

Mrs Valerie Bullman

Mrs Valerie Bullman - 18 Leafdown Close

Inspection report

18 Leafdown Close
Hednesford
Cannock
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Tel: 01543425637

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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

About the service

Mrs Valerie Bullman - 18 Leafdown Close is a care home service without nursing and accommodates one person with a learning disability in a domestic home environment. At the time of the inspection there was one person using the service.

People's experience of using this service and what we found

The person living at Mrs Valerie Bullman - 18 Leafdown Close experienced positive care and support which promoted good outcomes for them. The person was supported by the provider who knew them well and their care was person-centred which had them at the heart of every decision made. The provider ensured the person led a full and varied life where they were supported to take part in activities they enjoyed, which included the provider taking them on days out and holidays.

The person lived in a domestic property which was homely. The home was kept clean and infection prevention control measures were in place to reduce the risks associated with COVID-19.

The person had a good caring relationship with the provider and was given the autonomy to live an independent life where they could make decisions and choices for themselves.

The person had their risks assessed, monitored and reviewed. The provider ensured they worked with other healthcare professionals which ensured the person received good and safe care. The person was administered their own medicines and we saw this was done safely.

The provider treated the person with dignity and respect and their preferences were understood. The person felt they were fully involved in their care and could speak up if they felt anything was wrong. The person was supported to have maximum choice and control of their lives and the provider supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right support:

- Model of care and setting maximises people's choice, control and independence.

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights.

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 19 February 2019).

Why we inspected

We undertook this inspection as part of a random selection of services rated good and outstanding to test the reliability of our new monitoring approach.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Mrs Valerie Bullman - 18 Leafdown Close

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Mrs Valerie Bullman - 18 Leafdown Close 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 is not required to have a manager registered with the Care Quality Commission because the provider is also the manager. This means they are solely, legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave 24 hours' notice of the inspection because the service is run from a domestic home environment and we needed to be sure the provider and the person who lived there would be in the home to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require

providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

During the inspection, we spoke with the person who lived at the service and the provider. The provider did not employ staff as they were always available to support the person. We observed the delivery of care and support provided to the person living at the home and their interactions with the provider. We reviewed the care records of the person and other records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- The person told us how they administered their own medication and how the provider supports them in organising the medicines into a pill dispenser. They said, "[Providers name] orders the tablets from the chemist, and they [the chemist] put it through and dispense the tablets for me. I take some in a morning, dinner time, teatime and bedtime. I can take them myself because they are divided into little containers, which [providers name] does for me, but I can take them myself."
- Records were maintained which were signed by the person when they had taken their medicines.
- The provider completed medicines audits each week. The provider said, "I do a stock check every week and see what is left. If you order it too soon, they [the GP] will not prescribe it."

Systems and processes to safeguard people from the risk of abuse

- The person using the service told us they felt safe, they said, "Yes, we get on together and I feel safe."
- The provider understood their responsibilities to safeguard the person and knew how to raise concerns should they arise. They said, "I would speak to the social worker and I would also ring the CQC."
- The provider told us there had not been any safeguarding concerns since the last inspection.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The person's risks were assessed, monitored and reviewed to keep them safe.
- The provider had an excellent understanding of the person's risks. They said, "There are not any particular risks when [person's name] is in the home and with someone. [Person's name] is very aware of things such as the gas being on and will ask if they should turn the gas out when I am serving dinner. [Person's name] risks are more to do with being in the community as [person's name] requires additional support to keep safe."
- The provider told us how they had done some work with the person around being safe in the community and how the person knows never to get into anyone else's car and how to keep themselves safe.
- We observed the person and provider having a conversation between themselves about safety and how to keep safe.
- The provider assured us the person's records would be updated should their risks change prior to any reviews taking place.
- The provider told us they learned when things went wrong. We viewed an example of an incident where the person had scolded themselves from the steam of the kettle when making a drink. The person said, "I won't touch the kettle again when it is boiling and will use the handle."

Staffing and recruitment

- The provider did not employ any staff as the person received support solely from the provider to meet their needs.
- The provider was working with other professionals to ensure alternative support was in place should they no longer be able to care for the person. The provider ensured they spoke openly to the person in relation to this, and the person was involved with any decisions being made.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was accessing testing for people using the service and for themselves.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The person told us how they were involved in the planning of their care. They said, "Yes, I am involved, and I am happy with my care and do not want to change anything."
- The person's care plan had been developed with input from them and other professionals as needed.
- The provider had an excellent understanding of what the person could and could not do for themselves.
- The provider explained although the person does not have a specific religion, they do attend church with the provider. The person said, "I like to go to mother's union at the church."
- The service met the principles of Registering the Right Support because the provider ensured the person received person centred care.

Staff support: induction, training, skills and experience

- The service was a domestic home and the person received all their support from the provider as they were the only person providing care in the home.
- The provider would seek advice from relevant professionals such as social workers about updates within the social care sector and apply these to the care provided for the person living at the property.

Supporting people to eat and drink enough to maintain a balanced diet

- The person told us they could help themselves to drinks and snacks. The person said, "I can go into the kitchen and help myself, like biscuits."
- The person was given a choice of meals and was involved in the preparation of meals. The provider said, "I always ask [person's name] what they would like for their dinner and give the choice and [person's name] will say what they would like."
- The provider knew of the food intolerances the person had and these were recorded in their care plan.
- The provider ensured a food diary was kept. This ensured the person had a varied and balanced diet.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The person was supported to access a range of healthcare professionals to ensure their health and wellbeing was maintained. For example, GP's, dentists, opticians, and audiologists.
- The provider ensured they consulted regularly with the person about their health. The provider said, "We always have chats and [person's name] would tell me if they were not okay or if they did not feel very well."
- The provider ensured any advice from healthcare professionals was followed and all conversations which had taken place with the healthcare professionals was documented. The provider said, "I have all the

information there because it is all about [person's name] future."

