

Mrs Valerie Bullman

# Mrs Valerie Bullman - 18 Leafdown Close

## Inspection report

18 Leafdown Close  
Hednesford  
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Staffordshire  
WS12 2NJ

Tel: 01543425637

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21 January 2016  
26 January 2016

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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

Leafdown Close is registered to provide residential care for one person. It supports people who have a learning disability. We inspected the home on 21 and 26 January 2016. The inspection was announced as this was a small service and we wanted to make sure people were available. There was one person living in the home at the time of our inspection.

The service had a registered manager in post. A registered manager is a person who has registered with us 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.

People told us they felt safe and the manager understood how to report and manage any concerns related to people's safety and welfare. Risks were identified and people were involved with decisions. There were sufficient staff to meet people's needs and ensure their safety. Medicines were managed safely in a way that promoted people's independence.

Consent to care was sought in line with legislation and guidance and at the time of the inspection no DoLS applications were required.

People maintained a balanced diet and were encouraged to prepare meals. The kitchen was open for people to use when they wanted to. People also received support from health care professionals as and when required. The provider ensured people obtained advice from other health professionals to maintain and improve their health.

We saw that positive caring relationships had been developed and people were treated with dignity and respect. People were encouraged to express their views and make their own decisions. They were enabled to be independent and when they needed support this was done in a way that was acceptable to them.

People were involved with the development of care records and received support that was individual to them. These took into account their interests and preferences. We saw that people were listened to and their care records were individualised and reflected their needs. The manager ensured that community links were maintained.

The manager knew about their responsibilities and ensured they met these requirements.

## 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 from abuse and avoidable harm. Risks were managed safely and people were involved with any decisions that were made. There were sufficient staff available to meet people's needs and ensure their safety. Plans were in place for dealing with emergencies and people knew what to do if an emergency happened. Medicines were managed safely and checks were in place to ensure people had taken their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective.

Consent to care and treatment had been sought in line with legislation and guidelines. We found that staff knew people well and sought advice to meet people's needs. People were supported to have sufficient to eat and drink, and were enabled to maintain their health and wellbeing.

### Is the service caring?

Good ●

The service was caring.

People received support from staff who were patient and kind and understood their individual needs. People were encouraged to be as independent as possible and were involved in decisions that were made. People's privacy and dignity was respected and promoted.

### Is the service responsive?

Good ●

The service was responsive.

People were able to choose how to spend their time and what activities to be involved with. People were involved in decisions that were made and events that took place in the service. Links were maintained with the local community. People knew how to raise concerns and complaints and were confident the manager would respond to any issues raised.

## Is the service well-led?

Good 

The service was well led.

People spoke positively about the service and care provided.  
Records were up to date and the manager completed audits and was aware of their responsibilities.

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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 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 21 and 26 January 2016. The inspection team consisted of one inspector. This was an announced inspection and 24 hours' notice was given because the service is small and we needed to be sure that the manager and the person who used the service would be in.

We spoke with the person who used the service, the manager who also provided all the care and support, and a visitor who was a friend of the person who used the service. We did this to gain people's views about the care and to check that standards of care were being met. We observed how staff interacted with the person who used the service and how they supported them. We did this to better understand people's experience of living at the service.

We looked at the information we held about the service, including notifications the provider had sent us about significant events at the home. On this occasion, we had not asked the provider to send us 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 the improvements they plan to make. However we offered the provider the opportunity to share information they felt relevant with us.

We looked at one person's care records to see how their care and support was planned and delivered. We also looked to see if they were accurate and up to date. We looked at records that related to the management of the service including quality checks.

# Is the service safe?

## Our findings

People told us they felt safe. The person who used the service said, "I don't feel worried or frightened living here." They also told us that if they didn't feel safe, they would contact their social worker, ourselves or the police. The manager said, "They are very safety conscious in many ways. If I'm out for a short while, they know not to answer the front door to strangers." They also told us, "If they ever felt bullied, I know they would speak with me or the social worker." The manager told us about the different types of abuse that could occur and any signs of abuse to look out for. They also told us how they would report any concerns to the local authority. This demonstrated how the service protected people from harm and potential abuse.

The manager had asked for an occupational therapist to complete a safety skills assessment and the person who used the service had agreed to this referral. The recommendation was that the person should have support when they were out. The person told us, "As long as there are no busy roads to cross, I can leave when I want to. If there are busy roads, then I have help. I was disappointed, but it's to keep me safer. I'm happy with that." This demonstrated how the manager had identified risks and involved people with the decisions that were made.

We saw there were sufficient staff available to meet people's needs and ensure their safety as a member of staff was available to the person throughout our inspection.

People who used the service knew how to respond to emergencies. The person said, "If anything happened to the manager there is a list of people I should ring and ask for help. They would come straight away." The manager said that these people had all got police checks so they knew they were suitable to offer support. The manager also told us that when an incident had occurred the person who used the service had sought assistance straight away. This showed that there were arrangements in place if an emergency happened.

The manager told us that people knew about their medicines and when they needed to take them. The person who used the service knew how many tablets they should take and said they knew if there were too many or too few. They signed for their medicines themselves to show they had taken them. The manager checked that the record sheets had been completed and we saw that the medicines records were up to date and accurate.

# Is the service effective?

## Our findings

We looked at how the requirements of the Mental Capacity Act 2005 (MCA) were being implemented. This Act 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 saw that people were able to make their own decisions and were encouraged to make choices themselves. The person told us how they had made decisions about holidays and short breaks they had been on. They said, "I decided where we went to celebrate New Year." The manager told us how the person who used the service had asked to live there after a couple of introductory visits. We saw the person who used the service had given their consent to take part in their safety assessment. The manager said, "[Person who used the service] is able to make their own decisions. I make sure they understand things they need to make decisions about by explaining things slowly and carefully." We observed the manager doing this and it enabled the person who used the service to understand.

