

Mrs Jacqueline Diana Douglas

Meadow View

Inspection report

Gullom Home
Milburn
Penrith
Cumbria
CA10 1TL

Tel: 01768361030

Date of inspection visit:
31 October 2019

Date of publication:
18 December 2019

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

About the service

Meadow View is registered to provide accommodation and personal care, for one person with a learning disability or autistic spectrum disorder. Mrs Jacqueline Douglas is the registered provider of Meadow View and also the main carer. She and her husband live with the person supported. It is run as an ordinary domestic household. There was no requirement for this service to have a registered manager in place. Meadow View is one of a small number of houses situated in the hamlet of Gullom Holme, nine miles east of Penrith which is the nearest large town.

One person lived at Meadow View when we inspected. The person had lived with the registered providers for over 30 years, and was viewed as a member of the family.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

The registered provider applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for the person using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. The person's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The person was safe and protected from abuse because the registered provider assessed and managed risk. The home was run as a family home by the registered provider and her husband. There were no other staff employed and the registered provider was the person's main carer. They met the person's care and support needs, kept them safe, managed medicines and practised good infection control.

The registered provider had the skills, knowledge and experience to provide good care. They helped the person to have maximum choice and control of their life and supported them in the least restrictive way possible. They assessed the person's capacity to make decisions and supported them with decision making. The person saw healthcare professionals promptly to assist their health and wellbeing. The registered provider made sure the person's nutritional needs were met. The person was involved in choosing meals and snacks. The design of the home met the person's needs.

The registered provider continued to meet the person's needs and preferences. The person was involved in planning their care and encouraged to make decisions. They said they were happy with their care. We saw the person enjoyed a variety of social and leisure activities and was fully involved in the extended family activities. The registered provider had assessed the person's specific communication needs and were familiar with the ways they communicated. The person told us they knew how to make their concerns known and were confident that any problems or complaints raised would be listened to.

The providers had a good understanding of protecting and respecting people's human rights. They understood the person's needs around privacy and dignity. The person told us their bedroom had been decorated the way she had chosen. We saw it was personalised with evidence of the interests she enjoyed. The person no longer had blood relatives. However, they were treated as and felt they were part of the provider's family.

We found the providers were open and transparent. They focused on the needs of the person who was placed at the centre of all decisions around their support. The providers always asked the person for their views and gave them time and support to express their wishes. The person clearly felt able to give their opinions and make choices about their life. The registered provider understood and acted on legal obligations, including conditions of CQC registration and those of other organisations.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection:

At the last inspection the service was rated good (published 08 March 2017).

Why we inspected

This was a planned inspection based on the rating at the last inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Meadow View

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

The inspection team

This inspection was carried out by an inspector.

Service and service type

Meadow View 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.

The service was an individual provider in day-to-day control of the home. They did not need a manager registered with the Care Quality Commission. The registered provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was announced. This was because the service is small and people are often out and we wanted to be sure there would be people available to speak with us.

What we did before inspection

We completed our planning tool and reviewed information we had received about the service since the last inspection. This included notifications we had received from the provider, about incidents that affected the health, safety and welfare of people supported by the service. We looked at previous inspection reports. We also sought feedback from health and social care professionals. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the person who lived at Meadow View, the registered provider and her husband. We checked the environment was clean, personalised and a safe place for the person to live.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The providers protected the person from the risk of abuse and avoidable harm. The person told us they felt safe because, "[The providers] look after me."
- The person knew who to contact if they were frightened or at risk of being harmed. They told us they would tell the providers.

Assessing risk, safety monitoring and management

- The providers supported the person to be as independent as possible, while reducing unnecessary risks. Although they didn't complete formal written risk assessments, they informally identified potential risks to the person in their care to make sure they kept the person safe.
- The providers had arrangements in place to support them in emergency or unexpected situations.

Staffing and recruitment

- The registered provider was the main carer and did not employ any staff. The person lived an ordinary lifestyle and was fully involved in all family occasions with the extended family.
- The providers were skilled and experienced and knew the person extremely well.

Learning lessons when things go wrong; ; Using medicines safely; Preventing and controlling infection

- The registered provider learnt from situations that did not go as well as planned so the risks of similar incidents were reduced. They informed the commissioners of the service if there were any accidents, incidents and near misses
- The registered provider managed medicines safely, as prescribed and in line with good practice guidance. This helped them give medicines correctly.
- The registered provider was aware of their responsibility to report any issues to the relevant external agencies.
- The providers protected anyone in or visiting the home from potential infection and followed safe infection control practices. This reduced the risk of cross infection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

- The providers made sure the kitchen was organised with a good choice of nutritious food. They were very familiar with the person's favourite foods and dislikes. They could have drinks and food when they wanted.
- The person said they enjoyed their meals and the providers were good cooks. They did not have a set menu and chose meals together with the providers.

