

Mr and Mrs T A Mills

Mr and Mrs T A Mills - 119 Victoria Street

Inspection report

119 Victoria Street
Cinderford
Gloucestershire
GL14 2HU

Tel: 01594827043

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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?	Requires Improvement ●

Summary of findings

Overall summary

Mr and Mrs T A Mills - 119 Victoria Street is a care home providing care for three service users with learning disabilities. The property is a two-storey terraced house located on the outskirts of Cinderford.

Mr and Mrs T A Mills - 119 Victoria Street did not have a registered manager in post. 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.

People made positive comments about living at 119 Victoria Street, comments such as "brilliant" and "we never want to move". One person told us "we like living together". Risks to people's safety were identified, assessed and appropriate action taken and their medicines were safely managed. People's individual needs were known to staff who had achieved positive relationships with them. People were treated with kindness, their privacy and dignity was respected and they were supported to develop their independence and keep in contact with relatives. People were involved in the planning and review of their care.

Staff received support to develop knowledge and skills for their role. They spoke positively about their work with people. The acting manager was accessible to people using the service and staff.

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 were safeguarded from the risk of abuse and from risks in the care home environment.

People were supported by sufficient staff input.

There were safe systems in place for managing people's medicines.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who received appropriate training and support to carry out their roles.

People were able to plan menus and meals and were supported to eat a varied diet.

People's rights were protected by the use of the Mental Capacity Act (2005).

People were supported through access and liaison with health care professionals.

Is the service caring?

Good ●

The service was caring.

People benefitted from positive relationships with staff and management.

People were able to express their views about the support they received.

People's privacy and dignity was promoted and respected by staff.

People's choice to be as independent as possible was understood and actively supported by the service.

Is the service responsive?

Good ●

The service was responsive.

People received individualised care and were supported to take part in a choice of activities.

There were arrangements to respond to any concerns and complaints by people using the service or their representatives.

Is the service well-led?

Requires Improvement ●

The service was not as well led as it could be.

Mr and Mrs T A Mills - 119 Victoria Street had not had a registered manager in post since November 2014.

The acting manager was accessible and open to communication with people using the service and staff.

Quality assurance systems which included the views of people using the service were in place to monitor the quality of support and accommodation provided.

Mr and Mrs T A Mills - 119 Victoria Street

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 29 June 2016 and was announced. The provider was given notice because the location was a small care home for adults who are often out during the day; we needed to be sure that someone would be in.

The inspection was carried out by one inspector. We spoke with three people using the service, the manager, one member of staff and one of the registered providers. In addition we reviewed records for one person using the service, toured the premises and checked records relating to the management of the service.

Before the inspection, the provider completed a Provider Information Return (PIR). 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. We reviewed other information we had about the service including notifications. A notification is a report about important events which the service is required to send us by law. We also received information from the local authority quality team.

Is the service safe?

Our findings

People were protected from abuse by staff with the knowledge of how to act to safeguard them. Information given to us at the inspection showed the member of staff had received training in safeguarding adults and this had recently been updated in 2016. They were able to describe the arrangements for reporting any allegations of abuse relating to people using the service and were confident that any incident or allegation of abuse would be dealt with correctly. Policies and procedures including contact details for reporting safeguarding concerns to the local authority were readily available for reference. People were protected from financial abuse because there were appropriate systems in place to help support people manage their money safely. People told us they felt safe living at the home, safeguarding had been discussed at a house meeting to help people to understand the concept of this.

People were protected from identified risks. The Provider Information Return (PIR) stated, "All service users have comprehensive assessments of risks to their personal safety and plans, which are regularly reviewed, to manage any risks". People's individual risk assessments identified the potential risks to each person and described the measures in place to manage and minimise these risks. Risk assessments had been reviewed on a regular basis and covered areas such as cooking, epilepsy and using the bath. Where necessary accident and incident reports were completed by people and reviewed by staff and management. Risk assessments were in place for the risks to people associated with fire, electrical and gas appliances and Legionella. A certificate for the electrical wiring could not be found following the inspection. The acting manager informed us another inspection of the wiring would be arranged. Personal fire evacuation plans were in place for people using the service should they need to leave the building in an emergency. One person told us the procedure they would follow if the fire alarm went off. There had been no recent food hygiene inspection although the manager described how the home was following the 'Safer food better business' food hygiene guidelines. We observed the environment of the care home was clean and tidy.

