Ms Maisie Melanie Bell & Mr Percival Fitzroy Drummond

Ms Maisie Melanie Bell & Mr Percival Fitzroy Drummond - 40 Lewisham Park

Inspection report

40 Lewisham Park
Lewisham
London
SE13 6QZ
Tel: 0208 314 1877

Date of inspection visit: 29 September 2015
Date of publication: 27/11/2015

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

Overall summary

The inspection took place on 29 September 2015 and was unannounced. Ms Maisie Melanie Bell & Mr Percival Fitzroy Drummond - 40 Lewisham provides accommodation for up to three people who have a learning disability. At the time of the inspection there was one person using the service.

Summary of findings

At the last inspection on 5 February 2014, the service was meeting the regulations we inspected.

The service is managed by a registered provider which is made up of two partners. The provider supported the person using the service daily; therefore the service was not required to have a registered manager. 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 provider had safeguarding adults' processes in place and had an awareness of how to protect people against the risk of harm and abuse.

Staff had the relevant skills, experience and knowledge to support people. There were sufficient numbers of staff caring for people and staff were appropriately recruited and supported in their caring role.

The registered provider had an understanding of their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Consent was sought from people when supporting them and staff encouraged them to make choices and decisions about the way they wanted to be cared for.

People did not need to take any medicines at the time of the inspection.

People were cared for by staff who knew them, their likes and dislikes and how they wished to be supported and cared for. Staff encouraged people to be as independent as possible and supported them to maintain relationships with people that mattered to them. People's care needs were assessed, reviewed and care plans developed to meet those needs. People had sufficient food and drink, which met their preferences.

The manager ensured that day-to-day care and support was delivered and organised to meet people's care and support needs. The service had monitoring systems in place which were used to improve the quality of service delivery. People and their relatives were asked for their views and their feedback was used to improve the service.

Summary of findings

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 safe. People were safe and staff were aware of how to protect people from abuse. Risks to people were identified and managed appropriately.

There were sufficient staff to meet people's needs. People at the service did not take medicines.

Good

Is the service effective?
The service was effective. Staff were supported in their caring role so that they were able to care for the person effectively.

People had access to healthcare support, advice and treatment when required.

People had meals, which met their preferences and requirements.

The provider was aware of their role and responsibilities of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Good

Is the service caring?
The service was caring. Staff were aware of the needs, wishes, likes and dislikes of people they cared for.

People were support to make decisions regarding the care they received.

Good

Is the service responsive?
The service was responsive. People's health care needs were acted on promptly.

People were encouraged and supported to access services and activities in their local community.

People were able to complain to the manager and there was a system in place to manage and resolve any complaints.

Good

Is the service well-led?
The service was well-led. The quality of care was monitored and actions put in place to manage areas of concern found.

There was management support of the service.

The manager sent appropriate notifications to the Care Quality Commission.

Good

Ms Maisie Melanie Bell & Mr Percival Fitzroy Drummond - 40 Lewisham Park

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 29 September 2015 and was unannounced. One inspector carried out the inspection.

Before the inspection, we reviewed information we held about the service, this included notifications sent to us by the service. A notification is information about important events which the service is required to send us by law.

At the time of the inspection, we were unable to speak with the person living at the service because they were unavailable. We spoke with the manager and one care worker at the service, who were also the registered providers.

We completed general observations of the service, reviewed one person's care record, and other records regarding the maintenance and management of the service.

Good

Is the service safe?

Our findings

People were kept safe from harm. The provider had protected people against the risk from harm, because they were able to appropriately identify and act on allegations of abuse. Staff were aware of how protect people from harm and to keep them safe. There were processes and guidance to support staff to keep people they cared for safe. We spoke with the provider about their understanding and responsibilities for maintaining a safe environment for people. The provider told us, "We would contact the local authority to raise an incident of suspected abuse." The provider was able to demonstrate their knowledge and awareness of abuse and what actions they would take to manage this. People could be confident that the provider and staff had skills and knowledge to keep people they cared for safe.

People's identified risks were managed appropriately. Risks were identified and plans in place to manage those risks to keep people safe. For example, a risk assessment identified that the person had limited road safety awareness. A risk assessment and a management plan was developed and implemented to manage this. This included what actions staff would take to keep the person safe when out in the community. These were regularly reviewed, and changes made if necessary. This information was shared with staff at the daycentre the person attended, to keep them safe when they were not at the service. Staff identified and managed risks to people while ensuring their health and well-being needs were met.

