

G Gibbs

The Paddocks

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The Paddocks provides care and support for up to 8 people with a learning disability. At the time of our visit there were 8 people living at The Paddocks.

The inspection was unannounced and took place on the 25 May 2016.

The home is not required to have a registered manager in place because the provider is in control of the day to day running of the home.

The Paddocks is a service owned and operated by Mr Gibbs. The people using the service are the adopted siblings of the provider, and have grown up with him at the home since they were children when the service was run by their parents. As a result, the provider had an in depth knowledge of the needs of these people and their personalities. This was evident when speaking with the provider and when observing their interaction with people using the service.

The service is orientated around traditional family life, and there was an open and inclusive atmosphere. People spoke fondly of each other, the provider and the provider's wife. A small group of staff were employed by the service, and people said positive things about how they helped them. We observed positive interactions between staff and people, and saw that staff encouraged them to be as independent as possible.

People told us they felt safe living at The Paddocks and that the staff and provider helped them to feel safe and secure in their home. There were systems in place to identify and reduce the risks to people and protect them from harm. Staff and the provider were proactive in reducing risks to people and protecting them from harm.

The service had in place robust recruitment procedures which ensured that staff had the appropriate skills, background and qualifications for the role. There were enough suitably trained staff available to support people during our inspection.

There were effective systems in place to ensure that medicines were stored, managed and administered safely. People received appropriate support to take their medicines.

Staff told us they felt supported by the management of the service and that the training they received provided them with a good understanding of topics such as the Deprivation of Liberty Safeguards (DoLS). People and their relatives spoke highly of the staff.

The service was complying with the requirements of the Mental Capacity Act (2005) and the DoLS. Appropriate consideration had been given to whether DoLS applications were required for anyone using the service. People were supported to make decisions independently and were encouraged to develop

independent living skills.

People were encouraged and supported to take part in many activities they enjoyed, within the service and in the community.

People told us and we observed that the staff and provider were caring and kind towards them.

There were systems in place to monitor the quality of the service and to identify shortfalls or areas for improvement. There was an open culture at the service. People using the service, their advocates and staff were given the opportunity to express their views and these were acted on by the service. There was a complaints procedure in place and people told us they knew how to make a complaint if they weren't happy.

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.

There were enough staff to meet people's needs.

Medicines were stored, managed and administered safely.

Risks to people were assessed and managed well by staff.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that had the training and support to carry out their role.

The service complied with the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

People had access to a choice of nutritional food and drink.

People were supported to have contact with external healthcare professionals when needed.

Is the service caring?

Good ●

The service was caring.

The owner and staff treated people with kindness and care.

People were supported to be as independent as possible.

People's dignity and respect was promoted and upheld by the service.

Is the service responsive?

Good ●

The service was responsive.

People received care which was planned and delivered in line with their personalised support plan. People had input in the planning of their care.

People were supported to give feedback on the service and suggest areas for improvement.

There was a complaints procedure in place and people knew how to make a complaint.

People were supported to pursue their interests and to access activities of their choice in the community.

Is the service well-led?

Good ●

The service was well-led.

There was an effective system in place to monitor the quality of the service and identify shortfalls.

There was an open and inclusive culture in the home, with staff and people using the service encouraged to help develop and improve the service they received.

The Paddocks

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.

This inspection took place on 25 May 2016 and was unannounced. The inspection was undertaken by one inspector.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

We spoke with eight people, the provider, the provider's wife and two staff. We spoke with two healthcare professionals who had regular contact with the service. We looked at the care records for eight people, including their care plans and risk assessments. We looked at staff recruitment files, policies and medicines records.

Is the service safe?

Our findings

People told us they felt safe living at The Paddocks. One said, "Safe always. [Provider] keeps us safe." Another person commented, "I don't have to feel scared. I always feel safe in here." We observed that staff and the provider were proactive in protecting people from risks. For example, the provider identified that one person had got the vacuum power cable caught in an external door which led to the wire becoming exposed. They acted quickly to disconnect the appliance from the power and protect the person from harm. Following this, the provider took time to talk calmly to the person and explain what the risk was and how they could avoid it in the future. The provider made sure the person understood without making them feel bad for making a mistake and enabled them to be independent whilst recognising and learning from risks.

