Mr J & Mrs D Cole

No 10 Fifth Row

Inspection report

10 Fifth Row
Linton Colliery
Morpeth
Northumberland
NE61 5SL

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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

This inspection took place on 18 December 2015 and was announced. A previous inspection undertaken in June 2014 found there were no breaches of legal requirements.

10 Fifth Row is one of four locations owned and run by Mr J & Mrs D Cole and is situated in the village of Linton, near Ashington. It provides accommodation for up to two people with a learning disability, who require assistance with personal care and support. At the time of the inspection there were two people living at the home.

At the time of our inspection there was a registered manager in place. Our records showed she had been formally registered with the Commission since October 2010. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The registered manager was not available at the time of the inspection but we were supported by the provider's general manager.

People who lived at the home were not always able to communicate with us or did not wish to speak with us. We asked one person if they liked living at the home and they indicated that they did. Staff had a good understanding of safeguarding issues and said they would report any concerns to the registered manager or general manager. The premises was maintained and appropriate safety certificates were in place and available for inspection.

Staffing levels were maintained to support the individual needs of people living at the home. Staff said they felt there were enough staff available to provide adequate support. Appropriate recruitment procedures and checks were in place to ensure staff employed at the home had the correct skills and experience. Medicines were stored and disposed of safely. Records related to the safe management of medicines were up to date.

Staff said they were able to access a range of training including on-line courses and face to face sessions. Areas covered included first aid, moving and handling and food hygiene. They told us they had access to regular supervision and appraisals.

A range of food was provided at the home. Weekly menus had been devised and a range of meals were offered. The general manager told us that because of the size of the home meals could reflect people's individual likes. We observed people had access to food and drink throughout the day.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. MCA is a law that protects and supports people who do not have ability to make their own decisions and to ensure decisions are made in their 'best interests' it also ensures unlawful restrictions are not placed on people in care homes and hospitals. People living at the home had capacity to make decisions and therefore

applications under the DoLS guidance were not required. Records showed that consent was sought from people and that their capacity to consent was considered and the Mental Capacity Act (2005) (MCA) was applied appropriately.

We noted the decoration of the home was in need of refreshing in some areas. The carpet on the stairs was slightly worn. The general manager confirmed refurbishment of the home was an on-going process. The outside of the property was well maintained and people had access to a secure garden area.

We observed staff treated people well and people living at the home appeared happy and relaxed. Staff had a good understanding of people's individual needs, likes and dislikes. People had access to general practitioners, dentists and a range of other health professionals to help maintain their wellbeing. People were supported to participate in activities they liked or to go out on trips and visits.

People had individualised care plans that were detailed and addressed their identified needs and considered risks associated with the delivery of care. A new care planning system had recently been introduced. There had been no recent formal complaints.

The general manager said that because the home was small and was regularly visited, any matters that needed addressing were dealt with on an immediate basis. He had recently introduced a monthly audit process that checked that care plans were up to date and the premises were safe.

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.

Staff had undertaken training and had knowledge of safeguarding issues. People's money was stored securely and checked by managers. Medicines were stored and handled safely.

Proper recruitment processes were in place to ensure appropriately skilled and experienced staff worked at the home. Staffing levels were appropriate to meet the needs of people living at the home.

Safety checks on the property had been undertaken; include ding checks on fixed electrical systems and small electrical items.

Is the service effective?

Good

The service was effective.

Staff were aware of the need to promote choice. The need for best interests decisions in line with the MCA (2005) was considered. The general manager confirmed that no one living at the home was currently subject to any restriction under the DoLS guidance. Staff told us, and records confirmed a range of training had been provided and staff received regular supervision and annual appraisals.

People had access to a range of health and social care professionals, for assessments and checks, to help maintain their health and wellbeing and were encouraged and supported to attend appointments.

People were offered a variety of meals based on individual likes and dislikes. The decoration of the home was in need of updating in some places but the general manager said refurbishment was being carried out on an on-going basis.

Is the service caring?

Good

The service was caring.

People indicated they were happy living at the home. We observed staff supporting people with kindness and consideration and saw there appeared to be good relationships between staff and people living there.

People's dignity and privacy was respected by all the staff. Staff understood about supporting people to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

Care plans reflected people's individual needs, were regularly reviewed and updated as needs changed. Care plans contained an assessment of risks associated with people's care and detailed instructions for staff to follow when delivering care.

People were supported to engage in activities which interested them and were helped to make trips and visits out.

There had been no recent formal complaints.

Is the service well-led?

Good

The service was well led.

The general manager had introduced a regular formal checking and auditing system at the home, including checking care plans and the physical building.

Staff were happy with the support they received from the management.