People did not have any medicines prescribed to them at the time of our inspection. The provider demonstrated how they would manage a person's medicines if required. They were aware of current guidance for the management of medicines in a care home setting. Staff had awareness and was able to demonstrate appropriately how they would manage and administer people's medicines if required.

People were kept safe in the event of an emergency. The provider had equipment in place to keep people safe in the event of a fire. For example, there were fire blankets and fire extinguishers available to staff in the event of a fire. Fire alarms tests and fire drills were completed on a regular basis. The fire extinguishers were maintained and staff were trained in their use. There was appropriate fire safety equipment in place to ensure people were kept safe in an emergency. Regular portable appliance testing [PAT] was carried out to ensure the safety and maintenance of electrical equipment. Incidents and accidents were managed and dealt with appropriately by staff.

People's bedrooms were decorated according to their wishes. We visited a person's bedroom, which was well decorated, clean and tidy. Photographs of their family and pictures were displayed, which personalised their room. We were told that the person enjoyed listening to music and we saw that they had access to this in their bedroom, if they wished. The provider had ensured that people lived in an environment, which was well maintained. There were two communal rooms available were people could use and be comfortable in. People were encouraged and supported to make their living space their own.

People were cared for by enough staff to meet their needs. There were sufficient numbers of staff who provided care and support for people. The provider lived at the service and provided care and support to the person when required. There were enough staff to support the person to go out as they wished. The provider ensured that they were suitably qualified to provide care to people. Criminal records checks were carried out before staff began work at the home. When we checked their records we found suitable checks and references had taken up before they began work with people. There were no new members of staff that worked at the service since our last inspection.

Good

Is the service effective?

Our findings

People had access to food and drink which met food safety standards, their preferences, nutrition and hydration needs. The provider told us, “The person sometimes liked to eat Caribbean meals and we make sure they have them when they want them.” There was sufficient food available to make a choice and meet their needs. Meals were prepared and cooked at the service daily. At other times, meals were provided at the daycentre they attended. The home shared their knowledge of the person with the day centre.

Staff demonstrated an understanding of people’s nutritional needs to manage their health conditions. For example, the provider ensured that meals provided were balanced and in sufficient amounts to maintain their health. The provider protected people against the risk of poor nutrition and hydration.

People were supported to access to health care services. Staff were aware of the health care needs of the person they cared for and supported them to attend appointments. For example, a person was at risk of complications from their medical condition. They attended regular GP appointments to ensure their health needs were reviewed and monitored. The person had a hospital passport in place. This had details of the person’s health conditions, allergies and health care needs. The passport is useful if they had to go somewhere else to be cared for. This ensured people were cared for safely in a way which met their needs, reducing the risks of poor health.

People were cared for by staff that were skilled and knowledgeable. Staff completed relevant training to support them in their caring role. Staff demonstrated how they applied the training they learnt to carry out their care and support for people. For example, staff and the provider were able to demonstrate awareness of the person's health needs. Training needs were identified and staff completed mandatory training, such as safeguarding vulnerable adults and basic life support. Staff were supported in their caring role to ensure they were knowledgeable and skilled to provide appropriate care.

The provider followed the correct process to ensure people were not unlawfully deprived of their liberty. The provider had an understanding of their role and responsibilities in line with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). One member of staff told us, “they [the person] needed support with all care and they are not able to go out without support from someone.” The provider had made contact with the local authority and submitted an application for DoLS. The application was made and a decision was granted by the local authority. The provider complied with the Mental Capacity Act in general, and (where relevant) the specific requirements of the DoLS. People could be confident that the provider would be able to protect them from the risks from the unlawful deprivation of their liberties.

People were asked for their consent to receive care and support by staff. The providers were aware of how to obtain consent from people they cared for. They were aware of the person’s use of communication, which demonstrated that they agreed and consented to care and support from staff.

People were supported in making decisions regarding their care and support. Daily care records and care plans detailed occasions when consent was sought. For example, when the person required support with their personal care, records showed that consent was provided before supporting the person with this task. The person’s advocate was consulted in making complex decisions and a decision was made in their best interests. People were able encourage to make a decision on whether they agreed to care and support.

Good

Is the service caring?

Our findings

People received a service, which was caring and met their needs. People's care records documented their interests, likes and dislikes. These were completed with discussions with the person or their family. The information documented reflected the person's current care needs, and their life history. People were supported with their care needs, and how they wanted to be cared for. People had privacy that they needed. For example, a person had a bedroom was for their own use which helped maintain their privacy.

