

Mrs Marilyn Christine Wilson

Mrs Marilyn Christine Wilson - 20 Burlington Road

Inspection report

20 Burlington Road
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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 

Overall summary

This inspection visit took place on 18 June 2015 and was announced. The registered provider was given 48 hours notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure someone would be in.

At the last inspection on 06 December 2013 the service 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.

20 Burlington Road is a care home registered to accommodate up to three adults. The home is a large

Summary of findings

mid terraced property. It is run as an ordinary domestic household. People live with the owners and their family and share the communal facilities. The house is close to all local amenities. At the time of our inspection visit there were two people who lived at the home.

The carers in the home were the registered provider and her daughter, who was the main carer. The service did not employ any staff. Both people living in the home were independent and could attend to their own care needs with minimum supervision.

Suitable arrangements were in place to protect people from abuse and unsafe care. Both people told us they felt safe and their rights and dignity were respected. One person said, "I love everything about living here. I feel so safe."

We looked at the care records for both people. There was information in place about the

support needs for each person and how these were being met.

We found both people were having their healthcare needs. They told us they had access to their doctor's when they needed to see them.

We found medication procedures in place at the home were safe. Medicines were safely kept and appropriate arrangements for storing were in place. People told us they received their medicines at the times they needed them.

The home was well maintained and clean and hygienic when we visited. The people we spoke with said they were happy with the standard of accommodation provided.

People were happy with the variety and choice of meals available to them. Regular snacks and drinks were available to them between meals to ensure they received adequate nutrition and hydration.

The registered provider understood the requirements of the Mental Capacity Act (2005) (MCA and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

People had freedom of movement around the building. They were involved in decision making about their personal care needs and the running of the home. We saw no restrictions on people's liberty during our visit.

There was no formal internal quality assurance in place but informal checks were made

routinely. Everyone talked together frequently to discuss any plans or changes. Decisions were made as a family group.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Procedures were in place to protect people from abuse and unsafe care.

Staffing arrangements in place were sufficient to meet the needs of people who lived in the home.

Assessments were undertaken to identify risks to people who lived in the home. Written plans were in place to manage these risks.

People were protected against the risks associated with unsafe use and management of medicines. This was because medicines were managed safely.

Good



Is the service effective?

The service was effective.

Suitable support arrangements were in place to ensure people had a good quality of life.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

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.

People's healthcare needs were monitored and continuity of care was maintained.

Good



Is the service caring?

The service was caring.

People were able to make decisions for themselves and be involved in planning their own care.

People were satisfied with the support and care they received. They said they were treated with dignity and their privacy was respected.

People were supported to express their views and wishes about all aspects of life in the home.

Good



Is the service responsive?

The service was responsive.

People participated in a wide range of activities which kept them entertained and occupied.

People's care plans had been developed with them to identify what support they required and how they would like this to be provided.

People told us they knew their comments and complaints would be listened to and acted on effectively.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

There was informal quality assurance systems in place to monitor the quality of the service. The provider routinely worked in the home and dealt with any issues of quality quickly and appropriately.

The registered provider had clear lines of responsibility and accountability. The registered provider was committed to providing a good standard of support for people who lived in the home.

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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 18 June 2015 and was announced. The registered provider was given 48 hours notice because the location was a small care home for younger adults who are 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 June 2015 we reviewed the information we held on the service. This included notifications we had received from the registered provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. 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, her daughter and two people who lived in the home. We also spoke with the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced accessing the service.

We looked at the care records of two people, arrangements in place for meal preparation, records relating to the management of the home and the medication records of both people.

Is the service safe?

Our findings

We spoke with both people living in the home. They told us they felt safe and their rights and dignity were respected. They told us they were receiving safe and appropriate care which was meeting their needs. They said they liked the registered provider and her daughter and wouldn't wish to live anywhere else. Comments received included, "I love everything about living here. I feel so safe." And, "I cannot stop smiling I am so happy here."

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. Both people said they were safe and well and had no concerns about their care. Discussion with the registered providers daughter confirmed she was aware of the local authorities safeguarding procedures and these would be followed if required.

When we arrived for our inspection visit both people living in the home were sat at the kitchen table enjoying a cup of coffee. They told us they were going out together later in the morning and were happy to talk with us about their experiences before they went out. They told us they were safe and received the level of support they required when they needed it. They said they enjoyed being part of the registered provider's family and didn't feel as though they lived in a home. Both people lived as part of the registered provider's daughters family who was their main carer. We saw both people enjoyed the time spent with their carer and there was lots of discussion and laughter. One person said, "We all get on brilliantly. I feel really blessed because I have two families."