Formal meetings were not regularly undertaken because the size of the service meant issues could be dealt with directly. Records were complete and up to date.

No 10 Fifth Row

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.

This inspection took place on 18 December 2015 and was announced. We announced the inspection 48 hours prior to calling. This was to ensure that people would be at home on the day that we visited.

The inspection team consisted of one inspector. This was because the location supports only two people and we were aware that the environment was their home. We did not want to distress people living at the home by visiting with a number of colleagues.

Before the inspection we reviewed the information we held about the home, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We contacted the local Healthwatch group, the local authority contracts team, the local authority safeguarding adults team and the local Clinical Commissioning Group. We used their comments to support the planning of the inspection.
We did not request a Provider Information Return (PIR) prior to the inspection. 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.

People living at the home were not always able to speak with us but indicated they were happy at the home. We spoke with the general manager and a support worker on duty at the time of the inspection. Additionally, after the inspection we conducted telephone interviews with a relative of a person who used the service. We also contacted people's care managers.

We observed care and support being delivered in communal areas. We also looked in the kitchen areas, bath/shower rooms, toilet areas and checked people's individual accommodation. We inspected exterior areas of the home. We reviewed a range of documents and records including; two care records for people who used the service, two medicine administration records, three records of staff employed at the home, complaints records, accidents and incident records, and a range of other management and safety records.

Good

Is the service safe?

Our findings

The provider had a safeguarding policy in place. Staff said they had received training in relation to safeguarding adults and were able to describe the signs of potential abuse they would look out for. They said they would immediately report any concerns to the registered manager or general manager. The general manager told us there had been no recent safeguarding issues at the home and this was confirmed by the local authority.

People living at the home had deputies appointed to support them with financial decisions. Staff supported people by helping them manage their money on a day to day basis. Monies were kept in locked cabinets and a record made of any purchases and additions. Receipts for purchases were also saved. Checks were undertaken on people's money kept at the home to ensure there were no irregularities. We checked people's current balances and found they matched the recorded totals.

Risk assessments were in place for the location. A fire risk assessment had been undertaken along with checks related to infection control. Checks were also undertaken on smoke alarms. An inspection by the local environmental health agency, in relation to food hygiene had awarded the home a five star rating. Risk assessments were also in place in relations to people's individual care and support.

Emergency plans were in place and fire procedures were on display with visual prompts and pictures to help people at the home understand what they should do in the event of a fire. Staff told us there was always a senior member of staff on call, if they needed any advice or support. One staff member told us, "There is always someone on the phone if needed."

The general manager showed us the accident and incident book. He told us there had been no accidents involving people living at the home over the last 12 months.

Staff told us there were enough staff, with one member of staff always on duty. At the time of the inspection there was a registered manager and four care workers employed at the home to cover all shifts. This was based on an assessments of need for people who lived at the home. Night shifts were covered by a sleep in member of staff. One person living at the home was fully independent and spent a good deal of time out and about, either at work placements, or visiting friends in the local community. The staff member we spoke with told us they felt safe working alone during both the day and night and could always access support if required.

Staff recruitment was undertaken centrally by the provider, although staff were then assessed and allocated to specific locations, depending on their skills, experience and the needs of the people living at each location. We saw appropriate processes had been followed. People had completed an application form, attended for interview and provided two references, one of which was from their most recent employer. Disclosure and Barring Service (DBS) checks had been undertaken. DBS checks ensure staff working at the home have not been subject to any actions that would bar them from working with elderly or vulnerable people.

Medicines at the home were managed safely. All people's medicines were listed on their medicine administration record. The information on the medicines records was detailed and there were no gaps in signatures. "As required" medicines are those given only when needed, such as for pain relief. Where these were in place, details of when people should receive these and any restrictions on dose were noted. Staff told us, and records confirmed they had received training in the safe management of medicines.

The home was generally clean and tidy. The general manager told us that full decoration of the home was due to take place, but that this required taking both people away for a few days to ensure the redecoration could be done quickly and safely. Staff had access to gloves to aid them if they were helping with personal care. Liquid soap was available. People living at the home had access to designated towels to limit the potential spread of any cross infection. There were colour coded chopping boards available in the kitchen, to be used for different food groups to limit the chances of cross contamination when cooking.

Good

Is the service effective?

Our findings

Staff told us they had access to training. They confirmed they had completed a range of mandatory training including fire safety, first aid, food hygiene and moving and handling. They said they received sufficient training for them to undertake their role.

