

Adrian O'Brien Rachel Amiee O'Brien

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Amiee O'Brien - 122 Scorer  
Street

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Good</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Good</b> ●

# Summary of findings

## Overall summary

We inspected the service on 5 November 2018. The inspection was announced. Adrien O' Brien is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 can accommodate up to two people who experience learning disabilities or autistic spectrum disorder.

On the day of our inspection one person was living at the service.

The care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. People were given choices and their independence and participation within the local community encouraged.

At our last inspection on 26 February 2016 we rated the service 'good.'

At this inspection we found the evidence continued to support the rating of 'good' overall but there had been a deterioration in 'Safe' which is now rated as 'requires improvement'. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The registered manager and staff they employed ensured the person received care and support when they needed it and the registered manager knew how to safeguard the person from situations in which they might experience abuse. However, full background checks had not always been completed before new staff were employed.

Risks associated with the person's needs including the environment, had been assessed and planned for and these were monitored for any changes.

Medicines were managed safely and the person received their medicines as prescribed.

Staff received the training and support they required to meet the person's individual needs.

The person had access to a varied diet and was supported to maintain their nutritional needs.

The registered manager worked well with external health care professionals, the person was supported with all of their health needs and continued to be enabled to access community health services when required.

The principles of the Mental Capacity Act (MCA) were followed and the person was supported to have maximum choice and control of their lives and the registered manager supported them in the least restrictive way possible.

The person's needs were assessed and planned for with the full involvement of the person and their relatives. The person continued to receive care from staff who were kind, compassionate and who treated them with dignity and respected their privacy. The person's independence was fully promoted.

The person received opportunities to pursue their interests and hobbies and there was a process in place to enable the person and their relatives to raise any concerns or complaints they may have.

There continued to be an open and transparent and person-centred culture at the service. People were encouraged to give their views on how the service was run and there were systems in place to monitor and improve the quality of the service provided.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

Background checks had not always been completed before new staff were employed.

There were enough staff available to support the person safely and staff understood how to keep the person safe from the risk of abuse.

The person was supported in ways which helped avoid preventable accidents and medicines the person needed were managed in a consistent way.

**Requires Improvement** ●

### Is the service effective?

The service remained good.

**Good** ●

### Is the service caring?

The service remained good.

**Good** ●

### Is the service responsive?

The service remained good.

**Good** ●

### Is the service well-led?

The service remained good.

**Good** ●

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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 comprehensive inspection took place on 5 November 2018 and was announced. We gave the provider short notice of the inspection visit because it is a small home and the person who lived there often went out into the community to undertake activities of their choice. We therefore wanted to offer the person the opportunity to be involved in the inspection visit.

The inspection team consisted of one inspector. Prior to this inspection visit, we reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and any information that had been sent to us by other agencies.

During the inspection visit, we spoke with the person who lived at the service and with their permission, two of their relatives by telephone for their views about the service they received. We also spoke with the registered manager who was also the registered provider of the service.

We looked at the care records for the person who lived at the service. We also looked at the management of medicines, staff recruitment processes and training information, as well as a range of records relating to the running of the service. This included audits and checks and the registered manager's processes for the management of fire risks.

# Is the service safe?

## Our findings

The person told us they felt very safe living at the service. They said, "I like living here. I feel safe and free to do the things I like to do."

Although there had continued to be no safeguarding incidents in the service, people were protected from the risk of harm because there were processes in place to minimise the risk of abuse and incidents.

The registered manager described how they understood their responsibilities to protect people's safety. Risk assessments were in place and the registered manager was knowledgeable about what action to take to reduce risk. For example, the person told us how they liked to go out on their own but that if they wanted the registered manager or a staff member to go out with them, this would always be arranged. The person also told us when they went out into the community, they took their mobile telephone with them and were confident that the registered manager and they could speak with each other at any time they needed to. The person commented, "When I go out into town I feel very safe."

The registered manager told us they employed two staff members to support them with any periods of cover required if they needed to attend personal appointments and that they worked on an 'as and when needed' basis. They also told us they took any holidays at the same time the person who lived in the service went to stay with their relatives so that additional support from the staff they employed was kept to a minimum.

The registered manager showed us they had a system in place to recruit staff safely which included an application and interview process. However, when we looked at the records related to the Disclosure and Barring Service checks (DBS), we found they had not received all the information required to confirm the staff were suitable to be employed in the service. The registered manager told us that no concerns had been identified or raised about the conduct of the staff since they had been appointed, and undertook immediate action to update the recruitment information required. The registered person assured us the recruitment processes would be further strengthened to make sure that in future all the necessary checks would be completed in the right way.

There were systems in place to ensure safety in areas such as fire safety and food hygiene and staff had received training in health and safety issues and how to respond if there was a fire in the service.

We noted that the control and prevention of infection was well managed and observed that all areas of the premises looked clean. There was equipment in place to reduce the risk of infection such as appropriate cleaning equipment and chemicals which were safely stored in a locked cupboard. The registered manager had also ensured staff had access to policies and procedures on infection control that met current and relevant national guidance.

We saw that arrangements were in place to enable the person to receive their prescribed medicines safely. The person showed us they had a lockable cabinet in their room which they said the medicines were stored in. The registered manager showed us records were in place to confirm when the person needed to access

the medicine they needed and were updated to show when the medicines had been taken or applied. The registered manager was knowledgeable about the person's medicine needs and records showed the staff employed had received training to know how to support the person in the same way whenever it was required. The registered manager also told us audits continued to be carried out regularly to ensure medicines were being managed consistently.

## Is the service effective?

### Our findings

The person showed us around their home and how they had set their room out in the way they preferred. The person told us they liked living in a family home and that the premises and environment met their needs well and was fully accessible for them.