People were treated with dignity and respect. We were unable to observe interactions between the provider and the person living at the service. However, the provider spoke about the person in a respectful and caring way. The person had lived at the service for 15 years so the provider knew them well and was able to clearly describe their needs to us.

People were supported and encouraged to maintain relationships with people outside of the home. Relatives and an advocate were encouraged to visit when they wished. People had regular contact with people that mattered to them. The person was supported to meet with their advocate on a regular basis. This supported the person to maintain support with people outside of the service as they wished.

People's care records were stored securely in a locked cupboard and staff had access to them when needed. Staff were aware of the need to maintain confidentiality while keeping their personal private information safe.

Good

Is the service responsive?

Our findings

People received a service, which was responsive to their needs. Staff responded to people's changing care needs and in the way in which they delivered care and support to them. For example, people had regular assessments to ensure the service met their care and support needs.

Before coming to live at the service the provider completed an assessment with the person. This was to ascertain whether their needs could be met at the service. Following the initial assessment people had regular reviews by the provider. These were undertaken to ensure that the service was able to continue to meet the person's care and support needs.

Assessments and reviews were completed with the person and their relative or advocate. The provider ensured that the needs of the person were central to the assessment process. For example, the provider was able to communicate information with the person in a way in which they were able to understand. Care plan reviews were agreed to by the advocate on the person's behalf to demonstrate they understood the care and support choices offered to them.

One member of staff told us, "The person has limited communication however, we communicate as much as possible and support them in their understanding." The provider told us, "We keep in regular contact with the advocate of the person and keep them informed of reviews or assessments of their care." People were supported to be involved in making decisions about their care and support. Their advocate was consulted when complex decisions were needed; ensuring care and support met the needs of people appropriately.

People's health care needs were acted on promptly. Staff arranged for the person to attend regular health check-ups and we saw staff had acted promptly when a new concern with the person's health arose. For example, staff had identified that the person could benefit from a referral to the speech and language team. Their care records reflected this action was taken. We saw that staff made a referral for advice and support for the person to ensure this need was met appropriately. People could be confident that staff would be supported to have treatment as prescribed, reducing risks to their health.

People social care needs were identified and met by the service. People were encouraged to attend activities. The person went to a church service, attended a daycentre and a social group. We saw a plan of activities the person did during the week. We saw a review of the activities where the person had informed staff that they enjoyed taking part in activities. The provider told us, "[the person] enjoys music and attends a music club at the daycentre every week; staff there tell us [the person] enjoys this activity."

The provider used the care plan reviews as an opportunity to discuss fire safety with the person in a format, using symbols and pictures which they understood. There was a personal fire risk assessment in place for them.

People were supported to attend social activities with assistance, which increased the activities they could participate in. People were supported to take part in household tasks at the service For example the person was supported to complete tasks such as keeping their room tidy. Staff told us this tasks was to assist the person to develop daily living skills.

People and their relatives were provided with a copy of the complaints form, which they could complete with support. The complaints policy and procedure was available for people, relatives and staff. There was a suggestion box available in the reception area where people, staff and visitors to the service could put their complaints, suggestions or comments. These were reviewed by the manger and appropriate actions taken to resolve any concerns raised. People and their relatives provided informal feedback. No concerns were raised by people or their relatives.

Good

Is the service well-led?

Our findings

People received care and support by staff in a service that was well-led. The provider was providing care and support to the person using the service. The service was not required to have a registered manager because the registered provider supported and cared for the person daily at the service. The registered provider consisted of two people. One partner was managing the service and delivering care and support. The other provider was assisting the person with their care and support needs. The provider was aware of their responsibilities as registered providers with the Care Quality Commission (CQC). They ensured that the CQC were kept informed of notifiable incidents that occurred at the service.

There were quality assurance systems in place. During the inspection, we saw information on how the service monitored and reviewed the quality of service. Health and safety checks, and fire equipment checks were completed and the provider was able to tell us what the process was to ensure people received good quality care. For example, the provider ensured that regular health checks were in place so that people were supported and cared for safely with risks identified and managed. The provider had systems in place to ensure people received good quality care, which met their needs.

The provider ensured that people's care records and monitoring charts were accurate and up to date. There were regular audits undertaken of people's care records to monitor and ensure consistency and accuracy. For example, the care records we looked at were regularly reviewed to assess people's needs. People received safe service because action had been taken to improve the quality of care records.

Staff were accountable for their caring roles. Staff had regular meetings where they discussed issues relating to the service and their caring roles. Meetings occurred on a regular basis. The providers received feedback from people, and routinely, monitored and reviewed the service so that people received quality care, which met their care and support needs.