People benefitted from sufficient staffing levels. People were supported by one member of staff who lived in the house next door and had held the post for sixteen years. They provided support to people at key points during the day such as in the morning and at meal times. Risk assessments had been completed for people in relation to the level of staff support provided. People could contact the staff member by telephone or visit their house if they needed support at other times. In addition they could also contact another care home operated by the registered provider if they needed to. People spent much of their day out of the home pursuing various activities and interests. People told us they were happy with the level of staff support they received.

People's medicines were managed safely. Medicines were stored securely and records showed correct storage temperatures had been maintained. Medicines administration records (MAR charts) had been completed appropriately with no gaps in the recording of administration on the MAR charts we examined. There were records of medicines received and of medicines disposed of. Medicines were given to people by staff who had received suitable training. People told us they were satisfied with how their medicines were managed and were given them at the right time of day. Regular audits were carried out on people's medicines and associated records.

Is the service effective?

Our findings

People using the service were supported by staff who had received training for their role. Staff had received training in areas such as food hygiene, fire safety and first aid. They told us they felt the training provided by the service was enough for their role. Information given to us following the inspection visit confirmed the training staff had received. Staff had regular individual meetings called supervision sessions with the manager as well as annual performance appraisals. Supervision sessions were used to discuss the support given to people and the performance of staff. The member of staff commented, "I get a lot of support". The member of staff had a thorough knowledge of people's needs and preferences having worked with them over the years.

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, and whether any conditions on authorisations to deprive a person of their liberty were being met. Assessments had been made of people's capacity to consent to receive care and support. All people using the service had been assessed as having the mental capacity to consent. People were not deprived of their liberty and no applications under DoLS were required.

People were involved in shopping and used this as an opportunity to choose their meals. The manager told us how a healthy balanced menu would be achieved by supporting healthy choices with suggestions to people about meal choices. Meals were provided flexibly to fit in with people's activities. One person was supported to cook meals for the people in the home and they were clearly proud of their achievements.

People's healthcare needs were met through regular healthcare appointments and liaison with health care professionals. Records had been kept of people's attendance at healthcare appointments. People told us they had visited their doctor and the dentist. People also attended hospital outpatient and opticians appointments. People did not have health action plans in place. The manager told us this had been raised as an issue by the local authority and there were plans for this to be remedied.

Is the service caring?

Our findings

People told us they were treated with respect and kindness. We heard staff speaking respectfully to people and taking time to listen to them offering reassurance where necessary. A code of conduct for the home stated "treat everyone with respect and dignity". The Provider Information Return (PIR) stated, "We expect our staff to treat every service user with the same level of dignity and respect and not to discriminate, which, if it occurred, we would treat as misconduct." The member of staff commented, "I treat them like I would like to be treated myself". From the interactions we observed, we could see people had clearly developed good relationships with the member of staff and the acting manager.

People were involved in decisions about how they spent their day and aspects of how the service was provided. Minutes of house meetings demonstrated how people using the service were able to express their views. At the meetings people discussed how they related to each other living at the home and how they could receive more support with this. People were involved in reviews of the support they received. We looked at one person's support plan with them. The acting manager described how the support plan would be reviewed with the person in July 2016 during a meeting. People had used the services of lay advocates, although these services were not currently being used, contact details were available if they were needed. Advocates are people who provide a service to support people to get their views and wishes heard. Minutes of a house meeting showed how people were reminded about the availability of advocates.

People's privacy and dignity was respected and promoted. People we spoke with confirmed they could have their own privacy and staff knocked on their door before entering their rooms. Staff gave us examples of how they would respect people's privacy and dignity when providing care and support. For example when supporting people with personal care they would ensure people were appropriately covered and doors were closed. At a house meeting people were reminded about individual privacy. The minutes stated, "Staff took the time to explain the importance of personal boundaries and everyone's right to privacy. This was particularly focused on how resident's bedrooms were a private place and it is polite to knock on bedroom doors and ask permission to enter etc".

