

Mrs Mollie Green

# Mrs Mollie Green - 23 Parliament Street

## Inspection report

23 Parliament Street  
Morecambe  
Lancashire  
LA3 1RQ  
Tel: 01524 414353

Date of inspection visit: 24 August 2015  
Date of publication: 21/10/2015

### 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

This unannounced inspection took place on 24 August 2015.

23 Parliament Street is a three storey terraced house, situated in Morecambe. Local shops and the Morecambe sea front are a short walk away. In the main, the home provides non-personal care, emotional support and

guidance in a family type environment for adults with mental health conditions. The home is registered for four people and provides accommodation and recreational activities for people living at the home.

The service was last inspected 27 August 2013. We identified no concerns at this inspection and found the provider was meeting all standards we assessed.

There was a registered manager in place. A registered manager is a person who has registered with the Care

# Summary of findings

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.

People who lived at the home were independent and could attend to their own care needs with minimum supervision. Support was provided by the registered manager and other employees (who were also related to the registered manager).

Suitable arrangements were in place to protect people from abuse and unsafe care. People told us they felt safe living at the home. The provider had appropriate risk management plans in place to promote independence but also keep people safe.

We found the registered manager had suitable arrangements in place for managing medicines. Medicines were safely kept and appropriate arrangements for administering them were in place.

People's healthcare needs were monitored and there was an emphasis upon health promotion. People's health needs were met as people were supported by staff who knew them well.

People were happy with the variety and choice of meals available to them. There was a focus upon home cooking. Regular snacks and drinks were available to people between meals.

Care was provided in a person centred way. People who lived at the home were routinely involved in their own care planning. The provider kept up to date comprehensive records for each person.

The registered provider understood the requirements of the Mental Capacity Act (2005) (MCA and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

People had freedom of movement around the building. They were involved in decision making about their personal care needs and the running of the home. We saw no restrictions on people's liberty during our visit.

People who lived at the home were happy with the service being provided and spoke fondly of the staff team and the manager. There was no formal internal quality assurance in place but informal checks were made routinely.

# 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 who lived at the home told us they felt safe. The provider ensured there were appropriate numbers of suitably qualified staff on duty to keep people safe.

Processes were in place to protect people from abuse. Staff were aware of their responsibilities in responding to abuse and the need to work with other agencies.

The provider had suitable arrangements in place for storing, administering, recording and monitoring of people's medicines.

Good



### Is the service effective?

The service was effective.

Staff had access to ongoing comprehensive training to meet the individual needs of people they supported. The registered manager was proactive in managing training needs as they arose.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and the relevance to their work.

People's nutritional needs were met by the provider. Staff were trained to cook wholesome food for the people who lived at the home.

People's needs were monitored and advice was sought from other health professionals in a timely manner, where appropriate. The home focussed on health promotion to promote the wellbeing of the people who lived at the home.

Good



### Is the service caring?

Staff were caring.

People who lived at the home were positive about the staff.

There was evidence that people who lived at the home were provided with person centred care by staff, who knew them well. People's preferences, likes and dislikes had been discussed so staff could deliver personalised care.

Good



### Is the service responsive?

The service was responsive.

People's care needs were kept under review and staff responded quickly when people's needs changed. People were involved in the development and review of their care plans.

Activities for each person were delivered in a person centred way. Records evidenced that people were encouraged to live valued lives and engage with the community. Spiritual needs were recognised as important and met by the provider

The management and staff team worked very closely with people and their families to act on any comments straight away before they became a concern or complaint.

Good



# Summary of findings

## Is the service well-led?

The service was well led.

The registered manager had good working relationships with the staff team. People who lived at the home spoke positively about the management team, the staff and the support provided.

The registered manager actively sought and acted upon the views of others.

**Good**



# Mrs Mollie Green - 23 Parliament Street

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health & Social Care Act 2008 as part of our regulatory functions and to check whether the provider is meeting the legal requirements and regulations associated with the Health & 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 24 August 2015 and was unannounced. The inspection was carried out by one adult social care inspector.

