example, by carefully managing seating arrangements at mealtimes and when going out in the car and by distracting the person or taking them to another room if they became aggressive. However, it lacked detail, particularly about what further actions to take, if these initial steps were not successful and the challenging behaviour continued.

Staff said caring for this person safely and meeting the needs of other people remained an ongoing challenge. Their deteriorating mental health meant their behaviours were unpredictable and staff couldn't always identify triggers or prevent incidents. A member of staff accompanied the person as they moved around the home and supervised and managed their interactions with others, in accordance with their behaviour support plan. When staff recognised when the person was becoming more agitated they took steps to engage and distract them by keeping them occupied, taking them out on trips and for walks. The person liked to sing and staff sang along with them, which made the person smile. Staff were clear they did not use any form of restraint to manage these situations but said they sometimes put themselves in between two people and received minor injuries. Staff had not been trained to use techniques to manage physical aggression such as breakaway techniques.

Requires improvement

Is the service safe?

People's risk assessments showed how staff were managing risks positively to support people to be as independent as possible. For example, two people accessed their local community independently for short periods to go for a walk, visit the local shop and go to the hairdresser. Staff said those people were well known in their local community and would know how to ask for help, if they were worried. These risks had been assessed and reduced as much as possible. This included the person carrying details of their name and address when they went out alone so they could ask for help if they got lost or frightened. One relative told us how initially, staff had followed the person to the local park at a distance to make sure they were safe and happy until they were confident the person could manage going out alone safely. Another relative was also very happy the person could go out locally when they wanted. The said, "He knows what he wants, if anything happened when he was out, he would know what to you. This showed relatives were confident staff supported and protected people's freedom and independence as much as possible.

Written risk assessments included measures to reduce environmental risks and how to reduce them. For example, when people were cooking, using knives and the safe storage of hazardous chemicals in a locked cupboard. Staff told us how recently they had fitted a guard on the cooker hob when a person showed a tendency to grab pots during cooking. Fire risk assessments were up to date and people and staff undertook regular fire drills.

There were sufficient staff to keep people safe and meet their needs. Five staff including the registered manager worked regularly at the home. All staff had worked at the home for several years, and knew people really well. There were two staff on duty during the day and one sleep in member of staff at night. The registered manager explained that following a change in one person's needs, they had negotiated additional hours to support them. They told us how they had employed an additional member of staff to provide some one to one support during the day. Also, how they had used the additional funding to replace staff during the day, if staff had a disturbed night supporting the person. Rotas showed recommended staffing numbers were maintained. The home never used agency staff but covered all the staffing needs from within the existing team. This meant people benefitted from having continuity from staff they knew.

People's medicines were managed so they received them safely and as prescribed. The home used a monitored dosage system for administering people's regular medicines. All medicines were stored securely in a locked medicines cupboard. Records of medicines received and any unused medicines sent back to the pharmacy were recorded. All medicines were labelled with the person's name and date it was opened and was regularly checked to make sure it was in date. Medicine administration records were well completed and showed people received their medicines on time and in accordance with their prescription. Information about each medicine was available for the person and staff to explain what the medicine was being used for. Homely remedies were also available, as needed, and were prescribed by the local GP practice.

Requires improvement

Is the service effective?

Our findings

Staff needed further training to support them to manage people with behaviours that challenged the service. This had been recommended and agreed in January 2015 as part of the safeguarding support plan to reduce risks at the home. We followed up with the registered manager what action had been taken to arrange this and they said they had completely forgotten about this, as they had been so tied up with managing a person's move to a new home. They said staff had done conflict resolution training in the past and they had organised gentle touch training, with a local learning disability provider. They described this as behavioural approach training and said they would review the need for behaviour support training once the person had moved and staff had completed the gentle touch training.

A care professional said they had made recommendations about need staff update training during their annual review of a person's care. Another professional also commented on the need for positive behaviour support techniques as they felt staff were too focused on the one person's negative behaviours and for staff to have update training on managing people with autism. Staff training records showed there had been an eight year gap in staff training since 2007, which meant all staff training was out of date. The registered manager was in the process of addressing these training gaps.

This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had recently done update training on food hygiene and were due to undertake safeguarding, total communication, first aid and Makaton (a language programme using signs and symbols to help people to communicate) training in the next couple of months.The registered manager said staff had previously undertaken training on autism and understanding needs of people with Down's syndrome, and these training materials were still available in the home. Staff received regular supervision and an annual appraisal, and said they worked well as a team, supported one another and felt well supported by the registered manager.

