

Brian Hall

Brian Hall - 1 Ratcliffe Road

Inspection report

1 Ratcliffe Road
Hobs Moat
Solihull
West Midlands
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Date of inspection visit:
18 February 2016

Date of publication:
01 April 2016

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 18 February 2016. It was announced because the location is a small care home for one person who was often out during the daytime. We needed to be sure they would be in to talk with us about their home.

1 Ratcliffe Road is located in Solihull in the West Midlands. It is registered to provide accommodation to one person and there was one person living at the service at the time of our inspection. There was a communal lounge and kitchen area. The person had their own bedroom.

The person felt safe living at the home. Risk assessments were in place to minimise the risks to the person's safety and the provider had a good understanding of how to minimise risks. Records we looked at were up to date. Medicines were stored safely and securely. The person received their medicines as prescribed from the trained provider.

The provider understood their responsibilities under the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS) to ensure the person was supported in a way that did not restrict their freedom.

The provider showed respect and kindness towards the person. The person was involved in making decisions about their care and how the home was run. The atmosphere was friendly and relaxed and we saw the person was comfortable in the environment.

The provider knew how the person preferred their care and support to be provided. This was reflected in the person's personalised care plan. The provider respected and understood the person's right to privacy and promoted their independence. The person chose to pursue a variety of hobbies and interests at home and in their local community.

The person's nutritional needs were met and they chose what they would like to eat and drink. They were supported to maintain their health and well-being and the provider knew when to refer to other health professionals.

There were good opportunities for the person to discuss any concerns or ideas that they had about the service. The person had an advocate and knew how to make a complaint. Systems to drive forward improvement and monitor the quality of the service were in place.

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 person felt safe living at the service. The provider had a clear understanding of their safeguarding responsibilities. There were systems in place to protect the person from risks associated with daily living and the environment. The person received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

The person received consistent care and support from the provider who knew the person well, and had the skills to provide the care they required. The provider was meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The person received enough to eat and drink and was supported to access healthcare services to maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

The person received care and support that met their needs. The provider was kind and respected the person's privacy and dignity. The person was encouraged to maintain their independence and make choices.

Is the service responsive?

Good ●

The service was responsive.

The person contributed to how their care and support was provided. Care records were up to date and the provider had the information they needed to support the person according to their preferences. The person pursued hobbies and interests they enjoyed and had the opportunity to raise any concerns or complaints.

Is the service well-led?

Good 

The service was well-led.

The provider was accessible to the person who lived at the service. The person was involved in how the service was run. Audits and checks were completed to ensure the quality of the service was under constant review and improvements were made.

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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.

We inspected the service on 18 February 2016. The inspection was announced and was undertaken by one inspector. We announced our visit because it is a small care home and we needed to be sure that someone would be available to talk to us.

Before the inspection visit we reviewed the information we held about the service. We looked at the statutory notifications that had been sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also spoke to the local authority commissioners. They told us they were happy with the service provided. Commissioners are people who contract service, and monitor the care and support when services are paid for by the local authority.

We spoke with the person who lived at the home and the provider who was also the owner of the home. We observed how care and support was delivered in communal areas of the home. We looked at a range of records about the person's care including their care plan and risk assessment.

Is the service safe?

Our findings

One person lived at the home at the time of our inspection. They told us, "Everything is good". We saw the person was relaxed in the environment and the atmosphere was calm and homely. The provider told us they had attended safeguarding training and they described to us what action they would take if they had concerns. They knew they needed to notify us and the local authority. The person was protected against the risk of abuse, as the provider knew how to keep them safe from harm.

The provider had a positive approach to risk taking and encouraged the person to be independent. The provider had identified the risks associated with the person's care and support and detailed actions were recorded in the person's care plan to reduce the risk of harm occurring. For example, we saw how the person was supported by the provider when having a shower. The person told us "They [provider] always check the water is not too hot for me". This reduced the risk of the person's skin being scalded by hot water. The provider told us they reviewed the person's risk assessment every month, and the person's needs had not changed for several years.

No staff were employed at the home and the person told us the provider was able to meet all of their care and support needs. They said, "I am fine". The provider showed us their contingency plan for any unexpected events. It detailed what the person needed to do if the provider was unable to support them. They told us, "I have a plan in place in case anything goes wrong. There are pre-cooked meals in the freezer and [person] can use the telephone to get help from a neighbour or their advocate".

Emergency plans were in place. The local fire service had previously visited the home to advise the provider on how to evacuate the building safely in the event of a fire. There were clear instructions for the person to follow and the person knew if they heard the fire alarm they needed to leave the building quickly.

There was a system in place to record incidents and accidents that occurred, but the provider told us there had never been any accidents. We saw the home environment had been risk assessed to make sure it was safe for the person to live there. Safety checks took place, electrical equipment was checked annually and the gas boiler had been serviced in 2015 to make sure it was working correctly.