Prior to the inspection taking place, information from a variety of sources was gathered and analysed. This included notifications submitted by the provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people.

Information was gathered from a variety of sources throughout the inspection process. We spoke with four staff members at the home. This included the registered manager, and three staff responsible for delivering care.

We spoke with three people who lived at the home to obtain their views on what it was like to live there. We observed interactions between staff and people to try and understand the experiences of people who lived at the home.

We also spoke with one visitor and two health care professionals to see if they were satisfied with the care provided.

To gather information, we looked at a variety of records. This included care plan files belonging to two people who lived at the home and records belonging to two staff members. We also viewed other documentation which was relevant to the management of the service including health and safety certification & training records.

We looked around the home to assess the environment. We did this to ensure it was conducive to meeting the needs of the people who lived there. We gained consent from two people who lived at the home to look in their rooms to ensure they were maintained to a safe standard and met people's needs.

# Is the service safe?

## Our findings

We spoke with three people who lived at the home. They told us they liked living there and felt safe. One person said, "I used to live on my own but I wasn't safe, it took a while but I am happy and safe here now." Another person told us, "Everything is safe here."

People who lived at the home were complimentary about staffing levels and said there was always enough staff on duty to help them when requested. One person said, "There's always a member of staff about to help me if I need help. I don't have to worry about that."

There were three staff members on duty during the morning of our inspection, a fourth member of staff arrived in the afternoon. During our observations we noted staffing levels allowed people's needs to be met in a timely manner and we observed staff responding to requests appropriately.

Because the registered provider only employed family members, there was no recruitment documentation available for each family member. The registered manager had however carried out a Disclosure and Barring Service (DBS) certificate for each family member prior to them commencing work. A DBS certificate allows an employer to check the criminal records of employees and potential employees to assess their suitability for working with vulnerable adults. A valid DBS check is a statutory requirement for all people providing a regulated activity within health care. This prevents people who are not suitable to work with vulnerable adults from working with such client groups. We spoke with the registered manager about documentation. They agreed that should they employ someone externally they would carry out checks prior to offering them employment to ensure they were of suitable character.

People who lived at the home were independent and on the day of inspection people came and went from the house of their own free will. Staff told us they stayed at the property to be called upon in an emergency.

The home was staffed by members of the registered providers' family. One staff member told us, "I have grown up with the people that live here. It was only right that I

came and worked here. They are like family to me." As the home was managed within the family, one staff member said family could always be called upon and there was always someone around to help in an emergency.

We looked at how medicines were managed within the home. We saw people's medicines were checked and confirmed on admission to the home by the registered manager. People were encouraged to self-administer medicines wherever possible. The registered manager provided people with their own secure cabinet within their rooms to store their medicines. For people who did not self-administer, the registered manager stored medicines securely within the office in a locked cabinet. Storing medicines safely helps minimise risk of mishandling and misuse.

We noted staff followed good practice guidelines when administering medicines and kept up to date records. Medicine administration record sheets (MAR sheets) were signed by staff once they had administered and observed the person taking medicines. The registered manager informed us they carried out audits to ensure medicines were being appropriately managed and administered.

We found best practice for administering medicines was consistently followed. Staff told us they were trained to administer medicines and they were confident in doing so. Training records confirmed staff had received training in this area.

People who lived at the home were safeguarded from abuse as the provider had systems in place to ensure people were kept safe. Records belonging to two people at the home demonstrated that when people were at risk of abuse, the registered manager liaised with the appropriate bodies to keep people safe.

Staff we spoke with told us there were clear systems in place to keep people safe and were aware of what to do should someone suspect abuse. The home had a policy and procedure in place which gave staff clear direction on how to respond to suspicions of abuse.

Staff were able to describe different types of abuse and how to identify if abuse was occurring. Staff told us they had received training in safeguarding as part of their ongoing training and they would not be hesitant in reporting any concerns. We asked staff what they would do, if they suspected the registered manager (who was also a family member) was abusing people who lived at the

## Is the service safe?

home. All staff acknowledged that despite the family commitment they would not hesitate in reporting the registered manager. One staff member said, "It might be awkward but I would do it, I would either speak to their social worker or come to you (Care Quality Commission) It's my responsibility."

