

Mrs Eileen Walsh and Mr John Walsh

Northumberland Road

Inspection report

31 Northumberland Road
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Tel: 02476552712

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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 16 August 2016. The inspection was announced 48 hours before we visited to establish if people living at the service would be available to talk with us.

Northumberland Road is registered to provide accommodation and personal care to a maximum of four people. There were four people using the service at the time of our inspection. This included people with a learning disability and autism. Most people who lived at the home had lived there for a many years and told us that they were happy there.

Prior to January 2015, Northumberland Road was part of a 'shared lives' scheme. These are designed to support adults with a range of needs who are unable to live on their own. The scheme matches a person with care needs, with a carer who provides care and support to them and shares their family home and community life with the person. The provider had to change their registration because they wished to support four people. Once more than three people are supported in one location, the location operates as a care home. However, the provider's ethos continued to be that they supported people as part of their family.

A requirement of the provider's registration is that they have a registered manager. 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. The provider was also the registered manager.

The registered manager did not regularly employ additional staff to support people who lived at the home as the service was run as a family home. One member of agency staff was employed to support people if the registered manager was not available, for example due to illness.

People told us they felt safe at Northumberland Road. The registered manager understood how to protect people from abuse, and knew what procedures to follow to report any concerns. The registered manager had a good understanding of risks associated with people's care needs and how to support them. People told us that they thought they were supported well and the registered manager was always available when they needed her.

Medicines were stored and administered safely, and people received their medicines as prescribed. Regular audits were carried out of medicines to ensure they were managed in line with good practice guidelines. People were supported to attend health care appointments when they needed to maintain their health and wellbeing.

The registered manager was kind and supportive to people's needs and people's privacy and dignity was respected. People were encouraged to be independent in assisting with tasks around the home and shopping.

The registered manager understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and supported people in line with these principles. People were supported to make everyday decisions themselves, which helped them to maintain their independence. Where people were not able to make decisions, relatives and healthcare professionals were consulted for their advice and input.

People were supported to pursue their hobbies and interests both within and outside the home. Activities were arranged according to people's individual preferences, needs and abilities. People were encouraged to maintain links with friends and family who visited them at the home.

People knew how to make a formal complaint and were able to discuss any concerns they had with the registered manager. At the time of our inspection no complaints had been received.

The registered manager carried out audits to check they had not made any mistakes in record keeping, and in checking that people were satisfied with the quality of care they received. They listened to, and acted on people's ideas for improving the service. An audit had also been completed by the Local Authority which did not highlight any concerns about the home.

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.

People told us they were safe because they received support from the registered manager who understood the risks relating to their care and supported them safely. The registered manager knew how to safeguard people from harm. Medicines were managed safely, and people received their medicines as prescribed.

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Is the service effective?

Good ●

The service was effective.

People were supported by the registered manager who had received appropriate training to help them undertake their work effectively. People were supported to see healthcare professionals to maintain their health and wellbeing. The registered manager was aware of their responsibilities regarding the Mental Capacity Act and Deprivation of Liberty safeguards . People were offered a choice of meals which met their nutritional needs.

Is the service caring?

Good ●

The service was caring.

People said the registered manager was kind and caring and there was a happy and positive atmosphere within the home. People were treated with respect, had privacy when they needed it and maintained their dignity at all times. People were encouraged to maintain their independence and supported to make choices about how to spend their time.

Is the service responsive?

Good ●

The service was responsive.

People were given support to undertake interests and hobbies that met their preferences. People were involved in decisions

about their lives and how they wanted to be supported.

Is the service well-led?

Good ●

The service was well led.

The registered manager provided a person centred service which focused on the needs of the individual. The registered manager listened and acted on people's ideas to improve the quality of the service.

Northumberland Road

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.

The inspection visit took place on 16 August 2016 and was carried out by one inspector. The inspection was announced 48 hours before we visited to establish if people who lived at the service would be available to talk with us.

We saw how care and support was provided to people who lived at Northumberland Road. We spent time speaking with three people who lived at the home to gain their views of the care provided to them.

