

Mrs A and Mr R Brooks

Mrs A and Mr R Brooks - 5 Everton Road

Inspection report

5 Everton Road
Yeovil
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Tel: 01935862900

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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

This inspection took place on 31 May 2016 and was unannounced. It was carried out by one adult social care inspector.

5 Everton Road is a collection of four shared houses which are in close proximity to each other. The houses are situated in a residential area which is within walking distance of the town centre. The service can accommodate up to 15 people and it specialises in providing a service to adults who have a learning disability.

At our last inspection of the service on 13 November 2013 we did not identify any concerns with the care provided to people.

At the time of our inspection there were 15 people using the service. This consisted of five people who lived in one of the houses, four in another house, three in another of the houses and three people in the last house. We visited each of the houses and met with all but one of the people who lived there. People were able to show us around their homes and were able to tell us about their experiences of living there.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was a happy, relaxed and inclusive atmosphere in the home. A member of staff said member of staff told us "Everything here is resident led. It's their home and I am just privileged to be involved in supporting them to live a happy life." A relative we met with told us "[Providers' names] and all the staff are fantastic in every way. They really do care about the residents."

Staff morale was very good and people looked relaxed and happy with the registered providers and with the staff who supported them.

People were able to build trusting relationships with the staff that supported them. There had been only one change to the staff team in the last six years the providers and the majority of the staff team had cared for the people at the home for over 20 years. They knew people and their families very well. One person said "The staff are lovely and they are very helpful." Another person told us "[Names of providers]" and all the staff are really, really kind. I think the care we get here is excellent." Another person said "I have an amazing life here. Everybody is really kind. We all get on. I wouldn't want to live anywhere else."

People told us they felt respected by the staff who supported them. One person said "This really does feel like my home. I do what I like. The staff don't interfere but they are there if I need them. It's perfect really." Another person told us "I choose what I want to do. Staff never tell me what to do. I have a key to my house and a key to my bedroom. The staff always knock before they come in."

People lived in a safe environment and were supported by a staff team who had the skills and experience to meet their needs and help to keep people safe. There were further systems in place to minimise risks to people. These included staff recruitment procedures, staff training in recognising and reporting abuse and the safe management and administration of people's medicines.

People were supported to live an independent lifestyle with reduced risks to themselves or others. There were risk assessments in place which identified risks and the control measures in place to minimise risk. These were understood and followed by staff. For example, one person who lived at the home told us how they liked to travel. They said "We have a plan and it works. It helps me to do the things I want to do and makes sure I'm safe and the staff know where I am."

People were supported to maintain good health and wellbeing. They saw health and social care professionals when they needed to. A relative we met with told us "I don't have to worry about a thing. They [the staff] monitor [name of person's] health really well. They help them with appointments and they keep me updated too."

People lived happy and fulfilling lives. Many had work placements in the local community and were also able to work on the providers' farm. One person said "I like helping at the farm. I collect the eggs and help clean out the sheep." A member of staff explained that the person was also involved in helping with deliveries of hay and straw to local pet shops. The person said "I enjoy that best of all." There were also regular trips out and annual holidays. Some people attended a local day centre and one person told us they belonged to a swimming club.

People were supported to maintain contact with their friends and family. The Provider Information Return stated "Staff encourage and support regular family contact and visits. The home provides planning, transport and escorts to enable residents to visit families and friends, attend work placements or events." This was confirmed by the people we met with.

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.

There were enough staff deployed to maintain people's safety.

There were systems to make sure people were protected from abuse and avoidable harm. Staff had a good understanding of how to recognise abuse and report any concerns.

People received their medicines when they needed them.

Is the service effective?

Good ●

The service was effective.

People could see appropriate health care professionals to meet their specific needs.

People made decisions about their day to day lives and were cared for in line with their preferences and choices.

Staff received on-going training to make sure they had the skills and knowledge to provide effective care to people.

Is the service caring?

Good ●

The service was caring.

Staff were kind and professional. People were treated with dignity and respect.

People were supported to make choices about their day to day lives and were supported to be as independent as they could be.

People were supported to maintain contact with the important people in their lives.

Is the service responsive?

Good ●

The service was responsive.

People received care and support in accordance with their needs

and preferences.

Care plans had been regularly reviewed to ensure they reflected people's current needs.

People were supported to attend work placements, follow their interests and take part in social activities.

Is the service well-led?

