

Miss Bridget Jane Marshall

Miss Bridget Jane Marshall - 43 Freeman Street

Inspection report

43 Freeman Street
Wells-next-the-Sea
Norfolk
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Tel: 01328710140

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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 took place on the 4 May 2016 and was an announced visit.

The home is registered to provide accommodation with personal care for up to three adults with a learning disability. On the day of our visit there were three people living at the home.

There was a registered manager at the service, who also lived at the home. 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. The registered manager was also the provider and was the sole person caring for people at this home.

People felt safe living at the home and the registered manager had training in safeguarding procedures and knew what to do if they considered people were at risk of harm.

The registered manager had systems in place to identify risks and protect people from harm. Risk assessments were in place and regularly reviewed. Where someone was identified as being at risk actions were identified on how to reduce the risk and referrals were made to relevant social care professionals.

Medicines were kept securely and given by the registered manager to people living at the home; administration for medicines had been accurately recorded.

The Care Quality Commission monitors the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager was trained in the MCA and DoLS. Consent was sought from people regarding their care. No one at the time of our visit was subject to a DoLS.

People's health needs were assessed, monitored and recorded and where appropriate referrals had been made to other professionals for assessment and treatment were made. Where people had appointments they were supported to attend these.

The registered manager knew the people well and supported them in a dignified and respectful way. People's privacy was acknowledged, and people felt that the registered manager was understanding of their needs and provided support during periods of distress. There was a positive working relationship and rapport with the registered manager and the people living at the home.

Care was provided based on people's individual needs. People and their relatives confirmed that were fully involved in the assessment of their needs and in care planning to meet those needs.

The registered manager listened and supported the people living at the home to make decisions as to what

activities they did, and what they liked doing and what they did not like doing. The registered manager also sought the views of relatives and professionals as part of their quality assurance.

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.

The registered manager knew how to recognise and report concerns and had associated training.

The service was managed by the registered manager solely and this was sufficient for the level of care needed.

The service managed and regularly reviewed risks effectively.

Medicines were managed appropriately.

Is the service effective?

Good ●

The service was effective.

The registered manager had undertaken training and was able to meet people's needs.

People were supported to have a healthy diet and maintain good health.

The service had policies in place for the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Consent to care was being obtained and recorded and the registered manager had undertaken training for MCA and DoLS.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and had their privacy and dignity maintained.

People were consulted about their care and had opportunities to maintain independence.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care which was responsive to their needs.

People were supported to maintain hobbies and interests they enjoyed.

People knew how to express their concerns and feedback was encouraged.

Is the service well-led?

Good ●

The service was well led.

The registered manager continually sought the views of the people living at the service and people connected with the service.

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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 04 May 2016 and was an announced inspection. The inspection was completed by one inspector.

We also looked at information we held about the provider. This included notifications which are events which happened in the service that the registered provider is required to tell us about.. We also contacted social care professionals within the county for their views.

We spoke with three people that used the service and two relatives of people who used the service. We also spoke with the registered manager. The registered manager is also the provider.

We reviewed the care records of three people, training records and a range of records relating to the way the service was run.

Is the service safe?

Our findings

People told us that they felt safe living at the home and were cared for by the registered manager who understood their needs, with one person saying, "Yes, I feel safe". A relative told us that, "The safety of [relative] could not be better". People who lived at the home told us they did not always feel safe when they went outside especially in traffic, but did feel safe if they went with someone else from the home. The registered manager was aware of this and ensured this person was supported whilst in the community, which meant this person could take part in activities and go to busy places.

The registered manager had knowledge of protecting people from harm and understood the individual risks of people living at the home, especially when in the community. The registered manager had appropriately risk assessed these situations and continually explained the importance of safety to those living at the home. The registered manager had undergone safeguarding training and felt supported by the local authority to refer concerns.

People were supported to take positive risks to retain their independence, for example the people living at the home would go to collect a takeaway for an evening meal without the registered manager and had been supported to access volunteering opportunities. Any known risks to these activities and those around the home were assessed for probability with a risk rating. The risk assessments were detailed and gave examples of what to do to minimise the risk of harm. For example one person did not like to wash up sharp knives and therefore carried out different tasks and this was shown in the risk assessments we viewed.

