

Mrs Sara Fullick and John Fullick

21 High Street

Inspection report

21 High Street
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Tel: 01329232641

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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 25 January 2017 and was announced.

21 High Street is a residential care home accommodating up to three adults with learning disabilities. 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.

In addition to the registered manager, the person received support from the provider. As these were the only two staff working at the home they are referred to as the registered manager and the provider in the report. The philosophy of the service is to assist people to gain skills to live a more independent life. The previous two people moved out into more independent living in 2015 and 2016.

People were safe. The registered manager and provider understood their role and responsibilities to keep people safe from harm. Risks were assessed and plans put in place to keep people safe. There were enough staff to safely provide care and support to people.

Medicines were well managed however the person living at the home did not have any prescribed medicines. Emergency systems had been put in place to keep people safe.

People had also been assisted to move to more independent living by the service. We were provided with evidence of incidents where people had been cared for in a supportive and flexible manner which allowed them to move on to more independent living.

Information was provided in a way that made it easier for people to understand. The registered manager and provider took time to reword things when people didn't initially understand. We saw that people had choice and control over their lives and that the registered manager and provider responded to them expressing choice in a positive and supportive manner.

Arrangements were made for people to see their GP and other healthcare professionals when required. People's healthcare needs were met and the registered manager and provider worked with health and social care professionals to access relevant services. The service was compliant with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received a service that was caring. They were cared for and supported by the registered manager and provider who knew them extremely well. The registered manager and provider treated people with dignity and respect. People's views were actively sought and they were involved in making decisions about their care and support. Information was provided in ways that was easy to understand. People were supported to maintain relationships with family and friends.

The service was responsive to people's needs. People received person centred care and support. People were encouraged to participate in employment and leisure activities. People were encouraged to make their views known and the service responded by making changes. Transitions for people moving from the service were well planned. The registered manager and provider had worked to ensure people had access to healthcare services.

People benefitted from a service that was well led. The provider had systems in place to check on the quality of service people received and any shortfalls identified were acted upon.

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 safe from harm because the registered manager and provider were aware of their responsibilities and able to report any concerns.

Risk assessments were in place to keep people safe.

Medicines were well managed.

Systems had been put in place to keep people, visitors and the registered manager and provider safe.

Is the service effective?

Good ●

The service was effective.

The service was compliant with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported to make choices about their daily lives. People's fluid and nutritional intake was monitored where required.

People's healthcare needs were met and the registered manager and provider worked with health and social care professionals to help people access relevant services.

Is the service caring?

Good ●

The service was caring.

The registered manager and provider provided the care and support people needed and treated people with dignity and respect.

People's views were actively sought and they were involved in making decisions about their care and support.

The registered manager and provider recognised and promoted the role of family and friends in people's lives.

Is the service responsive?

The service was responsive to people's needs.

People received person centred care and support.

People were encouraged to make their views known and the service responded by making changes.

The registered manager and provider had worked to ensure people had access to healthcare services.

Good ●

Is the service well-led?

The service was well led.

The registered manager and provider demonstrated good management. They had an open, honest and transparent management style with people who used the service.

The provider had systems in place to check on the quality of service people received and any shortfalls identified were acted upon.

Good ●

21 High Street

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

The inspection was undertaken by one inspector and an Inspection Manager. It took place on 25 January 2017 and was announced to ensure that staff and people were available.

Prior to the inspection we reviewed previous inspection reports and information we held about the service including notifications. A notification is information about important events which the service is required to tell us about by law. This information helped us to identify and address potential areas of concern. 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.

During the inspection we spoke with one person living at the home.

We spoke with the provider. We looked at the care records for one person. We also looked at a range of records relating to the management of the service such as accidents, complaints, quality audits and policies and procedures.

Is the service safe?

Our findings

The person we spoke to told us they felt safe at the service. "They look after me and help when I need them to." People were protected from avoidable harm. The registered manager and provider understood their responsibilities in relation to safeguarding and were able to explain what signs they would look out for if they suspected that somebody was being abused or neglected. They were also clear about what action they would take if they suspected abuse was taking place.

Risks to the people living at the service were appropriately assessed and recorded in care records. We saw risk assessments relating to; eating, going-out and road safety amongst others. Each risk assessment focused on maximising the person's independence while safely managing any risks and had been recently reviewed.

The person we spoke to told us they were involved in decisions about their care and taking risks. For example, they told us about their plans to go out without support.

Where needed, there were risk assessments in place and an action plan on how to manage them. Where people accessed the community independently, there were risk assessments in place. The registered manager and provider knew what risks were to people, such as road safety and use of the home's vehicles. The registered manager and provider told us there were enough staff to meet people's needs and the current staffing, consisting of the registered manager and provider worked well.

The provider told us that a person using the service was out every day during the week, at work. They were available for the person on their return and talked with them about their day. At night they were available as they lived in another part of the house. The provider told us they had never been woken during the night.

Medicines were stored and disposed of safely. There were only homely remedies and over the counter medicines at the home as the person was not prescribed any medicines.

The registered manager had oversight of incidents and accidents. Incidents and accidents were recorded, and followed up to minimise the risks of the incident occurring again. There were no records of any incidents.

Is the service effective?

Our findings

A person using the service thought the support they received was effective. They had been encouraged to save for example which enabled them to purchase a season ticket to their football club. They also told us "I am confident in going to the shop to buy food for my sandwiches."

People's human rights were protected as the registered manager had ensured that the requirements of the Mental Capacity Act were followed. 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 are called the Deprivation of Liberty Safeguards (DoLS). Some people's freedom had been restricted to keep them safe.