We looked around the building and found it was clean, tidy and well-maintained. We found equipment in use was being serviced and maintained as required. Records were available confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use. The registered provider's daughter told us PAT testing

of electrical appliances was due to commence the following week. We spoke with both people living in the home. They told us they were comfortable and felt safe. One person we spoke with said, "I love my room I have everything I need including my television and CD player."

The service had procedures in place to record accidents and incidents. When we undertook this inspection visit there had been no accidents or incidents recorded.

The service did not use any moving and handling equipment such as hoists. This was because both people were mobile and could be supported independently.

The carers in the home were the registered provider and her daughter, who was the main carer. The service did not employ any staff. Both people living in the home were independent and could attend to their own care needs with minimum supervision.

Although the service did not employ separately paid staff we did complete checks to ensure the main carer was safe to support the people in her care. We found a Disclosure and Barring Service check (DBS) had recently been completed. These checks were required to identify if people have a criminal record and were safe to work with vulnerable people.

We looked at how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. We looked at medication administration records for both people following the morning medication round. Records showed all morning medication had been signed for. We checked this against individual medication packs which confirmed all administered medication could be accounted for. This meant people had received their medication as prescribed.

Medicines were safely kept. Storing medicines safely helps prevent mishandling and misuse. Both people told us they were happy their medicines were managed for them. They confirmed they received when they needed them.

Is the service effective?

Our findings

The two people living at Mrs Marilyn Christine Wilson - 20 Burlington Road had lived in the home for a number years. They received effective care because they were supported by people who had an excellent understanding of their needs. We were able to establish through our observations and discussions that they were receiving effective, safe and appropriate care which was meeting their needs and protected their rights. One person said, "I have lived here since I was a young man. I love everything about it here. I really couldn't be happier anywhere else."

We spoke with the registered provider's daughter to establish her understanding of the needs of people in her care and the support they required. We found she was able to describe the individual needs and support that each person required. Observations throughout the inspection visit confirmed both people were happy with the care and support they received.

We spoke with the registered provider's daughter about training she had undertaken so she could provide effective support to the people in her care. She told us she had achieved a Health and Social Care qualification at level 3. She told us this qualification had covered the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS) and safeguarding vulnerable adults. When we undertook this inspection visit the registered provider's daughter was working towards a Health and Social Care qualification at level 5. This confirmed both people were being supported by a well trained and competent person.

Our observations confirmed the atmosphere was relaxed and both people had freedom of movement around the building. One person said, "We spend time together as a family but can go to our rooms whenever we want. I like a bit of time on my own to listen to my music and watch television."

Both people told us they enjoyed the food provided by the home. They said they received varied, nutritious meals and always had plenty to eat. The home did not work to a set menu and people were asked daily about meals and choices available to them for the day. On the day of our

inspection visit both people were going out with the registered provider for lunch. However we were able to observe them being involved in the decision making process to decide what they would have for their tea. One person said, "We have our main meal at tea time and we all sit together as a family. We are always asked what we would like. I enjoy meal times."

We spoke with the registered provider's daughter about meal preparation and people's nutritional needs. She confirmed both people in her care had special dietary needs and these were being met. We observed both people had unrestricted access to the kitchen/ dining room where the drinks were prepared for them. One person said, "The kettle is never cold."

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The registered provider understood the requirements of the Mental Capacity Act (2005) (MCA and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions. We did not see any restrictive practices during our inspection visit and observed both people moving around the home freely.

Both people's healthcare needs were carefully monitored and discussed with them part of the care planning process. Care records seen confirmed visits to and from General Practitioners and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. This confirmed good communication protocols were in place for people to receive continuity with their healthcare needs.

Is the service caring?

Our findings

During our inspection visit we spent time observing interactions between the registered provider's daughter and the people in her care. This helped us assess and understand whether people using the service were receiving care that was meeting their individual needs. We saw the registered provider's daughter was responsive and attentive. She was polite, respectful and kind and showed compassion. We spoke with both people about their care. They told us they were very happy and couldn't receive better care anywhere. One person said, "I am looked after really well. I am happy here and don't want to go anywhere else."

