

Mr and Mrs T A Mills

Mr and Mrs T A Mills - 119 Victoria Street

Inspection report

119 Victoria Street
Cinderford
Gloucestershire
GL14 2HU

Tel: 01594827043

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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:

119 Victoria Street is a residential care home. It provides accommodation and personal care for up to three adults with a learning disability. At the time of the inspection there were three people living at the service.

People's experience of using this service:

People were supported by a small but consistent staff team who were kind and caring. Staff had good relationships with people and knew them well. People were encouraged and supported to maintain their independence. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Care plans were person centred and included people's individual goals for the coming year.

People had active and varied social lives. People told us they were supported to attend the activities they wanted to and that they enjoyed them. Relationships were supported both within and outside the service. Visitors were welcomed. The service was clean and tidy.

Feedback was sought from people and staff through meetings and questionnaires. People told us they felt comfortable in raising any concerns or issues.

For more details, please see the full report which is on CQC website at www.cqc.org.uk

Rating at last inspection: Good (June 2016).

Why we inspected: This was a planned inspection based on the previous rating.

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

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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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

119 Victoria Street is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 24 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

We reviewed information we had received about the service since the last inspection in June 2016. This included details about incidents the provider must notify us about. We used information the provider sent us in their Provider Information Return. Providers are required to send us 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 three people living at the service. We spoke with one member of staff and the registered manager. We reviewed three people's care and support records and one staff file. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe.
- Staff received training on safeguarding adults and were knowledgeable about the procedures to follow if concerns arose.
- Staff said they felt confident to raise concerns about poor care. One member of staff said, "I would raise concerns about poor care with [registered manager], or go higher if needed. I would never just sit on something if I was worried. I wouldn't be frightened to speak up."

Assessing risk, safety monitoring and management

- Risk assessments were in place for people. When risks were identified, care plans provided clear guidance for staff on how to reduce the risk of harm to people.
- The environment was regularly checked and assessed.
- Fire systems and equipment were monitored and checked. People had individual evacuation plans for emergency situations. These detailed the level of support required to keep people safe. People had attended training on the use of fire extinguishers.

Staffing and recruitment

- Safe recruitment processes were followed.
- People were supported by one member of staff who they had known for many years. Staff from the provider's other service were available for additional support if needed.

Using medicines safely

- Medicines were stored safely. Temperatures of medicine storage areas were regularly taken and reviewed.
- Medicine Administration Records (MAR) were signed by staff to indicate people received their medicines as prescribed.
- People told us they were happy with how their medicines were managed. One person said, "[Staff name] gives me my medicines."

Preventing and controlling infection

- The service was clean and tidy. People told us they helped to keep the home clean by helping with housework.
- People were supported by staff to do their own laundry.

Learning lessons when things go wrong

- There was a process for reporting accidents and incidents. No incidents had occurred during the previous 12 months.

Is the service effective?

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

Good: People's outcomes were consistently good, and people's feedback confirmed this. One person told us, "All three of us come and go as we please. We all have our own keys."

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

- People's support needs were regularly reviewed. Care plans detailed people's personal goals for the year ahead.
- People's protected characteristics under the Equalities Act 2010 were identified and their needs were met. This included people's needs in relation to their culture and religion.

Staff support: induction, training, skills and experience

- Staff had regular one to one meetings with a line manager to provide support and identify learning needs.
- Staff were trained to carry out their roles. One member of staff said, "Some [of the training] is on line and some as a group. [Registered manager] tells me what I'm due and when."

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

- Staff supported people to go shopping for food and supported them to prepare meals. One person said, "We cook what we fancy. We don't tend to plan ahead because we don't always know what we're going to want [to eat]."
- People were supported to make healthy food choices. In one person's plan it was written, "I can cook a complete meal with minimal support. I need encouragement to make healthy choices." The registered manager said, "They're all good cooks. They sometimes need help with portion sizes but they're all capable." The registered manager told us people had completed food hygiene courses.
- One member of staff said, "Sometimes we'll go to a local place for food and we might go to a pub in the summer and have a drink outside."

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

- People were supported to access ongoing healthcare. One person said, "We make our own appointments to see the doctor or [staff name] helps us." Another person said, "[Staff name] or someone else will come with me to appointments."
- Health action plans and hospital passports were in place. These are documents that state what is needed for a person to remain healthy, including the support which a person may require when if they need to go to hospital.
- Records showed people accessed the local GP, the community learning disabilities team (CLDT), the optician and dentist. The registered manager said, "We've worked closely with the CLDT to support one person with their needs."

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

- People had chosen how their bedrooms were decorated. Their rooms were personalised.
- There was a refurbishment plan in place. The registered manager told us, "We're in the planning stages of updating the kitchen. Service users have been involved in the plans. Everything that involves them or affects them, they're involved all the way."

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.

