

Mr & Mrs J Roper

Mr Mrs J Roper

## Inspection report

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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 service is provided in a large detached house in the seaside town of Bridlington, which is the family home of Mr and Mrs Roper. There are local shops and amenities nearby. The service is registered to provide care and accommodation for up to three people with a learning disability. At the time of this inspection there was only one person receiving care and support.

The inspection took place on 7 February 2017 and was announced. Due to the size of the service, we gave the service notice of our visit on the previous day, in order to make sure people and staff would be in.

At the last inspection in December 2014, the service was rated Good. At this inspection we found the service remained Good.

Mrs Roper is the registered provider or owner, so there is no legal requirement for her to be the registered manager as well. 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 well cared for. The staff were appropriately trained in safeguarding adults from abuse and assessments were in place to minimise the risk of harm to people. Staff were trained in the safe administration of medicines. No one using the service was prescribed any medicines at the time of this inspection.

The registered provider ensured the staff teams knowledge and skills were kept up to date, by completing training regularly in a range of subjects. This ensured that people's needs could be met.

People were supported to have control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People said they enjoyed good food. People were supported to maintain good health as they had access to relevant healthcare professionals when they needed them.

People received considerate care from kind and supportive staff. People's wellbeing, privacy, dignity and independence were monitored and respected and staff worked to maintain these wherever possible.

We saw that people were supported according to their detailed person-centred care plans, which reflected their needs well and which were regularly reviewed. People had the opportunity to engage in eventful and stimulating pastimes and led very active lives. People had good family connections and support networks.

We saw that the service was well-led and people benefitted from this because the culture and the management style of the service were positive. There was an effective system in place for checking the quality of the service using audits, satisfaction surveys, meetings and good communication.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Mr Mrs J Ropero

## **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.

The inspection took place on 7 February 2017, was announced and carried out by one adult social care inspector. The registered provider was given 24 hours' notice because the location is a small care home for people who are often out during the day; we needed to be sure someone would be in.

Before this inspection we reviewed the information we held about the service, which included any notifications we had received from the registered provider. The service had not been requested to submit a provider information return (PIR) prior to the inspection. A PIR is information the registered provider sends us which tells us some key information about the service, what the service is doing well and any improvements they plan to make.

During the inspection we spoke with one person living at the home and Mrs Ropero (the owner) and her husband Mr Ropero, who both lived and worked at the service. We looked around the premises and saw communal areas and people's bedrooms, after asking their permission to do so.

We reviewed files for one person living in the home, and other documents relating the running of the service such as training records, minutes of meetings, complaints, quality assurance audits and satisfaction surveys.

After the inspection we spoke with a relative about their views of the service.

# Is the service safe?

## Our findings

At the start of the inspection Mrs Ropero asked the person who used the service if they were comfortable to talk to us alone. This showed us that she promoted and protected the persons care and well-being.

We could not communicate in detail with the person using the service because of their complex needs, but by asking some specific questions, we could tell by the way they answered that they were contented and happy living with the family. The person told us they felt safe living at the service. They explained to us that they were "Happy living with [The provider and husband]." A relative we spoke with said, "[Name] is definitely safe. He is happy and has lived there over ten years."

Mr and Mrs Ropero were aware of how to raise concerns with agencies outside of the organisation if necessary. They were clear about the processes for reporting and expressed confidence in doing so. We found that there were appropriate policies, procedures and systems in place for dealing with safeguarding adults from abuse. We saw records to confirm that Mr and Mrs Ropero and another member of the family had received training in recognising and responding to concerns where vulnerable people were suspected of being at risk of abuse.

There were risk assessments in place to reduce their risk of harm from, for example, road safety, vulnerability in the community, changes in behaviour and communication. We saw that all risk assessments were kept under regular review. Robust records were in place which safeguarded the person's finances and ensured all monies spent could be checked and accounted for.

We saw that the service had maintenance safety certificates in place for utilities and equipment that were all up-to-date. These included, for example, fire equipment, portable appliance testing and gas appliances. These safety measures and checks meant that people were kept safe from the risks of harm or injury from the environment.

Weekly fire alarm checks were completed and we noted these were in a different zone of the service and at different times. We saw from records that the person responded well to the fire alarms and this was discussed regularly in residents meetings. This meant the person was aware of what they needed to do in the event of a fire.

We found that the service had accident and incident policies and records in place should anyone living or working there have an accident or be involved in an incident. When we reviewed these records we saw these were very rarely required.

Mr and Mrs Ropero provided all of the care and support for the person. In addition to this another member of the family who lived at the home could also support if needed. Mrs Ropero told us that the person who used the service attended a day centre also owned and managed by her. A staff member who worked at the day centre and who knew the person well had also agreed to provide care and support in any emergency situation. Mrs Ropero told us the staff member's suitability to work with people had been looked into prior

to them starting work at the day centre, however we were unable to see these records as they were kept at the day centre. Mrs Ropero told us the member of staff had never had to provide any emergency support.

