

Mrs Hazel Lucas

69 Hoarestone Avenue

Inspection report

69 Hoarestone Avenue
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05 July 2017

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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

The inspection visit took place on 5 July 2017 and was announced. The inspection was carried out by one inspector.

Sixty-nine Hoarestone Avenue is a residential care home, providing accommodation and personal care for up to two people with a learning disability / physical disability. On the day of our inspection there were two people living there.

At the last inspection in October 2015, the service was rated good. At this inspection we found the service remained good.

The provider is registered with us and manages the home on a day to day basis. The provider does not employ care staff, but provides all the care and support to the two people living there. The two people cared for call the provider 'mum' because they have lived with her since they were young children.

Both people were happy with the quality of the care and support they received. They described the provider to us, as their 'mum,' who supported them to live their lives in a way they wanted. Care was given in a way they preferred and they were supported to be as independent as possible.

Care plans contained accurate and detailed information. This was important so in the event the provider was unable to provide people's care and support, information was readily available to others who did not know people so well. Care plans included information so that risks to people's health and welfare were minimised. Both people felt safe living at the home and knew how to report any concerns to us about abuse. The provider knew how to keep people safe from the risk of abuse.

The provider had a good knowledge of people's needs and had previously undertaken training. Some of this had been completed several years ago and the provider planned to refresh and update their training. People were supported to access healthcare professionals when needed.

Both people said the provider had a caring approach toward them. People decided what they wanted to eat and drink on a daily basis which met their individual nutritional requirements.

People's feedback was sought by completing feedback surveys. The provider lived at the home and was always available to people they provided care and support to. People knew how to voice their complaints if needed.

People said they did not want access to an independent advocate, but felt they could ask the provider for this in the future if they changed their mind.

The provider ensured a good service was given to people through regular checks. Checks were made on the

cleanliness of the home and on people's medicines.

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? The service remained safe. | Good ● |
| Is the service effective? The service remained effective. | Good ● |
| Is the service caring? The service remained caring. | Good ● |
| Is the service responsive? The service remained responsive. | Good ● |
| Is the service well-led? The service remained well led. | Good ● |

69 Hoarestone Avenue

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 visit took place on 5 July 2017 and was carried out by one inspector. We gave the provider 48 hours' notice that we would be coming so they could ensure they would be available to speak with us and arrange for us to spend time with both people that lived there.

We reviewed the information we held about the service. We had not received any statutory notifications from the provider. A statutory notification is information about important events which the provider is required to send us by law. The local authority told us they had no feedback they needed to share with us about the service.

The provider had previously completed a provider information return (PIR). The PIR 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. Prior to this inspection, a request for a new PIR was not made. During this inspection, we gave the provider the opportunity to tell us how they met the required standards and about future plans for the service.

To help us understand people's experiences of the service, we spent time during the inspection visit talking with both people in the communal areas and, with their permission, in their own rooms. This was to see how people spent their time, how they interacted with the provider and what they personally thought about the service.

We spoke with the registered provider of the service.

We looked at both people's care and medicine records. We also looked at other records including quality assurance checks, the provider's training record and other systems they had in place for the recording of accidents and incidents.

Is the service safe?

Our findings

At our previous inspection we found the service was safe, and at this inspection it continued to be safe. The rating continues to be good.

Both people told us they felt safe living at the home. One person told us, "Mum looks after us, I wouldn't want to live anyone else." The other person said, "I know what is right and wrong, if anyone hurt me, I'd tell mum or I could telephone you (CQC)."

The provider knew how to protect people from the risks of abuse and had safeguarding information they could refer to if needed. The provider told us, "We live as a family together and there have never been any concerns. If anything was raised to me, I would act on it straight away."

Care plans included risk assessments related to both people's individual needs and abilities. The provider knew people well and did not personally need to refer to the care plans on a daily basis. However, they felt the level of detail was important in the event they were unable to provide people's care and support. The information would be readily available so another person could continue to meet people's needs safely and consistently. For example, guidance was available about one person's skin care and how sores should be prevented on pressure areas. The provider had an emergency contingency plan in place should they ever, for example, be poorly and unable to care and support both people that lived there. This included the names and contact telephone numbers of extended family members who both people knew very well.

