Ms June Dunne

Ms June Dunne - 26 Huntly Road

Inspection report

26 Huntley Road
Fairfield
Liverpool
Merseyside
L6 3AJ

Tel: 01512609120

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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

26 Huntly Road is a residential dwelling in a suburb of Liverpool. The property is a spacious three storey Victorian property which is decorated to a high standard. People living at the home had access to a formal lounge/dining room, a kitchen, a lounge and a spacious bathroom located on the ground floor. People's bedrooms were on the first floor and there was a toilet next to both bedrooms. The home had a well-maintained enclosed garden to the rear and was situated near to local amenities.

The service provides accommodation and personal care for a maximum of three people with learning disabilities. At the time of our inspection, there were two people using the service.

This was an announced inspection which took place on 13 August 2018. The last inspection was in January 2016 when the service was rated 'Good'.

26 Huntly Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager in post who both owned and resided at the premises. A 'registered' manager is not required for this service as the service was managed by the owner (provider).

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 demonstrated 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.

Care records contained detailed information to identify people's requirements and preferences in relation to their care. People had a choice in how they lived their lives at the home. Risks were appropriately assessed and documented in care records.

Accidents and incidents were recorded and managed appropriately.

There were enough staff to meet the needs of the people living at the home. Care was provided on a one to one basis.

We found that staff's suitability to work with vulnerable adults at the home had been checked prior to employment. For instance, previous employer references had been sought and a criminal conviction check undertaken.

Appropriate arrangements were in place for checking the environment was safe. There were external contracts in place to check the safety of gas, electric and fire equipment.

Medication was managed safely and was administered by staff who were competent to do so.

Staff had received training which equipped them with the knowledge and skills to ensure people received adequate care. Staff were supported to do their job role through training and supervision.

Staff sought consent from people before providing support. Staff we spoke with understood the principles of the Mental Capacity Act 2005 (MCA) to ensure people consented to the care they received. The MCA is legislation which protects the powers of people to make their own decisions.

People were appropriately supported with their dietary needs and had choice about what they wanted to eat and drink.

Staff were kind and caring and treated people with dignity and respect.

Staff used Makaton (a form of sign language) to communicate with people who were unable to communicate verbally.

People were supported to access external heath care services to promote their well-being.

People were involved in their care and we saw evidence that people's hobbies and interests were recorded and catered for.

Feedback regarding the management of the home was positive. The manager was committed to continuous improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remained safe.	Good
Is the service effective? The service remained effective.	Good
Is the service caring? The service remained caring.	Good
Is the service responsive? The service remained responsive.	Good
Is the service well-led? The service remained well led.	Good

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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 checked 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 13 August 2018. We gave the provider three days' notice of the inspection because it is a small service and we needed to ensure that the manager was on the premises at the time of our inspection.

The inspection was conducted by an adult social care inspector.

Before the inspection we checked the information we held about the service. We looked at any statutory notifications received and reviewed any other information we held prior to visiting. A statutory notification is information about significant events which the service is required to send us by law.

During the inspection we spoke with the manager, one member of care staff and one person who lived at the service. We also spoke to a relative on the telephone.

At the time of our inspection, there were only two people living at the home. On the day of our inspection, one person was absent from the service and was visiting family.

We looked at care records belonging to two of the people living at the home, three staff recruitment files, a sample of medication administration records, policies and procedures and other documents relevant to the management of the home.

We undertook general observations of the service and the care people received.

Good

Is the service safe?

Our findings

We observed that the home was safe. There was a visitors book situated near the front door for anyone entering and leaving the home to sign in and out. There was a video intercom system so that staff were able to confirm the identity of any visitors before allowing them to enter the home. The inside of the front door had a keypad to ensure that people could not leave unaided. A relative we spoke with told us, ''It's a secure environment for them [relative] to be in.''

Risks to people were documented in people's care records. We saw risk assessments in relation to mobility, leaving the home and using a kettle. A member of staff told us, ''People are kept safe as we use risk assessments to minimise danger to people.''

Accidents and incidents were recorded appropriately. Where necessary, action plans were put in place to reduce the likelihood of the accident/incident occurring again in the future.