- A hospital passport was in place, which contained important information about the person's needs and how to communicate with people effectively. This ensured the person received consistent care when they were being supported by other agencies.

Adapting service, design, decoration to meet people's needs

- The service was a domestic home and the person had full access to all areas.
- The person had their own private bedroom, which was personalised, and they confirmed they liked their bedroom. The person told us how they could access the bathroom and shower when they wanted to. The person said, "But I like to have a shower in the morning time."
- The provider told us how the home environment meets the needs of the person and was homely. The provider said, "The home more or less stays the same. [Person's name] has free run of the house."
- We saw the person was able to access all parts of the home with ease and when they chose to.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The provider understood their responsibilities to ensure the person was supported in their best interests and in line with the MCA.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The person told us the provider was caring and they were treated with kindness. The person said, "[Providers name] is very kind, we get on well together."
- We observed caring and tentative interactions between the person and the provider. The provider spoke fondly of the person. The provider said, "I am most certainly devoted to [person's name] they are wonderful. [Person's name] comes first. I am blessed to have them in my life, they are lovely."
- The provider understood the importance of respecting the person's diverse needs when they provided support and how they promoted equality and anti-discriminatory practice.
- Care plans considered the person's needs and protected characteristics such as their culture and religion.

Supporting people to express their views and be involved in making decisions about their care

- The person told us they felt involved in decisions in relation to their care.
- The person was encouraged to make choices about their daily support. The provider said, "I always ask what [person's name] wants to do and I never tell them what to do. [Person's name] certainly makes their own choices."
- During the inspection we observed the provider supported and encouraged the person in making their own choices.
- We saw the provider always consulted with the person and gave them the time to make an informed choice regarding decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- The person's privacy and dignity were respected. The person said, "I feel I can do what I want in the house."
- The provider understood the importance of respecting the person's privacy and dignity. The provider said, "[Person's name] has their own room, I do not go in without knocking. I do not intrude when they are having a shower or anything like that."
- The person was given the autonomy to be independent and where needed the provider supported the person to maintain their independence. For example, the provider ensured the person had the same taxi company to support them when accessing the library. This ensured the person was safe yet gave them a level of independence.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The person was an integral part of the planning and development of the care they wanted.
- The person had their preferences considered and their wishes were at the heart of the support they received from the provider.
- We observed the provider consulted with the person to meet their needs, they were given the choice and control of the decisions. The provider said, "[Person's name] has the choice of what they want to do, I never tell [person's name] to do this and that, I always ask first."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider ensured the person was supported to understand information. For example, letters they had received. The provider said, "[Person's name] will show me any letters that come for them and I read it to them, so they know what is happening. Such as hospital letters."
- We observed the person could verbally communicate and the provider communicating clearly and effectively to ensure they understood what was being said.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The person accessed the local community and took part in activities they enjoyed. The person said, "We go to church on a Wednesday and go shopping on Saturday's. I go to the library on a Friday and swimming on a Sunday. I like to do embroidery. I help [providers name] around the house and go to the local shop. We watch television in the evening together."
- The provider supported the person to take part in activities which were important to them. The provider said, "[Person's name] seems happy with their life."

Improving care quality in response to complaints or concerns

- The person told us they were happy living with the provider and when asked they said, "There is nothing I would want to do new."
- During the inspection the provider openly asked the person if there was anything they were not happy about, the person said, "No, [providers name]."
- There had been no concerns or complaints since the last inspection.

End of life care and support

- The provider was not offering support for end of life care.
- The provider had ensured they had explored the persons end of life wishes and preferences which were reviewed.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The person was positive about the care they received from the provider, they felt they were fully involved in the decisions about their care and were empowered to make choices for themselves.
- The provider had created a person-centred culture which had the person at the heart of every decision.
- The environment was in a domestic home which was homely and inviting. Observations during the inspection saw the person was very comfortable in the home and at ease with the provider.
- The person and provider had a very supportive and unique relationship and the provider looked upon the person very much like a daughter. The provider said, "We are very close. [Person's name] is so kind and helpful, thoughtful and considerate."
- The provider ensured the person received the support they needed to maintain their health and wellbeing and worked in collaboration with other healthcare professionals.
- The provider understood the importance of 'Registering the Right Support' and ensured they supported the person in line with these principles. This ensured the person received care which was developed around their needs and in a way that met their preferences.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider understood their responsibilities as a registered provider.
- The provider ensured the service the person received was reviewed and risks mitigated. For example, they ensured the home environment was safe and safety within the community was discussed with the person.
- There was a registered provider at the time of our inspection. A registered provider is a person who has registered with the Care Quality Commission to manage the service. 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.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider promoted an open culture where the person felt able to approach them with suggestions about their care.
- The provider had systems in place to ensure the person was able to give feedback about their care and the

home they lived in together.

- We observed open conversations between the person and the provider during the inspection about their plans for day trips out and holidays they were going on.
- The provider was very open and honest and understood their responsibility in relation to the duty of candour.