Other risks, such as those linked to the premises, were assessed. Smoke detectors were in place and one person told us, "I know what to do if it beeps. If there is no smoke, I should get mum and my brother and we will go outside together. If there is smoke outside my bedroom door, I will leave it closed and wait for the fireman." The other person told us, "There is a special (fire) blanket in the kitchen in case the cooking catches fire."

Although fire extinguishers were available, we saw the expiry for use date had passed several years ago. The provider assured us these would be replaced immediately. Most safety checks had been carried out; however portable electrical appliance tests had not been undertaken. We discussed this with the provider and they agreed they would arrange for these to be done and fully completed by the end of October 2017.

The provider had completed basic first aid training and was able to tell us what actions they would take in the event of, for example, a person choking. We asked both people what they would do if 'mum' had a fall and was injured. One person told us, "I would go straight to our neighbour, they'd help us. If they were not at home, I know what to do. I have to phone 999 and ask for an ambulance and tell them to come to 69 Hoarestone Avenue."

The provider did not employ any staff at the home. However, they understood their responsibility to undertake checks if they were to employ staff to ensure they were of good character before they started work.

Both people told us they choose to keep their medicines in a drawer in their bedroom. One person said, "Mum orders my medicines for me, but I take them myself. I don't need any help. Mum asks me if I've taken them and notes this on the paper (medicine administration record)." This person showed us their monitored dose pack of medicines and explained to us the times they took their tablets. The other person said, "I can't see very well, so mum takes mine out of the packs for me and I take them." Both people said their medicines were always available for them to take as prescribed. Both people had medicine administration records which showed their medicines were available to them as prescribed. The provider had recorded their checks when medicines were received by them from a local pharmacy.

Is the service effective?

Our findings

At our previous inspection we found the service provided was effective, and at this inspection it continued to be. The rating continues to be good.

We found the provider had the same level of skill and experience to enable them to meet people's needs as effectively as we found at the previous inspection visit. Both people described 'mum as having all the skills needed' to care for them.

Some of the provider's training had been completed by them several years ago. For example, medicine training dated back to 2004. We discussed this with the provider, who agreed to update and refresh some of their key training including moving and handling, safe handling of medicines and safeguarding people from the risks of abuse. This would enable them to remain up to date with current good practice and guidance.

People who lack mental capacity to consent to arrangements for necessary care and treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care home and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider understood their responsibilities under the Act and had guidance to refer to if needed. Neither person that lived at the home was deprived of their liberty.

The provider worked within the principles of the Act when undertaking personal care. One person told us, "Mum might say to me, do you want a wash on the bed or a shower," which showed consent was sought before supporting people.

Both people told us they enjoyed their meals. One person said, "Mum is a good cook, we always enjoy our food." The other person said, "Mum might say, do you fancy this today? It's usually what we like so we say 'yes please.' We can get fruit if we want or a drink. I can make toast, but nine times out of ten, I wait for mum to help me."

Both people told us they were supported to visit their GP when needed and care records logged all healthcare professional visits. One person told us, "I've been for a well man check. It's like a medical check." The other person told us, "We see the doctor, the dentist, the optician. Mum would always take us, if we felt poorly."

Is the service caring?

Our findings

At our previous inspection we found the service provided was caring, and at this inspection it continued to be. The rating continues to be good.

Both people told us they felt loved by 'their mum.' One person said, "Mum is always kind to us, everything is good. Nothing needs to be changed." The other person agreed with this comment and added, "Mum always helps whenever we ask or need anything. My brother and me; we are happy here."

Throughout our inspection visit, we observed a calm atmosphere. Both people spoke freely with the provider and had a good rapport with them. Both people spoke fondly about extended members of the family and referred to them as 'my sister' or 'uncle,' and gave us examples of family events, such as parties, they attended.

