

Mrs Tracy Higgins

Myddleton House

Inspection report

27 Myddleton Street
Carlisle
Cumbria
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Tel: 01228548563

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20 September 2016

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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 20 & 21 September 2016. We last inspected this service on 10 January 2014 under the regulations that were in force at that time. We found that the provider met all the regulations during that inspection.

The provider is also the registered manager. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Myddleton House is a residential care home registered to provide care and accommodation to one person. Myddleton House is owned by Mrs Tracy Higgins who is also the main carer.

The home is in a residential area close to the centre of Carlisle and is within walking distance of the city centre shops, facilities and close to local transport routes. The property is a large, well maintained older terraced house with a small front garden and a rear enclosed yard.

There was a registered manager in post at the time of our inspection visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they 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.

At the time of our inspection there was one person living in Myddleton House 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 there for many years.

The registered manager was aware of their 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 people who lived in Myddleton House.

We found that medicines were managed well and in line with peoples' prescriptions. People were 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 looked at the assessed needs as recorded in the care plans and also the dependency levels of the people who lived in the home and saw these were well managed by the registered manager. People had been assessed prior to their admittance to the home. There was an up to date care and support plan that contained sufficient information to provide an appropriate level of care.

People knew how to make their concerns known and were confident that any concerns or complaints raised would be listened to and dealt with in a timely manner. There was an open culture in the home with the

registered manager supporting people who lived in Myddleton House to live as fulfilling a life as possible.

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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 Myddleton House.

The registered manager had completed training in safeguarding vulnerable adults. They were aware of their responsibility to protect people from the threat of abuse.

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

Risk assessments were in place and reviewed in line with the care plans.

Is the service effective?

Good ●

The service was effective.

The registered manager had received training relevant to their role to ensure they were competent to provide the care and support people needed.

People had a choice of meals and snacks. Nutritional assessments were in place.

People's rights were being protected because the Mental Capacity Act 2005 Code of practice was being followed.

Is the service caring?

Good ●

The service was caring.

People told us they felt they were well cared for.

We observed caring and compassionate support.

People's privacy and dignity were protected and maintained.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been thoroughly assessed before moving in to Myddleton House. Re-assessment of their needs was on-going.

People were able to raise complaints and concerns knowing they would be listened to.

People were given freedom of choice at all times and staff respected the choices people made.

Is the service well-led?

Good ●

The service was well led.

There was a registered manager in place.

The registered manager constantly, though informally, monitored the quality of the service provided.

All records concerning every aspect of the operation of the home were in place and up to date.

Myddleton House

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 announced inspection took place on the 20 & 21 September 2016 and 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 also spoke to commissioners of care for the local authority and health during our regular meetings held with commissioners of services. We planned the inspection using this information.

We spent time observing how the registered manager supported people in the home and how they interacted with each other.

We read all of the care and support plans for those living in the home.

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

We walked around the building and we also looked at records relating to maintenance and risk in the environment. We inspected medicines kept on behalf of people in the home.

We returned on the second day to give written feedback to the registered provider.

Is the service safe?

Our findings

At the time of our inspection visit there was one person living in Myddleton and they told us they had always felt safe living in the home. They said "I have lived here for well over 20 years and cannot imagine living anywhere else. I feel perfectly safe at all times".

This small home was run very much as a family home with the all of the care and support provided by the provider who was also the registered manager. The registered manager was fully aware of her responsibility to keep those people she supported safe from the risk of harm or abuse. She had recently updated her adult protection training through an external training provider.

As the registered manager was the only member of staff, there were no recruitment records, whistleblowing policies or staff rotas required in the home.

We saw that a full assessment of needs had been completed before people moved in to Myddleton House to ensure their needs could be met through the care and support provided.

Records we looked at showed that risk assessments had been completed and covered the time people were in the home and out in the community. We saw that all risk assessments were reviewed and updated with the support plans.

We looked at the arrangements in place in relation to the recording of medicines received into the home and kept on people's behalf. We looked at the medicines records and found these to be clearly and correctly completed. There were records showing what had been received and details of any medicines returned to the pharmacy. Medicines management was the responsibility of the registered manager and she told us that, currently, there were no medicines liable to misuse called controlled drugs prescribed to anyone who lived in Myddleton House.

Myddleton House was an old Victorian house that had been registered as a residential care home for many years. The building was well maintained throughout. No adaptations to the premises had been necessary and there was no need for a passenger lift. It was extremely clean on the day of our visit and the registered manager was aware of her responsibility to ensure infection control procedures were in place.

Is the service effective?

Our findings

As this was a very small home it was run very much as a family home with the provider who was also the registered manager providing all of the care and support. The registered manager had provided the care and support to the person living in the home for many years and knew them well.