Good ●

The service was well-led

The registered providers/manager knew people very well. They were well respected by staff and the people who lived at the home.

People benefitted from a culture of openness and commitment to continuous improvement.

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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 31 May 2016 and was unannounced. It was carried out by one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. We also looked at notifications sent in by the service. A notification is information about important events which the service is required to tell us about by law.

At our last inspection of the service on 13 November 2013 we did not identify any concerns with the care provided to people.

At the time of this inspection there were 15 people living at the home. During the inspection we met with 14 people. We spoke with five members of staff and met with two relatives. The registered providers, one of whom is also the registered manager were available throughout our inspection.

We looked at a sample of records relating to the running of the home and to the care of individuals. These included the care records of two people who lived at the home. We also looked at records relating to the management and administration of people's medicines, health and safety and quality assurance.

Is the service safe?

Our findings

People told us they felt safe at the home and with the staff who supported them. One person told us "I feel very safe here. Very safe." They showed us how they would use their mobile telephone in the case of an emergency. This had been set up so that the person only had to press one button to contact staff. In a recent satisfaction survey a relative said "I could not entrust my [relative] to a more caring, attentive, dependable and professional team. They go the extra mile always creating a safe, stable and family environment."

Staff encouraged and supported people to maintain their independence. There were risk assessments in place which identified risks and the control measures to minimise risk. These were understood and followed by staff. For example, one person who lived at the home told us how they liked to travel. They said "We have a plan and it works. It helps me to do the things I want to do and makes sure I'm safe and the staff know where I am." They described how staff worked with them to agree a plan to support them when they travelled overseas. The person and staff told us how they had maintained contact during a long haul flight. The person said "The staff were great. It was like they were there with me."

Staff knew how to recognise and report abuse. They had received training in safeguarding adults from abuse and they knew the procedures to follow if they had concerns. Staff told us they would not hesitate in raising concerns and they felt confident allegations would be fully investigated and action would be taken to make sure people were safe. In their completed Provider Information Return (PIR) it stated "Since the previous inspection we have had no safeguarding incidents. If were any were to arise we would use this as a learning opportunity and any knowledge gained would be used to reduce risk in the future."

When we arrived at the home, the door was answered by a person who lived there. It was positive to note that they checked our identification before fetching a member of staff to assist us. This showed people were aware of their safety and the safety of others.

The risks of abuse to people were reduced because there were effective recruitment and selection processes for new staff. Before commencing work all new staff were checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people.

Some people required support to manage their personal finances. There were effective systems in place to reduce the risk of errors or abuse. One person told us "I like the staff to keep my money safe. It's locked away but I can have money when I want it. I sign my sheet and so does the staff. It works well for me." We viewed the records of financial transactions for one person who lived at the home. Transactions had been confirmed by staff and the individual and receipts were maintained. Balances had been regularly checked to ensure they remained correct.

There were enough staff to help keep people safe. Staffing numbers and the deployment of staff were based on the needs, including social needs, of the people who lived at the home. One person told us how they had

been provided with one to one support on a night when they felt poorly. They said "When I was poorly [name of registered provider] came in and extra staff came in to stay with me. That was nice." On the day we visited people were busy coming and going. One member of staff supported a number of people to attend health care appointments. Another member of staff supported people to do their banking and shopping. There was an on-call system where staff and the people who lived at the home, could call upon additional staff where required.

There were procedures to ensure the safe management and administration of people's medicines and these were understood and followed by staff. Where people were able to manage their own medicines, there were risk assessments in place to enable people to do this safely. One person said "I keep all my [medicines] safely in my room. Staff make sure I've got everything I need and they check in a nice way that I have had my [medicines]. We were told about another person who signed their medication administration record (MAR) when they received their medicines and when they took them. MAR charts were regularly checked by staff to ensure they tallied with the stock of medicines held.

Is the service effective?

Our findings

The people who lived at the home and their relatives spoke very highly of the providers and staff who worked there. They told us they received care and support in accordance with their needs and preferences. One person said "All the staff are lovely and they will do anything for you. They all know me really well." A relative told us "[Name of registered providers] and the staff team are amazing. They are all very knowledgeable and very skilled in what they do." In a recent satisfaction survey completed by people's relatives, there was a high level of satisfaction about the staff team. One relative said "All the staff are 100% qualified, give 100% in every task they are given, give 100% to every need of all residents and have 100% of trust from parents and guardians."