We saw evidence in care records that assessments and risk management plans were in place for managing people's behaviours which challenged the service. Plans were detailed and were developed in conjunction with the person. Risk management plans were comprehensive and included what incidents may trigger behaviours and techniques to minimise risk. The registered manager said such challenging behaviours were now minimal as there were effective systems in place to prevent behaviours from escalating.

As part of the inspection we looked around the building to ensure it was clean and appropriately maintained. On the day of inspection the home was disorganised due to the registered manager carrying out extensive decorating works to the hall and dining room. The registered manager explained they were undergoing a refurbishment plan and was redecorating all areas. The registered provider had just fitted new fire doors and we saw evidence of decorating products, ready to be used.

We looked at other communal areas including the kitchen, staff office, living room and bathroom. All these areas were

clean and maintained. We noted a stain to the floor in the wet room but the registered manager said that this was a historical stain. However it had left a permanent mark on the flooring. There were no odours within the house.

We viewed records in relation to equipment and appliances in use by the home. The registered manager had systems in place to ensure safety checks were up to date. We viewed gas, electrical checks and fire safety systems and noted they were all up to date. We noted the registered manager had not carried out any portable appliance testing of all electrical equipment. We brought this to the attention of the registered manager and they acted upon this immediately by sourcing an electrician to carry out the work. The registered manager provided evidence two days later to show this had been completed.

We spoke with the registered manager about auditing the health and safety of the environment. The registered manager said she completed daily audits of the property to look for potential hazards and acted upon them immediately. One staff member said, "[The registered manager] is always going around the home, checking for dangers."

The service had procedures in place to record accidents and incidents. When we undertook this inspection visit there had been no accidents or incidents recorded but staff were aware of the need to complete the accident book after any incident or accident.

# Is the service effective?

## Our findings

Three of the four people who lived at the home had lived there for a significant period of time. One person said, “I have lived here for twelve or thirteen years. It’s a great place. I love it; I will be here for the rest of my life.”

Staff told us they knew people well. The registered manager said because they knew people so well there had been no recent periods of crisis. The registered manager said, “I know if things are going wrong. I know people well.”

As part of the admission process for people moving into the home, the registered manager explained they worked with the person intensively for two months to get to know them in order to develop care plans for that person.

Because people who lived at the home had lived there for a long time and because they were supported by staff who knew them well, we were able to observe interactions and gauge staff had a good understanding of each person’s individual needs. The registered manager said, “I know them all so well, I know what triggers people to be ill. I know what to do in these cases, it helps keep them well.”

Documentation within care files demonstrated the health needs of people who lived at the home were met by a variety of health professionals. Individual care files showed health care needs were maintained and monitored. Records were kept of all health professionals input.

We noted staff were proactive in managing people’s health and people who lived at the home had regular appointments with general practitioners, dentists, chiropody, specialist health practitioners and opticians. People also had access to health promotion services as a means to promote health and wellbeing.

Health professionals were consulted when needs were identified to ensure health needs were met in a timely manner. This meant people’s mental illness was managed sufficiently and health was promoted. We spoke with a health professional who confirmed people who lived at the home attended appointments as requested. The health care professional was confident the health needs of the people who lived at the home were appropriately met and people were settled at the home.

Each person who lived at the home had also been supported to attend an annual physical health check with their doctor. Following the health check, people had action plans in place to enable them to maintain a good standard of health.

The provider had developed emergency crisis and contingency plans with each individual in response to situations where the person’s mental capacity changed. The contingency plans included reference to other health professionals who knew them well. This allowed health needs to be met in a timely manner in accordance with people’s wishes.

There was evidence within care plans that people were consulted with and consent was gained prior to services being delivered.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. Deprivations of Liberty Safeguards (DoLS) are part of this legislation and ensure where someone may be deprived of their liberty, the least restrictive option is taken.