One person living at the home had told us that they sometimes choked when they had food. The registered manager confirmed this had happened and told us that a referral had been made to the speech and language therapy team. Additionally this was detailed in the person's risk assessment, to minimise harm. The registered manager had undertaken first aid training.

People living at the home told us what they would do if there was a fire and knew that the fire alarm was tested. The registered manager confirmed this and we saw the appropriate fire safety checks had taken place.

The registered manager is also the provider and there are no other staff working at this service, the registered manager undertook all the care provision and this was sufficient to the needs of the people that live at the home.

We saw that medicine administration systems were in place to record the medicines received by people living at the home. People living at the home told us what medicines they needed and said they asked the registered manager for them. A relative of a person living at the home told us that they had no issues with the medicines that their relative received. We saw that medicines were securely kept.

Is the service effective?

Our findings

People and their relatives spoke positively about the registered manager and their abilities to meet their needs.

The registered manager showed us the training that they had undertaken, and explained to us that they were happy to undertake training as and when it was required. The registered manager was confident in explaining about how to care for people living at the home and how to meet their needs.

The registered manager worked closely with the quality team at the local authority to keep learning up-to-date and ensure they had the right skills to care for those living at the home.

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. The application procedures for this in care homes 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.

No one living at the home had a DoLS or needed one. The registered manager told us that the people living at the home retained independence, for example one person would access the community supported by the registered manager or another person living at the home. However that was the express wish of the person and not because of a restriction of liberty. This was confirmed by people living in the home.

The registered manager understood the MCA and the DoLS processes and had undertaken relevant training.

People living at the home said that they were happy with the quality of the food. One person told us, "When I came to live with [registered manager] I didn't eat the right foods, I just ate chocolate, now I have my greens too".

People told us that they all decided either the night before or in the morning what meals they would have that day, the registered manager supported with making meals more interesting and suggesting balanced options. One relative told us, "[The registered manager] has worked wonders with our [relative] and their eating habits, really worked with [relative] to improve [healthy eating]".

People living at the home told us that they had their own snack cupboard and this had things they could

have during the day. We saw on the day of our visit that people helped themselves to drinks throughout the day and independently made their own lunch, and decided what to have.

The registered manager told us that they knew the people's food likes and dislikes which people living at the home confirmed. Care records that we viewed also confirmed these and what prompts to give people to remember to eat a healthy diet.

People living at the home told us, and the registered manager confirmed that they liked to grow a lot of their own vegetables on the allotment and that they ate a great deal of fruit and vegetables. This meant that people had access to healthy options for snacks which supported good nutrition.

The registered manager told us that they felt confident referring people to other health and social care professionals and we saw information relating to these referrals. There was information regarding community nursing visits and appointments with the GP.

Is the service caring?

Our findings

People living at the home told us that they were happy with the care provided, and all the people living at the home told us how happy they were with the registered manager. A relative told us, "We could not wish for a better person to look after our [relative]" and another told us, "Really good quality of care, there is good care, much affection and much excitement" they went on to add, "Couldn't wish for any better – truly cannot praise enough".

We observed the rapport to be good between the registered manager and the people living at the home and it was a happy and calm environment. People told us that they always had lots of things to do and the registered manager helped them with ideas of different things to do. For example the registered manager took one person to the beach when it had snowed to walk the dogs. The person who went told us how beautiful they thought it was and they were the only ones there. They said that they would never forget that moment and was pleased they could go.

Whilst we were visiting the home one person sustained a minor cut and was supported by the registered manager in a calm and reassuring manner to clean the wound and get a plaster. The person was able to carry out some of this task themselves and was guided by the registered manager.

The registered manager explained how important it was to get to know the likes and dislikes of the people at the home and to encourage them to maintain relationships with family if this was appropriate. For example people told us that family often visited and they told us about who they were and what they liked doing. People living at the home told us, and relatives confirmed that they were supported to call family whenever they wanted too.

