

Mrs Jacqueline Diana Douglas

Meadow View

Inspection report

Meadow View
Gullom Home, Milburn
Penrith
Cumbria
CA10 1TL

Tel: 01768361030

Date of inspection visit:
21 December 2016

Date of publication:
08 March 2017

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 announced inspection took place on 21 December 2016. We last inspected this service on 15 August 2013 under the regulations that were in force at that time. We found that the provider met all the regulations during that inspection.

Meadow View is a residential care home registered to provide care and accommodation to one person who has a learning disability. Meadow View is owned by Mrs Jacqueline Douglas who is the registered provider and also the main carer. Meadow View is situated in the hamlet of Gullom Holme nine miles east of Penrith which is the nearest large town.

At the time of our inspection there was one person living in Meadow View and we were able to spend time with them during our visit. They told us they felt safe living in the home and had lived with the provider for many years.

There was no requirement for this service to have a registered manager in place. The registered provider, who was also the main carer, provided all the personal care and support to the one person who lived in Meadow View.

The registered provider was aware of her role and responsibility to keep vulnerable people free from harm and the threat of abuse. We observed warm and friendly interactions between the registered manager and person who lived in Meadow View.

We found that medicines were managed well and in line with person's prescription. The person was encouraged to eat a healthy diet but could also choose their favourite food. Healthcare needs were met through peoples' doctors and consultants were necessary. Dental, optical and chiropody services were accessed when required.

We noted the dependency levels of the person who lived in the home and saw these were well managed by the registered provider. The person had been fully assessed when they first moved into the home.

The commissioning authority, Flintshire County Council had provided a care plan for the registered provider and completed an annual review of the assessed needs.

The person who lived in Meadow View knew they could speak to the registered provider at any time as they considered themselves to be one of the family. They knew how to make their concerns known and were confident that any problems or complaints raised would be listened to. There was an open culture in the home with the registered provider supporting the one person who lived in Meadow View to live as fulfilling a life as possible.

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 told us they felt safe living in Meadow View.

The registered provider was aware of their responsibility to protect people from the threat of abuse.

Medicines were administered safely and in line with peoples' prescriptions.

Is the service effective?

Good ●

The registered provider was competent to provide the care and support needed to meet any assessed needs.

People had a choice of meals and snacks.

Health care needs were met through external health care professionals.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

We observed caring and compassionate support.

People's privacy and dignity were protected and maintained.

Is the service responsive?

Good ●

The service was responsive.

Care was planned and provided to meet the individual's needs.

People followed a range of activities they enjoyed and were supported to maintain relationships that were important to them.

The registered provider was able to deal with any complaints but

there had been none to record.

Is the service well-led?

Good ●

The service was well-led.

The registered provider maintained good oversight of the home and monitored the quality of the service on a daily basis to ensure people received safe care that met their needs.

The person who lived in the home was placed at the centre of their care.

The atmosphere in the home was respectful, friendly and inclusive.

Meadow View

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 the 21 December 2016 and was announced. The provider was given 24 hours' notice because the service was a small care home for younger adults who are often out during the day. We needed to be sure that someone would be in to assist with the inspection process.

The inspection was carried out by one adult social care inspector.

We reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We planned the inspection using this information.

We spent time observing how the registered provider supported the person who lived in the home and how they interacted with each other.

We spoke to the one person that was living in the home on the day of our inspection.

We spoke on the telephone to the social worker from Flintshire County Council who was responsible for commissioning this service. We also spoke to the district nurse who visits the person who was living in Meadow View at the time of our visit.

We inspected medicines kept on behalf of the person who lived in the home.

Is the service safe?

Our findings

At the time of our inspection visit there was one person living in Meadow View who had lived in the home for over 20 years. We asked them if they felt safe living in Meadow View and they said, "Yes I feel safe living here".

This small home was run very much on family lines with the all of the care and support provided by the registered provider. Therefore there were no other staff working in the home and no necessity for recruitment procedures to be in place.

The registered provider was fully aware of her responsibility to keep the person she supported safe from the risk of harm or abuse. She told us, "It is my responsibility to keep [the person living in the home] safe from the risk of harm. I just treat her as one of my own family". She demonstrated that she had an understanding of safeguarding and her responsibilities in relation to this.

We spoke to the social worker from Flintshire County Council which commissioned and paid for this service and asked for her comments regarding the placement. She said, "We have never had a problem with this provider. We keep in regular contact with her and know the person who lives in Meadow View is quite safe. There has never been an issue or a concern about this". There was currently no requirement for any specific or formal risk assessments, but these would be put together with the involvement if the social worker if they were required in the future.

We also spoke to the district nurse who visited the home and she told us that she did not have any concerns about the safety of the person who lived in Meadow View.

We looked at the prescribed medication and found that the person was on very minimal dose of medication. This was dealt with by the provider who prompted the person to take her medication.

We found the environment to be appropriately maintained in line with the person's needs. The registered provider understood the importance of infection control and keeping the premises in a suitable state for the support being given.

Is the service effective?

Our findings

As this was a very small home it was run very much on family lines with the registered provider providing all of the care and support. The registered provider had cared and supported the person living in the home for over 20 years and knew them well.

We saw, during our inspection visit, that the person who lived in Meadow View very much considered they were part of the family with the registered provider and her husband. They told us, "I am one of the family here and I love it".

We spoke to the person about the meals and food at the home. They told us that the meals were very good and that they were able to join in as part of the family or have their meals in their room. The registered provider told us she was careful about providing healthy meals but always consulted the person she supported when they went to do the food shopping.

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. We checked whether the service was working within the principles of the MCA.

We examined how the service supported the person who lived in Meadow View to make their own decisions. We saw that the person who used this service had some capacity to make smaller decisions for themselves. We saw that suitable arrangements were in place for the person to make these decisions and these decisions were respected by the registered provider.

We saw, from our observations and speaking to the person who lived in Meadow View that she had the capacity to make some decisions about how they wished to spend their time and live their life. They told us that until recently they were able to walk for longer distances but now needed to go out to the shops in the car.

We contacted the local GP surgery and spoke to the senior district nurse who visited the home when required. She told us, "I visit when required but am not always able to complete any minor procedures if the person does not want me to".

The registered provider planned to access local advocacy services to ensure the person's rights were upheld in line with the Mental Capacity Act and best interest principles.

As there were no staff employed in the home, the registered provider was only responsible for ensuring that their own knowledge and skills were up to date. Although this was not formally recorded, they were able to demonstrate that they had the knowledge and skills required to care for the person appropriately.

Is the service caring?

Our findings

We spoke to the person who lived in the home and they said that Meadow View was their home and they loved the registered provider and her husband. We were told "This is my home, I have lived here for ages and I love it".

We spoke to the person living in the home in the privacy of their own room. We saw that, during the day they could spend time on their own if they wanted to. Their room contained photographs, ornaments and a television set. We were told, "I like my own company and I like to sit in my room and do my puzzles and colour my pictures". They told us they liked to watch their favourite programmes when they wanted to,

We saw that the person was treated as an individual and equal and was supported by a registered provider who knew them very well. Because they had lived at Meadow View for so many years the registered provider, who provided all of the care and support, was able to tailor the care to the individual whilst respecting any decisions they made for themselves. This meant that the person supported by this service lived her life just as they would if they were living in their own home.

Throughout our inspection the provider gave the person information and choices in a way they could understand. They gave them time and information to make choices about how they wanted to spend their time. They told us she enjoyed going out in the car and that they had, in the past been on holidays abroad.

The registered provider told us that it had been suggested during the latest social services review that she considered contacting an advocacy service to assist with the decision making process. The registered provider said she thought this would be a great help. Following the inspection an advocacy service was contacted and they agreed to provide support following an initial referral. The registered provider ensured that the appropriate arrangements were made going forward to enable the person to have access to advocacy in the future.

Is the service responsive?

Our findings

We saw that the registered provider knew the person well and gave them choices about their support in an appropriate manner. The registered provider said she had been given a care plan when the person she supported moved in to the home. When we asked the social worker about this she told us there was a care plan in place and it was reviewed annually. We did see a copy of the previous review that the provider had and we requested a copy of the latest review to be sent for our records when it had been completed.

The registered provider had very few records and said the social worker had taken all the up to date correspondence from the local GP surgery. We recommended to the registered provider that she kept a daily diary to record the happenings and/or the events of the day. She agreed to do this and when we contacted the registered provider three days after the inspection visit this had already been put in place.

We spoke to the registered provider and the person who lived in the home about activities and outings. The registered provider told us, "We go out in the car on most days providing the weather is good. Until a few years ago we all used to go on holiday and have been abroad on many occasions. However it is not so easy now so we just go out for days". When we spoke to the person who lived in the home they told us what activities they enjoyed. We saw that they had a selection of books and puzzles in their room and they told us they were looking forward to Christmas.

The registered provider did not have a formal complaints procedure but told us that any problems or concerns that might be raised were dealt with immediately. She said, "We would deal with any concerns just like any family would". There had been none from the person who lived in the home and the social worker from the commissioning authority told us they had no complaints about the service provided.

Is the service well-led?

Our findings

There was no requirement for this service to have a registered manager in place. The registered provider who was also the main carer provided all the personal care and support to the one person who lived in Meadow View.

The person who lived in the home told us it was "A nice place to live". They said they knew the registered provider very well and we saw they were comfortable and relaxed around them.

The registered provider had cared for the person who lived in her home for over 20 years. She approached this as if the person she supported was a member of her family and with an appropriate level of care and support. She told us that her aim was to give the person she supported a full life and support them to be as active as possible. It was obvious from our observations that she did this with openness. However, she also acknowledged that, as people became realised that as people became more advanced in years so the nature of the support required changed and she said she explained how she had adapted the provision of care accordingly.

Throughout our inspection we saw that the person who lived at the home was placed at the centre of all decisions around their support. The registered provider always asked for the person's views and gave them time and support to express their wishes. The atmosphere was homely, happy and relaxed. The registered provider had, over the years, established a positive relationship with the individual and treated them in a respectful and kind way.

Monitoring of the quality of the service provided was done on an informal basis through constant dialogue with the person who lived in Meadow View. They was able to discuss their care with the registered provider who was responsible for their personal care and support.