The provider and registered manager said they had reflected on the past year. Although they had sought support and advice in managing a person's changing mental health needs, they acknowledged they had struggled for too long with trying to balance one person's needs alongside those of others at the home. This was a view shared by other care professionals and staff we spoke with. They had reluctantly recognised they were unable to continue to meet this persons needs because of the adverse impact on other people living at the home. They were working in partnership with health and social care professionals and the new provider to arrange a smooth transition for this person.

People's consent was sought for all care and treatment given. Care records included information about what decisions and choices people could make for themselves and how to assist them with this. For example, about the time one person gets up and goes to bed and about food choices. Care records included detailed information about this, for example, how when one person said yes and changed the subject, this might indicate to staff they didn't understand the information being presented to them and may need further explanation.

Staff demonstrated a good understanding of principles of consent and various ways in which they might present information to a person to help them make their own decisions. For example, staff told us how one person who could make day to day decisions but was easily influenced to change their mind by others. A staff member said they overcame this by making sure the person was on their own when they offered them choices. Staff used a variety of communication methods to help some people make choices, such as using picture cards to offer food and activity choices. Staff could describe how they would know how each person communicated if they didn't wish to do something. This meant people were well supported to make as many decisions for themselves as possible.

There was information on the staff notice board about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty safeguards (DoLs). Staff also had access to a training DVD and the Department of Health guidance on MCA and DoLs and their codes of practice. Where people lacked capacity, other professionals and family members were involved in decision making in their best interest, although best interest decision making was not clearly documented in some people's records.

Following their annual review, a commissioner referred a person to the local authority deprivation of liberty team. Following assessment, a deprivation of liberty safeguard

Is the service effective?

was authorised for a12 month period. The authorisation showed the person was not safe going out unaccompanied and needed a member of staff to accompany them. We were not aware of this deprivation of liberty authorisation as it had not been notified to the Commission and we requested the registered manager notify us retrospectively about this. The registered manager said they had referred two other people to the deprivation of liberty team and were awaiting further contact from them.

Staff said they regularly discussed any difficulties and challenges they faced and were willing to try a variety of different approaches to help support people. For example, they tried to prevent one person from making the skin on their hands sore. This included getting the person to wear a protective glove, teaching them to knit and by buying them a cushion to hold in order to distract them.

People were supported to maintain good health and had regularly seen health professionals. People's health care records showed each person had an annual health check at the GP surgery and followed any advice given. For example, a skin care routine for one person with a skin condition and regular treatment for ear wax for another person. People visited their dentist, optician and had regular visits by a chiropodist for nail care. One person liked to move about and pace a lot, they were seen twice yearly by a therapist to have new shoes fitted as they wore them out so quickly.

Another person had a jug of water beside them and told us how they drank lots of water each day to keep them healthy and prevent urine infections. We spoke with the community nurse who visited this person every two months because of their health condition to check on their progress. They said, "I've no concerns whatsoever, staff contact us if they have any concerns about the person".

They also reported how impressed they were the person had so few problems with infections. This persons health care plan had detailed information about how to support the person and staff could describe to us how they would identify any signs of infection and what action they would take, which was in accordance with their care plan.

When one person's mental health deteriorated, staff had referred them appropriately for specialist advice. This had resulted in changes to their medication and visits from specialists in the local learning disability additional support team to try and support staff to manage the person.

A relative told us about how previously a person was overweight. They said staff had encouraged the person to take more exercise each day and to eat smaller portions so they became fitter and lost some weight. Staff told us about this and showed us a plate this person liked to use, which helped them identify portion sizes. This was documented in their care records and showed this improvement had been achieved gradually over a period of 18 months.

Staff prepared people's meals each day and used fresh vegetables and people enjoyed fresh fruit from a selection in the fruit basket whilst we were there. Staff explained they used an outline menu to inform shopping required but were quite flexible each day, depending on what people fancied to eat and what activities were planned for the day. Staff told us how people enjoyed making picnics to take out with them. Staff were knowledgeable about people's food preferences, how some people liked roast dinners and enjoyed fish and chips from the local takeaway as a treat and one person preferred foods that didn't take too much chewing. People could have an alternative if they did not wish to eat the main meal option.