We spoke with the registered manager and saw how they interacted with people who lived in the home. We looked at the records of the four people who lived at Northumberland Road and the staff files for the registered manager and a member of agency staff. We also reviewed quality monitoring records.

We reviewed information we held about the service, for example, notifications the provider sent to inform us of events which affected the service.

We looked at information received from the local authority commissioners of adult social care services. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. The commissioners did not have any concerns about the care for people at this service.

Is the service safe?

Our findings

People told us they felt safe at Northumberland Road. One person told us "[Registered manager] is good. I feel safe." Another person said "I trust [registered manager] I am safe."

The registered manager was usually the only member of staff on duty to support people who lived at Northumberland Road. They occasionally employed an agency member of staff to provide cover for them during annual leave or periods of sickness. They told us the agency worker had supported people who lived at the home for a number of years and knew people well. The registered manager had a bedroom in the home and told us that she was able to sleep during the night. She explained that people rarely required assistance during the night however they were able to alert her if this was required.

People who lived at the home required minimal support. They told us "I don't think we need more staff. [Registered manager] is always about to help me. You never have to wait long." During our inspection we saw that the registered manager was available when people wanted them. Three people who lived in the home required assistance in the community. The registered manager explained that two people chose to regularly attend day centres and that this allowed her to support the third person if they wanted to go somewhere. The fourth person who lived at the home did not require assistance in the community.

The registered manager knew the risks associated with people's care and how to manage and minimise risks. A person who lived at the home had behaviours that could place themselves or others at risk if they became anxious or upset. The registered manager knew how to manage these risks. They were aware of how to 'de-escalate' situations and help people remain calm. There was clear information in the person's support plans detailing how to manage behaviours to minimise the impact the effect this had on others. The registered manager told us "I know people well; I know how to recognise any signs that someone is upset and what I can do to help them."

Risk assessments identified risks to people's health and wellbeing both inside the home and when taking part in activities outside the home. Risk management plans provided guidance on how to manage identified risks so people were kept safe.

The registered manager had completed training in safeguarding people and knew what action they would take if they had any concerns about people. The registered manager had a good understanding of abuse and how to keep people safe. They knew the process to follow to report any safeguarding concerns and there were policies to give guidance to the one member of agency staff employed. One of these was a whistle blowing policy that informed staff how they could anonymously report any concerns they had about the service. Records showed that when any concerns were identified the registered manager had referred these to the local safeguarding service. This helped to protect the people who lived in the home.

We looked at medicines and found these were administered, stored and disposed of correctly. Administration records showed people received their medicines as prescribed. The registered manager had undertaken training to administer medicines and reviewed this training annually to ensure they continued

to do this safely. Medication audits were conducted regularly in order to check that people received their medicines as prescribed.

Some people were prescribed medicines 'as required'. There were protocols (medicine plans) for the administration of these medicines to make sure they were given safely and consistently. We saw that there were details in each person's care plan about how the registered manager would identify when this type of medicine would be required, for example if a person became agitated or distressed.

We saw that there were up to date emergency folders containing all relevant information that would be required in an emergency situation such as a fire. These documented people's care and support needs so they could be assisted safely. The registered manager completed regular safety checks to keep the premises safe. These included checks to of the gas and electricity; the certificates for these checks were up to date.

Is the service effective?

Our findings

People we spoke with thought the registered manager had the skills and knowledge to care for them effectively. One person told us "She (registered manager) knows what help I need. She knows what to do and how to do it."

The registered manager had enrolled on the Care Certificate course. The Care Certificate assesses the fundamental skills, knowledge and behaviours of staff that are required to provide safe, effective and compassionate care to people. The registered manager explained that this was assessed by an external assessor. The registered manager told us that they received training from external organisations to support people with their health and social care needs. The registered manager told us they felt confident and suitably trained to effectively support people. They had a training folder which included certificates of training they had completed.