There were comprehensive and personalised risk assessments in place for each person using the service. These set out the individual risks to each person, for example when using kitchen appliances or when out in the community. Where people worked on the farm smallholding owned by the service, the use of gardening equipment had been risk assessed to ensure people's safety. Some people were able to use equipment such as strimmers and we saw this had been thoroughly risk assessed and that the person's competency when using this equipment had been assessed to ensure their safety. A staff member told us about how they minimised the risks to people by ensuring people only had access to equipment they had the ability to use.

Although rare, incidents and accidents were recorded. Where these had occurred, plans were put in place to reduce the risk of repeat incidents.

There were enough staff to meet people's needs. One person said, "I'm always with someone." Another person told us, "[Provider] and [providers wife] live here and then there is [staff member] who is here every day. Always someone." Another person commented, "We are a family, always together so it's ok." The provider of the service told us how the staffing levels were based on people's current needs and told us this was reviewed if people's needs changed. Staff told us the staffing level was appropriate, one said, "It's a totally different atmosphere here to most homes. It's all about the people so there are always enough of us here." A healthcare professional who visits the service told us, "There's never been a problem with staffing there. The providers are always there and they employ extra staff too, so they are always covered."

There were robust recruitment procedures in place to ensure that prospective staff had the skills, knowledge, qualifications and appropriate character to support people. The checks undertaken included obtaining references from previous employers and ensuring the staff member did not have any relevant criminal convictions. These checks were confirmed by staff members recently employed by the service.

We observed that people were supported to take their medicines when they needed them. We saw one person tell the provider it was almost time for their lunch time medicines. The provider agreed and helped the person to take them. Where people were prescribed 'as required' (PRN) medicines, there was appropriate documentation in place to guide staff on why the medicine had been prescribed and when it would be appropriate to administer this medicine. Medicines were stored and administered safely, and by staff suitably trained to administer them.

Is the service effective?

Our findings

People told us, and we observed, that staff asked for their consent before supporting them with tasks. One person said, "Well they let me have a go and then they can help." We observed one member of staff asking a person if they could go in their bedroom. We observed another occasion where a staff member asked a person if they could help them with a particular gardening task. Staff and the provider demonstrated a good knowledge of principles around ensuring that people's consent was obtained and respected. They explained to us how they how they did this and supported people to remain as independent as possible. Where able, people had signed documents to indicate they had consented and were happy for their photograph to be taken or that they were happy for staff to support them with their finances.

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. 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.

The manager and staff were up to date with the changes in legislation around the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Appropriate assessments had been carried out to consider whether applications to lawfully deprive someone of their liberty to ensure their safety and welfare were appropriate. The provider had assessed that these did not need to be made for anyone currently using the service. We saw evidence to support that they had contacted the Local Authority to ensure their decision not to make these applications was appropriate. Assessments of people's capacity had been completed appropriately and in line with legislation. Staff and the provider demonstrated a good knowledge of these subjects and how they impacted upon the people they supported.

People told us that the staff had the skills to meet their needs. One person said, "They know lots of things." Another person agreed, saying, "Yeah, if you ask them they always know how to do things." Our observations and discussions with staff supported that they had the skills and experience to support people. Most of the staff had worked for the service for a long period of time and had an in depth knowledge of the people living there. Staff told us the training they received was sufficient, and that there were always opportunities to pursue further training qualifications if they wished. For example, they told us they were invited to complete the care certificate or pursue an NVQ in care. Care staff, including the provider and their wife, completed training in subjects such as Autism, health and safety, fire safety and food hygiene. The provider had completed an additional management qualification to improve upon their skills in the management of the service.