The person told us they felt confident that the registered manager and staff had the skills needed to care for them and described this by saying, "I think the staff do a good job but they let me have the space I need and support me to be free."

The person's physical, mental health and social support needs had been assessed and their care and support was planned and delivered in line with the way the person told us they wanted it. Care records had been signed by the person to show they had agreed with them and when they had been reviewed and updated, the person had signed again to confirm any changes had been discussed with them.

We saw the person had access to information that enabled them to understand their care needs and the health services available to them and this ensured the person was not unduly discriminated against.

The registered manager told us they continued to maintain systems for ensuring the staff they employed received an induction, support and supervision and any appropriate training needed to ensure the care provided was individualised to the person themselves. The training included nationally recognised qualifications which all the staff had either enrolled onto or completed.

The person's nutritional needs were assessed and there was information in the care plan record detailing their nutritional preferences and needs. The person showed how they were involved in planning their menus and how healthy eating was encouraged by the registered manager. The person went to the kitchen and showed us a shopping list they had just put together saying, "We plan what we are going to buy and I am a pasta fan so it's on the list!"

The registered manager was very knowledgeable about the person's care needs and they told us that whenever it was needed, external health professionals were involved in the person's care. Staff worked closely with specialist health professionals to make sure the care they provided was appropriate.

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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The person told us and care plan records showed staff how the person liked to make their own decisions and what support they needed to enable them to do this. The person also told us consent was always sought before care and support was provided.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our visit the registered manager confirmed there were no restrictions in place for the person and no DoLS authorisation was required to support the person.

# Is the service caring?

## Our findings

At the start of our inspection we were greeted by the person and the registered manager. The person welcomed us and asked, "Would you like a cup of tea?" The person proceeded to make the tea, checking how we liked it and describing how they made it. The person described in detail how they regarded the service as their home and told us, "I feel like I belong here."

Observations and discussions with the registered manager showed that they clearly continued to know the person and their needs well. When describing the registered manager, the person told us, "They take time to listen to me and understand my ways. I am not the easiest person to live with but there is good understanding here."

The person told us how they had continued to have their privacy, dignity and independence promoted. They told us, "This house is my home. I have my own bathroom which I use myself and I can lock the door to my room if I want to."

The registered manager told us how they maintained regular contact with the person's family and that they planned their activities and events together so that the person could see their relatives in the way they wished.

We spoke with two of the person's relatives about the care provided and one of them commented, "The manager is great and our family member is being cared for in the best way they could possibly be."

The registered manager showed us they and staff continued to have the information and knowledge to support the person to access lay advocacy services if they required them. Lay advocacy services are independent of the service and the local authority and can support people in their decision making and help to communicate their decisions and wishes.

The registered manager and staff understood the importance of keeping the person's personal information confidential. We saw the care records created had been kept securely and that computer records were password protected so they could only be accessed by the registered manager and staff involved in providing care for the person.

## Is the service responsive?

### Our findings

The person had a detailed set of care and support plans which were personalised to their own needs. The information was up to date and contained detailed information about the person, including their life experiences and people of importance to them. The plan was kept under regular review and updated in line with any changes needed.

The person had been supported to choose and engage in a range of activities and interests of their choice. Care records showed that the person had been asked about any spiritual beliefs they had and the registered manager told us the person would always be supported to follow any they may have chosen to follow.

When speaking with the person about the activities they undertook they showed us an activity board which they kept updated saying, "I go out most days. I choose the things I want to do. I am going to the library to use their computers and we are going out for a pub meal tonight. Tomorrow I am going to the farm because I like going there." The person and the registered manager told us how the person visited a local farm and that they looked after chickens which they told us they, "Really liked to do." The person also told us, "We plan short breaks and holidays. I have recently been to Blackpool and really enjoyed it. We stopped off in York on the way home. It was very nice."

In addition, the person also told us they visited their family four times a year and the person's relatives said this helped them to maintain a strong relationship with their loved one. One relative said, "Each break lasts for about a fortnight and we get to fully catch up with how our family member is."

The registered manager had a complaints procedure which they followed. The person continued to have access to information about how to raise any concerns or complaints they may have and told us they knew how to raise any issues and felt confident to do so saying, "I am always honest. If I don't like something I say, and we get it sorted out together." The person's relatives told us communication between them and the registered manager was good and although they did not have any, they would not hesitate to raise any issues. They were confident the registered manager would respond to any complaints if they did need to raise any.

The registered manager told us that although they had not yet started to discuss any arrangements the person may wish to have in place for any end of life care they may need, they had a plan in place to commence this in the near future. They told us the information was due to be updated and included in the person's care plan.

## Is the service well-led?

### Our findings

The service had a registered manager in place at the time of our inspection who was also the registered provider. 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 person and their relatives told us they felt the service was well led and that the registered manager was very supportive to them. The person told us. "I am more confident and I have the ability to be independent due to living here."

Although it had not been needed, the registered manager showed us they had processes in place that ensured the CQC and other agencies, such as the local authority safeguarding team were notified of any incidents related to the person or issues that could affect the running of the home.

Through our discussions with the registered manager, they demonstrated a clear understanding of their role and responsibilities. They showed us they had maintained a rolling programme of audit and quality checks covering care provision and those areas related to the home environment and health and safety. The registered manager used daily discussions with the person and regular contact with the person's relatives to keep the arrangements for care delivery under review and fully involve them in this process. The person told us they felt fully consulted with about the way their care and support was provided.

The registered manager confirmed they continued to ensure staff they employed knew who to escalate concerns with, either by using the provider's whistle-blowing processes or to the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

The latest CQC inspection report rating was available in the service so it was accessible to the person and any visitors who wished to view it and the registered manager told us a copy of the report had been shared with the person's relatives.