

Mrs Hazel Lucas

69 Hoarestone Avenue

Inspection report

69 Hoarestone Avenue
Nuneaton
Warwickshire
CV11 4TH
Tel:
Website:

Date of inspection visit: 15 October 2015
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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 

Overall summary

The inspection was announced and took place on 15 October 2015.

69 Hoarestone Avenue is the registered provider's family home which provides accommodation, personal care and support for up to three people, with physical and / or learning disabilities. At the time of the inspection two people lived at the home.

The home is required to be registered with us. This home has a registered provider who is a person who has registered with the Care Quality Commission to provide the service. They have a legal responsibility for meeting

the requirements in the Health and Social Care Act and associated Regulations about how the service is run. At the time of this inspection the home had a registered person in place to provide the service. We refer to the provider as the registered person in the body of this report. The two people that live at the home refer to the provider as 'mum' because they were fostered by the registered person from an early age and have grown up as part of the family.

Both people told us they felt safe living at the home with their mum. They felt she knew them well and understood

Summary of findings

how to keep them both safe from harm or injury. Both said they felt their mum managed as their main carer and, if needed, other family relatives could be contacted for help and assistance. People showed us their medicines were available to them and said they were supported to attend health care appointments.

The registered person was able to tell us about people's needs and we saw this reflected the information in both people's care records. The registered person had

completed training and maintained an information resource pack to refer to whenever needed. We saw this contained information about the Mental Capacity Act 2005.

Both people felt their mum was kind and caring towards them. We observed this during our visit and saw the registered person treated people with respect. Systems were in place to obtain feedback from people and understand their views.

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?

The service was safe.

People felt safe and secure living at the home with the registered person supporting their needs. People were protected from abuse and against risks of injury. People had their medicines available to them.

Good



Is the service effective?

The service was effective.

The registered person was trained and had the care skills needed to meet people's needs. The registered person had an understanding of the principles of the Mental Capacity Act 2005 and explained to people what they were doing and gained their consent. People were supported with their food and drink and to access healthcare services when needed.

Good



Is the service caring?

The service was caring.

Both people told us the registered person was kind and caring towards them and treated with dignity and respect. People said they were able to make everyday choices about what they did and were encouraged to maintain their independence. People had privacy when they wanted it.

Good



Is the service responsive?

The service was responsive.

People's care needs were assessed and the registered person was responsive to people's preferences about their daily routine. Both people shared various hobbies and interests and were supported to follow these. People knew how to make a complaint if needed.

Good



Is the service well-led?

The service was well led.

People were asked for their feedback about the service. The registered person had a contingency plan in place for people's care and support in the event they became unwell. The provider had policies in place and systems to monitor the quality of the service provided to people.

Good



69 Hoarestone Avenue

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.

This inspection took place on 15 October 2015 and was announced. The provider was given 48 hours' notice

because the location is a small family home and we needed to be sure that someone would be available to spend time with us. The inspection was carried out by one inspector.

We reviewed the information we held about the service. We spent time speaking with both people that used the service. We spoke with the registered person and spent time observing their interaction with people in the home.

We reviewed a range of records, including care records for both people and their medicine administration records. The registered person showed us their policies and training record. We looked at quality assurance feedback from people living there.

Is the service safe?

Our findings

Both people told us they had lived with the registered person as long as they could remember. One person said, "This has always been my home and I feel safe living here because mum looks after me." Another person said, "I feel safe as well, no worries there." Both people said they understood what things would be wrong and what abuse was. One person said, "We'd tell mum if we had any concerns like that." The registered person understood their responsibilities in protecting people from abuse and told us "I would report any concerns raised to the local authority."

The registered person knew about risks associated with peoples' care. We saw they had identified actions within people's care plans that meant the risk of injury was reduced. For example, we saw details of how one person transferred from their bed to their chair. The person told us, "Mum knows how I can move from my bed to wheelchair and where to put the chair so I am safe." One person was at risk of developing pressure areas. The registered person said they checked the person's skin each day and we saw equipment that included a special cushion for the person to sit on which reduced the risk of the person's skin becoming sore.

Both people showed us their bedrooms and around the home. One person said, "My room is large enough for me to move about in my wheelchair and I can get out into the garden from here if I want to because there is a ramp so it is safe." The other person said, "Mum had spotlights put in on the stairs so it is easy to see each step when I am going up and down so it is very safe."

Both people said they felt their mum was able to meet their care and support needs. One said, "We don't have any other staff working here, just mum. It works out just fine." The registered person showed us their contingency plan if they were unable to provide support and explained to us, "My brother has agreed that he would arrange the care and support needed, such as using an agency for care workers. We've other family members as well that would offer support in arranging care workers if needed." We saw that the plan was kept in an accessible place within the home and contained contact information for family relatives.

We asked the registered person what they would do if there was a medical emergency in the home and they told us, "I've just completed a first aid refresher course last month. I feel confident with basic first aid and would call for professional help if needed." We asked the registered person what action people that lived there might take if they (the registered person) had an accident in the home. They replied, "[Person's Name] would be able to go to get help from a neighbour. Our neighbours are very good and would help." We asked both people what might happen if their mum had a fall, for example, in the home and one person said, "I would go straight round the neighbour's house and tell them. If they were out, I'd go to another neighbour. They know my brother and me and would help us."

Both people told us they always had their prescribed medicines when needed. One person told us, "We look after our medicine packs in our bedrooms and mum just gives us a bit of help with them." Another person said, "We've never run out of our medicines, mum makes sure we've got them." We saw people's medicines were available to them as prescribed and medicine administration records were kept by the registered person.

