

Mrs Evelyn Larmouth

Mrs Evelyn Larmouth - 45

Westridge Road

Inspection report

Portswood
45 Westridge Road
Southampton
Hampshire
SO17 2HP

Tel: 02380558692

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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 unannounced inspection took place on 2 November 2018. One inspector carried out the inspection.

Mrs Evelyn Larmouth - 45 Westridge Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Mrs Evelyn Larmouth - 45 Westridge Road is registered to accommodate up to three older people. People had their own bedroom with a private bathroom. People shared the rest of the family home with the provider, who also acts as the manager and lives at the property. The provider does not employ any other staff unless they go on holiday. There were two people living at the service at the time of inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection

The provider's registration did not require the service to have a registered manager. The provider was the manager of the service, which was based at their family home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and managers 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.

The service was a small, homely environment where people lived alongside the provider in their family home. The provider shared many aspects of their lives with people, including meal times, activities and social events. The provider encouraged people to remain active by supporting them out to take regular day trips out.

People were treated with dignity, kindness and respect. They carried out their daily routines according to their preference and at a pace which they were comfortable with.

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

The environment was suitable for people's needs. People decorated their rooms to their preference and had private bathroom and toilet facilities in their rooms.

People followed a diet that met their preference and dietary requirements. The provider cooked fresh food daily and people told us they enjoyed the meals offered.

The home was a clean and hygienic environment. The provider had received a 5-star food hygiene rating when inspected by The Food Standards Agency. This denotes a very good standard of hygiene.

The provider assessed people's needs to help ensure they received appropriate care. People received their medicines as prescribed and had appropriate access to healthcare services when required. Where people required input from other stakeholders such as doctors, their recommendations were incorporated into people's care plans.

Where people received care at the end of their lives, they were treated with empathy, respect and given compassionate care.

The provider and deputy manager had a comprehensive knowledge about people's backgrounds, preferences and needs. The provider lived at the service and apart from the deputy manager, no other staff worked at the service on a regular basis. One additional member of staff was available in the absence of the provider. They had gone through appropriate recruitment checks to help ensure they were suitably skilled and experienced in their role.

The provider and deputy manager had accessed training relevant to their role, which helped to promote the provision of effective care.

People were protected against risks to their safety and wellbeing, including the risk of abuse and inappropriate care. There were systems in place to reflect on incidents to reduce the risk of reoccurrence. There was a complaints policy in place which detailed how complaints and feedback would be dealt with.

The provider understood their regulatory responsibilities and had made arrangements to display its inspection rating and notify CQC of significant events at the home.

The provider had a series of audits and checks in place which were effective in ensuring the environment was a safe place for people to live.

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 remains good.

Good ●

Is the service effective?

The service remains good.

Good ●

Is the service caring?

The service remains good.

Good ●

Is the service responsive?

The service remains good.

Good ●

Is the service well-led?

The service remains good.

Good ●

Mrs Evelyn Larmouth - 45 Westridge Road

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 2 November 2018. One inspector carried out this unannounced inspection.

During the inspection, we spoke with two people. We also spoke with the provider and the deputy manager.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We looked at care plans and associated records for two people and records relating to the management of the service. These included, the provider's statement of purpose, accidents and incidents and quality assurance records. We also reviewed reports from quality assurance visits by the local authority.

The service was last inspected in August 2016 and was rated good.

Is the service safe?

Our findings

People told us they felt safe living at Mrs Evelyn Larmouth - 45 Westridge Road. One person said, "Yes, it is very nice here. I like it." Another person said, "I am happy here [living at the service]."

There were enough staff to meet people's needs. The provider was the manager of the home and lived at the property. They provided people with support with their personal care and attended to them if they had any needs overnight. The deputy manager oversaw many aspects of the day to day running of the service including supporting people with activities and during mealtimes. The provider had one member of staff who was available on a flexible basis, if the manager was away from the service. The provider had taken steps to ensure the member of staff was suitability skilled and qualified in their role by carrying out a set of recruitment checks as appropriate.

There were systems in place to ensure people's medicines were managed safely. The deputy manager had effective systems to ensure the safe ordering, administration, recording and disposals of medicines. This helped to ensure people received their medicines as prescribed.

The home was a clean and hygienic environment. The deputy manager carried out daily cleaning tasks in the home and periodic deep cleaning when required. Staff had personal protective equipment such as gloves available to use when supporting people with their personal care. This helped to reduce the risk of infections spreading. The service had received a five-star rating by Food Standards Agency. This rating denotes very good standards of food hygiene at the home.

