

Mrs Evelyn Larmouth

Mrs Evelyn Larmouth - 45 Westridge Road

Inspection report

Portwood
45 Westridge Road
Southampton
Hampshire
SO17 2HP

Tel: 02380558692

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17 August 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

The inspection took place on 17 August 2016.

The home is registered for up to three older people who all have their own bedroom. People share the rest of the family home with the provider, who also acts as the manager, and the deputy manager, who both live there. The provider does not employ any other staff unless they go on holiday.

People felt safe and well supported living with the provider and the deputy manager. The provider had a policy in place regarding safeguarding adults and the provider and deputy manager had undertaken training on the subject. People felt there was enough staff to meet their needs. When either of the staff took time off, the provider arranged for an agency to supply additional staff and ensured they worked alongside them in the home for several days to ensure people felt comfortable with them. The provider ensured agency staff had appropriate documents in place to show they were safe to work in the home. The provider and deputy manager had undertaken relevant training to ensure they could meet people's needs.

Risks to people's health and safety had been assessed for both the environment and people's individual needs. The provider ensured fire safety equipment was checked regularly and there were plans in place should there be an emergency.

People were happy with the food provided and the amount that was available. They were also supported to access healthcare professionals when necessary and received their medicines as prescribed.

People shared the house with the provider and deputy manager in a relaxed and family style environment. We observed people moving around the home and spending their time as they wished. We also heard everyone interacting with each other in a positive and respectful way. The provider and deputy manager sought people's views regarding all aspects of their daily lives. People's privacy and dignity was respected.

People's needs were met by the provider and deputy manager who both knew their social histories and knew them well. The provider undertook an assessment of people's needs before they moved to the home. People had a care plan in place, which they had signed to show they were involved and agreed with the plan. People were involved in a range of activities of their choosing.

The provider had a complaints procedure which was displayed in the hallway but they had not received any complaints.

The provider ensured the culture of the home was person-centred, open and inclusive. The culture was one of a family setting, where the provider and deputy manager shared their lives with the people living there.

The provider told us they ensured their service was well led by welcoming any feedback from people living at the home, their family, friends and associates and healthcare professionals.

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 provider ensured staff were safe to work with people before they worked at the home.

Risks to people's health and safety had been assessed for both the environment and people's individual needs.

People received their medicines as prescribed.

Is the service effective?

Good ●

The home was effective.

The provider and deputy manager had completed training to ensure they could meet people's needs.

People enjoyed their meals and made choices regarding what they ate and drank.

People were supported to access healthcare professionals when necessary.

Is the service caring?

Good ●

The home was caring.

People shared the house with the provider and deputy manager in a relaxed and family style environment.

The provider and deputy manager sought people's views regarding all aspects of their daily lives.

People's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

People's needs were met by the provider and deputy manager who both knew their history and knew them well.

People were involved in a range of activities.

The provider had a complaints procedure in place.

Is the service well-led?

Good ●

The home was well led.

The culture of the home was person-centred, open and inclusive.

The provider and deputy manager were aware of their individual roles in how they supported people.

The provider sought feedback from people living at the home and the feedback was positive.

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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.

The inspection took place on 17 August 2016.

The inspection was undertaken by one inspector. Before the inspection, we reviewed the information we held about the service and the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with the three people living in the home, one relative, the deputy manager and the provider, who also acts as the manager. We looked at three care plans and other records such as medicines charts and training certificates.

We last inspected this service on 17 October 2013 and found the service to be compliant with the six outcomes we inspected.

Is the service safe?

Our findings

People told us there was enough staff to support them. People's needs were met by the provider, who also acted as the manager, and the deputy manager who both lived on the premises. When the provider or deputy manager were planning to take holiday, a specific agency staff member worked alongside them in the home for several days to ensure people felt comfortable with them. This also ensured the agency staff knew people's needs. People spoke about the recent agency worker who had been working in the home, they knew their name and were confident in their ability to support them when the provider was absent. A relative said they were always told when the provider or deputy manager was not going to be working at the home and confirmed agency staff worked alongside the provider before they worked independently in the home.