Whilst undertaking the inspection we noted people were free to leave the home at their own will. We observed three people going out alone to carry out hobbies and interests. One person who lived at the home was out all day only returning at tea time. We observed no restrictions in place to limit people’s freedom. Care plans belonging to one person addressed the person’s right to go out and stay out if they so wished. The registered manager said, “This is the person’s home. They have their own key. They are free to come and go as they please.” One person who lived at the home said, “It’s alright here, I can come and go as I want.”

We spoke with the registered manager to assess their knowledge of DoLS. The registered manager told us all staff including themselves had completed DoLS training. Both the registered manager and the staff we spoke with had a good knowledge of the MCA. The registered manager said people’s capacity was constantly assessed and acknowledged that due to the mental health of some people who lived at the home, it could fluctuate.



## Is the service effective?

The MCA provides a statutory framework to empower and protect vulnerable people who are not able to make their own decisions. In situations where the act should be, and is not, implemented then people are denied rights to which they are legally entitled.

The provider had worked with all people who lived at the home and had supported the people to completed advance statements. Advance statements are written to allow people to say how they wish to be treated should they lose the capacity to make decisions themselves. Advance statements were in place to ensure people's wishes were taken into consideration when staff or other professionals may have to make best interest decisions about a person's care or treatment.

Staff told us they had received some Mental Capacity Act training and documents were available for them to consult. One staff member said the registered manager had provided them with a flowchart to refer to. The staff member said, "I am still learning about it but I know it's all about offering people choices and helping them if they can't make the choice."

Staff told us an induction process was in place and staff were expected to undergo a period of induction prior to working unsupervised. One staff member said, "I have known most of [the people who live at the home] all my life, but [the registered manager] made sure I shadowed her when I first started work. Staff said they only worked unsupervised once the registered manager was confident they had the skills and knowledge required to work alone.

All staff we spoke with were complimentary about the training offered to them to enable them to fulfil their role. There was a training and development programme in place for staff, which helped ensure staff had the skills and knowledge to provide safe and effective care for people who lived at the home. The registered manager explained staff training needs were managed by an external company. We looked at training records for all staff and noted a range of training was provided. Training included safeguarding of vulnerable adults, safe handling of medicines, hand hygiene and food hygiene.

Training records demonstrated staff were encouraged to participate in on-going training and development. Three of the four staff told us they had been supported to complete a National Vocational Qualification whilst being employed

at the home. Two of the staff were in the process of completing management qualifications to enable them to continue managing the service when the registered manager retired. One staff member said, "[the registered manager] wants it to continue being run within the family.

Staff members told us they did not have formal supervisions with the registered manager but all staff were happy with the current arrangements for supporting them in their role. One staff member said, "We don't have supervisions [registered manager] just tells us when we have done something wrong or if she wants us to do something." All staff felt supported in their role.

People we spoke with said the food provided was good and had no complaints. One person said, "Meals are good here. Everything is home cooked." The registered manager said they placed emphasis on home cooking and said all staff were trained to cook wholesome nutritional meals. On the day of inspection, we observed a staff member had cooked fresh paella for the evening meal. We observed one person requesting a different meal and the staff provided this.

One staff member said, "I can cook anything now, [registered manager] has shown me how to cook everything. I even made banana bread last week." As part of the inspection we looked in the fridge belonging to people who lived at the home to ensure there was suitable and sufficient amounts of food in the fridge. We observed the fridge contained fresh fruit, vegetables and wholesome foods. We also noted a bowl of fresh fruit was left in the front room for people to snack upon.

People at the home told us they did not get involved in cooking and said it was the staff's task. The registered manager said she had tried to get people involved in cooking meals but they had expressed dissatisfaction at doing so. People did tell us they were given choices about what to eat and if they did not like what was on offer there were always alternatives.

People had the freedom to enter in the kitchen to get drinks and make snacks. We observed people being offered drinks throughout the day.

Staff informed us one person who lived at the home had specific dietary needs and confirmed they had received training to support individual dietary requirements.