The provider spoke with people in a caring and respectful manner and both people responded positively. The provider told us, "Generally, they like a routine, especially [person's name]. I might plan for certain special events, but not tell them until nearer the time and this way they can cope with things and not get anxious or panicky." They added, "We really are a family that care for one another, they never fall out or argue at all." Both people told us they cared a lot about their 'mum' and for one another. One person said, "We do always get on, we like the same things. We would never want to live apart."

People told us they were supported to be as independent as possible and encouraged to be involved in the day to day running of the home. One person said, "I empty my bedroom rubbish bin. Mum does clean my bedroom, but I keep it tidy and clean so she does not have to do much really." This person added, "I go out on my own for a walk, just around here. I do that most days." The other person told us, "I need more help with things than my brother because I use a wheelchair. But, I try to do things if I can for myself. Sometimes, I watch my brother doing things like sweeping the garden."

Both people felt their privacy was respected at all times. One person told us, "If mum is giving me a wash on the bed, she closes the door and blind." The other person added, "Yes, and if I want to go into my brother's bedroom, she will tell me, 'just wait a moment' and I do."

Is the service responsive?

Our findings

At our previous inspection we found the service provided was responsive to people's individual needs, and at this inspection it continued to be. The rating continues to be good.

People's care plans were personalised to them and each person had signed their agreement to them. Both people's needs were reviewed when needed. For example, one person's foot had become sore and new special boots were arranged. This person told us, "My mum checks my feet to see if I have any sore skin and puts cream on for me."

The provider supported both people to maintain their hobbies and interests. Both people told us they had enjoyed a holiday to Tenerife earlier this year. One person said, "We went with mum and had a really good time. Later this year, we are going on holiday again to Eastbourne." The other person said, "We never get bored. We like to watch our DVDs in my bedroom. We go out, one of the best things is ten pin bowling every Friday when we meet our friends. We went for a pub meal yesterday. We go to the theatre, to Coventry for the day and to the shops." The other person added, "We went to Bulkington carnival last week, we enjoyed that. Mum gives us money each week, we sign the book and we can spend our money on what we like, like on a new film." Both people were keen to show us their vast DVD film collection and said they could select what appealed to them. One person added, "I also like wildlife programmes and pictures of wildlife."

There was a complaints procedure which advised people how they could make a complaint and how this would be managed. No complaints had been made since our last inspection. Both people told us if they had a concern or complaint they felt they could tell 'their mum' and 'she would sort it out.'

People said they did not want access to an independent advocate, but felt they could ask the provider for this in the future if they changed their mind. Both people said they could discuss any concerns with 'their mum' or other members of the extended family. Although the provider did not record verbal compliments, they gave us examples of these. One comment given to us was, "My home is nice. I love living here."

Is the service well-led?

Our findings

At our previous inspection we found the governance of the service was good, and at this inspection it continued to be. The rating continues to be good.

Both people said they were happy with the service they received and could not think of anything that needed to be improved upon. One person said, "Everything is good."

The provider asked people for their views of the service through regular feedback surveys and talking with both people. The last feedback surveys undertaken in 2016 included comments, "I love my home." No negative comments had been made, and the provider told us any concerns would always be addressed immediately.

The provider had a system in place to record what 'pocket money' had been given to people and receipt of money was signed for by individuals.

There was a programme of audits and checks such as care plans, medicines, cleanliness and infection control. Records showed that no improvements had been identified as needed and we also found these areas were good. Checks on safety equipment had not always been recorded, for example, to ensure that fire extinguishers were kept in a fully accessible place and in date. The provider told us they would include these safety checks in future audits.

The provider had a person-centred management approach. For example, there was an on-going programme of redecoration and a recent garden makeover had been mutually agreed by both people. The provider told us that one person's bedroom and en-suite was due to be refurbished and the person was involved in making decisions about the redecoration of their bedroom and new furniture.