The provider ensured agency staff had appropriate documents in place to show they were safe to work in the home. Agency staff had references in place and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People felt safe and secure in the home. The provider had a policy in place regarding safeguarding adults and the provider and deputy manager had undertaken training on the subject. The provider had not made any referrals but was aware of what issues may need to be referred. The deputy manager told us about the local authority safeguarding team and how they would contact them if they had any concerns.

Risks to people's health and safety had been assessed for both the environment and people's individual needs. People were independently mobile and went out of the home on a daily basis. They were accompanied by staff to ensure they did not fall and people enjoyed this time with staff.

The provider ensured fire safety equipment was checked regularly and the fire safety officer had visited the home to undertake a routine assessment. Fire doors had been recommended and the provider had these fitted throughout the home. The provider had an emergency plan in place, should they need to evacuate the home, which included identifying a nearby property where people could go and the disruption could be minimised.

People told us they received support to take their medicines at the right time and records showed people received their medicines as prescribed. Medicines were supplied on a 28 day basis which meant medicines were always available to people. When the pharmacy delivered the medicines the provider or deputy manager checked them and stored them securely and at the correct temperature.

Is the service effective?

Our findings

The provider and deputy manager had undertaken relevant training to ensure they could meet people's needs but they had not accessed more up to date courses for the training they had completed. However, people's needs were not complex and the deputy manager had started working towards a National Vocational Qualification in care, level 5, which is a qualification gained by managers. We discussed training with the provider and they were aware that if people's needs changed, they would need more up to date training. When agency staff worked at the home, the agency provided the relevant training to ensure staff could meet people's needs.

The provider and deputy manager had not undertaken any training with regard to the Mental Capacity Act 2005. However, the people living at the home were all able to make their own decisions regarding how they spent their time, where they went and so on and their liberty was not restricted. People had signed their care plans and the provider asked people if they would like her to support them with their personal care needs, such as showering and people were asked if they would like to go out. The provider said if people were not sure about a particular decision, they would seek support from healthcare professionals and relatives. The provider also had access to a solicitor who would act as an advocate for the home if this was needed. People's finances were managed by others who were legally empowered to do so.

People were happy with the food provided and the amount that was available. Comments included, "We choose the food" and "We can say 'I don't like that', you wouldn't be forced with it." A relative who was visiting said they had seen the food and it "always smelt good." They said "They've said I can stay and eat with them" and agreed their relative had enough to eat and drink. Liquids were available throughout the day, ranging from squash to tea and coffee and people had had a glass of water next to their bed at night. When people moved into the home they were asked what their food preferences were and meals were offered which respected these preferences.

People were not rushed to eat their meal which could be reheated if people wished. Nobody currently living at the home had any special dietary needs.

People were supported to access healthcare professionals when necessary. A visitor told us the provider took their relative to visit the dentist, even though the relative had offered to take their relative. People visited the doctor and the relative said the provider was good at contacting them to let them know that the person was going. People also accessed an optician and chiroprapist.

Is the service caring?

Our findings



People shared the house with the provider and deputy manager in a relaxed and family style environment. A visitor told us the provider and deputy manager "love (relative), you can see, the way they talk to (relative), the way they are. It is like you are one of the family when you come in, it is a very friendly place. We've got a nice relationship with them."

We observed people moving around the home and spending their time as they wished. We also heard everyone interacting with each other in a positive and respectful way. The provider and deputy manager cared about the people who lived there and this was evident in the way they shared their own home with them. Each person had their own bedroom which was decorated in their choice of colour and one person had an extra room next to their room. The person had moved into the home with a lot of books which were important to them so the provider moved their own office and gave them the room for the storage of their books.