Although no-one currently received medicines at the service, there were up to date policies and procedures in place for managing people's medicines. These had been reviewed in September 2016. Storage for medicines was available and Mrs Ropero showed us the training records which demonstrated that Mr and Mrs Ropero had completed medication refresher training in 2016. This showed us the service was equipped for if and when people using the service were prescribed any medicines.

## Is the service effective?

### Our findings

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities effectively. We saw Mr and Mrs Ropero had attended training and records had been updated to reflect what training had taken place. Training was monitored by Mrs Ropero. The training completed included statutory training such as fire safety, medicines, food safety, safeguarding and infection control, as well as topics which were specific to people's needs, such as diabetes, nutrition and hydration and autism.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the MCA (Mental Capacity Act 2005) legislation which is in place for people who are unable to make decisions for themselves. The legislation is designed to ensure that any decisions are made in people's best interests. We spoke with Mrs Ropero about her understanding of the MCA and how this affected the support she provided. She showed in discussion that she recognised that people had the right to make decisions about every part of their lives. We saw Mr and Mrs Ropero and another family member had completed training in MCA and Deprivation of Liberty Safeguards (DoLS) in 2016. The person who lived at the service was not subject to any DoLS.

We found that people who used the service had access to local healthcare services and received on-going healthcare support. A person told us they were going to see their doctor during the inspection and their doctor was a "Nice lady." A relative told us, "They [Mr and Mrs Ropero] are very keen on [the person's] health; they are top of the marks for that. Everything that happens with them they let me know."

Mrs Ropero told us the person received positive healthcare support when needed and had regular visits from a chiropodist. Detailed health care records were kept in the person's files which confirmed when they had seen a professional, the reason why and what the instruction was or the outcome of the consultation. We saw the person had a patient passport in place; these are documents that people can take to hospital appointments and admissions with them when they are unable to verbally communicate their needs to hospital staff.

People had their nutritional needs met by the service. We looked at the person's care records and saw these included their dietary likes and dislikes. For example, we saw they like biscuits, salads, steak, coffee and eggs. Mrs Ropero told us she shopped at local supermarkets and the person did the shopping with them to choose their foods. We saw pictures in the persons 'picture folder' of them unpacking the food shopping when back at home.

The person showed us an area of the kitchen to which they had access to at any time, where they kept their own plates and cups and a 'supper tray,' which they used every evening. When we asked what they liked for their supper they told us, "Toast" and "Tea" and "Biscuits." They went on to tell us they had "Flakes" for their breakfast in the mornings. A relative told us, "He has a good appetite and his weight has never changed."

We saw the person had unrestricted access to all areas of the home and they had their own lounge/dining room on the ground floor. A relative told us, "[Name] has really got the house to himself. He is just as well



there as he was at home." On the first floor the person had their own private bedroom which consisted of two separate rooms, one of which was used as a seating area and the other as a bedroom. Next-door to their bedroom they had their own private bathroom. During the inspection we saw the person come and go freely to all areas within the home as they chose, which demonstrated they had no restrictions in their daily lives.

## Is the service caring?

### Our findings

Mrs Ropero provided reassurance and involved the person in all discussions about their care from the start of our visit, checking with them that it was okay to talk with them about their care, look at their records, their room and their picture folder. This demonstrated to us the person's rights were upheld and they were involved in decisions and discussions about their life.

We saw the person received care to support them in everyday activities of daily living. We observed the person and Mr Ropero were getting ready to go out during the inspection. Mrs Ropero gave the person gentle prompts to remind them what they needed to take with them and what would be happening during the day. When the person came downstairs ready to go, Mrs Ropero praised them on how smart they looked. We noted that the person was happy and relaxed in the environment and in the company of Mr and Mrs Ropero. When we spoke with the person they told us they were, "Happy" at the service and their relative told us the person "Is simply a member of the family. [Name] has no worries and is always immaculately dressed."

We observed good communication between the person and Mr and Mrs Ropero. Observations in the lounge, dining/kitchen area and around the service indicated that the person was able to make their own choices about what to do and where to spend their time. We were able to evidence the person's preferred methods of communicating in their care file which stated, 'I understand my speech is poor but with support I manage very well. Slow me down when I become excited as this helps my speech and do not exclude me from the conversation.'

We saw information was provided in accessible formats on local advocacy services and kept in the persons care file. Advocacy means getting support from someone to help a person express their views and wishes, and to help make sure their voice is heard. The person did not use an advocate as they had a close relative who would assist them if required.

Mr and Mrs Ropero displayed kindness, respect and empathy to the person and we saw that a caring relationship had developed. For example, when the person spent time talking with us they left the room after a while, to go and find Mrs Ropero who came back and stayed with the person. We saw the person was involved in day to day activities with the provider such as going out for family meals, walking the dog and housework. This helped the person feel involved and appreciated. A relative told us, "I remember once [Name] had a small lump on their back and she [Mrs Ropero] never left them once. They are like my own family."