# Is the service caring?

## Our findings

All the people we spoke with were complimentary about the staff who worked at the home. One person said, "It's very nice here. I am very satisfied. The staff are all very good." Another person said, "I like living here. The staff treat me kindly." Another person said, "It's a happy house here, we have lots of fun."

We observed positive interactions throughout the inspection between staff and people who lived at the home. People were relaxed in the presence of staff and we observed people laughing and joking with staff members.

Staff showed a good understanding of the individual choices and wishes for people within their care. We observed the routines within the home were relaxed and arranged around both people's individual and collective needs. People's preferences were well known and these were accommodated into everyday routine. People were provided with the choice of spending time on their own or in the lounge area. The home had a relaxed atmosphere where people could come and go as they wished.

Staff were respectful and were aware they were working in someone else's home. We observed staff asking people permission to enter rooms before entering. One person said, "It's great here, we don't get harassed by staff."

On one occasion one person came into the lounge and noted the inspector and registered manager were in there. The person apologised and went to leave, the registered manager said, "Don't apologise it's your home, you can go wherever you want." The registered manager then encouraged the person to stay and encouraged them to join in the conversation. During the inspection the staff team encouraged people to talk openly and in private with the inspector to talk about their experience of living at the home.

Staff spoke fondly of the people they supported, one staff member said, "They [the people who live at the home] are great." Another staff member said, "I have grown up with [the people who live at the home] they are just like my family. I have known them all since I was young. I love it here."

Throughout the day we observed staff enquiring about the comfort of people who lived at the home. Staff routinely enquired to ask people if they were ok.

People were at the centre of all the care provided at the home. Choices and independence were encouraged wherever possible. One person said, "We can say what we like, we get what we like and do what we like."

We observed one person going out for the afternoon. The person came to inform the registered manager they were going out and the registered manager noted the person was wearing clothes which were unclean. The registered manager spoke discreetly with the person and suggested they changed their clothes before leaving. This was done in a motivating, non-confrontational way and the person acted upon the advice and changed their clothing.

We observed people's needs being met in a timely manner. People did not have to wait for assistance as there were four staff on duty and only three people at the home on the day of the inspection. Staff respected people's space but were at hand if they were needed.

On the day of inspection we observed a visitor coming to the home. The visitor said they were just passing and wanted to drop in some fruit from their garden. The visitor was welcomed to the home by the staff. We spoke with the visitor who said they had only visited the home twice but were always made welcome.

People at the home had access to advocacy services if they so wished. Advocacy was addressed as part of the person's care needs and advocates were encouraged.

# Is the service responsive?

## Our findings

We looked at care records belonging to three people who lived at the home. Care records clearly detailed people's likes and preferences and included details about people's life histories, skills and talents. There was evidence the provider nurtured people to use their skills and talents when developing care and support for people.

Care plans were developed in conjunction with people and where relevant, health professionals. Care plans were comprehensive and addressed areas including general health, risks and concerns, promoting personal hygiene, leisure and activities and choices for end of life care. Each person who lived at the home had a named care co-ordinator. Care plans identified people's needs, actions required and the staff member responsible for carrying out the task. This meant staff could be accountable for their actions.

The provider placed an emphasis upon promoting and maintaining people's independence within care planning and care delivery. People were provided with easy read guides about their medical conditions to allow them to understand more about their illnesses.

For people whose needs did not change regularly reviews were held at least annually. Records showed people were involved in the care plan review and was actively encouraged to participate.

Daily care records were comprehensive and up to date. The registered manager audited care records and produced a weekly summary of all care provided to people who live at the service and the individual outcomes for each individual. This allowed staff to track back and identify significant events if required.

The registered manager told us they placed great emphasis upon people being provided with social and recreational activities. One of the people who lived at the home had an interest in gardening. The registered manager therefore hired an allotment for the person to carry out their own

gardening. We spoke with the person who told us they went to the allotment every two weeks. The person told us they were growing their own vegetables which were then used to cook meals with at home. The person also enjoyed dry stone walling. The registered manager found a group for the person so they could carry on this activity.