Staff told us they felt supported in their role. One said, "We are such a small team, we really are a family and

there is never any shortage of time to chat if there is something going on." Another said, "It's a unique environment here where we don't really have to schedule time, we can just sit around the dinner table and discuss things. I feel very well supported; I couldn't fault [the provider]."

People told us that they were able to make choices about what food and drink they had. One said, "You can go to the pantry and get whatever you want. They don't mind." Another person said, "Food is always good and I can make some too." We observed people freely accessing the kitchen and storage areas and helping themselves to healthy food such as fruit. The service was self-sufficient in fruit and vegetables, growing all of these on their smallholding. We were told that the only thing they couldn't grow was bananas and that they bought these in as one person liked them. This was confirmed by our observations. We observed that people took part in the preparation of their meals, and the support they required with this was documented in their care records.

There was a positive and inclusive atmosphere at meal time, when everyone came together, including employed staff, to eat together and engage in conversation. The providers and staff were careful to ensure everyone got their opportunity to take part in the conversations and talk about anything they wished to. People talked about what they had done that day, previous holidays and the food they enjoyed. The staff and provider took an active interest in what people said and listened to them individually. The support people required to eat was documented in their care records, as was any particular dietary requirements. One person told us they had a gluten free diet, and the provider told us about how they planned venues for meals out to ensure that this person could eat a gluten free version of what everyone else ate so they did not feel disadvantaged or singled out. The person nodded in agreement with this and said, "I always have the same."

People's healthcare needs were met and they told us they could see other healthcare professionals whenever they needed to. One person said, "Yes I saw the doctor yesterday and got some tablets to help my ear." We were told that people were supported to access support from external health professionals in community to promote their independence. Records confirmed that it was documented when people had visited external healthcare professionals and what advice or treatment had been given.

Is the service caring?

Our findings

People told us that the staff and provider were caring, friendly and kind. One person said, "I love them. I love [provider]. Always care about me and how I feel." Another person said, "Make me laugh, make me smile, good friends."

We observed that staff treated people in a caring, kind and compassionate manner. For example, we observed staff chatting with people about their plans for the day and making jokes and laughing with them. Staff noticed changes in people's mood, for example we saw staff reassuring someone who was upset by another person's behaviour, we saw that this helped calm the person down and they started smiling.

The provider and staff had formed close bonds with people, and this was confirmed by our observations. The provider spoke fondly of their childhood growing up with the people using the service, and showed us photos of them together on holidays with their parents. It was clear the providers knew all of the people very well and had great love and affection for them. The provider spoke about their individual personalities and emphasised the traits that made them all individuals. We observed that people were responded to positively by the provider and staff when they asked for support or wanted to interact with them. One person said, "Sometimes they are busy but they always have time for me."

People told us and we observed that they were supported to be as independent as possible. One person said, "I do what I want to. I help out with things and I have jobs like to Hoover." Other people told us what domestic jobs they had around the house, and we were told that everyone had a responsibility for the upkeep of the house dependent on their ability. This promoted people's independence and reduced the risk of them being over supported. We observed people washing up, maintaining the gardens and vacuuming during our visit.

People's care records made clear what they could do independently and what they required support with. For example, records set out whether people could carry out all their personal care or if they needed support with aspects of this. Staff and the provider were clear about what support each person required and spoke about how they ensured it was provided without limiting their independence or autonomy.

People told us, and we observed that staff and the provider upheld people's privacy and dignity. One person said, "If I want [to be] alone then they leave me to it." We saw that discussions with people about their care were quiet and people were supported to visit the toilet or take baths and showers discreetly.

Is the service responsive?

Our findings

People's care records documented in detail people's individual needs and were very personalised. They included information about the support they required with all tasks, such as preparing meals, personal care and accessing meaningful activity. This meant the service was able to meet people's individual needs and adapt to changes when needed. A summary of people's care needs was available so staff could access information quickly when they needed it.

