

# High Quality Lifestyles Limited

## Martins

### Inspection report

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### 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

### About the service:

Martins is a residential care home providing personal care to two people who may have autism or a learning disability, at the time of the inspection. It is a specialist service for people that have anxious or emotional behaviour that has limited their quality of life and experiences. The service can support up to two people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service:

People were supported by a staff team who were kind compassionate and knew people well. People had been supported to improve their communication and empowered to be involved in making important decisions about their care and treatment. People were independent and supported to follow individual interests.

People were safe and happy living at Martins. Staff understood their responsibilities to safeguard people from abuse and avoidable harm. People had been encouraged to take positive risks, including working with tools. Medicines were administered safely, and people had been supported to reduce their medicines.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff had the skills and experience to deliver effective care. When people's needs changed they were supported to make healthcare appointments.

The service applied the principles and values of Registering the Right Support and other best practice

guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The manager created a person-centred culture which placed people at the heart of the service. There were strong relationships formed between people and staff.

Rating at last inspection:

At the last inspection the service was rated Good. (Published 14 December 2016)

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

## 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.

### Is the service effective?

Good ●

The service was effective.

### Is the service caring?

Good ●

The service was caring.

### Is the service responsive?

Good ●

The service was responsive.

### Is the service well-led?

Good ●

The service was well-led.

# Martins

## Detailed findings

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector.

#### Service and service type:

Martins is a 'care home' for people living with autism and learning disabilities. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager left the service in December 2018 and the deputy manager was appointed as the manager. They had submitted their application to become the registered manager.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection visit to give staff the opportunity to prepare people for our visit, so that it lessened the disruption our presence may have caused.

#### What we did:

Before the inspection, we reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as abuse.

We received feedback from healthcare professional working with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection, we spoke with two people, and spent time observing staff with people in communal areas during the inspection. We spoke with the manager, and four staff.

We reviewed a range of records. This included two people's care records and medicine records, training and supervision records and records relating to the quality monitoring and management of the service.



## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm

Systems and processes to safeguard people from the risk of abuse

- Staff continued to show a good understanding of safeguarding. One staff told us their job was, "Safeguarding the guys against any kind of abuse. I would look out for signs, any change in reaction – I've been here so long I would recognise any changes. I would go to [the manager] if I had concerns. If it was the manager, I would go above them internally. If I thought there were any issues within the company I would contact the CQC or local authority safeguarding team."
- The manager and deputy manager were aware of their responsibilities around safeguarding and had sought advice from the local authority safeguarding team when required.
- No safeguarding concerns had been raised in the past 12 months.

Assessing risk, safety monitoring and management

- Risks relating to people's healthcare needs had been assessed and mitigated. Some people lived with unstable healthcare conditions including epilepsy. Where this was the case, there was clear guidance for staff to follow, and staff could tell us what to do in the event someone had a seizure.
- Other risks to people had been considered, and there were clear risk assessments in place for people accessing the community and taking part in their chosen activities.
- Staff were knowledgeable about people, and knew potential triggers for people, and how to best avoid these. As a result, the number of incidents where people displayed behaviours that could challenge had reduced since our last inspection.
- There had been no physical interventions in over a year. Staff told us they successfully used re-directional strategies and had worked with the positive behaviour support lead to amend the types of interventions as a result, to ensure the least restrictive practice was always being followed.
- People were supported to take positive risks, including going to busy places, which would have previously caused anxiety, and working with tools.
- Checks had been completed on the environment including legionella and water temperature. These had been recorded and action taken when issues had been identified.
- People were involved in the testing of fire equipment. When staff completed fire drills, one person would be actively involved in the process from pressing the button to initiate the fire drill, to collecting the 'grab

bag' to signing the register to confirm attendees.

#### Staffing and recruitment

- Staff told us there was, "Absolutely enough staff" to meet people's needs and keep them safe. Staffing levels were organised around people's needs and the activities planned.
- During our inspection people did not have to wait if they wanted support or interaction from the staff team.
- Staff told us they liked working in a small staff team. If they were short of staff, they could ask for support from another service owned by the provider, which was situated close by.
- Staff continued to be recruited safely, in line with the provider's policy. The manager checked the work history and obtained references for new staff members, to check they were of good character to work with vulnerable adults.

#### Using medicines safely

- There were appropriate arrangements in for ordering, recording, administering and disposing of prescribed medicines.
- Staff had received training and competency checks to ensure they had the skills to support people to take their medicines.
- People were supported to take their medicines in their preferred way. For example, one person chose to go to the office for their medicines and be supported by one staff member to take their medicines.
- Medicine records were clearly completed without any errors or gaps.
- People had regular medicine reviews. Long term medicines were reviewed, and one person was successfully supported to reduce this in one case. This had a positive impact on the person, and their ability to access the community more frequently as a result.

#### Preventing and controlling infection

- The service was clean and maintained throughout. Staff encouraged people to be involved in the cleaning of the service.
- Staff had received training in infection control and used appropriate equipment such as gloves when required.

#### Learning lessons when things go wrong

- When incidents occurred, they were documented by staff and reviewed by the manager and provider.
- All incidents were used as an opportunity for learning and discussed as a team to share information and strategies to prevent the incident re-occurring.
- Following an incident where one person displayed behaviour that challenged, the manager spoke with the person, to understand the reasons for the incident. This information was shared with the staff team, who put a plan in place to support the person in case the trigger event re-occurred.





## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed holistically before they moved into the service, and frequently or when their needs changed thereafter.
- The manager reviewed and considered people's protected characteristics under the Equalities Act 2010, including any disability, religious or cultural needs.
- Staff were aware of and had access to a range of documentation informing them of good practice. For example, within the office there was information available about the Equalities Act, person-centred care and information relating to autism and learning disabilities for staff to refer to when required.

Staff support: induction, training, skills and experience

- Staff continued to receive the training and support required to carry out their roles.
- Staff completed a range of training, which included courses specific to people with learning disabilities, such as positive behaviour support (PBS). When people's needs changed the provider had been proactive in introducing additional training for staff to better equip them to support people. This included diabetes training, which staff told us was helpful for them.
- Staff told us they received regular supervision with the manager, where they were able to bring up any work related issues or discuss anything which effected their role. All staff told us the manager and newly appointed deputy manager were approachable and supportive.
- The provider's induction continued to be robust, allowing people time to complete training, review care plans and be introduced to people slowly.
- Staff told us of the importance of being introduced to people slowly, to allow them time to adapt to the new staff, and to enable the new staff to form a relationship with the person.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a balanced diet. People made the decisions about the food they ate on a weekly basis.
- People accessed the kitchen independently, making drinks and preparing their lunch.

- People used the kitchen at different times, to avoid any situations which may cause anxiety, however people ate together, and lunch was a social occasion for people.
- People had been supported to make healthier choices, for example one person used to drink full fat fizzy drinks and had replaced these with fizzy drinks with no sugar.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- When people's needs changed they were supported to see healthcare professionals. Where possible, these appointments were organised by people themselves.
- People were enabled to be in control of their healthcare needs, for example, taking their blood pressure daily.
- People were supported to live healthier lives, for example with gym memberships and proudly showed us photographs of them at the gym. This had a positive outcome on their lives; people were successful in losing weight, and as a result their mobility and fitness improved.

Adapting service, design, decoration to meet people's needs

- People were involved in the design and decoration of the service, for example, people had chosen the colour of their rooms.
- People's bedrooms were designed around their preferences, with personal items.
- The environment was suitable for the people that were living there; there were different areas people could use for socialising, and separate areas for de-escalation.
- One person proudly showed us around the service and highlighted to us areas they had shared with the manager, in need of improvement. In some cases, the person was supported by staff to complete the work themselves, for example fixing some shelves.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff understood the principles of the MCA, and were passionate about ensuring people made decisions about their care.
- During our inspection, we observed people seeking guidance from staff, wanting them to make decisions they were capable of making. Staff carefully supported the person to make the decision themselves.
- One staff member told us, "The first principle of MCA is to presume capacity therefore if someone needs support cutting an onion I would do that part, and then go away."



## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by kind, caring staff who understood and met their needs.
- Staff told us they were proud of working at the service. One staff told us, "I feel like we achieve more here. We have the luxury of being person centred. We keep the staff team down which is a benefit as we are all familiar, and we all get a break when we need it. We become a family unit us and the guys."
- Staff valued people as individuals. One staff member told us of a person, "The relationship I have with him is just out of this world."
- Throughout the inspection we observed people and staff joking and laughing, clearly happy and comfortable in each other's company.
- Staff were able to tell us about times they offered emotional support to the people using the service. People were comfortable to share concerns with staff and show emotion. Following one incident staff told us that they surrounded the person as a group, and all chanted their name, to help lift their mood, which was very effective.
- People had developed relationships with people outside of the service. This included friends at other services and were supported to speak and see them regularly.
- Staff told us people had been supported to build their relationship, and now interacted more frequently, and invited each other to social events and activities.

Supporting people to express their views and be involved in making decisions about their care

- People had been supported to voice their opinions on their care and be at the forefront of decisions in relation to their care.
- Since our last inspection, staff had supported people to increase and improve their communication skills. People took part in meetings on a weekly basis where they discussed with staff what activities they wanted to take part in for the week, and their finances.
- When people wanted to speak with the manager, who spent some time at the provider's sister unit close by, staff encouraged them to visit the other service to enable them to get feedback or assurances from the

manager. Staff told us this had been effective in reducing any anxieties and ensuring people always had access to the manager.

#### Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. Since our last inspection, communication had improved between people and staff, and they could now share when they wanted alone time, or some space. For example, one person would make it clear when they wanted a rest in the afternoon, therefore staff stepped back and checked on the person occasionally.
- People had discussed the possibility of transitioning to independent living services with staff.
- People were supported to maintain relationships with those most important to them. Family members were welcome at the service, and staff ensured loved ones were informed of any changes to people.



## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Each person had an individual person-centred care plan which detailed their needs, support required and likes and dislikes. People's histories were clearly detailed to ensure staff had the best understanding of people possible. Care plans were clear and up to date.
- Staff understood the importance of providing person centred care, and we observed this throughout our inspection. For example, one person was being encouraged to voice their needs with staff supporting them. When the person approached staff to advise they were ready to go out for the afternoon, staff encouraged them to inform the staff member who was supporting them in the community, which the person did.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had access to a range of accessible information, specific to their needs. For example, some people were able to read, whereas others had access to documents in pictorial or easy read format.
- Care plans had been designed in a way that was meaningful for people. People had regular care reviews where they were supported by family members where they wanted supported.
- Staff used technology to support people's communication needs for example, when menu planning, staff would use the internet to look for pictures of the food to support people's decision making.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to follow their interests. The service had an outbuilding which was used by people to 'upcycle' furniture or create signs for the service. Others were supported to go and watch the local football team play.
- People took part in a range of outings, which included trips abroad. Staff told us this was a huge achievement for them.

- Staff told us people were social and had active lives, which included horse riding, going to sports clubs and going for social meals.
- People had been supported to go to London for the day and visit a nightclub. Staff told us "He was beaming when he came back."
- People had been asked about their religious or spiritual needs and offered the opportunity to go to church for example but had chosen not to.

#### Improving care quality in response to complaints or concerns

- There had been no complaints raised in the 12 months before our inspection.
- People were encouraged to voice any opinions or concerns, during meetings or on a one to one basis with staff. Staff told us they were vigilant to any changes in the person and would recognise if there was something concerning people.
- There continued to be a robust complaints policy in place, which outlined how complaints would be investigated and responded to. The manager told us they would take all complaints seriously.

#### End of life care and support

- There was no one at the service in receipt of end of life care.
- The manager informed us they were due to discuss end of life wishes with people and their loved one's during the next planned reviews.



## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was an open positive person-centred culture within the service which was demonstrated by staff. Staff were able to tell us they had the same goals; to provide high quality support to people to enable them to live their lives to the fullest.
- Throughout the inspection we observed people accessing the office and approaching staff and the manager freely. There was a warm, friendly person-centred atmosphere which the manager told us the embedded in the service to ensure people always felt at home.
- The manager showed a good understanding of the duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was no registered manager in post at the time of our inspection. The registered manager had left the service in December 2018. The deputy manager was promoted to the position of manager and had submitted an application to be registered with the CQC.
- The manager had continued to ensure regulatory responsibilities had been met; for example, they had notified CQC of important events as required, and the providers latest inspection report was visible within the service. It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The provider had also displayed the rating on their website.
- We asked staff about the management of the service during this transition, and they told us, "Fantastic, it's fantastic."
- Staff we spoke with were clear about their roles and responsibilities and took pride in supporting people to be as independent as possible.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were involved in making improvements in the service. For example, people were involved in staff meetings, where they would be asked to be part of the vote for the 'staff star of the month.' Staff and people voted for the staff they felt had delivered over and beyond contribution to the service.
- People were encouraged to discuss any issues they had during staff meetings; one person raised any maintenance issues they had identified, which staff had taken action to address.
- Relatives were invited to regular meetings at the service to discuss any issues or changes to their loved ones needs. Relatives were also invited to give formal feedback about the service on an annual basis via questionnaires.
- Staff told us they worked effectively in collaboration with people's relatives.

Continuous learning and improving care; Working in partnership with others

- The manager completed a range of checks and audits to monitor and improve the quality of the service. This included unannounced visits to the service at the weekend. The manager completed a series of audits to identify areas for improvement, for example following a medicine administration error a daily count of medicines was introduced, which ensured any discrepancies were quickly identified and acted on.
- The manager was supported by the providers wider team, which included support from a PBS lead, who would support with training, and reviewing support plans and quality improvement lead who would complete a range of checks alongside the manager to drive improvements at the service.
- The manager was a part of the registered managers forum, where they discussed and shared good practice and share this with the team.
- The manager was signed up to receive important healthcare updates and alerts from a range of sources, including CQC. This information was then shared with staff, at additional team meetings if necessary, to discuss and implement action plans as needed.