- Staff were knowledgeable about the principles of the MCA.
- People's capacity to consent to their care and support had been assessed. One member of staff said, "People have got capacity. Sometimes I might sit and talk through decisions with them, such as what could or might happen."

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care. One person said, "If it wasn't for these staff I wouldn't be like I am today."

Ensuring people are well treated and supported; equality and diversity

- The staff had worked at the service for many years and had developed close relationships with people. They knew people well and understood their support needs. One member of staff said, "They're [people] like my family. My own family think they're part of the family too."
- People spoke highly of the staff. One person said, "Staff are very easy to talk to" and, "I love [staff name]. [They] are like a mum to me; I'd do anything for [them]."
- The atmosphere was relaxed, friendly and welcoming. People were laughing with staff, reminiscing about holidays they had been on when funny things had happened.

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

- Regular feedback was sought from people. Comments from the latest people survey in September 2018, included, "It's very nice [at the service], and very big," and, "There's nothing wrong about my home."
- Care plans reflected people's likes, dislikes and preferences. People told us they were involved in reviewing their care plans.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people. People had been told we were visiting and they met us at the door and showed us where to sign in. The registered manager asked people if they were happy for us to be shown around the building.
- One person said, "The staff are nice. We always get told to respect staff and we get respect back. I do shout at one sometimes, but I always say sorry." This person told us that staff had explained the importance of respecting people to them.
- People were supported to be independent. During the inspection, all three people chose to go out for the afternoon together and this was respected.
- One person said, "Staff do respect my privacy. If I want to stay in my room that's fine."
- Staff said they actively promoted people's independence. One member of staff said, "Sometimes, it's just being there for them, listening or supporting. [Person's name] was quite depressed before, quite clingy, but we talked and supported them to grow their confidence. And now, [they're] more independent. That's been so good for [them]; it's very encouraging to see." This person told us, "Staff help me, they keep me happy, take me places. I've got more confidence now. It's all down to [staff name]."

Is the service responsive?

Our findings

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

Good: 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

- Care plans were person centred and included details of people's choices and preferences for how they wanted to be supported.
- Plans focussed on maximising people's independence. For example, when accessing the local community and when managing personal care needs.
- People were supported to take part in activities of their choice. Some people volunteered locally. People had activity plans in place. One person said, "I do voluntary work, and I'm about to start a cookery course." Another person said, "I work and I go to church groups. One day a week I do boring housework."
- People were supported to maintain relationships with friends and family.
- Care plans detailed how staff should support people to manage their emotions, such as helping people to diffuse situations and supporting them to take a break from their housemates.
- People were supported to share responsibility for housework and laundry. For example, in one person's plan it was written they needed staff to support them to separate white clothes from coloured clothes.
- People told us they hadn't decided yet where they wanted to go on holiday this year. One person said, "We've been to France, Ibiza and Spain. We like going on fairground rides. We do enjoy holidays, we went to Blackpool one year; we liked the entertainment." People said staff went with them on holidays.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place. This was available in an easy read format.
- People said they knew how to make a complaint. One person said, "I made a complaint a few years ago. I was listened to and they sorted it. I know if I have a concern, [registered manager] or [staff name] will sort it."
- No complaints had been received in the past twelve months.

End of life care and support

- End of life plans were not in place. Staff told us this was something they were discussing as a team to identify the best way to begin discussions with people.

Is the service well-led?

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider's values were embedded in the service. The registered manager told us, "The team provide support and care in a person centred way; we promote people's independence and support them to do the things that are important to them, however big or small." People we spoke with, confirmed this.
- Staff told us they were encouraged to speak up and make suggestions for improvements.
- Staff spoke highly of the support they received from the registered manager. One staff member said, "[Registered manager] is one of the nicest managers ever. [They] are very approachable and respectful."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality assurance processes were in place. This included audits of medicines, health and safety and the environment. Improvement plans had been put in place and we saw work had begun on these
- Audits of the service had also been undertaken by external organisations. These included quality checks by a local charity run by people with disabilities for people with disabilities and a health and safety organisation.
- The rating of the previous inspection was displayed as required
- The registered manager understood their responsibilities to notify us of certain events.

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

- People surveys and staff surveys had been completed. Feedback was received was positive. The registered manager said they had tried to survey health professionals who had dealings with the service, but with limited results.
- Staff meetings had not been documented; however, this was because the service was small and relied in the main on one member of staff. Both the registered manager and the staff member we spoke with said they had regular face to face meetings and phone conversations. The staff member said, "Any concerns I would speak to [registered manager]. [They] are always on the end of the phone or I could speak to the deputy."

Working in partnership with others

- The service had good links with the local community. The registered manager said, "All three people are very active locally. Two people have voluntary jobs and are church goers. They go to church groups and home groups."

- The provider worked closely with other health professionals. This included annual health checks for people, optician, dentists and the community learning disability team.