The provider and deputy manager sought people's views regarding all aspects of their daily lives. The provider said "We always ask them, should we go to the beach or the forest, we talk about what plants we should plant in the garden". People told us they chose what films they watched on television and that they could see visitors in another room which was more private. A visitor told us their relative chose what they wore every day. Throughout the day, we heard people being offered choices about how they wanted to spend their time or what support they needed.

People's privacy and dignity was respected. One person said the provider helped them with personal care but left them "to do what we can do" independently. A visitor said their relative was "so clean and fresh" and that they had the right level of support with their personal care and were encouraged to do as much as they could themselves. People were supported with their personal grooming, such by having their nails cut and polished and having their hair styled.

The provider said they always respected people's dignity, for example, by knocking on bedroom doors so they could enter with permission and staying outside when people went to the bathroom. The provider also said before they shared information about people with new staff, they asked them for their permission, as it was about "respect and dignity".

Is the service responsive?

Our findings

People's needs were met by the provider and deputy manager who both knew their social histories and knew them well. The provider undertook an assessment of people's needs before they moved to the home. This was confirmed by a visitor, who said the person had gone to the home for afternoon tea and met the other people living there before deciding to move in. A healthcare professional had provided the home with feedback about the way they supported people. They wrote that the provider managed "the best residential home I know for empowering people, it is a rehabilitation focussed, nurturing environment where staff strive to provide great standards of care."

People had a care plan in place, which they had signed to show they were involved and agreed with the plan. Care plans included information about people's preferences and the level of support they needed and how their needs were to be met. People's personal care needs were met only by the provider, or agency staff who were female. The role of the deputy manager was to support with cooking, activities, maintenance and so on.

People were involved in a range of activities of their choosing. One said "We do go out every day, to the beach or the park. All of us choose. We play games and I do like knitting scarves." A visitor said they had seen people playing board games when they had arrived unannounced and that the provider and deputy manager "take [people] out, they eat fish and chips." The provider told us how one person had broken their arm before they moved into the home, so they encouraged the person to use their arm, through playing bean bag games and by teaching them to knit. The provider was passionate about activities being the key to maintaining mobility and independence and said "People have to come first."

The provider had a complaints procedure which was displayed in the hallway but they had not received any complaints. People said they would complain if they needed to. One person said "You needn't worry about our happiness, if we were unhappy we would say" and another said "Yes, I know [the provider] well, I could complain." A relative said "I would feel able to talk to them about it, (rather than complain)."

Is the service well-led?

Our findings

The provider ensured the culture of the home was person-centred, open and inclusive. The culture was one of a family setting, where the provider and deputy manager shared their lives with the people living there. This was particularly evident in the activities which everybody enjoyed, where everybody went out and got involved with every day events in the community, such as attending a church group. The provider had grandchildren and they visited the home and people enjoyed the children being there. At the time of the inspection, people had been watching the Olympics with the provider. We observed people who appeared to be at ease within their environment and a visitor confirmed this, saying "We love it [here], they are so accommodating, we are greeted and offered a cup of tea. They are very approachable." The visitor was happy to give feedback to the provider on the quality of the care and support given to their relative. The people living at the home felt the provider and deputy manager were approachable and felt they would be "open" to them saying anything by way of feedback.

The provider managed the home with a family member employed as the deputy manager and only staff member. Both were aware of their distinct roles within the home which ensured people's needs were met.

The provider told us they ensured their service was well led by welcoming any feedback from people living at the home, their family, friends and associates and healthcare professionals. Feedback was welcomed through verbal communication and quality assurance questionnaires. We saw written feedback from one person and three health care professionals. The person said they were "Well looked after and very happy and content." Comments from healthcare professionals included that the home was "an exceptionally well run, caring home" and "I am always made to feel welcome. The residents are always happy and well kept."

The deputy manager said they kept up to date with developments in the care sector through the use of the internet, particularly the Commission's website and through belonging to care sector organisations which sent them newsletters.

The provider was aware of the need to notify the Commission of any events which affect the running of the service. However, we looked at the accident books and other records which showed there had not been any reportable incidents.