

Mr & Mrs P Carr

Patrick Carr

Inspection report

123 Old Park Avenue
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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 

Overall summary

This inspection took place on 21 December 2015 and was unannounced. At our last inspection on 5 February 2014 the service met all the standards we looked at.

Patrick Carr is a care home that provides accommodation and care to a maximum of three people over the age of 65 who have a learning disability. On the day of the inspection there were two people living at the home. The providers are a husband and wife team who live in the same domestic property with the two people using the service. These two people have been at the provider's home for between 16 and 20 years and everyone knows each other very well. The providers told us that they would not be admitting any new people to their home.

There was a registered manager in post. 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.

People told us they felt the service was safe and had no concerns about how they were being supported at the home. They told us that both providers were kind and respectful and their needs were being met.

The providers had identified and highlighted potential risks to people's safety and had thought about and recorded how these risks could be reduced.

Summary of findings

The providers understood the principles of the Mental Capacity Act 2005 (MCA) and told us that people could generally make their own decisions about their care and treatment. The providers understood that, where major decisions needed to be made, a best interests meeting would need to be arranged.

People had good access to healthcare professionals such as doctors, dentists, chiropodists and opticians and any changes to people's needs were responded to appropriately and quickly.

People told us the providers listened to them and respected their choices and decisions.

People confirmed that they were asked about the quality of the service and had made comments about this. People felt the providers took their views into account in order to improve service delivery.

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 told us they felt safe at the home and we observed positive and kind interactions between them and the two providers.

Risks to people's safety and been discussed with them where possible and action had been taken to minimise any identified risks.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately.

Good



Is the service effective?

The service was effective. People were positive about the providers and they had the knowledge and skills necessary to support people.

The providers understood the principles of the MCA and told us they would always presume a person could make their own decisions about their care and treatment.

People told us they enjoyed the food and the providers knew about any special diets people required either as a result of a clinical need or a personal preference.

People had good access to healthcare professionals such as doctors, dentists, chiropodists and opticians.

Good



Is the service caring?

The service was caring. We observed people being treated with respect and as individuals with different needs.

People's diversity was understood and was being upheld and valued.

The providers gave us examples of how they maintained and respected people's privacy. These examples included keeping people's personal information secure as well as ensuring people's personal space was respected.

Good



Is the service responsive?

The service was responsive. Everyone at the home was able to make decisions and choices about their care and these decisions were recorded, respected and acted on.

People told us they were happy to raise any concerns they had and that the providers would take action.

Care plans included an up to date and detailed account of all aspects of people's care needs, including personal and medical history, likes and dislikes, recent care and treatment and the involvement of family members.

Good



Is the service well-led?

The service was well-led. People confirmed that they were asked about the quality of the service and had made comments about this. They felt the providers took their views into account in order to improve.

Good



Summary of findings

Both providers had a clear understanding of the meaning of person centred care and supported people within this ethos.	
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Patrick Carr

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 checked 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.

We undertook this unannounced inspection of Patrick Carr on 21 December 2015.

Before our inspection we reviewed information we have about the provider, including notifications of any safeguarding or incidents affecting the safety and well-being of people.

This inspection was carried out by one inspector. We met and spoke with both people who use the service and we observed interactions between them and the two providers. We spoke with the two providers who provide sole support at the service.

We looked at peoples' care plans and other documents relating to their care including risk assessments and medicines records. We looked at other records held at the home including health and safety documents.

Is the service safe?

Our findings

We observed kind and patient interactions between the providers and the people they supported.

People told us they felt safe at the home and had no concerns about how they were being treated.

Both people had regular contact with their families and told us they would talk to them if they were worried about anything. One person told us, "I'd tell my sister."

The two providers understood the safeguarding process and gave us an example of where they had made a referral to the local safeguarding team in the past. This referral was made as they had concerns about the vulnerability of a person who was at risk when out in the community.

Care plans included relevant risk assessments. Where a risk had been identified the providers had looked at ways to reduce the risk and recorded any required actions or suggestions. For example, risk assessments had been completed to ensure people could go out of the home safely. They had assessed whether each person had road safety awareness and if they had to take into account people's behaviours that might put them at risk.

Risk assessments and checks regarding the safety and security of the premises were available, being reviewed and reflected the domestic nature of the accommodation. Smoke alarms were fitted throughout the home and these were regularly tested. Fire drills took place on a regular basis and records showed that everyone evacuated the home in good time.

People we spoke with were aware of the risks they faced and the providers confirmed that potential risks to people's safety was discussed and reviewed with them. We saw that changes had been made to people's risk assessment where required.

Both providers had a criminal record check to ensure they were suitable to provide care and support. These checks had not been renewed recently and although both providers confirmed to us that there had not been any changes to their circumstances since the last check, we discussed the need to have an updated criminal record check so the providers could evidence they continued to provide safe care.

People using the service told us that they were happy with the level of support they received from the providers. One person only required a moderate level of support which included prompting with care tasks. The other person required a higher level of care. Both people's needs were being continuously monitored by the providers to ensure they could still meet their needs safely.

People told us they were happy with the way their medicines were managed at the home. One person managed their own medicines and a risk assessment about this was on file and being reviewed regularly. They told us, "I do it myself. I know what I'm doing I've been doing it a long time. I go and get them [medicines]."

The providers had a good understanding of people's medicines and records included information about, any known allergies, as and when needed (PRN) protocols and any possible side effects of medicines people were taking. People's medicines were reviewed on a regular basis by appropriate healthcare professionals. We saw that the last review of medicines had taken place on 10th October 2015.

Is the service effective?

Our findings

People who used the service were positive about the providers and told us they had confidence in their abilities.

