

Mrs Gemma Montgomery

3 Roylen Ave

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

This inspection visit took place on 18 March 2016 and was announced. The registered provider was given 48 hours' notice because the location was a small care home for a younger adult who is often out during the day. We needed to be sure someone would be in.

The service was last inspected in September 2014. The registered provider was meeting the requirements of the regulations that were inspected at that time.

The registered provider was an individual who also managed the home on a day to day basis. Registered providers 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.

3 Roylen Avenue is a care home registered to accommodate one adult. It is a dormer bungalow in a street of similar properties and is run as an ordinary domestic household. The person has lived with the registered provider and their family for close on 30 years, since childhood. He lives with the registered provider as a member of the family. He sees her as his 'mum' and is close to his 'brothers' who he grew up with. The house is close to the all shops, public transport and local amenities.

The registered provider was the person's carer. She did not employ any staff. The person was semi-independent and could attend to his care needs with limited supervision.

Suitable arrangements were in place to protect the person from abuse and unsafe care. He told us he was safe in 'his house' with 'his family'. He was supported to make decisions about his personal care needs.

The person showed us his care records. There was information in place about his support needs and routines. He had his healthcare needs met. He told us his 'mum' supported him when he needed health appointments.

We found medication procedures in place at the home were safe. If the person needed medicines these were safely kept and appropriate arrangements for storing were in place.

The home was clean and hygienic, well maintained and homely when we visited. The person said he liked his home.

The person was fully involved in shopping and choosing food. He was able to make drinks and snacks independently when he wanted.

The registered provider understood the requirements of the Mental Capacity Act (2005) (MCA) and the Deprivation of Liberty Safeguards (DoLS). We saw no restrictions on the person's liberty during our visit.

There was no formal internal quality assurance in place but informal checks were made routinely. The person and his 'mum' routinely discussed plans or changes.

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.

Procedures were in place to protect the person from abuse and unsafe care. Assessments to identify risks were in place to manage risks

The support arrangements were sufficient to meet the needs of the person who lived in the home.

Medicines when needed, were managed safely.

Is the service effective?

Good ●

The service was effective.

The person's healthcare needs were monitored and he was supported with appointments as he wished.

The person was offered a choice of healthy and nutritious meals. The registered provider was familiar with the person's dietary needs and knew their likes and dislikes.

The registered provider was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS) and had knowledge of the process to follow.

Is the service caring?

Good ●

The service was caring.

The person was satisfied with the support and care he received. He said he was treated with dignity and his privacy was respected.

The registered provider understood the person's history, likes, dislikes, needs and wishes. She took into account his individual needs when supporting him.

The person was encouraged to make choices and decisions for themselves and be involved in planning his own care.

Is the service responsive?

Good ●

The service was responsive.

The person experienced a level of care and support that promoted his wellbeing. He was encouraged to enjoy varied and interesting activities and a good quality of life.

The person was involved in developing and changing his care plan to identify what support he required and how he would like this to be provided.

The person told us he knew his comments and complaints would be listened to and acted on effectively.

Is the service well-led?

Good ●

The service was well led.

There were informal quality assurance systems in place to monitor the quality of the service. The registered provider lived with the person and dealt with any issues of quality quickly and appropriately.

The registered provider was committed to providing a high quality person centred support to the person.

3 Roylen Ave

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 registered 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 18 March 2016 and was announced. The registered provider was given 48 hours' notice because the location was a small care home run for one adult as a family home. The person has lived as a family member since childhood. He is often out during the day; we needed to be sure someone would be in.

The inspection was undertaken by an adult social care inspector.

Before our inspection visit on 18 March 2016, we reviewed the information we held on the service. This included any notifications we had received from the registered provider, about incidents that affected the health, safety and welfare of the person who lived at the home. We also checked to see if any information concerning the care and welfare of people who lived at the home had been received.

We spoke with a range of people about the service. They included the registered provider and the person who lived at the home and health and social care professionals. We also spent time observing the interactions between the person who lived at the home and the registered provider. This helped us to gain a balanced overview of what the person experienced at the home.

We looked at the person's care records, the arrangements in place for work and leisure activities, and records relating to the management of the home.

Is the service safe?

