

Ms June Dunne

Ms June Dunne - 26 Huntly Road

Inspection report

26 Huntley Road
Fairfield
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L6 3AJ

Tel: 01512609120

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12 January 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 inspection took place on 12 January 2016 and was announced.

26 Huntly Road is a residential service which provides accommodation and personal care for a maximum of three people. At the time of the inspection two people were living at the home.

A registered manager is not required for this service.

People told us they felt safe living at the home. Risk was appropriately assessed and recorded in care records. People were involved in decisions about their care and taking risks.

Accidents and incidents were recorded in appropriate detail and assessed by the manager.

The home had sufficient staff to meet the needs of the people living there. There was minimum of one member of staff per shift with extra provision depending on activities.

Staff were recruited subject the completion of appropriate checks and references.

The home had a robust approach to safety monitoring and employed external contractors to service and check; gas safety, electrical safety and fire equipment. We saw that checks had been completed in each area in 2015.

We saw that medicines were stored safely and securely in their room and that staff maintained a detailed record of administration.

Staff clearly had the skills and knowledge to meet the needs of people living at the home. The induction process required them to complete a programme of e-learning (on-line courses), face to face sessions with the manager and a period of shadowing (working along-side and experienced colleague) before being offered a permanent position.

Staff demonstrated that they understood the key principles of the MCA and delivered care and support in accordance with the act. All of the people currently being provided with services had capacity or had a nominated person to speak on their behalf.

The people living at the home were actively involved in choices about food and drink and had free access to the kitchen.

Throughout the inspection we observed staff interacting with people in a manner which was kind, compassionate and caring.

People were consistently involved in their own care and contributed to making decisions based on information provided by staff. Staff adapted their communication style to meet the needs of the individual.

People's individual preferences and personalities were reflected in the decoration of their bedrooms.

People living at the home had care delivered only when it was needed. They were encouraged to be as independent as possible and received staff interventions on request or when staff assessed that support was required. Staff knew the needs and preferences of each person and responded with confidence when care or communication was required.

The home had a clear and consistent vision and strong values. We saw that these values were applied in communication with people and in the delivery of care and support.

Staff were clearly motivated to do their jobs and enjoyed working at the home.

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.

Staff were recruited safely subject to the completion of appropriate checks and references.

Risk was appropriately assessed by experienced staff and reviewed on a regular basis.

Medicines were stored and administered safely by staff. Detailed records were maintained.

Is the service effective?

Good ●

The service was effective.

Staff demonstrated that they understood the key principles of the Mental Capacity Act 2005 (MCA) and delivered care and support in accordance with the act.

Staff were suitably trained and supported to ensure that they could meet the needs of people living at the home.

Is the service caring?

Good ●

The service was caring.

Staff interacted with people in a manner which was kind, compassionate and caring.

People were consistently involved in their own care and contributed to making decisions based on information provided by staff.

Staff adapted their communication style to meet the needs of the individual.

Is the service responsive?

Good ●

The service was responsive.

People's individual preferences and personalities were reflected

in the decoration of their bedrooms.

People living at the home had care delivered only when it was needed. They were encouraged to be as independent as possible and received staff interventions on request or when staff assessed that support was required.

Staff knew the needs and preferences of each person and responded with confidence when care or communication was required.

Is the service well-led?

Good ●

The service was well-led.

The home had a clear and consistent vision and strong values. We saw that these values were applied in communication with people and in the delivery of care and support.

Staff were clearly motivated to do their jobs and enjoyed working at the home.

The manager had developed an approach to quality monitoring which was appropriate for the size of the home.

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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 12 January 2016 and was announced. 48 hours' notice was given because the service is a small care home and the people who live there are often out during the day. We needed to be sure that someone would be in.

The inspection was conducted by an adult social care inspector.

We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all of this information to plan how the inspection should be conducted.

We spoke with people using the service, their relatives, staff and the manager. We also spent time looking at records, including two care records, three staff files, staff training plans, complaints and other records relating to the management of the service. We also observed the delivery of care at various points during the inspection.

During our inspection we spoke with the two people living at the home and two relatives. One of the people living at the home communicated using sign and was unable to respond to formal questions. We also spoke with the manager and two staff.

Is the service safe?

Our findings

People felt safe living at the home. One person told us, "Yes [I feel safe]. Staff know how to look after me." Staff clearly understood different types of abuse and neglect and what signs to look out for. One member of staff said, "It's about being here all the time and knowing what signs to look for." Staff also knew what action to take if they suspected that abuse was taking place. A relative told us, "[Care] is delivered safely."