The person living at the home had capacity for a broad range of decisions and they were supported to make decisions about their lives. We saw that people had been assessed for safety around money and travelling.

The registered manager and provider had an understanding of the MCA including the nature and types of consent. The registered manager and provider understood people's right to take risks and the necessity to act in people's best interests when required.

At the last inspection in November 2013, a requirement was made as the registered person did not have suitable arrangements in place to ensure the staff had been updated on appropriate training.

At this inspection we saw that the registered manager and provider had updated themselves in areas such as first aid and aggression management.

The person using the service was supported to have a good choice of food for a healthy, balanced diet. The registered manager and provider told us they encouraged healthy living however people were able to buy whatever they wanted. The person sometimes cooked for themselves and their friends or they ate with the registered manager and provider. The registered manager and provider told us that they supported the person to make their lunch ready for work; the person did their own shopping for lunch and some meals.

There was a kitchen area and snacks and a choice of hot and cold drinks were available whenever the person wanted them as they made them their selves.

The person was supported to maintain their health and wellbeing. When there was an identified need, access to a range of health professionals such a dietician, psychiatrist, dentists and optician was arranged, including support to attend annual health checks with their GP.

Is the service caring?

Our findings

A person using the service told us that the registered manager and provider "Looked after me very good." "They are really good and help me out with things." "They are helping with things like how to pay bills for when I move on, before mum used to do everything for me now I am more independent."

The registered manager and provider explained the service's values and told us that the service existed to provide a secure and stable environment in which people could become more confident, skilled and independent with a view to moving-on to more independent living in the future. This had happened with all the people who had lived at the home.

The registered manager and provider were seen to support independence. The person was involved in keeping their home clean and tidy and they had individual chores. This led to the home to be less of a care home and more homely.

The person was encouraged to style and decorate their bedroom how they wished and the registered manager and provider supported the purchase of items to make their room their own. The person had been asked if we could see their room whilst they were out and they had told the registered manager and provider "I'd rather they didn't," this was respected by the registered manager and provider who described the person's rooms to us.

The person felt listened to and was encouraged to express their views and to make their own choices. The registered manager and provider provided sufficient information for them to make their own decisions and empowered them to do so. We saw the registered manager and provider taking a passive role in the decision making as part of the process to help foster independence and decision-making.

The person's care plan's had information about the support they needed around making decisions and this was followed by, and strengthened by the registered manager and provider. The person's individuality was respected and encouraged.

Is the service responsive?

Our findings

The person using the service received a personalised service that met their needs and had a person centred care plan in place. Care plans provided the registered manager and provider with information about care and health needs as well as life choices and goals.

The person living at the service was encouraged to be as independent as possible and received staff interventions on request or when the registered manager and provider assessed that support was required. The registered manager and provider knew their needs and preferences and responded with confidence when care or communication was required.

The registered manager and provider visited work placements regularly, liaising with colleagues and management. This provided ongoing support but also enabled the registered manager and provider to gain an insight into the abilities and skills of the person

The registered manager and provider worked to reduce and manage any behaviours which challenged. The registered manager and provider told us about the support they had managed to get for anger management. The registered manager and provider used strategies from the training, which enabled the person to manage this behaviour. The person told us how useful they had found the course as it meant they were a step closer to moving out.

Another example was a person who needed support in managing an important relationship. The registered manager and provider told us they carried out research into what support was available to support someone in that position, they invited another provider company to meet with the person. They arranged a series of meetings, initially with the registered manager and provider and the person to consider the issues. It was agreed that an advocate would enable the person to gain confidence in expressing what they wanted. The advocate met regularly with the person and the registered manager and provider were able to build on and support the work of the advocate by encouraging the person to express their wishes.

The home had a complaints policy in place which detailed how a complaint should be responded to.

Is the service well-led?

Our findings

At the time of our inspection the service was managed by a registered manager and the provider.

They were both experienced and had received appropriate management training.

The registered manager and provider were organised in a manner that ensured positive outcomes for people. For example, by verbally supporting people with a routine that enabled them to complete daily tasks, have leisure time and go to work.

Feedback was received weekly in a one to one meeting with the person, in addition to yearly reviews of their care plan. Self-assessments outlining their achievements and goals were completed.

Systems were in place to check on the standards within the service. This consisted of regular audits. Audits completed included health and safety and care records.

Accidents, incidents and any complaints received or safeguarding concerns made were followed up to ensure appropriate action had been taken.

The provider told us "From the day we opened it has always been our philosophy to continuously question, reflect and review our practice and processes in order to enhance the experiences of our service users and to develop ways to include them as fully as possible in the process."

They developed self-assessment forms to use alongside the annual review forms. This was developed to obtain people's views of not only the positive aspects of living in the home but also enable them to reflect and plan ahead. It also served as an important tool to inform the registered manager and provider of the hopes and desires of people and how they needed to adapt to meet individual needs, to be as person centred as possible. Copies were made available for care managers (with the permission of the person) and used as part of the review.

They had also developed group meetings for people as well as individual meetings. This had enabled people to develop and improve communication skills such as speaking and listening skills, tolerance of other viewpoints and teamwork skills. The meetings enabled the registered manager and provider to develop further their understanding of individual's abilities and skills as well as developing the practical skills of overseeing a meeting and ensuring everyone had an equal voice.

The registered manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications from the provider in the 12 months prior to this inspection. These had all given sufficient detail and were all submitted promptly. We used this information to monitor the service and ensure they responded appropriately to keep people safe and meet their responsibilities as a service provider.