One of the providers had undertaken a management qualification and both providers had attended training in the areas required to support people safely. Training included medicines management, health and safety, safeguarding, first aid and moving and handling. Most of this training had been undertaken some time ago. However, we saw that both providers kept up to date with best practice. For example, they had a sound knowledge of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards and understood how this impacted on the people they supported.

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.

The providers told us they would always presume a person could make their own decisions about their care and treatment. They told us that if the person could not make certain decisions then they would have to think about what was in that person's "best interests" which would involve asking people close to the person as well as other professionals.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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 were being met.

The providers told us that no current DoLS was required for either person at the home but they would keep this under review. One person recently had a review with their placing authority and no concerns about DoLS had been raised.

We observed the providers asking people for permission before carrying out any required tasks for them. We noted they waited for the person's consent before they went ahead. People told us that the providers did not do anything they didn't want them to do. One person told that they were never "bossed about". The other person told us, "I can come and go as I want to."

As there were only two staff providing all the care and support to the people living at the home, no formal supervision or appraisals took place. However it was clear that this husband and wife team regularly talked about issues affecting the service and the people living there. They told us they supported each other both on a practical, emotional and professional level and we saw supportive and professional interactions between them during our inspection.

People told us they liked the food provided at the home. One person commented, "The food? Yes it's nice and I get enough. We all eat together." Because one person went out most days, they were provided with a packed lunch and ate their main meal in the evening. The other person went shopping with one of the providers and we saw that everyone had a varied menu.

Records were kept of what everyone ate each day and people's weight was monitored. We were told that one person had recently lost their appetite and we saw that a number of referrals had been made to the hospital via their GP. We saw that as a result high protein drinks had been prescribed.

People were appropriately supported to access health and other services when they needed to. Each person's personal records contained documentation of health appointments, letters from specialists and records of visits.

We saw that assistance from medical professionals was sought quickly when people's needs changed. People confirmed they had good access to health and social care professionals. It was clear from records and by speaking with the providers that there were both diligent in making sure people had timely access to any healthcare professional they needed.

Is the service caring?

Our findings

People told us they liked the providers and that they were well treated. One person commented, “They’re alright they’re friendly.” The other person told us, “Yes I’m happy.”

We saw that people were very relaxed and it was clear that positive and supportive relationships had developed between everyone at the home over the many years they had been together. The two people were treated like family members and were included in the provider’s family events such as weddings and parties. We were told that one person had recently been invited to the provider’s relative’s baby shower.

At the time of this inspection the provider was organising for Christmas. They told us that their family would be visiting and that everyone was looking forward to the Christmas meal which they would all be a part of.

We saw that people had commented and had input in their care needs and any subsequent risks to their safety. The provider told us about regular reviews they had with people and how they looked at what the person wanted to do and how they followed the person’s needs and wishes.

They felt that these one to one sessions enabled people to be more independent and to make their own decisions and choices about their care. These one to one sessions had replaced house meetings as the provider told us this was a more productive way to get people’s views.

The providers had discussed people’s cultural and spiritual needs with them and recorded their wishes and preferences in their care plans. For example, we saw that one person attended regular church services with their relative. People were supported to maintain relationships with their family and friends as well as make new friendships.

Both providers understood that ageism, sexism and homophobia were forms of abuse and told us they made sure people at the home were not disadvantaged. They gave us examples of how they had made sure people had equal access to healthcare professionals and services.

People told us that their privacy was respected and the providers gave us examples of how they maintained and respected people’s privacy. These examples included keeping people’s personal information secure as well as ensuring people’s personal space was respected.

Is the service responsive?

Our findings

People told us that the service was responsive to their needs and preferences. As both providers knew the people they supported very well they were able to identify any changes in someone's health quickly and respond accordingly.

For example, we saw that, following an assessment by a healthcare professional, a person's care plan had been updated to reflect the advice given as a result of this assessment. The providers were able to demonstrate a good understanding of the current needs and preferences of people at the home as described in their care plan.

Care plans covered all aspects of the person's personal, social and health care needs and reflected the care given. The providers had made sure people's care plans clearly described what the person could do for themselves and where they needed help in order to maintain their independence as far as possible.

People took part in recreational activities both inside and outside the home as well as take part in ordinary community activities. One person told us, "I go to the library, see my friends and visit mum."

A weekly record was maintained outlining the activities and events each person was involved in. These included going to garden centres, shopping, going for walks, and going to the pub. People told us they were happy to take part in these activities.

People told us they had no complaints about the service but felt able to talk to either provider if they did. One person commented, "If I was worried they would listen to me."

We saw, from one to one meetings with people using the service, that any potential concerns and complaints were discussed and relatives were phoned on a regular basis to see if everyone had any concerns or complaints. Records showed that no complaints had been received since our last inspection of this service.

Is the service well-led?

Our findings

People confirmed that they were regularly asked about the quality of the service and had made comments about this. The providers were in regular contact with people's family and records showed that they were asked if they were happy with the service and had been asked for suggestions for any improvements.

We saw that if relatives had any suggestions, for example about activities, these had been followed through by the provider.

People were positive about both providers and told us they were happy with the way the service was run. One person commented, "They are alright, they are friendly and ask how I'm doing."

The providers told us that the philosophy of the home was to provide individual care to each person based on their preferences, abilities and needs. The providers told us that, as they shared to their home with both people, they treated them like family members rather than residents.

However they still made sure they were professional and respected people's privacy and choices. This person centred approach to care was confirmed by the two people using the service.

The providers had implemented systems to audit various health and safety monitoring within the home. For example, we saw that fire safety and medicines were audited on a regular basis and environmental risk assessments were reviewed as part of this audit and changed where required.