Risk was appropriately assessed and recorded in care records. People were involved in decisions about their care and taking risks. The manager said, "Risk is assessed as a team with [people living at the home]. Staff assess risk automatically and intuitively." We were given an example where staff had been asked to complete a risk assessment in preparation for a holiday. The manager told us, "They [staff] didn't understand the need for a formal risk assessment at first, but I explained why it was important and insisted that it was done."

Accidents and incidents were recorded in appropriate detail and assessed by the manager. The accident book contained a number of records dating back to June 2015. The last entry was in December 2015.

The home had sufficient staff to meet the needs of the people living there. There was minimum of one member of staff per shift with extra provision depending on activities. The manager lived in separate accommodation within the same building and was available to provide additional support as required.

Staff were recruited subject the completion of appropriate checks. This included a requirement for two references and a Disclosure and Barring Service (DBS) check. DBS checks are used to determine that people are suited to working with vulnerable adults. Each of the staff records that we checked contained an application form, references, DBS check and training record.

The home had a robust approach to safety monitoring and employed external contractors to service and check; gas safety, electrical safety and fire equipment. We saw that checks had been completed in each area in 2015. During the inspection we saw that two fire doors required repair or adjustment. We spoke with the manager about this and they confirmed that the issues had already been identified and a repair booked. They agreed to ensure that the doors were closed properly pending the repair. The home had a general evacuation plan in place and tests were conducted and recorded each month.

Only one of the people living at the home regularly took medication. We saw that medicines were stored safely and securely in their room and that staff maintained a detailed record of administration. Medicine administration record (MAR) sheets were completed correctly and stocks were checked at each staff handover. We saw that this was recorded. The manager told us that they also checked stocks and MAR sheets on a regular basis.

Is the service effective?

Our findings

Staff clearly had the skills and knowledge to meet the needs of people living at the home. The induction process required them to complete a programme of e-learning (on-line courses), face to face sessions with the manager and a period of shadowing (working along-side and experienced colleague) before being offered a permanent position. The home used a recognised provider for e-learning courses and maintained an electronic record of each person's training.

Staff were given regular formal supervision which was recorded on their file. They were also given daily informal supervision by the manager and senior support worker. One member of staff told us, "I have done on-line training and I refresh it regularly. I have supervision every month or two, but we [staff] have supervision every day." The manager said, "Induction is done between myself and [senior support worker]. It involves shadowing."

We asked staff about their understanding of the Mental Capacity Act 2005 (MCA). The 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. Staff demonstrated that they understood the key principles of the MCA and delivered care and support in accordance with the act. All of the people currently being provided with services had capacity or had a nominated person to speak on their behalf. We were told about a situation where one of the people living at the home required dental treatment, but was refusing the treatment. An independent advocate was engaged to represent the person at a best-interests meeting before a decision was reached.

The people living at the home were actively involved in choices about food and drink and had free access to the kitchen. We were told that they made light snacks and drinks whenever they chose. The menu varied according to the preferences expressed by the two people and each could choose a different meal if they wished. People chose their food by selecting from the actual products available in the kitchen. Staff prepared the meals or supported people to prepare them as required. People's specific dietary needs were supported within the home. One of the people living at the home went shopping for food with staff. They said, "I go shopping and get to choose what I eat."

People were supported to maintain good health by accessing a range of community services. One person told us, "I go to the doctor nearby. The staff go with me." We were also told that people had a dentist and a chiropodist and had regular check-ups. We saw evidence of this in care records. One person had a programme of leg exercises recommended by an occupational therapist. Staff told us that they encouraged and supported the person to do the exercises.

Is the service caring?

Our findings

Throughout the inspection we observed staff interacting with people in a manner which was kind, compassionate and caring. One person told us, "Staff are always nice." A relative told us, "They [staff] all seem to be good. [Relative] loves them." A member of staff said, "I think it [caring] is about taking an interest. There's no divide here between staff and residents." The manager told us, "I'm part and parcel of the delivery of care." We saw that staff spoke constantly with people living at the home. They explained what they were doing and discussed activities. Staff clearly knew the needs of people very well and were able to explain the different approaches that they adopted to meet people's needs. One member of staff said, "We are fortunate that we are a small service and don't have to be task-led."

We saw that people were consistently involved in their own care and contributed to making decisions based on information provided by staff. Staff adapted their communication style to meet the needs of the individual. One person used speech and although this was sometimes difficult to understand for somebody who was unfamiliar with the person, staff offered gentle encouragement and support to ensure that they were able to communicate independently. Another person used sign and speech to communicate. Staff understood each sign that was used and responded appropriately.