Throughout the inspection visit we saw both people had freedom of movement around the building and were able to make decisions for themselves. We observed the routines within the home were relaxed and arranged around both people's individual and collective needs. We saw they were provided with the choice of spending time on their own or in the lounge area. The home had a relaxed atmosphere.

We spoke with both people and they told us they were supported to express their views and wishes about all aspects of life in the home. We observed the registered provider's daughter enquiring about both people's comfort and welfare throughout the inspection visit and she responded promptly if they required any assistance.

We looked at care records of both people. We saw evidence they had been involved with, and were at the centre of developing their care plans. Both people told us they were encouraged to express their views about how their care and support was delivered. The plans contained information about people's current needs as well as their wishes and preferences. Daily records completed were up to date and well maintained. These described the daily support both people had received and the activities they had undertaken. The records were informative and enabled us to identify how both people had been supported with their daily routines. We saw evidence to demonstrate people's care plans were reviewed with them and updated on a regular basis. This ensured information about people's needs was up to date.

Both people told us their privacy was respected when they wanted to spend time in their rooms. One person said, "I like to spend time on my own in my room sometimes. I am left to listen to my music if that is what I want to do. They will call me if they need me for anything. No one enters my room unless invited to do so."

Before our inspection visit we received information from external agencies about the home. They included the commissioning department at the local authority. Links with these external agencies were good and we received some positive feedback from them about the care being provided. They told us they were pleased with the care people received and had no concerns.

Is the service responsive?

Our findings

We spoke with both people and they told us they received a personalised care service which was responsive to their care needs. They told us the care they received was focussed on them and they were encouraged to make their views known about the care and support they received. They told us they were encouraged to pursue personal interests and had no restrictions placed upon them with their daily routines. On the day of our inspection visit both people attended their local church service and then went for lunch at the church's café. They both told us this was an activity they looked forward to and enjoyed.

Both people participated in a wide range of activities which kept them entertained. The activities were undertaken both individually and as a group. These included attending arts and crafts, helping out on a charity stall at the church and going to the pub for lunch. We were also informed outings in the car to the zoo, local park and shopping expeditions were organised. One person said, "We have a full and active social life which keeps us occupied. We are always doing something."

Both people told us they were enabled to maintain relationships with their friends and family members and take part in activities which were of particular interest to them. Comments received included, "I like to spend time in my room painting and drawing." And, "I go to visit my family in Wales and they come to see me here. I enjoy seeing them."

We looked at the care records of both people to see if their needs had been assessed and consistently met. We found each person had a structured care plan which detailed the support they required. The care plan was person centred and had been developed with each person identifying what support they required and how they would like this to be provided. We spoke with the two people concerned. They both told us they had been involved in planning their records and they were happy they were receiving the support they needed when they needed it. One person said, "We talk about my care all the time and if I am happy which I am."

We observed how both people were treated with respect throughout our inspection visit and assisted them to make basic decisions. For example one person said being able to choose what clothing they wanted to wear each day was so important to them. The person said, "I was always told what I had to wear before I came to live here."

The service had a complaints procedure which was made available to people they supported in an easy read format. The procedure was clear in explaining how a complaint could be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and (CQC) had been provided should people wish to refer their concerns to those organisations.

Both people said they were very happy and had never had anything they wanted to complain about.

Is the service well-led?

Our findings

We found the service had clear lines of responsibility and accountability. The registered provider's daughter lived on the premises with her family and supported both people as their main carer on a daily basis. The two people lived at Burlington Rd as part of the family, with everyone sharing the same communal facilities. Both people were involved in decision making about the running of the home and their own lifestyles. It was evident that people were treated as part of the family and involved in family activities.

The registered provider's daughter was knowledgeable about the support people in her care required. She was clear about her role and was committed to providing a high standard of care and support to people who lived at the service. People we spoke with said the registered provider's daughter was available and approachable if they needed to speak with her. Throughout the visit we saw people were comfortable and relaxed in the company of the registered provider's daughter.

There was no formal internal quality assurance systems in place but informal checks were made routinely. Everyone talked together frequently to discuss any plans or changes. Decisions were made as a family group about holidays, outings, meals and any changes made to the environment. This meant people who lived at the home were given as much choice and control as possible into how the service was run for them.

Both people told us they were encouraged to express their views about any improvements or changes they would like to see made to the service they receive. They told us they were happy and didn't feel improvements needed to be made. One person said, "We have family meetings to discuss everything. I am happy and don't want changes made to anything." Another person said, "I am very happy here. I love my room."