Is the service effective?

Our findings

Both people told us they were happy living at the home and would not change anything. One person said, “We are both happy here. Mum knows us really well, knows what we need, what we want and what we like to do. There’s nothing really that I can think of that could be improved.” The registered person explained to us they had previously been supported by a community nurse to undertake some health care tasks until they felt competent to do the tasks themselves. They said, “I have now been undertaking some tasks for many years such as catheter care, after being taught by a nurse how to undertake certain procedures. If I had any concerns I would contact the community nurse for guidance.”

The registered person showed us certificates from training they had completed. We saw some time had passed since some training had taken place and discussed this with them. They said, “If for example, I needed to start to use a hoist to transfer [Person’s Name] from their bed to wheelchair, then I would update my moving and handling training. At the moment I feel I have all the skills needed to effectively care and support both people.”

The registered person had an understanding of the principles of the Mental Capacity Act (MCA) 2005. They

showed us various resource information about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The registered person said, “Both people have mental capacity to make decisions, but if I had concerns I would seek guidance from the local authority.” Both people said they were fully involved in all decisions about their care. One person said, “Mum wouldn’t make us do anything. We agree to things that happen.”

People were supported to have sufficient to eat and drink. Both people said they enjoyed home cooked meals, takeaways and meals out. One person told us, “Mum knows what we like. We had toad in the hole last night, it was really good and I ate it all.” The other person said, “We always have enough to eat and drink.”

Both people told us that if they felt unwell they would tell their mum. One person told us, “If I’m not well, mum will sort out a doctor’s appointment for me. She’ll take me there and support me with telling the doctor what is wrong.” The other person told us, “I’ve been to the dentist the other week. I don’t like it much but it’s better to go and get checked. Mum came with me. I wanted her to.” Care records showed us that both people were supported to maintain good health and access healthcare services when needed.

Is the service caring?

Our findings

We observed positive caring relationships between the registered person and both people that lived at the home. Both people told us they felt well cared for. One person said, "Mum looks after us both well." Both people told us they felt valued by their mum and that they mattered. Interactions observed by us were positive and showed us the registered person explained what was happening to both people and listened to what they had to say.

Both people were able to verbally express their views to the registered person. Both said they felt involved in making decisions about their care, support and what they did on a day to day basis. One person said, "We have choices about things. We like to spend time together watching the television, listening to music. Mum lets us choose what we do."

The registered person told us that people needed different levels of support with personal care tasks. They said,

"[Person's Name] needs full personal care support. They feel comfortable with me carrying out tasks and we make sure the door is closed." One person told us, "I don't feel embarrassed with mum helping me have a shower. I feel respected, it's okay for her to help me." Another person said, "I can have a shower on my own. I've got a lock on my bedroom door if I want to be private."

People's independence was promoted. One person showed us their bedroom and said, "This is being decorated at the moment. I chose this wallpaper and new carpet. Mum helped me look on the computer. I'm going to choose pictures to put up once my new wardrobe is fitted." The registered person told us that both people were involved in cooking tasks. The other person told us, "We made a Christmas cake yesterday. It's a team effort. Mum weighs things, I put them in the bowl and start stirring and then my brother does some more stirring. The cake is not finished yet. We will decorate it soon together."

Is the service responsive?

Our findings

Both people felt their care was personalised to their individual needs. One person told us, “My brother needs a bit more help than me, so my mum helps him and I also help.” The other person agreed and said, “Mum helps me with everything I need. My brother also helps, like he will help push my wheelchair if we go out.”

The registered person showed us both people’s care plans. These showed that care was planned and took account of people’s wishes. We saw reviews of care took place whenever needed and was recorded. Care plans were detailed enough for another care worker to respond to people’s support needs in the event of the registered person not being able to meet people’s care needs, such as if they were unwell.

Both people told us they enjoyed the same interests and hobbies. They were able to tell us about numerous holidays they had been on and trips out they enjoyed. One person said, “We go bowling every week. We meet friends there and enjoy it.” The other person told us, “We go for family meals out, we go shopping. We went to the motor museum. I go and visit a friend at their house. Mum takes me.” Both people showed us a selection of DVDs that they enjoyed watching or listening to whilst at home.

People told us they would discuss any concerns they had with their mum. Both told us they felt their mum would ‘sort out’ any concerns or problems they had. One person said, “We could also tell other relatives if we had a worry, But we have nothing to worry about. Everything is good.” The registered person told us, “We all talk every day. I make sure they are both happy and nothing is worrying them. If it was, I’d find out what was wrong and put things right.”

Is the service well-led?

Our findings

Both people told us they thought their mum organised everything well and could not think of anything that needed to be improved upon. One person told us, “We can talk to mum whenever we want to. She will listen to us.”

The registered person told us that in addition to talking with people each day to ask if they were satisfied with the service, they asked people to complete an annual feedback survey. We saw that these had been completed during September 2015 and saw one person had commented, “I am happy and love being here.” We saw no negative feedback had been given and there was no need for any actions to be taken to make improvement to the service provided.

The registered person told us they did not undertake formal recorded audits in the family home, but instead completed daily visual checks on, for example, cleanliness and took immediate action to rectify any issues whenever needed. We looked at medicine records the registered person kept and saw they did not record the amounts of medicines received in to the home for people. We discussed this with them and they agreed that they would keep a record of this which would enable a medicine audit to be effectively completed.

One person showed us a lockable cabinet that the registered provider was able to use to store personal information about people. This meant that confidential information could be stored securely whenever people did not wish for their care plans to be in their bedrooms.