

Mr Jason Collins

# Housemartins

## Inspection report

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Devon  
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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 15 February 2017 and was unannounced. Housemartins is registered to provide accommodation with personal care for up to five people with learning disabilities. Four people lived at the home when we visited. Some people had autism and others had physical health needs.

We previously inspected this service on 20 July 2016. At this inspection we identified a breach of regulations in relation to the safety of the environment. This inspection was to follow up if the required improvements had been made.

This report only covers our findings in relation to this requirement. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Housemartins on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

When we visited, the registered manager had left. A new manager was appointed who had previously worked at the service. They were in the process of registering with the Care Quality Commission, which was completed on 28 February 2017. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this visit we found people were safer because improvements had been made to address environmental risks at the home. People were protected from scalds because the hot water supply was now thermostatically controlled. This was to ensure hot water temperatures in areas of the home people accessed independently were within the health and safety executive recommended range. Fire safety had been improved as new emergency lighting and fire alarm sounders had been fitted and an external fire exit was being fitted, which provided a second means of escape from the building in the event of a fire. Faulty window restrictors had been fitted in two upstairs bedrooms, which reduced risks of people falling from the upper floor.

People were protected from potential abuse and avoidable harm. Staff had received safeguarding adults training and the provider had safeguarding and whistle blowing policies. This meant staff were clear about how to report concerns. The manager had notified the Care Quality Commission and the local authority safeguarding team about suspected abuse concerns and sent details of action taken in response.

Staff demonstrated a good awareness of each person's safety and how to minimise risks for people. Detailed individualised risk assessments showed risks for each person and identified 'triggers' so staff could avoid them wherever possible. Detailed behaviour support plans and relevant training meant staff felt much more confident in managing any behaviour that challenged the service. Accidents and incidents were reported and included measures to continually review and improve practice and reduce the risks of recurrence.

People were supported by skilled staff that provided care at a time and pace convenient for each person. People received their medicines on time and in a safe way. The home was clean throughout. Checks of cleanliness and infection control were carried out with actions taken in response to 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?

Good ●

The service was safe.

People were protected because improvements had been made to the environment.

People's risk assessments were detailed and identified measures to reduce risks as much as possible.

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

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

People received their medicines in a safe way.

# 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 15 February 2017 and was unannounced. An adult social care inspector visited the service. We reviewed the previous report and provider's action plan and notifications we had received from the service. A notification is information about important events which the service is required to send us by law.

We only met one person at the service, as the other three people were at a day centre. We looked at two people's care records, including medicines records.

We met the new manager and another member of staff. We looked at systems for assessing staffing levels, staff rotas, safeguarding training records and minutes of staff meetings. We sought feedback from the Devon fire and rescue service and received a response from them.

# Is the service safe?

## Our findings

We met one person at the home who was enjoying a peaceful day, watching sporting programmes on TV whilst everyone else was out for the day. They looked content and said they felt safe and happy living at Housemartins.

Following the previous inspection on 20 July 2016 we issued a requirement for a breach in regulations about people's safe care and treatment. This related to increased scald risks for vulnerable people because of hot water temperatures in bedroom/bathroom areas exceeded the maximum of 44 degrees centigrade recommended by Health and Safety Executive. Also because a fire safety risk assessment showed remedial work was needed to meet the requirements of recent legislation. Other health and safety risks included faulty window restrictors in two upstairs bedrooms. The provider sent us an action plan outlining works planned to address these which were due to be completed by end February 2017.

Fire safety had been improved as new emergency lighting and fire alarm sounders had been fitted in September 2016. However, when we visited work to install a fire escape for the upper floor had not commenced. We followed this up with the provider who confirmed a fire escape was purchased on 20 February 2017, and that work to install it started week commencing 6 March 2017. Fire safety was well managed with regular checks of fire alarms, fire extinguishers and emergency lighting. Records of fire safety checks and fire training were maintained and people and staff regularly did fire drills. Each person had a personal emergency evacuation plan (PEEP) which showed what support they needed to evacuate the building in the event of an emergency. Contingency plans were in place to support staff out of hours with any emergencies related to people's care or to services at the home such as electricity, gas and water supplies.

People were protected from scalds because a thermostatic valve was fitted to the hot water tank in August 2016. This reduced maximum water temperatures to baths and hot water taps to 42 degrees, which met the health and executive requirements. New thermometers had been purchased and people's bath temperatures were checked and recorded before they went into the bath. Water temperatures were also checked weekly by the manager. Replacement window restrictors had been fitted to two upstairs bedroom windows, which minimised risks of people falling from the upper floor.

