

Mrs A and Mr R Brooks

Mrs A and Mr R Brooks - 5 Everton Road

Inspection report

5 Everton Road
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Tel: 01935862900

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23 October 2018

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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 inspection for Mrs A and Mr R Brooks – 5 Everton Road took place on the 22 and 23 October 2018. The inspection was unannounced.

The service is a residential care home but it is set out as a collection of four shared houses which are near each other. The home has staff available 24 hours a day but these staff are spread across the houses, which means there are periods where people are in their house without immediate access to staff. The houses are situated in a residential area which is within walking distance of the town centre. The four houses can accommodate up to 15 people and it specialises in providing a service to adults who have a learning disability. At the time of the inspection there were 15 people living in the home and all of them could communicate well.

The home was owned by two people, one of which was the 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 care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that showed serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People being supported by Mr and Mrs Brooks told us they felt very safe living at the home. Staff showed a good awareness of safeguarding procedures and knew who to inform if they saw or had an allegation of abuse reported to them. The registered manager was also aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Some areas of medicines management needed to improve but the provider completed most of the improvements before the end of the inspection period and assured us that staff training regarding medicines management, and the providers policies would be updated to ensure staff administered people's medicines safely.

The provider had suitable processes to assess people's needs. Care plans were detailed and contained risk assessments that documented areas of risk to people, such as road safety. Staff also sought peoples

consent to care.

The provider employed enough staff to cover the needs of the home and there was a robust recruitment and selection process in place where staff had been subject to criminal record checks before starting work at the service, although these needed to be updated.

The provider had infection control arrangements in place and people's homes were clean, tidy, and free from any unpleasant odour. Accident and incident reporting was robust. Staff knew the reporting process. Records showed that staff had taken appropriate action where necessary and made changes to reduce the risk of a re-occurrence of an incident.

Staff had the skills, knowledge, and experience to support people. Appraisals were completed annually and staff had regular supervision which helped develop and motivate staff to improve on the care and support being delivered.

Staff supported people to eat, drink and keep a balanced diet. People told us that they had choices of food and that the quality of the food was excellent. People told us they had access to healthcare services such as GPs, Dentists, and Chiropodists.

People were supported to take part in activities of their choice. The provider helped people celebrate special occasions such as birthdays and religious festivals such as Christmas.

People told us they were encouraged to give their views and raise concerns or complaints. The leadership was visible and accessible. The registered manager understood the importance and responsibility of their role and had clear lines of responsibility and accountability. There was evidence that learning from incidents and accidents and investigations took place and appropriate changes were implemented

There were effective quality assurance arrangements at the service to raise standards and drive improvements and the service worked with other health and social care professionals in line with people's specific needs. Staff understood the importance of supporting people to have a good end of life as well as living life to full whilst they were fit and able to do so.

Further information is in the detailed findings below

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well led.

Mrs A and Mr R Brooks - 5 Everton 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.

This inspection took place on 22 and 23 October 2018 and was unannounced.

One adult social care inspector, one medicines inspector and one expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This form asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and looked at other information we held about the service.

During our inspection, we spoke with the owner of the service who is also the nominated individual and the registered manager, who is the co-owner of the service. We also spoke with nine staff members. We spoke with 14 people who lived in the houses as one person was not available on the day on the inspection. We also spoke with four relatives who were visiting.

We looked at four care and support files, and other records relevant to the management of the service, that included staff recruitment files, training records, medication records, health and safety and quality assurance.

Is the service safe?

Our findings

People continued to receive safe care

People told us they felt safe living in their home, and with the staff who supported them. One person told us, "Staff come around at night and make sure we are ok, say goodnight' and remind us to lock up". People showed us how staff had set up their mobiles so that they only had to press one button in the event of an emergency and that would get them straight through to a staff member. Although, when we arrived on the first day of the inspection one person opened the door to us and did not check who we were before letting us in. Which meant people were at risk of unauthorised people accessing the home. We discussed this with the person and staff. The person was clearly upset and knew they should have checked who we were, but said we had confused them as they were waiting for staff to arrive and help them with breakfast. The provider told us they would remind people about staying safe in their home at the next residents meeting.

Staff understood how to recognise and report signs of abuse or mistreatment. Staff had received training in safeguarding and they knew the procedures to follow if they had concerns. One staff member told us, "I would tell (providers name) if I thought someone was hurting our residents".