There were policies in place to help protect people from abuse and harm. The provider had written a safeguarding policy in line with local safeguarding boards guidance. The manager and deputy manager were aware of their responsibilities to safeguard people and report any concerns to local safeguarding teams. There had been no safeguarding alerts or concerns since our last inspection.

Risks to people's health and safety had been assessed for both the environment and people's individual needs. The manager had assessed people for the risk of falls, developing pressure injuries and malnutrition and dehydration. Where risks around falls were identified, plans were put in place to ensure people had appropriate mobility aids and support from staff when moving around the home.

Risks around emergency situations had been assessed. People had an individual evacuation plan in place, which instructed staff how to safely evacuate people from the home if required. This demonstrated the provider had assessed and mitigated risks to people.

There were systems in place to investigate and reflect on incidents. The manager kept a written record of any incidents, such as falls. They told us they used this information by referring to previous incidents to see if there were any trends or ways to reduce risk of reoccurrence. There were very few incidents that had taken place since the last inspection, but when these occurred, the provider took appropriate action to keep people safe.

Is the service effective?

Our findings

The provider and deputy manager had undergone training which was relevant to their role. The provider met staff's ongoing training needs by subscribing to an online company that provided training courses relevant to staff in social care settings. The deputy manager had completed additional qualifications for leadership and management in health and social care. The provider told us this would enable the deputy manager to take on additional responsibilities around the management of the service.

The provider assessed people's needs to help ensure they received appropriate care. They had a 'pre-assessment' document, which they completed prior to people coming to stay at the home. The completed document contained information about people's backgrounds, medical conditions, medicines, mental health, mobility and communication. These assessments were made using information from talking to people, families and from assessments made by social workers or health professionals. Information from these assessments helped to formulate people's care plans. The provider regularly reviewed these assessments to ensure people's care was still in line with their needs.

The provider decorated the home in line with people's preferences and it was suitable to meet their needs. People could paint and decorate their room as they wished. People had many pictures and personal items in their rooms, which helped to give a homely atmosphere. Both people's bedrooms were on the ground floor of the home. This meant that they had easy access to communal parts of the home. There was a garden space outside which people accessed and one person enjoyed helping with the gardening. One person said, "This is a lovely home."

People followed a diet in line with their preference and dietary requirements. People's preferences and dietary needs were documented in their care plans. The provider prepared fresh food daily, which people told us they enjoyed. One person said, "The food here is very tasty. I'm having soup for lunch, it's lovely." Nobody had specific dietary requirements, but the provider ensured that people received a balanced diet which promoted their health and wellbeing.

People had access to healthcare services as required. People were supported to attend regular healthcare appointments including dentists, opticians and chiropodists. The provider supported people to attend GP appointments if they were unwell, which helped to ensure they received timely medical interventions to treat illnesses.

The provider worked effectively with other organisations to ensure good outcomes for people. People had documents which gave an overview of their needs. These were designed to be taken with people if they required treatment in hospital or other settings away from the service. This would help ensure medical professionals had a snapshot of people's current health and wellbeing. Where people had health conditions which required ongoing input from health professionals, the provider ensured they attended regular appointments and incorporated recommendations given by professionals into people's care plans.

The provider understood their responsibilities in obtaining appropriate consent from people for their care

and support arrangements. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The procedures for this in care homes are called the Deprivation of Liberty Safeguards. The people living at the service did not meet the threshold to be subject to these safeguards, but the provider understood the process for assessing peoples capacity to make decisions should this be needed.

Is the service caring?

Our findings

People told us the provider and deputy manager were caring. One person said, "They are both lovely people." Another person said, "I am very well cared for."

The provider had created a warm and family orientated atmosphere at the service. The provider lived at the home and they told us people were treated like part of the family. They said, "We try to make it a home from home." People were encouraged to spend time together and the provider often sat with people during the day to talk, play games, eat meals or watch television. The service was decorated in the manner of a family home and encouraged people to see the home as a shared, homely space as opposed to a residential care setting.

The provider and deputy manager knew the people they are caring for including their preferences, personal histories and backgrounds. They knew people's families, life histories and gave people happiness and comfort by reminiscing about life events and loved ones. The provider and deputy manager were kind, caring and unhurried in their role. They supported people to carry out daily tasks at a pace which people were comfortable with, joking and using humour to make people laugh and smile.

People were encouraged to maintain friendships and contact with family and loved ones. The provider invited people's friends or families to join them with trips out and told us they were welcome to visit people at any time.

There were policies to ensure people's specific care needs were considered and staff's knowledge was strengthened by training in equality and diversity. The provider had a good understanding of equality and diversity and considered this as part of their assessment processes. In one example, people were supported to follow their beliefs regarding religion and spirituality. This included attending places of worship and taking an active part within the local parish community.