The general manager showed us the training matrix for both the home and the wider service. A number of training courses were provided and he stated that the provider was currently looking to extend the range of training provided. The training matrix highlighted when individual staff were approaching deadlines for training to be updated and when it was due. The majority of staff were up to date with mandatory training. Staff told us, and records confirmed that staff had regular supervision and appraisal sessions, although many issues were dealt with immediately because the home was so small and the staff group limited. Supervision took the form of observed care sessions as well as face to face meetings. One staff member told us, "They like to know how we are feeling about our jobs."

Relatives we spoke with said they could always contact the home if they had any concerns and were able to visit at any time. They told us the home contacted them about any concerns and they were always invited to regular reviews. One comment was, "They keep us involved. If (name) has had a bad day they will contact us we can talk to him and help to calm him down and feel better."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.
We checked whether the service was working within the principles of the MCA. The general manager told us that no one at the home was subject to restriction under the DoLS guidance of the MCA and that this decision had been made in consultation with people's care managers. Records showed that consent was sought from people and that their capacity to consent wass considered and the Mental Capacity Act (2005) (MCA) was applied appropriately.

The general manager was aware of the best interest issues and the need to consider capacity for any significant decisions and such issues were covered in care plans. There had been no recent best interests decisions required.

We saw people's consent was sought on a day to day basis. For example, the person at the home on the day of the inspection was asked if it was acceptable for the inspector to look in their room as part of the inspection. Staff had a good understanding of people's right to make choices and right to refuse, if they wished. Where this refusal could have consequences for their health there were clear instructions for staff to

seek advice from health professionals.

People were supported to maintain their health and wellbeing. Evidence from care records indicated people attended appointments with or were seen by health and social care professionals. Records also showed that people were offered the chance to attend local doctor's surgeries for flu vaccinations and well man checks. One person's care records indicated they had particular problems with their skin. Staff told us the person attended the hospital on a regular basis to receive treatment. This treatment was also supported at the home. Both people living at the home had hospital passports, with information about their health that could be useful if they needed to attend for medical treatment.

Staff told us they cooked the meals at the home and that people had access to a range of food and drink. A suggested menu had been devised for the home although people's individual likes and dislikes were still catered for as food was purchased on a weekly basis. We saw the menu offered a range of meal types including, Sunday lunch, casseroles and salads. We looked at the food stores for the home and saw there were a range of fresh, dried and frozen food available. People's dietary intake, drinks and weight were regularly recorded. We asked the person if they liked the food at the home and they indicated that they did.

10 Fifth Row is a homely terraced property. The two people living at the home had full mobility and no specific adaptations were necessary. They had access to their own rooms, a lounge area, conservatory and a large rear garden.

Good

Is the service caring?

Our findings

Not all people who lived at the home were able to communicate in detail with us or did not wish to speak with us. We asked one person if they liked living at the home and they indicated that they did. A relative we spoke with said she felt the staff at the home were caring and supportive. She told us, "It's wonderful. Just like his own home. He is definitely well cared for." She also told us, "He is happy and relaxed when he comes to us. He is always talking about the staff. After an hour with us he wants to go home. He sees it has his home now."

Staff told us they tried to involve people in their care and encouraged them to do as much for themselves as possible. They said this could vary from day to day, often depending on a person's mood. They said the most important thing was to get to know the people, so that they could receive care that was specific to them. One staff member told us, "If they are happy then I am happy. That's the important thing."

Staff responded to people's need. Only one person was at the home on the day of the inspection. The staff member checked regularly that they were alright and made suggestions about what they could do. We saw in one person's care plan that they enjoyed bananas and noted they were offered one as part of their lunch.

The general manager told us that no one living at the home was currently using an advocate to help them express their views. He said that both the people residing at the address had regular contact and reviews by their care manager and also had relatives who visited or supported them. We saw evidence of these reviews in people's care records.

Staff were aware of the need to maintain confidentiality. They were aware the home was situated in a small community and whilst they felt people were part of the community, they understood about keeping information safe. Staff were required to sign a confidentiality agreement when they started working at the home. The general manager told us that most people in the village were aware of where people lived and the support they were receiving and it was important they were accepted as members of the local community.

Staff also understood about maintaining people's privacy and dignity. They recognised that people enjoyed having their own rooms and that this was their personal space. People were also treated with dignity and respect. Staff always approached the person at the home with questions such as, "Would you like..?" and "Is it alright..?" When we commenced the inspection the person at the home had gone for a lie down in their room. The staff member asked us not to go upstairs initially, so as not to disturb the person's rest.

People were encouraged to maintain their independence. One person went out regularly on their own on the local bus. The general manager told us that he often took the person to weekly hospital appointments in the car. Following this he would drop the person off in the local town to do shopping or visit friends. The person then made their own way home on the bus.

Good

Is the service responsive?