The registered manager understood their responsibilities to raise safeguarding concerns, and report these internally and externally as necessary. Staff told us if they had concerns management would listen and take suitable action. If the registered manager had concerns about people's welfare they liaised with external professionals as necessary, and had submitted safeguarding referrals when it was appropriate.

Risk assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in the houses and any risks in relation to the care and support needs of the person, such as road safety. Staff supported people to develop their independence. For example, one person wanted to walk to work on their own, staff spent months supporting them in stages to make the journey. Initially they were going with a staff member. The support was reduced in stages until the person was comfortable just phoning staff when they left home and when they arrived at work. The person told us, "I like being able to go to work on my own, it makes me feel good".

The PIR stated "Qualified engineers service boilers and repair or replace domestic equipment. Electrical appliances are tested annually. "Contractors carried out annual checks on the home's fire detection, alarms and firefighting equipment. Following a recent inspection, the provider had upgraded their fire alarm systems and installed fire doors which were of a higher specification than those recommended. Records showed that the people who lived at the home and the staff team received fire training which included fire drills. A person who lived at the home showed us around and explained how the fire system and fire doors operated.

Some people using the service had times when they could become unsettled or distressed. There was guidance in people's records on what action staff should take to support them at such times. One person's care plan stated, "(Persons name) had to keep their routine fixed daily this was to avoid any behaviours that

may challenge staff and other people living in the house". Staff knew this person well and described exactly how they should support them.

There were sufficient numbers of staff available to keep people safe, we saw a staff rota that confirmed this. People told us, "There are plenty of staff around". "Staff are always available". And, "I can speak to a member of staff anytime I want to". Staff told us, "We all cover for each other, we are all really flexible and do what needs to be done". Staff also told us, "If people need a bit extra support the registered manager will bring in extra staff to make sure they get what they need". One person told us, "They look after me, especially if I am poorly". Adding, "(providers name) slept on the sofa to make sure I was ok once".

Safe recruitment processes were completed. Staff had completed an application form prior to their employment and provided information about their employment history. The provider obtained references together with proof of the person's identity for an enhanced Disclosure and Barring Service [DBS] check to be completed. The DBS check ensures that people barred from working with certain groups such as vulnerable adults are identified. Although at the time of the inspection staff had not had their DBS checks renewed since they had started working at 5 Everton Road. Some staff had been there over 20 years. We discussed this with the registered manager who assured us they would review their current DBS policy and update everyone's DBS check to bring them in line with current best practice.

Suitable arrangements were in place for the ordering, supply and disposal of medicines. Staff explained that the arrangements for ordering and supply of medicines varied to suit the individual person. For example, people could choose which pharmacy to take their prescription to. Some people collected their own medicines from the pharmacy and gave them to staff so they could record the receipt.

Staff recorded the medicines they gave to people on printed medicines administration record sheets (MARs). Some people looked after their own medicines and signed the MARs to show they had taken them. We looked at nine people's MARs, these showed that people had taken their medicines as prescribed for them. We spoke to three people about their medicines and all three people told us they were happy with the arrangements in place.

We did find in one house three people's medicines were kept in a wooden locked cupboard in the kitchen. The key to the cupboard was on the side and people using the service were able to access their own medicines and also all the other medicines in the cupboard. We also found the back up stock of one person's insulin was kept in the sealed plastic box in the kitchen refrigerator. The temperature was checked and recorded daily and in the safe range but everyone using the service and staff could access the refrigerator. We discussed this with the provider who immediately purchased additional lockable boxes so that people could have their medicines stored separately and no one else could access them. The provider also said they would refresh staff training in medicines management and review their medicines management policy.

People were protected by staff who followed good infection control practices. Staff were provided with personal protective equipment (PPE) such as gloves, hand gel and aprons. Staff had received training on infection control and understood their role in preventing the spread of infection. People cleaned their own houses with staff support. On the day of the inspection we observed lots of cleaning taking place in different houses. One person told us, "We all have our chores, today I am cleaning the floors".

Staff knew the reporting process for any accidents or incidents. Records showed that appropriate action had been taken and where necessary changes had been made to reduce the risk of a re-occurrence of the incident. Where incidents had occurred, the service had used these to make improvements and any lessons

learned had been shared with staff. A staff member said; "We are always talking about things and how we can make them better". Another staff member said, "We don't just wait for meetings, if we think something needs sorting we just speak to (owners name)". Adding, "they sort it no matter what it is".

Is the service effective?