Staff and the provider demonstrated a very good knowledge of people's support needs, likes, dislikes, hobbies and interests. People's records clearly demonstrated people's hobbies, interests, preferences and information about engaging them in meaningful activity within the service and in the community. We observed one staff member helping a person use gardening tools outside. Staff, the provider and people using the service told us about the activities they took part in during the week and what clubs and services they accessed in the community. People told us that staff and the provider supported them to attend their individual clubs and activities in the community. One person told us, "They take me in the car or the bus." Another person said, "Wherever I want to go they will take me." Another person said, "I like going [day service] every day. It is fun, I do a lot there." Another person told us, "I work at the charity shop. I fold the clothes and do a bit of cleaning."

Although the relatives for people using the service lived with them, such as the provider for example, people told us they could have other visitors whenever they wanted. One person said, "If I had a friend they could come round." Another person told us they could have visitors 'any time'. People were supported to talk to other relatives on the telephone.

People were offered the opportunity to have an independent advocate to ensure their views and best interests were upheld. This also meant they had someone outside of the service to talk with and support them. Some people had signed their care records where able to say if they wished, or did not wish, to have an advocate.

People understood how they could make complaints if they were unhappy. One person said, "I would tell [provider]." Another person said, "If I wasn't happy I would tell [provider] or [staff member]." There had been no complaints at the time of inspection, however, there was a policy for complaints which was available to people and staff. Staff had signed to state they had read this and understood the content.

People told us they could feed back their views on the service. Although there was no formal process in place to obtain people's views, people said they were listened to. One person said, "I get what I want, they do it for me." Another person said, "We talked about where we wanted to go on holiday. [They] asked us about new carpets recently."

Whilst there were no formal meetings for people using the service, people told us and we observed that they, staff and the provider had opportunities during their day to discuss any concerns and be open about anything they wanted to discuss. We observed that during a mean people were encouraged to talk about

things that bothered them or things they would like to do.

Is the service well-led?

Our findings

People made positive comments about the provider of the service. One said, "I love [provider], he is the best." Another person said, "Always have time for me. We grew up together, he is my brother, and I love him." Staff also made positive comments about the provider. One said, "I have been here a long time because it is such a nice place to work. It's a family atmosphere and the provider is brilliant. Everything [provider] does is geared towards the [people using the service]. [Provider] would do anything for them."

The provider carried out quality assurance reviews twice per year which included inspecting the maintenance of the building, talking to people about any changes they would like to make, looking at care records and talking to employed staff. We saw that the last review was carried out in September 2015. People's comments had led to an upgrade to the pool table and the creation of a music room. One person showed us this room and the instruments within it. We saw that this was attractively decorated and one person said, "We chose the colours." The provider was always present in the service to oversee the conduct of the small team of employed staff. People had the ability to raise issues if something did not meet their expectations. Informal checks were completed on medicines and these were effective because we found that there were no errors in medicines administration. There was a maintenance person who assessed the safety of the building and the safety of the equipment in use and action was taken as and when concerns were identified.

The provider demonstrated to us that they were up to date with the most recent Health and Social Care Act legislation and we observed a copy of this on the desk in the staff room. The provider also demonstrated that they were up to date with the most recent legislation and guidance around MCA and DoLS.

There was an inclusive and family orientated atmosphere in the service. As all the people using the service were the siblings of the provider, they felt willing to raise anything they wished with the provider. The service was operated as a family home where everyone had a role to play and were made to feel valued.

The service had many links with the local community. The provider told us that they are a local councillor and work closely with the church in the village. People talked about a picnic and fete they held once per year and other events for members of the community. Where they wanted people helped to grow their own produce and they sold this to the local community.

Although rare, incidents such as falls were monitored for trends to reduce the risk of repeat incidences. There were policies which set out what people could expect to receive from the service and what the service expected of the employed staff. Staff had signed to state they had read these policies and understood them.

We spoke with two healthcare professionals about the service and how they engaged with them. One told us, "The service is excellent. They communicate really well and don't delay in getting in touch. There is always someone waiting to greet me if I need to visit. People are always accompanied when they come and see me at work and seem well supported and well turned out." Another healthcare professional said, "One of the best places I go to. People seem very happy and the provider knows what they are doing."

