

Mrs Hazel Lucas

69 Hoarestone Avenue

## Inspection report

69 Hoarestone Avenue  
Whitstone  
Nuneaton  
Warwickshire  
CV11 4TH

Tel: 02476327078

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14 January 2020

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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

### About the service

The service is a care home and provides personal care and accommodation for up to two people living with a learning disability. The home has two floors, with a communal lounge, dining area and conservatory. At the time of our inspection there were two people living at 69 Hoarestone Avenue.

### People's experience of using this service and what we found

The two people cared for called the registered provider 'mum' because they had both been fostered by her since they were very young children and prior to the registration of the care home. Both people were very relaxed and happy living at the family home with their 'mum', who continued to support them to live their lives in a way they wanted.

Both people's needs were assessed, and each had individual plans of care. People could look at their care plan if they wished to. Both people had enough activities to do both within the home and local community.

The provider and staff member demonstrated a kind, caring and personalised approach toward people and gave support when needed.

Risks had been identified and were well managed by the provider and staff member who knew people very well. Risk management plans provided information to staff to reduce risks of harm or injury to people.

The provider and staff member were trained and updated their skills and knowledge when needed.

People had their prescribed medicines available to them and were supported with these by trained staff. People received their medicines as prescribed.

People had choices about drinks and what they ate for their meals and their nutritional needs were met. The provider understood the importance of promoting healthy eating and of promoting people's independence whenever possible.

The home was well-maintained and a good level of cleanliness reduced the risk of cross infection.

The provider was taking into consideration the principles and values that underpin Registering the Right Support and other best practice guidance for the accommodation of people with learning disabilities. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

Staff understood the importance of giving people choices. People were supported to have maximum choice

and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider lived at the home and was always available to meet people's needs. One additional staff member was employed and had been recruited in a safe way.

Both people were very happy with the care and support they received. They felt they could tell their 'mum' if anything was worrying them. The provider had a complaints policy and information about advocacy services if needed.

There were processes to audit the quality of the service to ensure a safe service was provided.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at the last inspection

The last rating for this service was Good (published 19 July 2017).

Why we inspected

This was a planned inspection based on the rating of the last inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

# 69 Hoarestone Avenue

## **Detailed findings**

### Background to this inspection

#### The 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.

#### Inspection Team

One inspector carried out this inspection on 14 January 2020.

#### Service and service type

The service, 69 Hoarestone Avenue, is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The provider of the service was registered with the Care Quality Commission. The provider was also the registered manager. This means that they are legally responsible for how the service is run and the quality and safety of the care provided.

#### Notice of inspection

The inspection was announced. We gave short notice of the inspection because it is a small service and we needed to be sure that the provider would be there to support the inspection. Inspection activity started on 13 January 2020 and ended on 14 January 2020.

#### What we did before the inspection

We reviewed information we had received about the service since our last inspection. This included details about incidents the provider must notify us about, such as serious injury and abuse. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local authority. We used all the information to plan our inspection visit.

During the inspection

We spent time with both people who were able to give us their feedback about the service. We spent time with them in communal areas, observing interactions and support they received from staff. We spoke with the care staff member and registered provider.

We reviewed a range of records. This included a full review of two people's care plans, risk management plans, medication records and health and safety checks. We also looked at records relating to the management of the home.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people continued to receive a safe service and were protected from avoidable harm.

Assessing risk, safety monitoring and management;