Adapting service, design, decoration to meet people's needs

- The house was clean and tidy throughout and well maintained. There continued to be a rolling programme of redecoration and maintenance. The person was involved in choosing equipment, furniture and décor.
- The providers made sure the person had help and where practical, equipment to get around the home and the community.
- The home was comfortable and homely. The person had been involved in and encouraged to personalise their bedroom and other areas of the home. They showed us their intricately carved headboard and told us, "I love my bedroom and my TV and my beads."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The providers worked closely and effectively with health and social care professionals. They made sure the person received health care promptly to improve their health and wellbeing.
- We saw the providers followed advice and guidance and provided important information quickly. This assisted other professionals in providing correct healthcare.
- The providers assisted the person to remain as healthy as possible and stay part of the local community. They encouraged the person in gentle exercise, interests and activities and good food.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law: Staff support: induction, training, skills and experience

- The providers had the knowledge, skills and experience to provide the person with good person-centred care. The local authority completed assessments and care plans. The providers were very familiar with the person, so they received the care and support they needed.
- The local authority reviewed the person's care plan the person and providers to make sure information was up-to-date and that the person needs were being met. This assisted the providers to provide care that met the person's needs.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- The person was asked to consent to decisions where they were able to give this. Where they were unable to make a particular decision, relevant people were involved in best interests' decisions to make sure their rights were upheld.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The providers understood the importance of protecting and respecting people's human rights. They were familiar with the person's individual and diverse needs and respectful of the person's rights and differences. This helped them provide the right support.
- The providers continued to give the person care which was responsive to their needs, promoted their wellbeing and encouraged them to enjoy family life. It was obvious they were seen as very much part of the family.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- The person was routinely involved in planning their care and in day to day decisions. Care was focused around them, their needs and preferences. The person was able to express their views and showed their likes and dislikes.
- The providers were respectful of and understood the person's needs around privacy and dignity. They encouraged the person to remain as independent as possible.
- The person was clearly comfortable with the providers. We asked them if they were happy living at Meadow View. They told us they liked the providers a lot, they took them out in the car and they were kind.
- The person was able to make small everyday decisions themselves. However, the registered provider was able to access local advocacy services if important decisions needed to be made. This made sure the person's rights were upheld in line with the Mental Capacity Act 2005 and best interest principles.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The providers met the person's social, spiritual and emotional needs and. the person's care was personalised, focused on them and gave them choice and control over their life. We saw how well the providers knew what the person enjoyed and what they didn't.
- The person was fully involved in family activities. As they became less able, they were no longer able to go on holidays and long trips but went out in the car every day. The person told us they enjoyed their trips out in the car. They told us they enjoyed seeing their extended 'family'.
- The registered provider had very few written records. The commissioning authority, Flintshire County Council, provided a care plan for the registered provider and completed an annual review of the person's assessed needs. We suggested completing brief written information about the person such as a hospital passport, in case of an emergency move or sudden admission into hospital. This would help other people to understand the person's needs if the providers were not available at that time.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The providers made sure the person was given information in a way they could understand. Although the person had some speech difficulties the providers fully understood their speech and were able to communicate without any problems.

Improving care quality in response to complaints or concerns

- The registered provider did not have a formal complaints procedure. They explained any niggles or concerns were discussed and dealt with immediately. There had been no complaints from the person supported.
- The providers said they wanted to continue to support the person until the end of their life. They told us they hoped for her to remain 'at home' to the end, as long as they were able to continue to meet her needs. They said if for any reason they were unable to provide the best care for her at that time, they would continue to support her in hospital or other placement.
- As the person had no blood relatives, and saw the providers as their family, the providers wanted to be fully involved in their end of life support.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The home was run as an ordinary family home, providing the person with an ordinary life.
- The providers monitored the quality of the service informally with the person who lived in Meadow View, focusing on her needs and preferences.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The person lived with the providers, sharing the home as a family member. She had lived with them for over 30 years and saw the providers as her family. She was also close with their extended family, who lived nearby.
- The person told us she was involved in all plans and activities and could decide what she wanted to do.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The providers were open and transparent and were clear the person supported was their priority.
- The provider understood their responsibilities to apologise to people and/or their relatives when mistakes were made and act on their duty of candour. They told us there had been no recent events that had required such a response.

Working in partnership with others; Continuous learning and improving care

- The providers had good relationships with other services involved in the person's care and support and the registered provider knew to ask for help and advice if needed.
- They acted on advice and guidance and learnt lessons if things did not go as planned. Where improvements could be made these were discussed and acted on.
- The providers and person supported were known in the neighbourhood and part of the community.