People were supported to maintain independence, one person cooked on a regular basis and people cleaned the home with staff support. Records showed how people had received training to operate the central heating thermostat and individual thermostats on radiators. People were also supported to attend some health care appointments alone. They had also taken part in anger management courses to promote living together as a group. One person told us "We like living together".

People were also supported to maintain contact with family in response to their wishes. One person regularly visited a relative who lived locally.. Other people paid occasional visits to a relative living in another part of the country.

Is the service responsive?

Our findings

People received care that was personalised and responsive to their needs. The Provider Information Return (PIR) stated, "Every service user has a care plan based on a comprehensive assessment of their needs, which includes assessments of risks". People had detailed plans to guide staff in providing individualised support. One person was familiar with their care plans, knew where to find it and enthusiastically shared their plans with us. In addition goals people set goals for achievements they planned to make over a twelve month period. These were crossed off a list as the goals were met. One person's goals included, managing their own personal allowance and continuing with voluntary work. They were clearly pleased with the things they had managed to achieve over the year. In response to people's needs and requests work had recently been carried out to remove a bath from a downstairs bathroom and replace this with a shower. People were also able to choose the decoration and furnishing of their rooms according to their choices and we were shown examples of this approach.

People were supported to take part in activities and interests both in the home and in the wider community. The Provider Information Return (PIR) stated, "The home encourages each person to express and follow their individual interests and helps to organise and run leisure and social activities based on people's stated interests". People spoke proudly and enthusiastically about how they spent their time. They were clearly happy with the activities they took part in. People did voluntary work at charity shops and at a fitness centre. They told us how they enjoyed shopping trips, going out for a drive and going out for meals. People had also taken part in day trips to places of interest. People were able to follow their religious beliefs on a regular basis, attending places of worship and associated groups. A small back garden was available for people to use with a patch they had helped to cultivate in the past. People had also been supported to book and take holidays in the United Kingdom and abroad.

There were arrangements to listen to and respond to any concerns or complaints. The PIR stated, "We have a clear complaints procedure, which service users and their relatives know how to use if they wish to make a complaint about our service". The minutes of a house meeting in October 2015 showed how people had been reminded of how to use the complaints procedure. No complaints had been received in the twelve months before our inspection visit. Minutes of a house meeting demonstrated how people using the service were given the opportunity to express their views.

Is the service well-led?

Our findings

At the time of our inspection the service did not have a registered manager. The previous registered manager left in November 2014. An acting manager was in post although at the time of our inspection the registered provider was in the process of recruiting a manager to take up the post in August 2016 with the intention of applying for registration. A registered manager is a person who has registered with 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 and associated regulations about how the service is run.

Staff demonstrated an awareness and understanding of whistleblowing procedures within the provider's organisation and in certain situations where outside agencies should be contacted with concerns. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

The acting manager also described the vision and values of the service as promoting people's independence as much as possible. To this end, good contacts had been made with the local community through voluntary work and with religious groups. The acting manager described the challenge of managing conflicts between people using the service and how anger management courses had helped people with this.

People knew how to contact the acting manager when they were not at the home. They told us they would telephone the acting manager if they wished to speak with them. One of the registered providers visited the home on a daily basis, when they visited on the day of the inspection people were clearly familiar with them. People told us "the place runs smoothly".

A system of audits was in use which examined various aspects of the service provided. These included checks on medicines, people's finances as well as health and safety checks, for example on first aid boxes and people's individual rooms and bathrooms. Feedback had been sought from people using the service through questionnaires in 2015. Comments had been received about, meals provided, meal times and activities at weekends. A goal setting and evaluation plan had been put in place in response to the findings of the surveys. Areas for action included maintenance of the property and the quality of the meals provided. As a result of the feedback a refurbishment of the kitchen was also planned.