There were sufficient numbers of staff to meet the needs of the people living at the home. On the day of our inspection, there was one member of care staff and the manager to support one person. We spoke with the manager and staff who confirmed that care was provided to each person on a one to one basis. We looked at staff rotas to confirm this. On some occasions, additional staff were deployed. For example, if staff were taking a person out into the community, then two members of staff provided support for one person.

We looked at how staff were recruited and checked staff records for three members of staff. We found that the manager carried out appropriate pre-employment checks such as Disclosure and Barring Service (DBS) checks. This helped to ensure that staff members were suitable to work with vulnerable people.

The premises were safe and subject to appropriate and regular checks. External contracts were in place for gas, electric and fire safety. Regular internal checks were also completed, such as fire alarm checks, hot water temperatures and window restrictors. The home had an emergency evacuation policy in place. This meant that staff and emergency personnel had important information on people's needs in an emergency situation and the support they required to evacuate in the event of an emergency.

We looked at the systems in place for managing medication in the service. Medication was stored safely in a locked cupboard in people's bedrooms. We saw that a medicine policy was in place to advise staff on the provider's medication procedures. Staff had received training in how to administer medication safely and their competency to do so had been assessed. Medication administration recording charts (MARs) were completed with no gaps.

A safeguarding policy was in place for staff to follow should a safeguarding incident occur. Staff we spoke with were knowledgeable about how to recognise the different types of abuse and how to report any concerns.

A comprehensive set of policies and procedures were available to staff for guidance such as safeguarding,

whistleblowing, infection control, medication, racial and sexual harassment, complaints and use of the video intercom system.

The home was clean and well maintained. Infection control policies and checks were in place which identified any areas of concern.

Good

Is the service effective?

Our findings

Staff had the knowledge and skills to meet the needs of the people living at the home. The manager provided us with information on staff training. We saw that training was provided in a range of health and social care topics such as health and safety, medication, safeguarding, whistleblowing, infection control and food hygiene. In addition, some staff had completed external and nationally recognised qualifications such as National Vocational Qualifications (NVQ's). Staff also had access to courses online. As part of their induction process, staff spent a period of time shadowing (working alongside and observing) a more experienced colleague. This helped them become familiar with the care needs and daily routines of people.

Staff appraisals and supervisions were held regularly. Staff we spoke with found these useful and a good way of making suggestions about the overall running of the home.

We looked to see if the service was working within the legal framework of the MCA (Mental Capacity Act 2005). The 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.

We looked at people's care records and saw evidence that people's capacity to consent was assessed appropriately in relation to a range of decisions. For example, people had consented to the provision of care and management of their medication.

Where people are not able to consent, they can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the 'Deprivation of Liberty Safeguards' (DoLS). We checked that 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 and found that they were. In one care record we looked at, we saw evidence of the services of a statutory advocate being used appropriately. An advocate ensures that the rights of the person are upheld and the wishes of the person are listened to and considered. We also observed that people's care records contained a booklet of information about the Human Rights Act and detailed what rights people had in everyday life.

The home had a large kitchen area. People were unable to cook hot meals for themselves but could prepare a drink or a sandwich with staff support. People had a choice of between two to three options per day for a main meal. Staff encouraged people with healthy eating and ensured that meals were nutritious. One person required a more specific diet and staff supported the person with this. As a treat, people enjoyed a take away on a Saturday night and staff showed them pictures of the food on offer so they could choose what they wanted.

People were supported by staff to attend external healthcare appointments, such as the GP and opticians. This was important for people who were unable to communicate with healthcare professionals and needed

an advocate to speak on their behalf.

People's care records contained a detailed record of people's health care needs and preferred daily routines. This helped to ensure that people received personalised care and support.

Daily notes were recorded by care staff which detailed all care provided for that day. People's care records were regularly reviewed and updated. This meant that people received support based on their current needs.

The layout of the environment was easy for people to navigate around. People spent most of their time in the lounge and dining area but also had access to a more formal dining/lounge room. People had access to a pleasant and enclosed garden. The garden contained numerous colourful plants in pots, fairy lights and a summer house which contained a table, chairs and a radio so people could enjoy the garden whatever the weather.

Good

Is the service caring?