Our findings

We spoke with the person and with the registered provider who lived with him. The person told us he was happy living with the registered provider who he saw as his 'mum' and was safe. He told us about his increased independence in travelling safely on local buses to his voluntary work. He said he was able to find his way about walking on his own in the local area. He informed us of the safety arrangements he and his 'mum' had made to make sure he knew what to do in any unexpected situations. He said, "I enjoy going to my 'brothers' and walking my dog, but I have my phone in case I need 'mum'." As the person had grown up living with the registered provider and family, he saw this as his family and home." He told us he was happy living with 'mum' and he saw the rest of his 'family' frequently. He said, "I would tell 'mum' or my 'brothers' if I wasn't safe."

There had been no safeguarding alerts made to the local authority or referred to the Care Quality Commission (CQC) about poor care or abusive practices when we undertook this inspection. The person said he was safe and well and had no concerns about his care. Discussion with the registered provider confirmed she was aware of the local authorities safeguarding procedures and these would be followed if required.

The registered provider assessed risks and minimised these so the person had a safe level of independence and support. Any accidents or incidents were discussed with relevant professionals and the risks reviewed.

We saw from discussion with the person, the registered provider and care records that any health needs were quickly met. The person told us about a recent health appointment. He told us, "Mum was with me because I really don't like injections. Then we went out afterwards." We saw the registered provider made sure she was aware of the reasons for any health treatments suggested. She was then able to explain the benefits and disadvantages of treatment and of alternatives if available. This enabled the person to make an informed decision.

We found medicine management was safe. The person did not routinely have medicines. However if he needed medicines these were safely kept. Appropriate arrangements for storing these were in place.

The registered provider was the person's carer. He spoke of her as 'Mum'. She did not employ any staff and they had lived as a family for almost thirty years.

The house was clean and tidy throughout, well maintained and homely. There was a rolling programme of redecoration and the person was involved in choosing furniture and décor.

Is the service effective?

Our findings

The person received effective and person centred care because he was supported by the person who had nurtured him from being a child. Observations throughout the inspection confirmed he was happy with the care and support he received. He was confident in his place in the world and in his 'family'. The registered provider had an excellent knowledge and understanding of his personal history and current needs.

The registered provider told us how she refreshed and updated her training so that she could provide effective support to the person. She said much of this was online research as she could do this easily from home. We saw she had the skills and knowledge needed to support the person effectively.

The person told us he enjoyed the meals 'mum' made. He told us, "Me and 'mum' shop together but I choose a lot of the meals." He went on to tell us of a recent meal out and how he had chosen the venue for a friends birthday meal. They did not have a set menu at home and chose meals together. We saw that there was a variety of nutritious food provided. Fresh fruit was readily available as were drinks and snacks. The person had unrestricted access to the kitchen/ dining room and was able to get drinks and snacks whenever he wanted. We observed him as he made a cup of tea for us. He was safe and competent doing this.

We saw the person was able to access healthcare professionals and his healthcare needs were met. The registered provider recorded health checks, the reason for the visit and any treatment given. The person said he could see the doctor whenever needed and said, "Mum' comes with me to help me keep calm."

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 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).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We did not see any restrictive practices during our inspection. We observed the person had freedom of movement around the home and in the local area as he wanted.

Is the service caring?

Our findings

During our inspection visit we spent time observing interactions between the registered provider and the person. This helped us assess and understand whether the person received care that was meeting his individual needs. We saw the registered provider was responsive and attentive. She was caring, respectful and kind with a clear understanding of the person's needs. He told us he was happy and enjoying doing things he wanted to do. We saw he was able to make his own decisions and was encouraged to choose what he wanted to do.

We observed the routines within the home were those of any family home. The person was clearly relaxed and comfortable with his 'mum'. He laughed and joked and told us of a recent funny incident involving 'mum'. He also told us of recent activities. He was clearly happy, with an interesting and fulfilling life. The close and caring extended family gave him love and support.

At the start of the inspection the person excitedly said he had a surprise, smiling and refusing to tell us what this was. He sat and chatted for a while, about recent happenings in the family. He told us both family dogs had died in recent months. He talked about how upsetting it had been and how 'mum' had helped him through his sadness. He said she encouraged him to talk about the dogs and remember the good memories. He said, "It was really sad but me and mum talk about them a lot." He went on to say he had spent the last few months helping his 'brother' look after his puppy, which he really enjoyed.

After chatting for a while the person told us he and his 'mum' were bringing in his surprise. They walked back into the lounge with a puppy each in their arms. He explained that one of the puppies was his own puppy and he was responsible for her. He said with some pride, "I get up to take her out in the morning, so she knows she is mine. He laughed and added, "Mum has to get up with her puppy." He continued, "I feed my puppy and take her for walks." I can only take her short walks if I am on my own but we go for longer ones with 'mum'."

The registered provider told us the person had always enjoyed helping with the family dogs. After watching how well he cared for his 'brother's' puppy, they felt he could manage the responsibility of his own puppy (with support). The person told us how his 'mum' and his 'brother' had taken him to choose and buy his puppy. It was too young to leave its mother so he spent a few weeks getting ready to bring it home. The registered provider told us he had risen well to the challenge of his own dog and was kind and caring with it.

The person showed us his input into his care records on the computer. He had taken pictures of his work, social and leisure activities which showed how the care and support was focussed on his needs and preferences. The records showed the daily support he received and the activities he had undertaken. The records were informative and gave us an insight into their daily routines.

After talking with us for a while the person went to his bedroom. He told us he enjoyed spending time in there and his privacy was respected. We saw his bedroom was personalised and showed his interests and

hobbies. The registered provider understood the person's needs around privacy and dignity.

We spoke with the registered provider about access to advocacy services should the person require their guidance and support. The registered provider told us she had information details that could be provided if this was required. This ensured his interests would be represented and he could access appropriate services outside of the service to act on his behalf if needed.

Before our inspection visit we received information from external agencies about the home. Links with these external agencies were good and there were no concerns about the service.

Is the service responsive?

Our findings

We saw the person received a personalised care service which was responsive to his care needs. He was encouraged to choose his hobbies and interests and supported to follow these. He had no restrictions placed upon him with his daily routines. The person worked on a voluntary basis in a local charity shop. He had been working five days a week which was not working out for him. He told us "'Mum' sorted it out so I am only working three days now. It gives me more time to enjoy other things." He then added, "Looking after my puppy takes a lot of time but I like it and she loves me."

As well as working in the charity shop and looking after his puppy the person enjoyed walking and going on trips out. He also joined in all his extended 'families' social activities and celebrations. He enjoyed looking at different days out and things to do on the computer. He told us, "I choose most of our days out and where we go for meals out." He told us he also went on holidays several times a year and was eagerly awaiting a break at Centre parks.

The registered provider looked at whether she was supporting the person as effectively as possible and their plans for the future. She routinely looked at how current activities were meeting the person's needs. Where she felt they were troubling him, she gently probed, encouraging him to give voice to any worries. She then talked through possible ways to manage a stressful situation, without losing his temper. We observed how she reduced his anxiety about one situation by reminding him he had the right to make choices. He told us, "Mum' always makes things better if there are any problems. She reminds me to keep calm."

We looked at the person's care records. The care plan was person centred and had been developed with the person. He told us he had been involved in planning his support and he had enjoyed adding the photographs of his activities to the computer. From talking with the person and the registered provider we saw he was encouraged to routinely make decisions and choices.

We asked the person if he knew what to do if he were unhappy with something. He told us, "I tell 'mum' or my 'brothers'. They explain how I could deal with things and if needed help me to do it. They would also remind me not to get angry." He knew he could contact the local authority, but felt that he didn't need to do this.

When we undertook this inspection the home had not received any complaints about their service. At the time of this inspection no complaints had been referred to the Care Quality Commission.

Is the service well-led?

Our findings

The registered provider is an individual who has been assessed by CQC as fit to manage the day-to-day running of the service. We found she was open and transparent and willing to listen to ideas as to how the support to the person can be improved and developed.

The person lived with the registered provider sharing the home as a family member. They were content and relaxed in each other's presence, laughing and talking together. The person had lived with 'his family' since childhood and saw the registered provider as his mum. He was also close to his 'brothers' who he saw as his siblings and who lived nearby. The registered provider had a relaxed and confident style and gave him instructions or guidance in a caring, supportive way. He was fully involved in making decisions about the house and their day to day lives. It was clear she had the best interests of the person in the forefront.

The person was involved in the local community at home and work. He was out most days with the registered provider in and around Fylde and Wyre. He used local facilities on a daily basis and interacted with the general public and colleagues at the charity shop.

There were no formal internal quality assurance systems in place. However informal checks were made routinely. He talked frequently with 'mum' and other family members about plans or changes. He made his views known about any activities, days out or holidays. For example after the two dogs they had died, he and his 'mum' decided together whether they wanted another dog. Although he had not expected one of his own.

Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met. There were good relationships with other services involved in the person's care and support.