People told us and we observed that they made their own decisions about the tasks they were going to undertake that day or week. One person did tell us that if big trips or events were taking place they did not like these to be moved, as they felt unsettled. However they could explain to us that sometimes they liked to move activities because the weather was bad or they wanted to do something else.

The registered manager told us that the people at the home could make choices about what to do and what to eat. For example, during our visit, after lunch the people living at the home chose independently what they were going to do that afternoon, before going up to the allotments later on. People confirmed to us that the days were flexible and they could do different things at different times.

People living at the home were involved in their care planning, both long term and day to day. This was confirmed by people living at the home who could tell us the activities they did and how they were kept safe whilst doing them. This was consistent with the care records that we reviewed. Relatives also confirmed to us that this was the case. A relative told us, "Oh yes, the care plan is done with [relative] and reflects her personality", and they went on to say that through, "This care planning [the registered manager] had taught [relative] to take some responsibility for themselves".

for example if a person got upset or needed some space records reflected that they went to find some quiet space until they felt ready to join back in with activities. After lunch one person was not feeling well and went and had a lie down for the afternoon, to get some rest and have some time to themselves.

We saw that people had their own private rooms, meaning that their dignity was always respected when care was being delivered.

Is the service responsive?

Our findings

We reviewed the care records of three people that lived at the home. Records were detailed and clear and had corresponding risk assessments. There was evidence that these records were updated regularly and these had been confirmed by people living at the home and the registered manager. □

The registered manager was the only person that worked at the home and therefore the care records are detailed to support in an emergency situation, for example if the registered manager was taken unwell there was sufficient information to support with having people's needs met.

The people living at the home had varied tastes and also common interests. For example one person told us that they loved to do colouring and showed us their work so far. Another person told us about how they had been mending their bike, whilst the third person liked comedy. Additionally the people living at the home told us that they undertook volunteering in the community and as a group had been helping to restore an old crab boat. They visited the local lifeboat centre and took part in activities. The home had a lot of pets which the people who lived at the home help cared for, including exotic animals and birds which they told us all about. They helped to look after the chickens that they kept as well and helped out on the allotments growing vegetables.

We were told about the trips to Scotland that they enjoyed and the fishing trips. People told us that they had joined a local tennis club and this had been sponsored by the local club. A relative confirmed to us that their relative enjoyed the activities that they did by saying, "Quality of life is perfect for [relative], adores the animals, been all over the place, fishing, Evesham – we could never do that".

The people living at the home said that they talked to the registered manager all the time about what they wanted to do and choices around daily tasks and what meals to have. They told us that they felt confident to do this. The registered manager told us that the people living at the home would speak directly to them if they had any concerns about their care but not always. The registered manager said that they understood the people living at the home and would ask them if she thought they were not happy about something. A relative told us, "Not got any concerns that we have had to raise, it's perfect".

Is the service well-led?

Our findings

The registered manager told us that they welcomed visits from the local authority and other professionals so that they could share the experiences of the home and access feedback from them.

During our visit the registered manager had fully supported the people living at the home to be involved in our inspection visit. They reassured people and supported them to understand what was happening and why the visit was taking place.

Relatives told us, "[Registered manager] had known [their relative] since they were 18 years old and [registered manager] couldn't care for them better". People living at the home spoke highly of the registered manager and felt confident to tell us about the home. The general atmosphere at the home was calm and the people living at the home and the registered manager interacted well together.

The registered manager understands the statutory notifications that the CQC needs to receive. Additionally to this the registered manager showed us the information that was required by the local authority, with respect to what work the registered manager had carried out to meet people's needs. The registered manager using this as a quality monitoring tool for the care that is provided to people living at the home.

The registered manager did not have the audits which would normally be expected when reviewing a standard residential care setting, and therefore they were not available to view. However, the registered manager could communicate the risks to the service and the actions that they were taking.

The registered manager worked closely with the local authority to access information, training and support for running the home. This included support around care planning and risk assessments.

The registered manager involved the people living at the home in key decisions and relatives confirmed this to be accurate.