Our findings

We observed positive and warm interactions between staff and people using the service. There was plenty of chatter and banter and the atmosphere was homely. It was evident staff knew the needs and preferences of the people they were caring for. A member of staff told us, ''It's simple, we treat people exactly how we would want our relative to be treated.'' We spoke with a relative of a person living at the service who told us, ''My [relative] has got a good life now, I've seen a real change in them for the better, they are happy, settled and secure here and absolutely love the staff.''

Staff treated people with dignity and respect. Any personal care was carried out in the privacy of people's bedrooms. Where possible, staff encouraged people to make every day decisions, such as choosing what clothes to wear. This helped to maintain people's independence and individuality.

Staff used Makaton to communicate with people who did not communicate verbally. We saw that staff were familiar with people's body language and were able to interpret their needs. Care records also contained information for staff on the best ways to communicate with people, such as 'Keep questions and commentary straight forward to ensure [person] takes a fully active role in the conversation.'

The home did not have a set daily routine and people had a choice regarding how they spent their day. We saw evidence from people's care records that they were involved in choice around their care and daily routine. For example, whether they preferred to have a shower or bath and what time they preferred to get up and go to bed.

The home did not always operate set shifts for staff as staff worked around the needs of the people. For example, if people were going out for the day or away on holiday, staff would work around the times of these activities.

We asked staff what equality and diversity meant to them. One member of staff explained, ''It's about not treating everyone the same and treating them as individuals.''

There was an open visiting policy which meant that people's relatives and friends could visit at any time. The home had a separate dining/lounge room which afforded people privacy with their visitors.

Good

Is the service responsive?

Our findings

During this inspection we looked at the care records for two people. We saw that people's care records contained information about people's preferences. For example, people could specify what foods they preferred.

Care records also contained a 'About My Heath' booklet, this not only documented people's medical history but also recorded information such as the name they preferred to be called, life history, favourite foods and hobbies.

One person had a passion for eighties pop music and was supported by staff to attend music and karaoke nights at the local pub. A relative told us, ''My [relative] adores music, the home organised a trip to a George Michael concert and they loved it!''

One person was supported with overnight visits to their relative's home. This helped to maintain connections with family members.

People had a choice of what activities they could participate in. For example, one person enjoyed swimming and staff took the person to the swimming baths. We observed staff provide appropriate support with people's routine and activities whilst still encouraging the person to be independent.

We saw from people's care records that a re-assessment of needs was undertaken on a regular basis to ensure that any changes in people's care requirements were identified. This ensured that care remained responsive to people's needs.

People had access to a complaints procedure and the home had complaints policy in place. There was a suggestions and comments box situated near to the front door. At the time of our inspection the home had not received any complaints. A relative told us, ''If I had any issues I would raise it there and then but I've never needed to.''

Good

Is the service well-led?

Our findings

Feedback about the manager was positive, a relative told us, ''They [the manager] are pleasant and approachable. They treat the people like family.'' One member of staff told us, ''I spend more time with them [staff] than my own family, they are like my family, both the residents and staff.''

The manager had a visible presence in the home and encouraged an open and transparent culture. Both staff and the manager communicated verbally and using a communication book so that staff were kept up to date with any changes. The manager also held regular staff meetings so that staff could have their say. Staff we spoke to found meetings beneficial as it gave them an opportunity to make any suggestions for improving the service.

During this inspection we looked at how the manager ensured the quality and safety of the service. We saw that audits and checks were in place for health and safety, fire safety, infection control, medication, care plans and accidents and incidents. The audits we reviewed were completed monthly and identified were improvements were required.

We looked at how accidents and incidents were managed and found they were recorded appropriately. Records were analysed to identify if any preventative actions were required which helped to maintain people's safety.

The manager had operated the service for over 25 years. We spent time talking with the manager who was keen to develop the service further. Areas identified for further development included redecoration of people's bedrooms.

We looked at processes in place to gather feedback from people living at the service and listen to their views. We saw that questionnaires were available to gather people's opinions and suggestions about the service although the manager told us that no-one returned them. The manager told us that if people did have any problems they were resolved there and then.

The manager had notified CQC of incidents that had occurred in the home in accordance with registration requirements. Ratings from the last inspection were displayed within the home as required. From April 2015 it is a legal requirement for providers to display their CQC rating. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided.