

Mrs Valerie Bullman

Mrs Valerie Bullman - 18 Leafdown Close

Inspection report

18 Leafdown Close
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Cannock
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WS12 2NJ

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

At our last inspection in January 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Leafdown Close is a Residential Care Home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Leafdown Close accommodates one person in a domestic home environment. At the time of the inspection there was one person using the service.

Registering the Right Support has values which include choice, promotion of independence and inclusion. This is to ensure people with learning disabilities and autism using the service can live as ordinary a life as any citizen. The home was meeting the principles of this policy.

The person living at the service was safeguarded from abuse and risks were assessed and planned for with the person. The provider gave the person support and there were arrangements in place to provide cover if needed. There were sufficient staff to support people. The person could administer their own medicines and we saw this was done safely. The person lived in a clean environment and the provider ensured they were protected from the risk of cross infection. The provider reviewed incidents and learned when things went wrong.

The person had their needs assessed and plans in place to meet them, this was reviewed on a regular basis and if things changed. The provider had received training and could access support from other organisations when needed. The provider ensured the person received consistent support in an environment that met their needs. The person could choose their meals and had their health needs met.

The person had choice and control of their lives and the provider was aware of how to support them in the least restrictive way possible; the policies and systems in the service were supportive of this practice.

The person had a very caring relationship with the provider and was supported to live an independent life where they could make choices. The person's communication needs were understood and the provider treated the person with respect and protected their dignity.

The person was at the centre of the service and the provider understood their needs and preferences. The person felt able to speak about anything they felt was wrong.

The provider submitted notifications as required and understood their responsibilities. The rating from the

last inspection was on display. Quality checks were in place which were used to drive improvement.

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 continued to be good.

Is the service effective?

Good ●

The service continued to be good.

Is the service caring?

Good ●

The service continued to be good.

Is the service responsive?

Good ●

The service continued to be good.

Is the service well-led?

Good ●

The service continued to be good.

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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.

A unannounced inspection visit took place on 12 January 2019 and a further announced visit took place on 15 January 2019. The inspection team consisted of one inspector.

As part of the inspection, we reviewed the information we held about the service, including notifications. A notification is information about events that by law the registered persons should tell us about. We asked for feedback from the commissioners of people's care to find out their views on the quality of the service. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually 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 person that 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 service and their interactions with the provider. We reviewed the care records of the person and other records relating to the management of the service including, accident reports, policies and questionnaires about the quality of the service.

Is the service safe?

Our findings

At our last inspection on 21 January 2016 we rated Safe as Good. At this inspection we found Safe continues to be rated as Good.

The person using the service was safeguarded from abuse. The person told us, "I feel safe here, it is nice here." The provider told us there had been no safeguarding incidents since the last inspection. However, they could describe their approach to safeguarding the person which demonstrated their understanding.

The person was protected from risks to their safety. The provider told us risks were assessed and plans formed to keep the person safe. Risks had been assessed and plans were in place to ensure the persons safety. For example, other professionals had been involved in supporting risk assessment for going out in the community. We saw the provider used the assessments to plan and deliver the persons care.

The person received support solely from the provider to meet their needs. The person told us the provider was always there if they needed them to help with anything. The person could do many things for themselves but needed monitoring and prompting. The person confirmed the provider helped with this. We saw the provider had documented plans for if they were unable to provide care. Only staff with an understanding of the persons needs would be called upon to help.

The person told us they could administer their own medicines with support from the provider to monitor this. The person told us they kept a record which they signed themselves when they had taken their medicines. The provider made sure there was an adequate supply of the persons medicines and that there was a record of what medicines the person was taking and why which was accurate and up to date. The person understood what they needed to have and when and they were happy with managing the medicines by themselves.

The person living at the home was protected from the risk of cross infection. We saw the home was clean and there were no concerns with the persons and the providers approach to making sure the person was protected from the risk of cross infection.

The provider told us they learned when things went wrong. The provider shared examples with us of changes that had been made to the persons care following incidents which had happened. We saw the provider had records in place to evaluate any incidents and take appropriate action to prevent reoccurrence. We also saw when needed care plans and risk assessments were updated.