- The provider and staff member knew people very well and how to support them in a safe way. They worked with people to ensure risks of injury were minimised. For example, one person used their arms to support themselves to transfer from their bed to wheelchair. The provider told us, "[Name] knows they only transfer when my daughter or myself are with them, this reduces any risk of them falling."
- Risks had been identified and risk management plans were in people's plans of care, such as related to the risk of falls. However, there were personal care tasks which were undertaken by the provider which were not documented in detailed risk management plans. We discussed this with the provider who assured us they would update risk management plans, so their staff member could refer to this if needed. For example, when professional healthcare guidance should be sought for complex personal care tasks.
- Following our inspection visit, the provider told us they were arranging a GP review so they could discuss personal care tasks undertaken. They had also contacted the continence care team to undertake a competency assessment on them to ensure their practices remained up to date.
- People were supported to take positive risks. For example, one person told us, "Most days I still go for my walk along the road here, on my own. It's good to have a walk and fresh air, that's good for me."
- One person continued to be at risk of developing sore skin. The provider told us, "There have been a few times when [Name]'s skin has become a bit sore because they sit in their wheelchair. We act on that straight away. At the moment they have no sore skin and I check their skin every day and apply their cream to reduce risks."
- There were maintained smoke alarms at the home and fire-fighting equipment. The fire service had undertaken a check of the home during July 2019 and were satisfied with fire safety measures in place. People had personal emergency evacuation plans (PEEPS).
- The provider and staff member had completed fire safety training. Fire-scenario based drills took place and both people living at the home told us they took part in these. One person told us, "I know I have to leave the house if there is a fire. We can go to our neighbour's house. I know how to phone the fire service and tell them my address."

Using medicines safely

- People had their prescribed medicines available to them and the provider and staff member had completed training in the safe administration of medicines.
- One person told us, "Mum orders my medicines for me, but then I look after them and take them myself." This person showed us their medicines and correctly described when they took which medicine. The other person told us, "Mum helps me with my medicines because I can't see them very well, so she gives them to me at the right times." The person's medicine administration record showed they received their medicines as prescribed.

### Preventing and controlling infection

- The provider and staff member understood the importance of infection prevention and had personal protective equipment available to them. One person told us, "When mum or my sister (staff member) help me with personal care they wear gloves." This reduced the risks of cross infection.
- The home was clean and tidy and odour free.

### Staffing and recruitment

- At our last inspection the provider had not employed any staff because they lived at the family home and undertook all care and support needs for both people. At this inspection, the provider told us they had employed their daughter as a staff member to work alongside them and provide support to people in the home. The staff member told us, "I grew up with [Names] as my brothers so I know them very well." Both people were happy with the staffing arrangements and told us, "We would much prefer our 'sister' helped our 'mum' and supported us. We don't like agency care staff when we've had them in the past."
- The provider had followed their recruitment policy and ensured the staff member's suitability to work at the home. Their recruitment file contained an employment history, reference and police check.

### Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the home. Both people understood what abuse was and told us they would tell family members or friends if they had any concerns. One person told us, "We are very safe here, mum looks after us well."
- The provider and staff member had received training in how to safeguard people from the risks of abuse. They demonstrated an understanding of safeguarding principles and gave us examples of types of abuse. They both told us they would report any concerns to external organisations such as CQC or the local authority.

### Learning lessons when things go wrong

- There was a system to record accidents and incidents. The provider told us there had been no serious incidents since our last inspection but if anything went wrong, incidents would be used to learn from so risks of reoccurrence were minimised.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on available evidence.

At the last inspection this key question was rated as Good. At this inspection the rating has remained the same. People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed prior to living at the service and as their needs changed over time, these were reviewed. There had been no changes to the people living at the service since our last inspection and information continued to be used to formulate personalised plans of care.
- People were given the opportunity to share information with the provider and staff member to ensure there was no discrimination, including in relation to protected characteristics under the Equality Act (2010).

Staff support: induction, training, skills and experience

- The provider and staff member undertook training to ensure they had the skills they needed to provide the care and support needed by people. The provider told us, "We have links with a separate local provider who offers training we can access, this enables us to attend face to face sessions to keep up to date."
- Both people told us they felt they were cared for by staff who had the skills they needed.

Ensuring consent to care and treatment in line with law and guidance 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met, which they were.

- People's capacity to make decisions had been assessed and both the provider and staff member understood when 'best interests' meetings would be needed.
- Both people told us there were no restrictions on their liberty and they were always involved in decision making. They each told us, "Mum might say to us, would you like to do this today or go there and we have a chat, and all decide together. No one tells us we must do this or that."

Supporting people to eat and drink enough to maintain a balanced diet

- People had choices about what they ate and drank. Both people told us, "We just all decide what meal we'd like for the day. Mum might say, "Shall we have this?" and we might think that's a good idea and agree."