Care plans, for example, recorded people's individual routines and preferences for outings with their relative. They recorded people's food preferences and how they wanted them to be addressed. We saw from the persons care file that they had been fully included in the creation of the records held about them. We saw the person had signed their records to show they had looked at them and the records contained photographs and large print which helped to describe the levels of care and support required. A relative told us, "I don't have a care in the world about [Name]. They [Mr and Mrs Ropero] keep me informed about

anything."

## Is the service responsive?

### Our findings

We found from talking to Mr and Mrs Ropero that they were knowledgeable about the person who used the service. When we reviewed the persons care records we saw the information matched that what Mr and Mrs Ropero had told us about the person.

We spoke to the person's relative and asked them about their daily life. They told us, "We checked a lot of homes and this was the best we saw. Every Monday we have lunch and I pick [Name] up. I can go anytime and [Name] can go to the day centre every day if they want to."

We saw the person was supported to maintain their personal family relationships. This was based on staff's knowledge of who was important to the person and their life history. The person using the service had lived there for many years and we saw their care records were tailored to meet their individual needs, for example, 'See I am ready when my dad collects me. Have my day centre money ready and my pocket money.' The care records were detailed and written in a person centred way, for example, 'I like company. ....I like to be called [Name]. ...remind me to eat slowly and I tidy my bedroom every day.' We saw reviews of the records took place regularly and the person had signed these.

The persons care records were implemented in a consistent way to meet their goals in each part of their daily life. For example, we saw the person had goals for independent living which included shaving, dressing, home skills and showering. In the persons 'picture folder' we saw they completed topic work to promote their living skills which consisted of helping to cut the grass, road safety, baking, doing their own laundry and working on the computer. When we spoke with the person they confirmed to us they did all of these things independently. This helped the person maintain their independence.

The person who used the service led an active and stimulating life and was delighted to show us their care records and 'picture folder'. In this we saw the person taking part in numerous activities and interests both in their local community and surrounding areas. The person was smiling and keen to point out pictures to us of them taking part in drama productions, picnics, wildlife trails, family barbecues, meals out, air shows, pool championships, walking the dog and holidays. We also saw they were creative and enjoyed arts and crafts and had many personal items they had made, on display in their room.. They told us, "Yes, I like crafting."

Mrs Ropero told us the person had recently got a train pass and enjoyed travelling on trains. On the day of the inspection they were going on the train to meet another family member and have a meal. The person displayed lots of smiles which showed us they were looking forward to it.

The service maintained links with the local community through the church, the day centre, visiting local attractions, places of interest and local stores, restaurants and cafes. Relatives played an important role in helping the person to keep in touch with the community by taking them out to lunch and shopping.

The service had a formal complaints policy in place which set out clear timescales and action for response

to any complaints received. The service had not received any complaints. Residents meetings were held every two to three months in which the persons general happiness and wellbeing was discussed. Individual meetings had been held regularly by Mrs Ropero with other members of the family throughout the year and we saw the person who used the service was discussed. Mrs Ropero told us this helped her to ensure the person was happy. The person's relative told us they had no concerns about the service and they would feel comfortable to raise any concerns if they needed to.

## Is the service well-led?

### Our findings

From our observations during this inspection we saw the person had a very good relationship with Mr and Mrs Ropero. The person told us, "I am happy here" and their relative told us, "They [Mr and Mrs Ropero] are a superb find."

Mr and Mrs Ropero provided the majority of the care and support for the person and one other family member continued to provide support if needed. During the inspection we saw the person was comfortable and relaxed in their company.

Mrs Ropero kept records on people that used the service, staff and the running of the business that were in line with the requirements of regulation. Records were securely stored in a small office area located in the home. Mrs Ropero maintained accurate and detailed records which were reviewed and completed in a timely way.

We looked at documents relating to the service's system of monitoring and quality assuring the delivery of the service. Satisfaction surveys were issued to people that used the service, relatives and health care professionals. We reviewed the responses to the satisfaction surveys sent in 2016 and saw these included only positive comments such as, "A friendly place, always made welcome" "A lovely home to visit" "Good leadership, friendly and happy" and "A well organised and managed home."

We saw that there were quality audits completed by Mrs Ropero on a regular basis. For example, she completed regular audits for service maintenance contracts, policies and procedures, safeguarding and deprivation of liberty safeguards. This meant they could monitor for any trends in the safety and well-being of the people who lived there and identify any action for improvement. In this way Mrs Ropero aimed to continuously monitor the quality and safety of the service.

The service had a 'statement of purpose' and 'service user guide' that contained information on what the service offered and their aims and objectives which included, 'Ensure the safety, comfort and care of all service users.' We found these aims were met in practice.

Mrs Ropero told us she kept up to date with best practice and legislation via updates from CQC, regular training and subscription to a quality assurance magazine. She also told us advocacy agencies regularly came to the day centre for meetings and she met yearly with local authority care managers for reviews of the persons care and support.