Is the service effective?

Our findings

At our last inspection on 21 January 2016 we rated Effective as Good. At this inspection we found Effective continues to be rated as Good.

The person had an assessment and care plan in place which set out what their needs were and what they wanted to achieve and the support they needed to do this. The provider told us this was done with the person and other professionals were involved as needed. We saw there was a detailed plan in place which gave information about the persons needs and how they needed to be supported. The person confirmed they had all the help they needed from the provider.

The provider told us in the PIR they had received training to develop the skills they need to support the person effectively. Our observations of interactions, care plans and records of training confirmed this.

The person had a choice of meals and drinks and were involved in making their own meals. The person told us, "I can make a drink for me and [provider's name]". The provider told us the person was involved in choosing meals, going shopping for the food and helped with preparation and cooking. The person confirmed this and we saw the information was recorded in their care plan. We saw the person discussing their favourite meal with the provider and what they were planning to have for their tea.

The persons care was consistently provided. The person received all their support from the provider as they were the only person providing care in the home. However, there were detailed plans in place to provide care in the event the provider was not available. The care plans gave a high level of detail about the persons preferences and routines.

The person was supported with their health and wellbeing. The person told us, "I had some tests today I have to wait for the results." The provider confirmed the person saw several health professionals including occupational therapists, consultants and their doctor when needed. We saw records which confirmed there were regular checks on the persons health and any advice from health professionals was followed.

The service was a domestic home and the person had full access to all areas. The provider told us the person had their own bedroom which they arranged as they wanted to. The person confirmed they were happy with their bedroom and could access the bathroom for a shower when they wanted to. We saw the person could get around the home easily going upstairs when they wanted and accessing the kitchen and outside areas.

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.

We saw the person could make their own decisions and were encouraged to make choices themselves. The person confirmed they were involved in deciding things for themselves. We saw the person had given their consent and been involved in their assessment and care plan.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). The person living at the service did not require an application as they did not lack capacity to make their own decisions.

Is the service caring?

Our findings

At our last inspection on 21 January 2016 we rated Caring as Good. At this inspection Caring remains rated as Good.

The person told us, "I like living here, I get on well with [providers name] we go away on breaks and holidays." The provider told us they had a lovely relationship with the person they commented, "[Person's name] is such a lovely person, we have been together a long time and everywhere I go they come with me." The provider said the person lived with them as a family member and they had a good relationship with the providers extended family. "[Person's name] is like a family member to me the relationship works for us both I provide support for [person's name] and I have the pleasure of their company." We found the person was comfortable in the home, they spoke with the provider about their day and plans for the evening and laughed and smiled when the provider spoke about previous conversations which had made them laugh. The person was supported by the provider to maintain relationships with family members. This included visits and purchasing gifts for birthdays and Christmas. This showed the person was supported in a caring environment and had a caring relationship with the provider.

The person was supported to make choices and to maintain their independence. The person told us, they went out in a taxi to various places and could do this independently. The person commented, "I go out a lot but in the winter with bad weather I prefer to stay in." The provider confirmed the person went out weekly to the bank and could do this by ensuring the person had the same taxi company that were familiar with the person's needs. The person could make all their own decisions and choices. We saw the person could make their own drinks, they were encouraged to support with household tasks and we observed them carrying out some of these during the inspection.

The person's care plan gave clear information about how the person communicated. The plan gave guidance on how to ensure the person had understood the information given to them. We saw the person could communicate verbally and the provider could communicate effectively with the person and ensure they understood what was being said to them.

The person had their privacy and dignity maintained. We saw the person was treated with respect and dignity. The person had their own room and could spend time on their own when they wished. The provider spoke about the person with respect and maintained the person's dignity. For example, the provider made sure the person understood the purpose of our visit and asked if they were happy to speak with us about living at the home.

Is the service responsive?

Our findings

At our last inspection on 21 January 2016, we rated Responsive as Good. At this inspection Responsive remains rated as Good.