The registered manager had a good knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and what it meant for people. 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager understood people had the right to make their own decisions unless they had been assessed as not having capacity to do so. The registered manager told us they had received training about the MCA. They told us, "People who live here are able to make decisions about their day to day life. If they need to make a decision about their health or finances they are supported by a relative or an advocate. Any decisions made for someone has to be in their best interest." At the time of our inspection visit the registered manager had identified one person could have their freedom restricted due to an external door being locked because it was considered unsafe for the person to go outside unaccompanied. The registered manager had applied for a DoLS for this person.

The registered manager had access to an independent advocate. An advocate is a representative for people who lack the capacity to make specific important decisions. These include making decisions about where they live and about medical treatment options. Advocates usually represent people where there is no one such as a family member or friend, who is able to represent the person. By having access to an advocate it helped to ensure that any decisions made for a person was in their best interest.

People who lived at the home were supported by the registered manager to choose their own meals. People told us that they were always offered food that they enjoyed and that they were offered a choice of things to

eat. The registered manager told us that when they planned meals they always asked people what they would like to eat and prepared food accordingly.

One person required their food to be carefully monitored in order to maintain their health and well-being and we saw that this was being done. We were present at a meal time and saw people chose to sit at a dining table to have the meal together. There was a relaxed atmosphere and people appeared to enjoy their food. The registered manager told us they would have their meals alongside people living at the home. They went on to explain "This is their [people's] home." And that it was important that meal times were seen as a chance for people to spend time together.

People told us that they had access to healthcare when they needed it. One person told us, "I am healthy I don't need to see the doctor." They went on to say, "If I wasn't well [registered manager] would call the doctor for me. Another person explained "I go to see the doctor if I need it."

Each person had a support plan that identified their health needs and the support they required to maintain their emotional and physical well-being. This helped the registered manager to ensure that people had access to the relevant health and social care professionals. The registered manager explained that the service was run as a family home and that she made referrals to relevant health and social care professionals when she identified a change in needs. Records showed people were supported to attend health appointments and received care and treatment from health care professionals when required.

Is the service caring?

Our findings

We asked people if they felt the registered manager was caring, they told us; "[Registered manager] is a nice person, she is very kind." Another said, "[Registered manager] is always kind, I like living here." There was a calm relaxed atmosphere at the home and we saw people were comfortable approaching and engaging with the registered manager. We heard the registered manager speaking kindly to people and heard her talking to one person about their plans for the day.

The registered manager was highly motivated to provide good care and support to people. They told us, "The most important thing to me is that they (people living in the home) are happy. I have no regrets about doing this. I believe in what I do and my aim is to give people a happy life."

The registered manager knew the people in the home well and understood their likes, dislikes and personal support needs. We saw one person followed her into the laundry room and was given some clean clothes. The registered manager explained that they liked to be involved with the laundry and to put their own clothes away.

The registered manager understood people's communication skills and communicated effectively with a person who had limited verbal communication with the aid of Makaton signs, pictures and gestures. Makaton is a language programme using signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech.

People told us they were supported to maintain their independence by doing things for themselves. One person told us that they had a bus pass and used it to go to places they were interested in and that the registered manager had helped them to gain confidence to visit these places alone. Another told us they were supported to go shopping and to tidy their rooms. The registered manager told us, "I encourage independence. Each person is different and what one person is happy to do another might not be so their independence looks different."

People told us that the registered manager respected their privacy and dignity. One person told us "[Registered manager] always knocks on my door and waits for me to say they can come in." The registered manager explained when they assisted people with personal care they ensured that the bathroom door was closed and that they had all the items they needed before they started. This was to protect the person's privacy and dignity.

People's bedrooms provided them with their own private space, and people told us that they had been supported to choose how their rooms were decorated and furnished.

People were able to make choices about how they spent their day, for example during our inspection visit we saw that one person went to a day centre. This person told us that they enjoyed going to the day centre and was able to see friends there. People told us they were able to make choices about when they got up and when they went to bed. Another person told us that they chose what they wanted to wear each day.

People were supported to maintain relationships with those who were important to them. One person told us they saw family members regularly. Another person explained their relatives did not live locally but they were able to speak to them when they wanted on the phone. A third person explained "My friends can visit whenever I want them to."