People were treated with dignity and respect. People were supported to maintain a dress and personal appearance which was consistent with their preference. The provider and deputy manager spoke to people with respect and were patient in their approach. People were supported with their personal care away from communal areas, which helped to promote their dignity. People's privacy was respected. Staff were conscious to give people quiet time in their rooms if they wished.

People were involved in making decisions about their care. People did not actively engage in reviews of their care, but their care plans had been formulated with their routines and preferences in mind.

Is the service responsive?

Our findings

People received personalised care. They were supported by staff to follow their chosen routines throughout the day. This included choosing the time they woke up, went to bed and time of the day they received support with their personal care. The provider and deputy manager were responsive to people's needs and had a very good understanding of people's routines and preferences.

People's care plans reflected their personal preferences. The level of support that people needed to carry out their personal care routines was identified in their care plans. People's specific personal care routines were documented for staff to follow. This helped to ensure that staff could provide care in a way which was personal to the individual.

Staff understood people's individual communication needs and made adaptations to promote effective communication. Where some people had sensory impairment including hearing loss, staff ensured they tailored their communication to ensure people understood what was being communicated and were given appropriate time to process and respond to requests.

People accessed a range of activities such suited their preferences. People were not able to leave the service without the provider due to issues around mobility and safety. The provider and deputy manager supported people to have trips out from the home on a regular basis. The provider told us, "We try to get people out daily if possible, we go to the shops, go out for something to eat, to visit people. Whatever they [people] would like to do we try to make it happen." People told us they liked having trips out. One person said, "We are going to the garden centre today. I'm looking forward to it."

The provider was flexible in their approach and planned daily activities accordingly to people's level engagement, motivation and choice. The provider told us that people sometimes preferred quieter days with less activity, which meant that planned activities were rearranged to a more suitable time. This demonstrated that the provider planned care and support responsively around people needs.

The provider understood the principles of delivering empathic care to people at the end of their lives. No one at the service was currently receiving end of life care, but the provider gave examples of people who previously lived at the service who had received care at the end of their lives. The provider had worked with other stakeholders such as district nurses to ensure people had the correct medicines and equipment to keep them comfortable, helping them stay at the service during their last days.

The provider was committed to ensuring end of life care given was personalised. For example, one person was a keen gardener, but due to their health they were not able to access the garden anymore. Staff adapted gardening equipment so the person could use it whilst in bed. The provider said, "It was powerful to see the positive impact this activity had on the person's wellbeing." This demonstrated a created a highly personalised approach to delivering end of life care.

There was a complaints policy in place and people understood how to make a complaint. The provider had not received any complaints since the last inspection. One person said, "I have nothing to complain about!"

Is the service well-led?

Our findings

The provider's registration did not require the service to have a registered manager. The provider was the manager of the service, which was based at their family home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and managers 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 who use services and others have a right to know how care services are performing. To help them do this, providers are required by regulation to display our ratings in the home. The provider had not displayed their inspection rating in the home. We pointed this out to the provider, who arranged for the ratings to be displayed in accordance with the regulation within 24 hours of our visit.

The provider and deputy manager had a clear vision about how they would provide care and the values they would embody. The provider's statement of purpose described the service as, 'A home from home' and that they would, 'provide a warm, welcoming and personable environment, which maintained people's dignity, privacy and individuality.' The provider and deputy manager embodied this ethos by creating a warm and homely atmosphere where people were treated with dignity and respect.

The provider carefully considering people's suitability for the service. When the provider was given referrals for potential new people, they comprehensively assessed whether the service was as suitable environment to meet their needs. They also considered the impact the new admission would have on existing people living at the service. This helped to ensure that the service was suitable for people living there.

The deputy manager carried out audits to check the quality and safety of the service. These audits included, health and safety, medicines, checks of maintenance issues and emergency equipment. These audits and checks were effective in helping to ensure people's safety in the home.

Providers are required by law to submit notifications to CQC to inform us when important events or serious incidents took place at the service. The registered manager fully understood their responsibilities in this area and had submitted the relevant notifications to CQC as required.

The provider had established links to the community which provided good outcomes for people. People were members of a local church community and were supported to regular social events with other members of their parish. The provider had established links with a library service, who visited the service to help people follow their interests through reading.

Where people had ongoing input from doctors, social workers and other health professionals, the provider ensured that they worked in partnership with them to follow through their recommendations and advice.

The registered manager used people's feedback to make changes and improvements. The provider sought verbal feedback from people, their families and healthcare professionals. Feedback was also welcomed through questionnaires. The provider had received numerous compliments from people and families about

the quality of care provided and the kindness the provider had shown people.