Our findings

Care plans at the home were person centred, comprehensive and contained good detail. Care records encompassed identified needs alongside the risks associated with these needs. Plans included an overview of people's health and relevant conditions, an indication of the person's routine, medicine needs, allergies and nutritional needs.

Care plans identified people's particular likes, dislikes and needs. For example, it was noted in their care plan that one person became anxious. The care plan indicated the types of behaviour staff may notice if the person was becoming anxious and the action they could take to help the person with these feelings. These actions included distraction techniques or ultimately the use of a small dose of additional medicine. The same person also had specific care plans detailing how staff should support them with other health issues, including the type and frequency of interventions. Care plans were individualised and reminded staff that people's needs were paramount. One care plan underlined that the person did not like being rushed. Care plans also included people's favoured routines, such as when they liked to get ready for bed and that they preferred to take a shower every morning.

Care plans were dated as to when they were established and a date included when they should be reviewed. The general manager said most care plans would be up dated at least every six months, but this could be sooner, if additional needs were identified or changes were required. The general manager told us there were regular reviews of care with people's care managers and relatives, if appropriate.

The nature and size of the service meant that activities were wholly based around the individual. People had their own routines and went out to places that were of interest to them. One person went to two separate work placements during the week. They also tended to spend time away from the home independently. A staff member told us the person was well known around the community and had a number of friends they saw or visited.

The other person living at the home went out on regular trips, although his care plan indicated he did not like being away from home for long periods. The care worker told us he enjoyed walks around the village, visiting the allotments and also petting horses in a local field. The person also had access to a car and was able to participate in trips further afield. We saw from daily records that there were regular trips out. Care records also indicated people liked to participate in other activities such as jigsaws. A relative told us, "He goes all over the place. They take him shopping, take him for lunch. They take him clothes shopping and sort all that out. I'm very, very happy with them."

People were able to make choices about how they spent their time. They could choose to spend time in their rooms, communal areas or in the home's garden. People had the freedom to enjoy the home's garden; although staff carried out regular checks to make sure they were safe. People's room were also decorated to their individual tastes, including posters and pictures.

The provider had a complaints policy in place and information about how to make a complaint was

available. The general manager told us there had been no formal complaints in the last 12 months. He said that the advantage of a small service was that they were able to take any concerns and deal with them immediately, hence avoiding any escalation into formal complaints. A relative told us they had never had any reason to raise any complaints or concerns. They said they would speak to the staff if they were to have any concerns in the future.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. Our records showed he had been formally registered with the Commission since October 2010. The registered manager was not available at the time of the inspection but we were supported by the provider's general manager.

The general manager told us that he regularly visited the home and so was able to address any matters as and when needed. He had also recently introduced more formal audits and checking processes. We looked at recent audit documents and saw they covered areas such as care plans being up to date and reviewed, medicines records being complete and medicines stocks tallying, premises safety and checks that required certificates, such as electrical safety and fire risk assessments were in place. He also told us how the management of the service had taken on board the issues raised in past inspections, such as the changes made to the care planning process, the need for window restrictors and the need to update electrical checks. We saw all these issues had been addressed at the home.

The general manager told us that the provider was looking to move to a supported living model of care rather than the residential model that was currently being provided. He said that the supported living model would give people living at the home more flexibility in how they lived their lives and meant they could choose to live in other areas, possibly closer to family and friends, and still receive the support they needed. He said discussions about this change were still ongoing with people, their families and the local authority. He said that the small nature of the service meant management staff were always on hand and visited the home daily. One staff member told us, "(General Manager) often pops in. He always has a chat and a cup of tea and asks how things are going."

Staff said they were happy working at the home and felt well supported by the management team. They said there was good back up and if there were any concerns or issues they could phone them any time of the night or day. They said, "The manager is good and the bosses are good too. If you need them they are there." Other comments included, "I love looking after the boys. They give you so much joy and pleasure."

Staff said that there were limited staff meetings, but this was because most issues were dealt with on a daily basis. They told us they could approach the management about any issues and these would be dealt with.

The general manager told us there were limited formal meetings with people who used the service. This was because this approach did not meet their needs. He said there were daily discussions with people and regular meetings with family members when they visited. He also told us that they had regular contact with people's care managers, to review care and ensure that needs and issues were being addressed. A relative told us they were in regular contacted and also received questionnaires for them to complete and raise any issues; although they had no issues to raise.

Daily records contained good detail of people's activities during the day and detailed any significant events, such as the person's mood, meals taken, medicines refused and any treatment by a visiting health professional or health appointments attended. Other records held at the home, such as medicines records

and safety checks were also up to date and stored safely and correctly.