We found medicines were stored securely. The provider had completed the training they needed to administer medicines safely. Administration records were kept by the provider and regular medication audits were completed to make sure the person received their medicines as prescribed. These records showed the person had received their medicine at the right time and in the correct quantities.

Is the service effective?

Our findings

The person had lived with the provider for the last 23 years. This meant there was a consistent approach to the care and support provided. Care records we looked at showed the person was fully involved in planning and had agreed to their care.

The provider had attained a level three qualification in health and social care, and completed relevant health and social care training to effectively meet the needs of the person who lived 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.

We saw the person made all decisions for themselves. The provider had a good understanding of their responsibilities under the MCA and DoLS and the rights of the person were protected. They told us "[Person] is free to come and go as they please". The person confirmed this was correct and said "I have a key to the front door". We observed the person being supported during the visit and we saw the provider asked for their consent before providing assistance.

The person was supported to maintain good health and eat a balanced diet. They told us what they liked to eat and drink and they didn't have any special dietary requirements. The provider explained they went shopping for food every day as the person liked to eat fresh home cooked meals. The person explained they could help themselves to a drink or a snack whenever they chose to do so.

The person was supported to manage their health and well-being. The provider supported the person to attend health appointments and care records showed contact had been made with health professionals to support the person when needed. These included the dentist, GP and an optician. For example, the person had recently visited their GP for a health check.

Is the service caring?

Our findings

The person spoke positively about the care and support they received. They told us the provider "Is a nice man". They had lived at the home for many years and it was clear they were familiar with daily routines. The provider told us "[Person] is happy living here, we have no problems".

We spent time in the communal lounge and we saw the atmosphere was calm and relaxed. We heard the person and the provider discussing their plans for later in the day and we saw they had a good rapport with each other. The person confidently approached the provider who responded to them in a respectful way.

The provider respected their home was also the person's home. They told us "Its [person's] home, we enjoy each other's company". They recognised the importance of promoting the person's independence and told us, "[Person] is very independent, and I encourage them to complete some tasks around the house". The person was supported to maintain relationships with people who were important to them. They told us they frequently met up with their friends at local social clubs.

The person had an advocate. An advocate is a person who works as an independent advisor in a person's best interests and support people in making decisions. The provider told us, "[Person's] advocate visits them often to have a chat and to provide support".

The person had their privacy whenever they wanted it. They told us they went to their bedroom when they wished to do so. They had chosen how to decorate and furnish their bedroom and their personal belongings were on display, for example photographs, and Laurel and Hardy film memorabilia.

Is the service responsive?

Our findings

The person made their own decisions about how to live their life. For example, they told us how they had arranged a holiday of their choice with support from the provider for later on in the year.

The provider demonstrated they had good knowledge of the person's individual needs and were able to tell us how the person preferred to be supported. The person had a care plan that contained information and guidance personal to them. The care plan was reviewed each month or sooner if a change had occurred. The provider had the necessary knowledge to ensure the person's preferences and needs were at the centre of the care and support they received.

The provider gave support to the person as they requested and encouraged them to participate in a variety of hobbies and social activities which they enjoyed. For example, completing jigsaw puzzles and going to the pub for a drink. We saw the person chose to use public transport to travel on their own in the local area and they preferred to be accompanied by the provider to travel to places that were further away.

The person told us they felt comfortable to give feedback to the provider about the home. They would tell their advocate if they were unhappy or if they wanted to make a complaint. The provider understood their responsibilities to support the person to share concerns and make a complaint if they wanted to do so. They told us "We talk every day; I would know if [person] was unhappy about something, we know each other well". The provider had not received any complaints for over twenty years.

Is the service well-led?

Our findings

We observed the person was relaxed throughout the visit and they chose how they wanted to live their life. For example, they chose what they would like to do and what they would like to eat each day. They told us "There is only me, I like it". The provider told us they spoke every day with the person about the care and support they received. This gave the person the opportunity to make any changes.

The provider took appropriate action to minimise the risks to the person's health and wellbeing. Regular checks took place in the home to drive forward improvement and maintain quality. These included medicines audits and health and safety checks. The provider gave assurances that action would be taken to make any required improvements. They were keen to continually improve the home and planned to redecorate some areas in the near future.

A provider information return (PIR) was not submitted before the inspection. We gave the provider the opportunity during the visit to tell us what the service did well and what areas could be developed. They told us "There is always room for improvement and we are flexible. We have a few routines but it's up to [person] how we do things". The person could not think of anything that needed to be improved.

The provider told us they would make contact with either the local authority or the CQC if they needed any support. They knew they needed to send notifications to us about important events and incidents that occurred at the service. It is important that the CQC receives all necessary notifications so we can monitor the service and take action when required.