Staff were confident and competent in their interactions with people. Staff told us they received the training they needed to support the people who lived at the home. They also told us they were never asked to carry out a task they had not been trained to do. One member of staff said "The training and support here is brilliant. Even if you have had training, but say you don't feel completely confident, you can have more training."

People were supported by staff who had undergone an induction programme which gave them the basic skills to care for people safely. In addition to completing induction training new staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for. Staff turnover was very low with only one change in the staff team in approximately six years. We spoke with the most recently employed member of staff. They told us "I have worked in care for years but I had a really good induction when I started here. I did all the training and was able to do lots of shadow shifts which really helped me to get to know people and their routines."

Staff received regular formal supervision which monitored their competencies and training needs. Staff told us they found supervision sessions very useful. One member of staff told us "You couldn't get more support. We have supervisions but you don't have to wait until then to discuss things. You can talk about anything, anytime. [Name of registered providers] are brilliant."

Staff had received training and had an understanding of the Mental Capacity Act 2005 (MCA). The 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. We were informed there was nobody living at the home who lacked the capacity to make decisions about their care however; staff knew how to support people to make decisions and knew about the procedures to follow where an individual lacked the capacity to consent to their care and treatment. This made sure people's legal and human rights were protected.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). People can only be deprived of their liberty to receive care and treatment when this is in

their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). There was nobody at the home who was subject to a DoLS authorisation. There were no restrictive practises at the home. People had keys to their front doors and bedroom doors and were free to come and go as they pleased.

People were supported to maintain good health and wellbeing. Each person had a health action plan and a 'hospital passport'. This is a document containing important information to help support people with a learning disability when admitted to hospital. People's care and support plans showed they received annual health checks and a review of their prescribed medicines. People also had access to other healthcare professionals such as dentists, epilepsy nurses, dieticians and chiropodists. On the day we visited some people were supported by staff to attend chiropody appointments. A relative we met with told us "I don't have to worry about a thing. They [the staff] monitor [name of person's] health really well. They help them with appointments and they keep me updated too."

Each person had their nutritional needs assessed and met. The home monitored people's weight in line with their nutritional assessment. One person told us how staff had supported them to lose weight. They said "I feel really good now. I have plenty to eat but they have helped me with good food." Menus were planned with the people who lived at the home. One person told us "[name of staff member] does the menus with us but we don't have to stick to it. If you want something different, you can have it." People were involved in devising a shopping list each week and were supported to shop for their chosen items. People were keen to tell us what they were having for lunch on the day of our visit. They explained they were having gammon ham from the provider's farm. They told us all the meat, vegetables and eggs from the farm were "delicious."

Is the service caring?

Our findings

Throughout our visit the atmosphere was very relaxed and very cheerful. There was lots of laughter and friendly banter. Staff morale was very good and people looked relaxed and comfortable with the registered providers and the staff who supported them. There was a consistent staff team which enabled people to build relationships with the staff who supported them. The providers and majority of the staff had cared for the people at the home for over 20 years. They knew people and their families very well. We heard the providers and staff chatting to people about their lives, their families and things that were important to them.

People told us the registered providers and the staff team were kind and caring. One person said "The staff are lovely and they are very helpful." Another person told us "[Names of providers]" and all the staff are really, really kind. I think the care we get here is excellent." Another person said "I have an amazing life here. Everybody is really kind. We all get on. I wouldn't want to live anywhere else." One person explained how a member of staff had stayed up all night with them when they were not feeling well. They said "It meant a lot to me."

The providers and staff spoke with, and about people in a very caring and compassionate manner. One member of staff said "I feel the the residents and the staff team are an extension of my family. It's just amazing here. It's not like coming to work at all." Another member of staff told us "Everything here is resident led. It's their home and I am just privileged to be involved in supporting them to live a happy life." A relative we met with told us "[Providers' names]" and all the staff are fantastic in every way. They really do care about the residents."

Positive comments were also made in a recent satisfaction survey. These included "The care is very near to perfection." And "I cannot thank the [provider]; their family and the staff team for everything they have done for us as a family."