Is the service responsive?

Our findings

People who lived at Northumberland Road were involved in planning their care. One person told us, "I have a care plan, I helped to write it. I got to say what I did and did not want." Each person had a detailed support plan so staff could read and understand each person's individual preferences. The registered manager told us that she knew people very well and she ensured that support plans were up to date and detailed. They went on to explain that this was to ensure that other health care professionals, for example hospital staff, would have the information to support people in the way they preferred. We saw that the records included information about how people preferred to be supported.

Support plans contained up to date and detailed information to support the agency member of staff or health professionals to provide appropriate levels of care and support to people. Plans were individualised and informed staff or health professionals what people liked and how people wanted their support delivered.

The registered manager told us they usually liaised with other professionals, and met the person and their relatives before the person moved into the home to ensure a smooth transition. This assisted them in deciding if the person would "be a good fit" with other people who lived in the home. The registered manager told us the aim was to learn as much about the person and identify their own unique needs. The registered manager explained this did not always happen, as sometimes people needed to move into the home quickly for their safety. Two of the people who lived at the home had been in this situation. They told us they had settled well, with one saying, "I wouldn't want to live anywhere else."

People were supported to pursue their individual hobbies and interests. One person told us that they had a season pass for a local football team and they were going to watch a match that evening. They told us "I like going to watch football. I like it most when we win but we don't win very much!" Another person told us "I like to do jigsaws [registered manager] helps me with them." A third person told us "I like to go out to meet new people at day centres so I do that a lot." On the day we visited, one person had gone to a day centre to do activities. The registered manager explained that two other people regularly attended day centres but they all went to different ones because they had different interests. The registered manager went on to say, "Everyone who lives here is very individual, they know what they like. It wouldn't be right to make them all do things together because then no one would be happy."

We looked at how complaints were managed. There were no recorded complaints in the 12 months prior to our inspection visit. People told us they could discuss any issues or concerns with the registered manager. One person told us "If I was worried I would speak to [registered manager]." Another person said "If I wanted to change something I would speak to [Registered manager]. There is nothing I want to change. But I could speak to her if I did." We asked the registered manager how they identified if people who lived at the home were unhappy or concerned about their care or support. . They told us they had good knowledge of the people they supported and would be able to identify changes in behaviour and mood.

Is the service well-led?

Our findings

Northumberland Road was originally registered with CQC as a shared lives service with people sharing the family home. In 2011 the service registered as a care home because the number of people who received care and accommodation increased to four. However the service continues to operate as a family style home.

People we spoke with felt the home was well led and that they were asked for their feedback on how to improve the service. Comments included, "I trust [registered manager]" and "I wouldn't change anything, I'm very happy here."

The registered manager explained she did not formally collect people's views, for example in the form of a questionnaire, because people who lived at the home might struggle to provide feedback in this way. They said they regularly asked people if anything could be better and would use that to improve the care provided, for example by arranging new activities or preparing new meals. The registered manager said that whenever things were suggested they would try the idea and if it was enjoyed they would do it again. People told us they felt supported by the registered manager, one person said, "She is very approachable."

The registered manager explained that she was continuously trying to improve the home and the care provided to people. One improvement made was to having one bathroom converted into a wet room. This made it safer to support people when they were using the shower because there was more space. It also helped people to feel more at ease because there was more space between them and the person.

The registered manager, who was also the provider, had carried out a range of checks to ensure the quality of service provision. These included checking that support plans had been reviewed and updated and that medication records had been completed correctly. External quality checks were completed by the local authority service commissioner. A check had been completed by the commissioner in the 12 months prior to our visit. This check did not identify any areas that required improvement.

The registered manager monitored accidents and incidents in the home and looked to see how improvements could be made to reduce any reoccurrence. We saw that there were very few incidents in the past 12 months. Where there was an identified trend to the incidents the registered manager had identified this and requested support from the relevant healthcare professionals such as psychologists.

The registered manager understood their responsibilities and the requirements of their registration. For example they knew what statutory notifications they were required to submit to us.