The person received support which was responsive to their individual needs and preferences. The person told us about their routines and how they spent their time. The provider could describe in detail what was important to the person and how they were supported to live their life and do the things they wanted to and enjoyed. The person's care plan had detailed guidance on all aspects of the person's life and they had been fully involved in developing the plan. The plan considered the person's life history and important relationships and had considered their needs relating to protected characteristics such as their culture and religion.

The plan was reviewed regularly and updated when anything changed for the person. For example, the provider showed us how the person had been supported to obtain assessments to confirm they had a diagnosis of a health condition. The provider had recognised this over time living at the placement and sourced assessment and diagnosis they commented, "The diagnosis is important for [person's name] future. It is important their needs are fully understood and clearly assessed."

The person had a full and active life doing things they enjoyed and was fully involved in their local community. The person said, "I have been out today to my club, we played bingo and I met my friends there." They described their evening and weekends were spent doing things in the home and in the local community. "I like to watch Emmerdale and Coronation Street, [provider's name] likes The Chase." The person told us about the different activities and groups they went to throughout the week and how they enjoyed this. The person also described going out to different places with the provider. The person said, "I go out with [providers name] shopping on the weekend. The person also described going to the theatre and visiting friends and family. The provider told us the person enjoyed going out to a local café for meals, and they had made friends in the community. The person had become a member of the local church and enjoyed social activities with people from the church and attended services.

The person was supported to have holidays and short breaks. They were excited to tell us about upcoming holidays. The provider confirmed the person had been on many holidays, funded by the provider each year and the person really enjoyed the process of choosing and planning these and they often spoke about their experiences. The person told us, "I enjoy going on holidays and breaks. I went around the British Isles [on a cruise] it started in Newcastle. When you get on the cruise there is a safety briefing about how to put your life jacket on." The person described their plans for the next holidays and the provider confirmed these were in place and they were both looking forward to them. "I support the provision of holidays financially as [person's name] could not do this on their own and it's important to me they have a good life."

The person told us they were happy at the service and had no concerns and could tell us what they would do if they were worried about anything. The person said they could talk with the provider and could also speak with people at the clubs they attended. The provider confirmed and records supported there was a

complaints policy in place to deal with any concerns. There had been no concerns or complaints since the last inspection.

The provider was not offering support for end of life care, so therefore we have not reported on this at the time of the inspection.

Is the service well-led?

Our findings

At our last inspection on 21 January 2016, we rated Well-Led as Good. At this inspection Well-Led remains rated as Good.

The provider told us the aim was to ensure the person living at the service lived in a family environment. "It is important [person's name] lives where they are part of a family we have been together a long time and we are like family." The person said, "I would not want to move anywhere else." The provider said the service had everything in place to ensure safety and meet the person's needs, but the emphasis was on ensuring the person had a place in a family and lived in a family home. We saw the relationship between the person and the provider was good and they lived together as a family sharing time, activities and the environment was homely.

The person was fully involved in decisions about the home and how their care was delivered. The person told us about how they made choices. The provider confirmed they planned things together and we saw the provider and the person making their plans for the evening during the inspection. The provider had a system in place to check the experience of the person living at the service. There were questionnaires completed on a regular basis which the person received support to fill in from other people outside the service. This helped the provider to know if the person was happy. We saw the completed questionnaires showed the person was happy with their home.

The provider ensured other checks were completed to make sure the home environment was safe. For example, they had regular discussions about fire safety and how to get out of the home in the event of a fire with the person. Checks were carried out on fire alarms gas appliances. The provider had a copy of their statement of purpose and policies in place which were reviewed on a regular basis.

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.

The provider understood their responsibilities. We saw that the rating of the last inspection was on display and notifications were received as required by law, of incidents that occurred at the home. These may include incidents such as alleged abuse and serious injuries. A PIR was submitted to CQC which outlined the changes the provider had made since the last inspection. We found the PIR was accurate.

The provider ensured they had good working relationships with others involved in the persons care. They told us they had contact with people at the centred and clubs attended by the person and maintained good links with regular checks from health professionals. The documentation we saw supported this.