Our findings

People continued to receive effective care

The provider had appropriate systems in place to assess people's needs and choices. There were copies of pre-admission assessments on people's files, although some were more historical as most people had lived at 5 Everton Road for over 20 years. The registered manager told us, "We don't take anyone without assessing the dynamics in the houses first". Adding, "Whoever moves in, we have to get the mix of personalities right, this helps us meet people needs more effectively".

Nobody we spoke with (for example people who used the service and staff) said they felt they had been subject to any discriminatory practice for example on the grounds of their gender, race, sexuality, disability or age. One person said, "We all muck in together". Staff told us, "There is no hierarchy here we are all here to support the people living in the houses".

Staff had appropriate skills, knowledge and experience to deliver effective care and support. One relative said, "Well what can I say, they know (relatives name) so well, of course they are skilled. Staff told us they completed an induction when they commenced employment this included shadowing more experienced members of staff until they felt confident in their role.

Records showed staff received training which enabled them to carry out their roles. Aside from the subjects which the provider considered to be mandatory, such as safeguarding, food hygiene and first aid. Staff also received training which was relevant to the individual needs of the people they supported. For example, the first aid training had additional sections that focused on diabetes and epilepsy.

Staff told us they felt supported in their roles by colleagues and the registered manager. Staff did not have regular formal one to one supervision. Supervision is a process where members of staff meet with a supervisor to discuss their performance, any goals for the future, and training and development needs. We did see annual appraisals and staff told us they had regular team meetings where they discussed as a group any changes to people's care and support needs. Staff also told us, "We don't need to wait for meetings we talk all the time". Another staff member told us, "(Registered managers name) is always around we can talk about anything even if it's not about work, they are always helping us".

Staff supported people to eat and drink enough to maintain a balanced diet. Staff had received training in food safety and were aware of safe food handling practices. Each person had their nutritional needs assessed and met. The home monitored people's weight in line with their nutritional assessment. One person told us, "Staff help me with my weight, we weigh each other every week". Staff, told us, "We have a weigh in and make it fun, we all do each other we make it like weight watchers".

People were supported to maintain good health and wellbeing. Each person had a health action plan and a 'hospital passport'. This is a document containing important information to help support people with a learning disability when admitted to hospital. People's care and support plans showed they received annual

health checks and a review of their prescribed medicines. Staff also worked successfully with healthcare services to ensure people's health care needs were met. Staff supported people to access services from a variety of healthcare professionals including GPs, chiropodists, dentists, diabetic nurses, and epilepsy nurses to provide additional support when required. Care records demonstrated staff shared information effectively with professionals and involved them appropriately.

People were involved in the design of their homes and could personalise their bedrooms to reflect their likes and preferences. One person told us they choose things together to put in the house. A relative told us, "(Relative's name) has been here so long they have everything they like and need in their home". We observed homes to be very personalised and full of things people wanted, such as personal pictures on the walls and ornaments in their lounges.

The provider sought consent to care and treatment in line with legislation and guidance. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Care records showed that people had signed consent forms to receive care and support. Staff knew to ask people before they carried out any tasks. Nobody living at any of the houses lacked the capacity to make decisions about their care and when we spoke to staff they knew how to support people to make decisions, and they knew the procedures to follow if an individual lacked the capacity to consent to their care and treatment. This made sure people's legal and human rights were protected.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). People can only be deprived of their liberty to receive care and treatment when this is 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). Nobody at any of the houses was subject to a DoLS authorisation. There were no restrictive practises and people had keys to their own front doors and bedroom doors. People told us they were free to come and go as they pleased.

Is the service caring?

Our findings

People continued to receive a caring service

Staff treated people with kindness respect and compassion. This was reflected in the feedback from people who used the service. Comments from people included, "They are brilliant". "Staff are friendly and kind". "I get on with them all". "Staff are helpful and kind to me". "They're great". And, "staff are like family". One person got upset because they did not ask the inspection team for their ID when they opened the door to them, we observed staff being very supportive and assuring this person that it was ok, there were lots of kind hugs and reassurance given.

Both providers and most of the staff had cared for the people at 5 Everton Road for over 20 years. They knew people and their families very well. We heard the providers and staff chatting to people and their relatives about their lives, their families and things that were important to them. The registered manager told us they had been to the wedding of one person's family members over 20 years ago and were very close to them now.