Environmental risk assessments were completed and showed measures taken to reduce risks. For example, hazardous chemicals used for cleaning and laundry were securely locked away. Regular health and safety checks of the environment were carried out with actions taken to undertake repairs and maintenance as needed. For example, a new fence had been built around the edge of an elevated patio in the garden, when a risk assessment had identified a falls risk.

People were protected from potential abuse and avoidable harm. Staff had received safeguarding adults training and the provider had safeguarding and whistle blowing policies so staff were clear how to report concerns. This meant staff knew who to contact and what to do if they suspected or witnessed abuse or poor practice. All staff said they could report any concerns to the manager, deputy manager and were

confident they would be dealt with. There were secure arrangements to keep people's monies locked in a safe place, and account for expenditure, which help protect people from financial abuse.

Two safeguarding concerns identified had been notified to the Care Quality Commission and the local authority safeguarding team since the last inspection. These related to a person whose behaviours sometimes challenged the service and resulted in altercations with others and staff. These had been investigated and further actions taken to protect people and keep them safe. Staff sought the advice of the person's GP who reviewed and changed their medication and referred the person to a specialist mental health professional, and they were waiting for an appointment. This person's risk assessments and behaviour support plan had been reviewed and updated. Each individual risk assessment was very detailed, identified 'triggers' and changes in behaviour that might alert staff of increased risk and likelihood of behaviour. For example, that a person could become easily agitated or upset especially if they were tired, being asked to stop doing something or were not able to have what they wanted. The risk assessments had three levels to help staff identify when risks for the person and others were increasing, so they could take further action to de-escalate the situation. Comprehensive behaviour support plans outlined strategies for staff to use to minimise behaviours as much as possible. For example, by engaging with the person and encouraging them to listen, making eye contact with them, repeating the request calmly, and by changing the subject, using distraction, positive re-enforcement and praise to gain their co-operation.

People were reminded about the behaviours expected of them in their interactions with one another and with staff. A poster on display in the kitchen included; 'Be nice to each other. Help one another. Tell staff if you are sad or worried.' Staff had undertaken 'Understanding and Management of Challenging Behaviour' and 'Behaviour as Communication' training. Understanding autism training was being planned for later in the year. Staff reported feeling more confident in managing behaviours that challenged the service, in recognising 'triggers' and taking proactive steps to minimise impact through use of distraction techniques.

Accidents and incident forms were reported and the registered manager reviewed all completed forms to ensure all appropriate steps were taken to minimise risks. These mostly related to incidents about behaviours. At staff handover and staff meetings, staff discussed strategies to support people in a consistent way and manage any issues to minimise impact on others living at the home. This meant proactive steps had been taken to reduce the risks of recurrence and keep people safe in response to incidents.

People received their medicines safely and on time. Staff who administered medicines were trained and assessed to make sure they had the required skills and knowledge. Medicines administered were well documented in people's Medicine Administration Records (MAR) MAR sheets were audited weekly with actions taken to follow up any discrepancies or gaps in documentation. Although the medicines policy supported people to manage their own medicines with staff support, none of the people who lived there had been assessed as able to do so.

People were supported by skilled staff that provided care at a time and pace convenient for each person. Staffing levels were calculated according to the individual needs of people who lived at the home, and included spending one to one time with each person. This included always having two staff in communal areas of the home when everyone was in the house and downstairs. Rotas showed recommended staffing levels were maintained, with staff working extra shifts to cover annual leave and staff sickness. This meant people were always cared for by staff they knew and trusted.

There were two staff on duty during the day and the registered manager had dedicated time to manage the service. In the manager's absence there was a deputy manager and both were available on a rota basis out

of hours, if staff needed any advice or support. At night there was one awake and one 'sleep in' staff member who could be available if needed, but they were rarely called. This meant people had lots of opportunities to be involved in their local community and enjoyed frequent trips out each week and were well supported at home.

No new care staff had been employed since we last visited but the service had appropriate recruitment systems in place. They interviewed staff, did checks of identity and qualifications, sought references and carried out police and disclosure and barring checks (DBS). The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services.

People were cared for in a clean, hygienic environment. Staff followed a daily cleaning routine, which included all bedroom, bathroom and communal areas, which people contributed to as able. Staff had completed infection control training, washed their hands regularly and used protective equipment such as gloves and aprons to reduce cross infection risks, when providing personal care. Regular checks on cleanliness of all areas of the home were carried out by the manager. The most recent environmental health food hygiene inspection of the kitchen had awarded the home a top score of five.