The registered manager also facilitated links with the local community. One person had strong spiritual needs. Staff encouraged this person to attend their local church on a weekly basis. We spoke with people who lived at the home. They were all happy with activities on offer. We spoke with one person who explained they were claustrophobic. They told us they were busy everyday carrying out activities including volunteering with local groups. Daily records confirmed the provider placed an emphasis on encouraging people to be active and be part of the community.

There were no organised group based activities going on within the home due to the size of the home. The registered manager told us they used to run a craft group at the home but this stopped as people were not interested in the group.

People who lived at the home said they had no complaints about the service. Daily records belonging to individuals showed people were asked on a frequent basis if they were happy with the service. One person who lived at the home said, "It's very nice, I am very satisfied." Another person said, "I've never had to complain. Staff are very nice and treat me kindly."

The service had a complaints procedure which was made available to people they supported. The registered manager was aware of their responsibilities to keep a record of any complaints if they arose. A log was kept by the registered manager to log any complaints in if they occurred however there had been no complaints to date. Staff told us people were asked frequently on an informal basis if they had any concerns. This allowed the provider to deal with any matters in a timely manner to stop concerns escalating to complaints.

# Is the service well-led?

## Our findings

The service had a registered manager in place who had worked at the service for over 30 years. The registered manager was well respected by both the people who lived at the home and by staff. One person who lived at the home said, “[Registered manager] is a nice person, I can speak to them whenever I like. They always come to see me to check everything is ok.”

One staff member said that although the registered manager was a relative, they were treated in a professional manner as employees. They said, “[Registered Manager has high standards, we need to do things right and her way, but she will listen to us if we come forward.” Another staff member said, “She would tell you if you aren’t doing it right. She is constantly telling us, if something isn’t being done right.”

One staff member praised the knowledge of the registered manager, saying “I’ve learned from the best.” Another staff member said, “[Registered Manager] has really pushed me, she has given me confidence. She is always at hand.”

People who lived at the service also praised the registered manager. One person described the registered manager as “kind.” During the day of inspection we observed people approaching the registered manager and asking for help with tasks.

The registered manager had robust systems in place for dealing with emergencies. Staff were on shift at all times and the registered manager was on call to deal with emergencies. We found comprehensive documentation relating to people who lived at the home and instructions for staff detailing what to do in an emergency.

Staff said because the team was so small they did not hold team meetings. Information was therefore shared between the team when staff were on shift. Staff were happy with this arrangement and felt fully supported.

Staff were supported to develop their skills within the organisation. We observed training certificates that showed two staff had been encouraged to develop their

management skills. The staff member said the registered manager had done this as they were looking at contingency planning for the future so the business could stay within the family.

The atmosphere of the home was warm and welcoming and team work played an integral part in the running of the home. The home was developed like a family home and the people who lived there were seen as “extended family.”

Documentation demonstrated there were clear lines of accountability at the home and all staff were aware of their roles and responsibilities. There was good communication between staff members which enabled tasks to be completed quickly and proficiently. We saw evidence that tasks were carried out in a timely manner. Faults to equipment within the home were reported and remedied immediately.

The provider had systems in place to identify, assess and manage risks to the health, safety and welfare of the people who lived at the home. The registered manager said they carried out informal audits of health and safety and infection control.

Although the registered manager had systems in place to keep people safe, there was no system in place for notifying the Care Quality Commission of reportable incidents. During the course of the inspection we identified two situations which necessitated police involvement. These incidents were not reported to the Care Quality Commission as required. We spoke with the registered manager about these and they said they were not aware of the need to report such incidents but agreed to do so in future.

The registered manager said they did not hold residents meetings but they spoke with people informally on a daily basis to see if people are happy with service provision. People who lived at the home said they were happy with the way the home was run and confirmed they were consulted with regularly about the way the home was managed. Staff documented in care records when people had been asked about their satisfaction with the service. We noted frequent comments in one person’s file a statement that said, “[Person] was asked if they were satisfied with the care provided, they said they had no complaints and is happy living here.”

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.