We saw, during our inspection visit, that the person who lived in Myddleton House very much considered they were part of one family with the registered manager. They told us, "I have always considered that I am one of the family although I am my own person and am quite independent". We looked at the assessed needs as recorded in the care plans and also the dependency levels and saw these were well managed by the registered manager.

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. They said, "Although I like to stay in my room during the day I always go downstairs for my meals. I can choose what I like but I have lived at Myddleton House for so long now the manager knows well what I like".

Weights were monitored carefully and the registered manager was knowledgeable about providing high calorie meals should this ever be necessary. She had recently completed a course on catering.

Healthcare needs were met through the local GP practice and the district nursing service. Consultant advice was requested when necessary. Optical, dental and the podiatry services were accessed when required. At the time of our inspection the registered manager was accompanying one person to the GP surgery twice a week to have a foot dressing changed.

We examined how the service supported the person to make their own decisions. We saw the service acted in accordance with the Mental Capacity Act 2005.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that DoLS applications had been made to the local DoLS Authority and were being correctly implemented and monitored

We saw, from the care records and our observations, that those who lived in Myddleton House had the

capacity to makes both small and large decisions about how they wished to spend their time and live their lives. They were able to tell us that, until recently, they were able to walk in to the centre of Carlisle to meet friends for coffee but currently mobility problems precluded them from doing this. However, they were hoping they would soon be able to do this again.

Is the service caring?

Our findings

People told us they were well cared for living in Myddleton House. We spoke to those who lived in the home and they said that Myddleton House was their home and they found the manager and the other family members very friendly. We were told "This is my home, I have lived here for ages and I love it. I have no desire at all to move thank you very much".

We spoke to the person living in the home in the privacy of their own room. We saw that, during the day that they could spend time on their own if they wanted to. Their room contained photographs, ornaments and a television. We were told, "I like my own company and the manager respects that I like to sit in my room and do my puzzles. I can watch the sport or my favourite programmes when I want to".

We saw that people were treated as individuals and equals and were supported by a registered manager who knew them very well. Because they had lived at Myddleton House for so many years the registered manager, who provided all of the care and support, was able to tailor the care to the individual whilst respecting the decisions they made for themselves.

We saw that people were treated with dignity and respect. The registered manager told us, "I have always been respectful of other people and treat them accordingly. I certainly respect people's privacy".

The person who lived in Myddleton House was encouraged to maintain relationships with friends and/or family as much or as little as they wished.

The person in the home managed all of their personal care and chose their own clothing, times of getting up or going to bed, food and outings. They told us they were involved in making decisions about their care and knew about their care plan but did not really "want to be bothered to read it". They also told us that they were all given time to make their own decisions and said, "I always discuss anything of any importance with the manager so we both know where we are".

Is the service responsive?

Our findings

We found that the service was responsive to the needs of the person who lived in Myddleton House. When people were referred to this service an assessment of their needs was completed. From the information contained in this assessment a plan of care and support was put in place.

Since the last inspection of this service the registered manager had introduced a new care plan format which outlined the specific needs and how best to meet those needs. These included health care, dietary and nutrition, mental and emotional needs, required medication and moving and handling requirements.

We discussed the care planning procedure with the person who lived in Myddleton house and they said, "I know there is a care plan but I don't need to see it. The manager knows exactly what I need and I am looked after very well. If I am not well she calls the GP or takes me down to the surgery. I have no need for a care plan at all".

Over the years there had been very little change in the assessed needs until recently following a change in mobility needs. The care plans and risk assessments were being updated to reflect these changes. We were told, "I go out in a wheelchair at the moment as I have a problem with one of my toes. It is being addressed by visits to the GP surgery. I also go out in the car with the registered manager every week. Sometimes to the shops and sometimes just out for lunch".

We observed that there was a warm and open relationship between the registered manager and the person she cared for and supported. The atmosphere was relaxed and when we asked people if they had any complaints about the service everyone was quite satisfied with the care provided and had no complaints.

Is the service well-led?

Our findings

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

The registered manager encouraged the people she supported to maintain their community links but they told us there were times when they enjoyed "doing their own thing at home".

Monitoring of the quality of the service provided was done on an informal basis through constant dialogue with the people who lived in Myddleton House. People were able to discuss their care with the registered manager and they told us, "We get on well together and everything is always fine". The registered manager was also able to contact family members if this should be necessary. This helped to ensure they were kept up to date with their relatives care and support.

We saw that all the electrical, fire and gas equipment were maintained under service level agreements and we were able to see the latest certificates regarding this. There was also an appropriate fire risk assessment in place.