Prior to this inspection we received numerous compliments about the staff and the service provided through the Commission's 'share your experience' on-line portal. Recent comments included "The good things about this service are the love and warmth that pervades the community. The meticulous awareness of individual need and preferences. The wide range of talents and interests among the staff. The variety of experience offered to the residents. Our [relative] is happy, stretched and fulfilled." And "[name of providers] have provided an excellent service over many years for our [relative]. The staff are very good and there is a real home from home feeling." □

Staff encouraged people to be as independent as they could be. Staff saw their role as supportive and caring but were keen not to disempower people. We saw people were supported with shopping, cooking and cleaning. People told us they felt respected by the staff who supported them. One person said "This really does feel like my home. I do what I like. The staff don't interfere but they are there if I need them. It's perfect really." Another person told us "I choose what I want to do. Staff never tell me what to do. I have a key to my house and a key to my bedroom. The staff always knock before they come in." During our visit we saw that

the people who lived at the home answered their front doors and telephones. Staff sought people's permission before we looked at their care and support plans.

One person told us how the registered provider had supported them when a close relative had become unwell. We heard they had regularly taken the person to visit their relative in hospital. The person was very keen to tell us of their achievements when they visited another relative. They explained with staff support they now travelled on the train independently. They said "I am very proud."

One person told us how they now walked on their own to their work placement at a local day centre. They saw this as a great achievement as previously, the person had needed staff support. They said "It makes me feel good I can do this. I walk down on my own. I tell staff when I am leaving and I ring them when I get there. I do the same on the way back."

We also heard that people had attended the wedding celebrations of a member of staff. One person told us "It was great. I had a lovely time. We do so much together here." Another person explained how they had been able to continue a two day work placement after moving to the home. They told us this meant a great deal to them. The placement was a considerable distance from the home however; the registered provider arranged and funded a taxi service to take and collect the person twice a week.

One person told us "We have meetings where we can talk about anything we want. We also get told what's going on." We were informed that people took it in turns to record the minutes of the meetings. This was confirmed by a person we met with. This person also told us they "could call a meeting anytime we like." The minutes of a recent meeting showed a range of topics had been discussed which included planned maintenance and redecoration and activities. We heard people had been consulted about their preferences for colours and had chosen the colour of the carpets recently laid in one of the houses.

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

Is the service responsive?

Our findings

The staff we spoke with and observed demonstrated a very good knowledge of the people they cared for. People's care and support plans and daily routines were tailored to meet their individual needs and preferences. For example each person planned their weekly activities with a member of staff. In their completed Provider Information Return (PIR) they stated "The residents are able to openly discuss their care, support, care plans & wishes on a day to day basis with staff or more formally during their meetings & annual reviews where the manager, their parents & social worker are present." People told us they were fully involved in the planning and review of the support they received. One person told us "The staff talk to me about what support I need and check that I am happy with everything. I feel in charge of my life." A relative told us "The communication is very good. I am kept fully informed and always invited to my [relative's] care reviews."

The service was responsive to changes and concerns in people's health or well-being. For example we heard about one person who had a particular health condition. Staff had monitored the person closely and noted their condition had deteriorated. They liaised with a specialised health care professional and the person's GP and following a review of the person's prescribed medicines, the person's health condition had improved significantly.

The majority of the people who lived at the home had lived there for many years. Some had lived there for over 20 years. The most recent admission to the home was 18 months ago. We were informed that before a person moved to the home their needs and aspirations were assessed to ensure the home was able to meet their needs and expectations. We met with the person who told us they had known the providers for over 20 years. They explained the provider went to visit them where they were living previously. They explained they had been able to visit the home and the people who lived there before they moved in. They told us they knew some of the people who lived at the home and that they "all got on well."

The needs of other people who lived at the home were considered before offering a place to someone. The registered provider told us "It is so important that the residents are compatible and happy living together." A relative said "It's absolutely fabulous. [Name of registered providers] have got the right approach. They are very selective about who lives here and that's why it works so well."

People told us they lived very busy and fulfilling lives. Many people told us how they spent their time. Some people were supported with work placements in the local town. Many told us how much they enjoyed helping at the provider's farm. One person said "I like helping at the farm. I collect the eggs and help clean out the sheep." A member of staff explained that the person was also involved in helping with deliveries of hay and straw to local pet shops. The person said "I enjoy that best of all." Another person told us they attended a local swimming club which they enjoyed very much. Some people attended local day centres. There were also regular discos and pub outings. An art room had been built in the garden of 5 Everton Road and staff told us this had proved very successful. One person told us they had recently enjoyed a bar-be-que at the providers' farm. Other facilities available at the farm included a pool table, table tennis table and table football.

The service provided holidays and trips out at no cost to the people who lived at the home. People told us about a recent trip to Hayling Island in Hampshire. People told us, and photographs showed this had been thoroughly enjoyed by everyone. People had said that they wanted to return there next year.