Staff spoke about people with absolute affection. It was clear they had built trusting relationships and knew each other very well. When they discussed people with us they were not only respectful and knowledgeable, staff were passionate and clearly very fond of people. Comments from staff included, "Most of us have worked with people for over 20 years, our children have grown up with them". One staff member said, "They are our extended family, we see them all as part of the family". Another staff member said, "We would do anything for them, when (person's name) was ill the registered manager slept on the sofa just to make sure they were ok through the night".

People had wide range of emotional and physical needs and they all said how involved they were when discussing their care and support needs with staff. Staff told us, "We make sure peoples care plans are individualised to suit their needs". Comments from people included, "I couldn't manage without them". "If I have personal problem I can talk to a female member of staff". "They know I don't like crowds and noise so I get to work on the farm". And, "Staff help me to stay independent". A relative told us, "We sleep easy knowing they are looked after by (registered managers name) and the staff, they know them so well they cater for everyone".

Other people told us they were involved in a range of things from what goes on the menus and who does the cleaning, to what the new art building in the back garden should look like. We saw in residents meeting minutes how staff had talked about the art building being developed. People said it would take up a lot of their garden but people said, "no one used the garden really, but most of us use the art room". People told us, "We get more benefit from having the art room".

Staff encouraged people to be as independent as they could be. Staff told us they supported people but did not disempower people. On the day of the inspection we saw staff supporting people with tasks such as shopping, cooking and cleaning. People told us they felt respected by the staff who supported them. One

person said, "Staff help me keep my room clean and wash my clothes".

Staff respected people's privacy and made sure care was provided in a dignified and respectful way. Staff told us, "People get on well with certain staff members, they all seemed to have gravitated to someone over the years". Adding, "We don't have a key worker system because everyone just goes to who they feel most comfortable with, and they tend to be their main support". People told us they could choose the staff member who assisted them with personal care and their choices were respected. Comments from people included, "I have my room if I want privacy". Adding, "(Staff members name) is my favourite they help me we get on very well". A relative told us, "The staff are all great, I can't fault one of them".

Visitors could visit whenever they wanted to. We observed some visitors coming to the homes on the day of the inspection. People went home to stay with their families regularly and the provider had family gatherings so that people could get to see each other, particularly on special occasions such as birthdays.

Is the service responsive?

Our findings

People continued to receive a responsive service

Records showed people had their needs assessed before they moved in to the home. One person told us, "We knew the staff before we came here, (provider name) came to see me at home before I came to live here". Another person said, "I knew some of the people who lived at the home and we all get on well". The needs of other people who lived at the home were considered before offering a place to someone. The registered provider told us "It is important that the residents are compatible and can live together." A relative said "(Provider's name) are selective about who lives where, they think about the dynamics not just filling the bed".

The support plans were set out clearly and were easy to read. We reviewed four care plans all of which gave a wide range of information about the person. This included peoples preferred daily routines, likes, dislikes, details of people and things that were important to them and how staff could support them. The staff we spoke with and observed demonstrated a very good knowledge of the people they cared for.

People planned their weekly activities with a member of staff and could discuss their support needs on day to day basis or more formally during their annual reviews where the manager, their parents and social worker are present. People told us they were fully involved in the planning and review of the support they received. One person told us, "The staff talk to me about what I want to do". Another person said, "Staff check if I'm happy and help me plan things". A third person told us "They helped me go horse riding but now I don't want to so they don't make me go", All the relatives we spoke with said they had very good communication with all staff and were involved in their relative's care. A relative said, "They are so good at keeping us up to date". Adding, "They get a better life than we do here".

Everyone living at the home could communicate well with staff, and read their care plans, but care records still had communication profiles that showed how staff had considered how they should support people to communicate. Staff told us they would assess anyone who couldn't communicate and identify the best way for them to help anyone that did have communication difficulties make a choice.

People were fully encouraged to keep their independence and access their community when they wanted to. On the day of the inspection, it was clear people had very busy lives. Some people were getting ready to go out to work others were going out socially and some were going to the providers farm that had been set up as a day service. One person told us they were going to their voluntary job in town. They said, "I go on my own and come home on my own". Another person said, "I go to the farm and help pick the vegetables for dinner". We spoke with another person who said, "We go out with staff on day trips". And one other person told us, "We have parties up at the farm". Staff told us, "We have birthday parties for people when it's a big birthday, but one person doesn't like big parties so we had a dinner party for them which was calmer". Staff told us we go on holiday every year and we always talk to people about where they want to go". The registered manager told us, "People have their own front door keys and they come and go just as you or I would".