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). No applications were required because no one lacked the capacity to make their own decisions.

Observations and discussions demonstrated that people's needs were effectively managed and the manager provided the support the person needed. The person who used the service said, "The manager knows me well and knows when I need help." The manager told us about training they had attended to give them the skills needed to support the person who used the service. The manager sought advice from other professionals when they needed training, guidance and support which they then reflected in their practice. For example, recommendations had been made to encourage different interests to reduce the risk of the person becoming preoccupied with certain hobbies. We saw that these recommendations were followed. The person was then able to pursue a variety of different activities.

The person who used the service said that they enjoyed the meals there. They said, "My favourite is cottage pie." The person told us how they would plan the meals with the manager. They said, "Sometimes we'll decide the night before what we'll have to eat together." The person told us how they would do the shopping together each week to buy the food that was needed. The person was able to make their own hot and cold drinks when they wanted and therefore had enough to drink throughout the day.

We saw that the person was supported to maintain their health and access healthcare services when needed. The person said, "We'll go to the doctors together. The manager will arrange the appointment for me. I go to the opticians and the chiropodist visits me here at home." The manager told us, "They take health appointments in their stride, but may need some help to explain things." We saw in the records that appointments had been made with other professionals when needed and that the person had been

supported to attend these.



## Is the service caring?

### Our findings

People told us and we saw that positive caring relationships had been developed. The person told us, "They look after me and listen to me. I'm happy living here. The manager loves me a lot. I know I can call on the manager for help at any time." A visitor said, "I know that [person who used the service] couldn't have better care anywhere else. The manager is so caring towards everyone, not just to [person who used the service]. They always help others whenever they can. They are treated more like a relative than a resident."

We observed that the manager had a good rapport with the person who used the service. We heard them talking together about things that interested and were important to them. We saw the person who used the service laughing and smiling with the manager, demonstrating they were at ease with each other. The manager listened to the person who used the service and responded to them in a patient manner. For example, when something had to be repeated or re-worded so the person could understand, this was done calmly and clearly. The manager said, "There are some situations that can upset [person who used the service] and they can sometimes lose their temper with others. But this has not happened with me, and they will tell me that it's because they know I care about them."

We saw that people were encouraged to make choices and express their views. The person told us, "I chose how my bedroom was decorated; it's in my favourite colours." The manager said, "They will set their chosen clothes out each night ready for the next day. They make all their own choices. Sometimes I may have to help a bit by making a suggestion, but then they will make up their own mind. They would tell me if there was something they didn't want to do." The person told us they had received support from an advocate in the past when they needed help to tell other people what was important to them and to ensure others listened. An advocate is an independent person who assists people to have their voice and views heard by others.

The person who used the service told us, "I like to help with the meals. I'll stir things and do the washing up. I can get my own toast in the morning." The person also told us that they had their own bank account and would manage their money themselves with some guidance. We saw them getting their laundry ready and using the kitchen to make drinks. This demonstrated how they were encouraged to be independent.

People's privacy was respected and the person told us, "I shut the bathroom door when I'm having my shower. The manager will always knock before they come in if they need to. But I like to keep my bedroom door open at night so they can hear me if I need them." We saw that the person was treated with dignity and the interactions we observed showed that they were respected. For example, when something had to be explained in a way they could understand, this was done in a patient, adult like manner.

## Is the service responsive?

### Our findings

We saw that people were involved in planning what they were doing. The person told us, "We talk about what is happening each week and then we'll write it on the calendar. It's important to know." The manager said, "There are set routines that they always want to happen. We'll sit together and I'll ask what other things they would like to do and sometimes make suggestions. It's important to be patient and give [person who used the service] a chance to say what they want to say, and choose what they want to do." The person told us about the personal filing system they had in place. They showed us the calendar that they used and explained the different things they were doing. This demonstrated that the person was able to make their own day to day decisions.

We found that people received care that was individual to them and reflected their preferences and choices. The person who used the service said, "I like to do my cross stitch and embroidery at home. We go out at the weekend for lunch to a café or restaurant. We also go to church with friends." We saw the person had been to a local social club in a taxi on their own. They told us they enjoyed seeing their friends there and liked the craft activities. The manager told us about the day service that the person went to twice a week. The person said, "I like going there, it's better than where I went before. We do different things and I'm going to be learning new things."

The manager had ensured that they had strong links with the local community. They said, "We know people at the church well, and they see [person who used the service] as a friend. They will visit us at home as well. We know a lot of people in the local area and they all treat us like family. It's important that we have these networks with other people." We saw that relationships had been maintained with family and friends.

We saw the care records were individual and personalised. We saw they had been updated to reflect any changes that had happened. The person who used the service had been involved with this and knew about the information that was kept about them. They told us they knew how to make a complaint and who they would speak with if they had any concerns. The person said, "There's nothing I'd want to change." They told us they would be confident that any issues would be dealt with.

## Is the service well-led?

### Our findings

A survey had been completed with the person who used the service to gain their views about the quality. They had been supported by an advocate to do this. They said that they were happy and didn't have any concerns. A visitor spoke positively about the service and said, "I admire the manager for the work they do." They told us they thought the service was of a high standard.

The manager regularly reviewed care records and risk assessments to ensure they reflected the person's needs. They ensured that the medicines charts were completed and the person received their medicines from the pharmacy as prescribed. The manager completed audits within the service to ensure that equipment was safe to use and the environment was not hazardous.

The manager was aware of the incidents and important events they needed to report to us in accordance with their statutory obligations and had the necessary recording books in place. The manager told us they were keen and committed to provide high quality care and support and we found they had good links with other professionals and agencies.