We saw that people had choice and control over their lives and that staff responded to people expressing choice in a positive and supportive manner. One person told us, "Staff ask what I'd like to do."

People's privacy and dignity were protected and promoted by staff. A member of staff said, "We knock on doors and ask permission where appropriate. We encourage independence in personal care." The manager said, "We respect people as individuals." We saw that staff respected each person and understood their rights. Staff spoke with respect about people and promoted their dignity in practical ways. We were told that people were encouraged to use the bathroom upstairs because they didn't always lock the door and the alternative bathroom was visible and accessible from the hallway. In this way people were protected from the risk of anyone entering the bathroom while it was in use.

Relatives and friends were free to visit at any time. The property was set-up as a family home with different areas where people could entertain visitors in private if they chose. Decoration, fixtures and furniture were of a high standard and made the building feel homely and welcoming.

Is the service responsive?

Our findings

We saw from our observations that people were involved in the planning of care on a day to day basis. One person said, "Staff ask what I'd like to do." A member of staff told us, "We support people with personal interests. Both ladies like music and dancing." A relative said, "She goes on quite a few holidays and goes to all the concerts."

Care records showed that assessment and care planning were completed with the individual were appropriate and involved staff and other social care professionals. One of the people living at the home had difficulty contributing to the process. The manager told us, "[Person] is not always vocal, but we ask the relevant questions and involve the staff."

We saw that people's individual preferences and personalities were reflected in the decoration of their bedrooms. Both of the rooms that we were invited to see were bright, colourful and personalised with pictures and personal belongings.

One of the people living at the home was supported to maintain relationships with family members through regular visits and communication. A member of staff told us, "[Person's] mother visits every other week and we go out with them on birthdays."

We observed that both of the people living at the home had care delivered only when it was needed. They were encouraged to be as independent as possible and received staff interventions on request or when staff assessed that support was required. Staff knew the needs and preferences of each person and responded with confidence when care or communication was required. A member of staff said, "[Person] has no trouble agreeing or disagreeing. [Person] will let you know when things are wrong."

Each of the people living at the home was able to communicate their needs, satisfaction and dissatisfaction through direct contact with the staff. One member of staff said, "It's mostly just listening to what people say. You know by how they are if they're unhappy." The home also had a complaints procedure with a box marked for suggestions and complaints in the hallway. The records that we saw indicated that no formal complaints had been received in 2015. Relatives were able to communicate with staff and raise concerns on visits or by telephoning the home. A relative told us, "I can phone and speak to [manager] at any time."

Is the service well-led?

Our findings

The home had been developed with input from the people living there and the staff team. Communication between staff, relatives and the manager was open and regular. A member of staff told us, "[People living at the home] are consulted, staff are consulted. The team is very close. The conversation is on-going."

The home had a clear and consistent vision and strong values. A member of staff said, "[We are here to] enhance lives, give more options, choice and freedom." The manager and other member of staff that we spoke with described the home in similar terms. We saw that these values were applied in communication with people and in the delivery of care and support. Records that we saw indicated that the values had been applied in planning activities. For example, we were told by a relative and staff that one of the people living at the home had expressed a wish to go on holiday with a family member. Additional resources were identified to facilitate the request.

The manager was visible and available throughout the inspection process. A member of staff said, "[Manager] is always available". We saw that manager's interactions with people and staff were relaxed and informal, but they also led the team in a direct, professional manner when required. We spoke with the manager about responsibilities in relation to reporting to CQC and the regulatory standards that applied to the home. The manager was able to explain their responsibilities in appropriate detail and told us that they accessed the CQC's website for guidance and information.

Staff were clearly motivated to do their jobs and enjoyed working at the home. We were told, "[manager] demands the top standards, but you're not ordered or told." Staff understood their roles and demonstrated that they knew what was expected of them. The manager maintained important information on staff files and electronic records.

The manager had developed an approach to quality monitoring which was appropriate for the size of the home. They undertook daily monitoring of; staff performance, satisfaction and the physical environment and addressed issues as they arose. They maintained a written record of significant issues which could be discussed at staff supervisions if required. They told us that team meetings were generally informal and often occurred daily. Staff were required to sign to confirm that they had read and understood important information. We saw that this process had been completed. The staff that we spoke with were able to confirm that issues were addressed daily and recorded in minutes, daily records and message books.