- People's weight was monitored by the provider who told us they promoted healthy eating choices.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had access to GPs, dental, chiropody and optician services. The provider told us they would contact the GP practice district nurse team for catheter care support if needed.
- The provider was aware of the best practice guidance set out in the CQC "Smiling Matters" document of June 2019 and plans of care contained oral care assessments. Both people told us they maintained their own oral hygiene with a little support or reminder from 'mum'.

Adapting service, design, decoration to meet people's needs

- The home had been adapted to meet people's needs. The home was well-maintained and decorated in a style chosen by people. Both people had made choices about how their own bedrooms were decorated and furnished.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. People were consistently supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported, equality and diversity

- Throughout the inspection visit we observed people were well treated by the provider and staff member who showed a kind and considerate approach.
- People's responses to the provider and staff member demonstrated they were very relaxed with them. They enjoyed a joke and laughed together. Both people showed us photographs of events that had taken place over the past year and all reminisced together sharing fond memories.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained and respected. For example, the provider and staff member consistently knocked on doors before entering.
- People gave examples of how their independence was promoted. One person told us, "I can make sandwiches for us, or a hot drink in the kitchen. I do my own medicines and can have a shower myself. Mum encourages me to help out around the house. I wash up and sweep the leaves in the garden." The other person told us, "I need a bit more help with things, but I do what I can. I like I try to keep my bedroom tidy myself."

Supporting people to express their views and be involved in making decisions about their care

- The provider and staff member understood the importance of people's views, wishes and choices being respected.
- People were encouraged to make decisions and were supported to maintain important relationships with friends. Both people told us, "We meet up with good friends every week."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. People's needs were consistently met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had individual plans of care, which provided personalised information about support and care needs. The provider and staff member told us because they knew people so well they did not need to refer to the information on a day to day basis. However, they told us they understood the need for plans of care to be available to people so these could be referred to if needed.
- Both people told us the provider, and /or the staff member were always at the home and available to support them. One person said, "We have our routine in the mornings, I'm never left waiting for support."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Both people were happy with the activities which took place within the home and local community. Both people told us they were very happy to pursue their own interests. One person told us, "We spend most time together, we watch films, play games and chat." The other person told us, "We go out as well, we play bowling, we go out for meals, we went to the theatre and have been on holidays with mum." They both added, "We don't get bored".

Meetings people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability.

- The provider and staff member communicated effectively with people and understood their communication needs.

Improving care quality in response to complaints or concerns

- People told us they had "no complaints at all". There were no recorded complaints since our last inspection.
- The provider had a complaints policy and assured us if any complaints were received these would be investigated.

End of life care and support

- The home did not offer nursing care for people reaching the end of their life. However, the provider told us their home was for life and people would be supported there if their needs changed.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that the service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted and open, fair culture.

At the last inspection this key question was rated Good. At this inspection this key question remained the same. This meant the service continued to be well managed and well led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider continued to have day to day oversight of the home and addressed any areas for improvement immediately.
- The provider had systems of auditing the safety and quality of the service and undertook regular checks and audits. Where they were not qualified to undertake certain checks, service agreements were in place. For example, a professional service had been completed on the gas boiler in July 2019. However, the provider had overlooked making an arrangement for legionella testing. When we discussed this with them, they took immediate action to arrange for this to be completed.
- Audits and checks had not identified any needs for improvements, but the provider assured us if these had, these would be acted on straightaway.
- The provider understood their regulatory responsibilities. For example, they ensured that the rating from the last Care Quality Commission (CQC) inspection was displayed, and there were systems in place to notify CQC of serious incidents at the home.

Continuous learning and improving care; Working in partnership with others

- The provider recognised they were a small provider and ensured they updated themselves on information shared by the CQC.
- The staff member told us, "We also have access to a helpline from the health and social care policy and procedures organisation we are members of."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider and staff member knew people well and told us they would know if a person was unhappy and find out the reason why, so they could put things right for them.
- The provider and staff member shared information on a day to day basis as only they worked at the home. The staff member told us, "If there were any changes to [Names] needs, mum would tell me, we discuss things on a daily basis."