People were supported to maintain contact with friends and family. People told us their relatives and friends could visit at any time and were always made welcome. On the day of the inspection we saw that one person's family had come to visit from abroad. The provider was very welcoming and told us they had known them for years. This was confirmed by the relatives visiting. The relatives told us, "(Persons name) has been known to turn us away because the provider had planned something better, that tells you how happy they are here".

People knew how to make a complaint and everyone we spoke with felt confident that any concerns would be taken seriously. One person told us "I have nothing to complain about but if I did (name of provider) would sort it out. A relative said "I can't imagine ever complaining, what's to complain about they are brilliant". Adding, if we have a problem I know they will sort it". Records showed there had been no complaints in the last year.

People could be confident that at the end of their lives they would be treated with compassion and any discomfort would be effectively managed. Care records showed that staff had started to discuss lasting power of attorneys with people in the event they became seriously unwell. At the time of the inspection no one at the service was receiving end of life care but staff told us about one person who had passed away and how they supported them to have a dignified passing in their own home.

Is the service well-led?

Our findings

People continued to receive a well led service

The company was owned by two people, one of which was the registered manager and one was the responsible person. 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 providers had a clear vision to deliver high-quality care and support that promoted a positive culture. Care and support was person-centred, open, inclusive and empowering and achieved good outcomes for people.

All the feedback we received throughout the inspection was positive. People and their relatives consistently told us they were satisfied with the care and support they received. People told us they knew the providers well and the providers were always around. We observed good communication between people and the providers. It was clear people liked being around them, we observed lots of laughing and joking and relaxed interactions between people and all staff, not just the providers.

Staff told us there was no hierarchy, which they appreciated and responded to. One staff member said, "We have (providers names) who make the decisions and make sure we all do what we are supposed to". Adding "Other than that we all work as a team". It was evident the provider and their team strived for excellence through consultation and reflective practice. They were passionate and dedicated to providing an excellent service to people. The staff team were encouraged to continuously improve the lifestyle and wellbeing of the people they cared for. This meant they were totally committed to providing the best service they could deliver, resulting in the best possible outcomes for people.

People spoke highly of the providers. One person said, "(Providers name) looks after me they are very nice". Another person told us, "I have known (providers name) for 28 years they know me well". A third person told us, "(Providers name) brings the food down from the farm and makes dinner with us". A relative told us, "(Providers name) makes sure (relatives name) gets the best life, whatever we ask they do". Adding, "I'd live here".

The provider valued staff and appreciated their contributions. Staff told us the provider always went above and beyond to make sure staff were ok. For example, one staff member told us, "When I went through a bad time, they were there ready to help me". Adding, "I would never want to work anywhere else".

Staff, People and their families could express a view about the service provided through an independent annual survey, but staff and people also said they were encouraged to discuss their needs every day because things change so regularly.

The providers told us about a resident's trust which had been set up 18 years ago. This trust was separated from the providers and was set up for people who lived at the home and their families. Members of the trust included people's relatives and it was chaired by a residents parent. We were provided with a copy of the minutes of an annual general meeting which took place in September 2018. This was well attended. One of the providers shared information about events which had taken place or were planned to take place, and introduced a local solicitor who was talking about lasting power of attorneys for people. They also recorded how people who lived at the home had benefitted from the funds raised by the trust this year, for example, being able to go on holiday. This trust demonstrated a culture of openness and commitment to continuous improvement by the providers.

There were audits and checks in place to monitor the quality of care. These included health and safety checks, and regular reviews of people's care and support plans. They also included regular checks of people medicines to ensure people were taking the medicines prescribed but staff had not identified the issues raised in the safe domain of this report around how people medicines should be stored safely. As reported in the safe domain of the report the provider agreed on the day of the inspection to rectify this and put locked boxes in place.

The provider was transparent, collaborative, and open with all relevant external stakeholders and agencies. Staff worked in partnership with key organisations to support care provision, service development, and joined-up care. Staff told us, "We are members of the Registered Care Providers Association, we are able to attend regular seminars and their annual conference which keeps us up to date on changes in legislation and highlights areas of good practice. It is also a source of advice and support. One staff member was a qualified Social Worker who told us they maintain their registration through continuing professional development. This meant they could feed back to the provider up to date changes in legislation and provide advice to the staff team when required

The provider had followed all relevant legal requirements, including registration and safety obligations, and the submission of notifications. They also displayed the previous Good rating issued by CQC in the front reception area for the public to see.