People were supported to maintain contact with friends and family. People told us their relatives and friends were able to visit at any time and were always made welcome. This was confirmed by the two relatives we met with. One person told us how they used skype to keep in touch with their relative who lived abroad. Another person told us how staff supported them to make regular telephone calls to their relatives. The completed PIR stated "Staff encourage and support regular family contact and visits. The home provides planning, transport and escorts to enable residents to visit families and friends, attend work placements or events."

People knew how to make a complaint and everyone we spoke with felt confident that any concerns would be taken seriously. One person told us "I have nothing to complain about but if I did [name of provider] would sort it out. A relative said "I have never had cause to complain however; I have no doubts any concerns would be dealt with immediately." The provider's PIR told us there had been no complaints in the last year.

Is the service well-led?

Our findings

The providers of the service were fully involved in the day to day management of the home. One of the providers was also the registered manager. Both providers had provided a service to the majority of people for well over 20 years and it was evident they knew people, and their families very well. One person said "I feel like part of their [the providers] family. We do so much together." A relative told us "[Name of providers] are amazing. I think this is a unique set up. They are so committed to making sure residents have a happy life." A member of staff said "It's like being part of an extended family. [Name of providers] are so involved. It's completely resident led here. It's all about what they want to do. It's amazing here."

There were ways for people, their families and staff to express a view about the service provided. Apart from formal meetings, views were encouraged on a day to day basis. There was also a resident's trust which had been set up 17 years ago which acted as an independent body from the providers for people who live at the home and their families. Members of the trust included people's relatives and was chaired by a staff member. We were provided with a copy of the minutes of an annual general meeting which took place at the end of last year. This was very well attended. One of the providers had been present and had shared information about events which had taken place or were planned to take place, the outcome and actions taken following visits from the fire officer and the funding authorities contract visits, staff updates and how people who lived at the home had benefitted from the funds raised by the trust. The provider had discussed our role and inspection process and had explained how those present could express their views about the service to the Commission. This demonstrated a culture of openness and commitment to continuous improvement by the providers.

The residents trust had conducted an independent survey which asked people's relatives to comment on the quality of the service provided. The results of the survey had been very positive. Comments included "Outstanding care", "Excellent staff" and "I cannot thank the [providers' name] and their team for everything they have done for our family." There were no areas identified for improvement. During our visit we asked the people who lived at the home, relatives and staff if they felt there was anything the home could do better. One person said "No; there's nothing. It's perfect here." A relative said "I can't think of anything. Just keep doing what they are doing." A staff member said "It's a privilege to work here."

People were supported by a service in which, the providers/registered manager kept their skills and knowledge up to date by on-going training, research and reading. They shared the knowledge they gained with staff at staff meetings/supervisions. In their completed Provider Information Return (PIR) they stated "We maintain membership of the Registered Care Providers Association, we are able to attend regular seminars and their annual conference which keeps us up to date on changes in legislation and highlights areas of good practice. It is also a source of advice and support. We attend seminars organised by the Parent/Carer Alliance who have organised briefings on legislation such as The Care Act 2014. These are also good opportunities to share learning with other providers. We subscribe to a number of sources of information about the care industry. For example Care Focus and have a subscription to Care Management Matters and the Caring Times. We have good relationships with other providers and share experiences, especially around staff training. We have also organised joint training where staff from other establishments

have combined to do courses. Our staff team includes a qualified Social Worker. They maintain their registration through continuing professional development. This means that they are up to date on current matters and are able to apply their knowledge to the work that we do and provide advice when required."

There were audits and checks in place to monitor safety and quality of care. These included health and safety checks on equipment and the environment, medication audits, staff training and regular reviews of people's care and support plans. The PIR stated "Qualified engineers service boilers and repair or replace domestic equipment. Electrical appliances are tested annually." The fire authority carried out annual checks on the home's fire detection, alarms and fire fighting equipment. Following a recent inspection, the provider had upgraded their fire alarm systems and installed fire doors which were of a higher specification than those recommended. Records showed that the people who lived at the home and the staff team received fire training which included fire drills. A person who lived at the home showed us around and explained how the fire system and fire doors operated.

All accidents and incidents which occurred in the home were recorded and action taken to learn from them. There had been no significant events however the providers knew about their legal responsibilities to report significant events to the Care Quality Commission.