Good

Is the service caring?

Our findings

People were supported by staff who knew them well and had developed very positive relationships with them over many years. Relatives were very happy with the care and support received. One relative said, "It's wonderful, he is settled and happy". Another said, "It's so homely, not at all institutionalised, staff are friendly, they are his extended family". Staff said they were able to meet people's needs, and respect their decisions and choices. Feedback from health and social care professionals was very positive about the caring relationships staff had with people.

Staff were very caring and compassionate towards people who used the service. There was lots of warmth and humour in their interactions ? with people. Staff spoke about people in a way that demonstrated they had a high regard for each person. At lunchtime, people and staff sat together for lunch and chatted about their day and plans to go to the seafront in the afternoon and do some shopping.

Staff knew each person really well, and how to meet their individual needs. People had a variety of communication skills and staff used a variety of ways to communicate information to people. For example picture cards and providing information in easy read formats, such as about their medicines. One relative said the person's speech could be difficult to understand and staff used Makaton occasionally to communicate with them but mostly staff encouraged the person to take their time and talk slowly so they could understand them. Staff demonstrated they could understand people's non-verbal communication, they could tell by people's facial expressions and gestures how they were feeling. For example, how one person rubbed their hands vigorously when they were becoming anxious and agitated. In the afternoon, one person became very animated, and we asked staff about this. They explained this person was aware that they were going out and were excited about this.

Each person had a key worker, who involved the person in regular reviews of their care and in deciding what they might like to do. Key workers also helped and supported people to keep in touch with families. Staff said families were very involved with people. At the time of our visit, one person had gone home for a few days. Care records included information about family and friends important to the person and staff supported people to keep in touch and send birthday and Christmas cards.

Care records included information about people religious beliefs. Staff said none of the people who lived at the home went to church regularly but sometimes liked to go and hear the singing.

A notice board also had information about independent advocates, one person had an independent mental health advocate who visited every few months to ensure decisions made in their best interest were being implemented.

A visiting professional said staff always protect the person's privacy and dignity when they visited to see them. Care records also included ways to support people's privacy and dignity. For example, one said, "Offer the person privacy in the bath and time to have a soak, he will dry himself a little but needs help". The registered manager told us how a member of staff had suggested a change in practice to improve people's privacy when administering their medicines. Previously medicines had been administered to people in the kitchen but now each person was given their medicines in a room where the medicines were kept. The registered manager said, although this took longer, it meant staff could focus on each person without any distractions. Two relatives confirmed staff involved them in reviews of people's care and consulted and communicated with them regularly about the person.

Good

Is the service responsive?

Our findings

People received care and supported that was responsive to their needs. One relative said, “He does very well, I like that it is a small home, he is supported and encouraged to do things. Speaking about the person’s involvement in their local community, one relative said, “Everyone knows him and knows where he lives”. Health and social care professionals said they observed good Interactions between staff and people whenever they visited the home.

Each person had a key for their room which reflected their interests and personality. For example, one person was a keen Star Trek fan and their room reflected their interest in all things space related. People could choose whether to lock their room or not when they went out.

People led busy and varied lives and spent lots of time in the community. Each person’s care records had lots of information about people’s various interests and hobbies and they were encouraged to try new things. Three people had enjoyed a trip to the cinema the previous day to see Cinderella. On one day we visited, one person was just leaving to spend the day at a local day centre. They said they enjoyed singing, music and dancing there as well as doing pottery. Another person also attended the centre weekly and enjoyed the outdoor activities such as helping with the animals and working in the garden. A third person told us how they liked sport, watched it on TV and showed us pictures of people running in a marathon.

Each week, one person took it in turn to decide on a weekly outing for everyone, and that week they had decided on Bristol Zoo, which everyone was happy to agree to. Staff said, a person had previously had a part time job but this had come to an end. The registered manager said they were hoping to identify another employment opportunity for this person in the near future.

An art therapist visited the home weekly which was very popular with people. One person showed us the beautiful paper flowers they had made. During our visit, this person enjoyed working on another art activity, which involved them carefully and meticulously colouring a line drawing.

Care plans included a detailed summary about each person and included lots of information about people’s individual preferences. For example how one person liked to stay up late and another liked to go to bed early. Records also included information about each person, their likes and dislikes. For example how one person enjoyed horse riding and ten pin bowling, sport, old time music, walking and trips to the pub but disliked busy noisy places and loud music.

People’s preferred daily routines were documented and included detailed information about how staff could support each person to be as independent as possible. For example, by encouraging one person to wash themselves and how to support another person to butter their toast for by staff putting the butter on their knife for them. Also, how another person had a tendency to become very repetitive in the bathroom and needed staff to be very quiet when assisting them to bathe.

People were encouraged to participate in the running of the household and did their own household chores. For example, one person put the bins and recycling out each week, another vacuumed the stairs, and a third wiped the table after meals. Several people liked to help with food preparation, especially baking, and with emptying the dishwasher and doing the laundry. We were unable to tell from care records we looked at whether people had any individual goals they were currently working on. When we followed this up with the registered manager, they said they had also recognised this and had plans underway to address this. They showed up paperwork they planned to introduce to document this and about plans for each person to identify a goal for themselves and staff to agree a second one with each person. This planned improvement will mean people have goals identified and their progress towards achieving these will be recorded and monitored.

Daily records were completed for each person which included detailed information about the person, their mood and how they had spent their day. This showed that staff recognised the importance of reporting and communicating people’s physical and psychological wellbeing.

Staff said there were no formal residents meetings but that lots of discussions and decisions were made sitting at the kitchen table. For example, recently, people had discussed their holidays and most people had decided they wanted to go to Butlins. However, one person said they would prefer to stay at home and go on day trips. Staff said they planned to accommodate this person's wishes by hiring a car whilst the others were away and giving the person the option to stay overnight anywhere they visited, if they wished.

Good

Is the service responsive?

People felt confident to raise concerns and were listened to and required action was taken. There was a compliant policy in place which outlined the complaints process and outlined other agencies that could support people and families to raise concerns. There had been no complaints received since we last visited.

Good

Is the service well-led?

Our findings

People, relatives and staff expressed confidence in the registered manager. One relative said, "I have every confidence in her". When we asked relatives about improvements needed at the home they said "I can't think of anything". There was a culture of openness and a willingness to explore gaps in knowledge and skills and how to address these. Staff feedback about working at the home was very positive. They said they worked well together as a team and met regularly to discuss ideas, review people's progress and address any issues.

The registered manager acknowledged the increase in people's needs at the home in the past year had reduced their capacity for their management role. The registered manager was somewhat isolated, for example, until recently the service did not have internet access. They said this would enable them to complete statutory notifications more easily, communicate by e mail with health and social care professionals, and help keep up to date with evidenced based practice. The registered manager also planned to explore joining a local provider network. They said the provider was supportive and was available by phone for advice in between visits.

The provider visited the home every fortnight and gave us examples of how they monitored the quality of the service by spending time talking to people who live there and staff. However, decisions or actions taken at these visits were not documented.

Our discussion with them about quality monitoring arrangements and staff training prompted them to consider devising a more structured system for undertaking and recording their visits.

The registered manager was aware of the recent regulatory changes. They also said they received monthly CQC newsletters, and accessed the website and accessed other websites such as Skills for care, NHS choices and the National Autistic Society to keep up to date.

Policies and procedures were available at the home and were updated annually. The home had a range of quality monitoring systems in place. A pharmacist undertook an audit of medicines annually and the registered manager said they checked staff practice by observing staff administering medicines every so often. Regular checks of the fire equipment, emergency lighting and electricity and gas installations were carried out. Weekly vehicle checks were undertaken on the transport used by staff to transport people in the community.

Staff meetings were held regularly and notes of meetings seen in the registered manager's diary showed these included discussion about a variety of topics including incidents, each person at the home, staffing, health checks and activities. Staff used a communication book to pass on important messages about people such as appointments and changes to medication and any repairs needed at the home.

An annual survey of relatives was carried out which showed relatives were very satisfied with the care provided. There were secure systems in place for managing people's money. People's money was locked away and two staff checked people's monies and provided receipts to account for all expenses. These were checked fortnightly by the provider when they visited the home. These arrangements helped to reduce the risk of financial abuse.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents How the regulation was not being met: The registered person failed to notify CQC of all incidents related to allegations of abuse. This is a breach of regulation 18 (2) (e).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met: Staff had not received regular training and updating to maintain their skills. People were at increased risk because staff needed training to support people with behaviours that challenged the service. This is a breach of Regulation 18 (2) (a).