Adrian O'Brien Rachel Amiee O'Brien

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Inspection report

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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 took place on 26 February 2016 and was announced.

Adrian O'Brien is registered to provide accommodation for personal care for up to 2 people living with a learnings disability. There was one person living at the service on the day of our inspection. The service is housed in a terraced house in a residential area.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act, 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way. This is to protect them. The provider understood their responsibility and no one at the time of our inspection had their freedom restricted under a DoLS authorisation.

The person was kept safe because the registered manager undertook appropriate risk assessments for all aspects of their care, including activities outside the service.

The person was cared for by a registered manager that had knowledge and skills to perform their roles and responsibilities and to meet the person's specific care needs.

The person had their healthcare needs identified and were enabled to access healthcare professionals such as their dentist and speech and language therapist.

The person was enabled to make decisions about their care and treatment and the registered manager supported them to enhance their skills and improve their independence. The person was treated with dignity and respect in a caring and homely environment.

The person was treated as an individual, and were supported to follow their hobbies and interests. The person was actively involved in food shopping to provide a nutritious and balanced diet.

The registered manager had effective systems in place to monitor the quality of the service, including regular audits and feedback form the person who used the service.

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.

The person had their risk of harm assessed.

The provider had contingency plans in event of an emergency situation

Is the service effective?

Good

The service was effective.

The person was provided with a well-balanced and nutritious diet of their choice.

The person was supported to access healthcare professionals when needed.

Is the service caring?

Good

The service was caring.

The person was cared for in a caring and homely environment.

The person had their privacy and dignity respected.

Is the service responsive?

Good

The service was responsive.

The person always received person centred care that met their needs and preferences.

The person was supported to follow their hobbies and interests and develop new skills.

The person enjoyed an active, work, home and social life.

Is the service well-led?

Good

The service was well-led.

Th provider completed regular quality checks.

The person gave their feedback on the quality of the service they received.	

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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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

The inspection took place on 26 February 2016 and was announced. The inspection team was made up of one inspector. The provider was given 24 hours' notice because we wanted to be sure that someone would be in.

We looked at information we held about the provider. This included notifications which are events which happened in the service that the registered provider is required to tell us about.

During our inspection we spoke with the registered manager who is also the provider and one person who lived at the service. Following our inspection we spoke by telephone with two relatives of the person who lived at the service. We also observed the person and the registered manager interact with visitors to the service.

We looked at a range of records related to the running of and the quality of the service. These included staff training information and written feedback from one person on the quality of the service. We looked at the quality assurance audits that the registered manager completed. We also looked at risk assessments, care plans and medicine administration records for one person.

Good

Is the service safe?

Our findings

The person told us that they felt safe living at service and were able walk about safely in their local community. They told us, "I walk the dog round the block." We found that the person was well known by the local community police officer who often dropped in for a "cuppa and a chat" with the person and the registered manager.

There had been no safeguarding incidents in the service. However, the registered manager had policies and procedures to guide them if they had a concern. The person had their risk of harm assessed for a range of activities inside and outside the service and had care plans in place to support their assessed needs. For example, using the iron safely, health and safety in the kitchen and working in their kitchen garden. We saw that all risks were up to date and the person had last signed their agreement with them in January 2016.

The person enjoyed their independence and was enabled to go into Lincoln on their own. However, they had a mobile phone to maintain contact when in the community. The person also had a key to the front door and to their bedroom and has been assessed as able to enter and exit the home safely. We found that there were short periods of time when the person may be in the service on their own, but told us they felt safe when on their own. The person had attended the same fire safety training as the provider and had been assessed as competent to safely evacuate from the service in the event of a fire.

We saw that the provider had an up to date business continuity plan to be actioned if there was a serious incident that interrupted the work of the service. It contained contact details of emergency services and utility companies. To keep people safe in an emergency the provider had identified their day centre as a place to evacuate people to.

The person had the benefit of one to one care if they wished, as the registered manager or the quality manager were always present in the service care to provide care and support. We saw that when the person went on visits to their family that the providers took their holiday leave at this time. The person had been assessed as able to undertake the long journey on their own to visit their family. Their family bought their train ticket for them and met them at their destination.

We found that the person was not prescribed any oral medicines but did have a special treatment to used daily when they showered. However, they had a lockable space in bedroom if their needs should change. The registered manager was assessed as competent in the management of medicines by the quality manager and there were policies and procedures to support the safe administration of medicines.

We looked at their medicine administration chart (MAR) and saw that known allergies were recorded and there were clear instructions on the safe use of their skin product, such as "use sparingly". To enable the person to be fully independent with their medicines they were given the responsibility to collect their repeat prescription from their GP and hand it in to the pharmacist. We saw that when the person collected it from the pharmacist and returned to the service that the registered manager recorded this on their MAR chart. There were no gaps on the MAR chart and a special code was used to identify when the person was on leave

from the service. Finally, we saw that the person had been assessed as able to look after their own medicine.

Good

Is the service effective?

Our findings

We saw that the registered manager had the knowledge and skills to look after the person. They were up to date with mandatory training and had also trained in topics relevant to the care needs of the person, such as autistic spectrum disorder. In addition, the person told us with pride that they had undertaken mandatory training with the registered manager and showed us their certificates for health and safety, fire safety, first aid, safeguarding and mental capacity. They explained that it was their home and they wanted to be involved in all aspects of it.

We saw evidence that the registered manager had sought consent from the person for their care and treatment, and recorded when the person did not give their consent and action taken. For example, the person declined to have their winter flu vaccination and it was not given. 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 found that the person had been assessed using the MCA two stage capacity assessment as having capacity to make decisions about their care and treatment. The person had appointed a close relative as their lasting power of attorney, to act on their behalf when they are no longer able to make decisions for themselves. We found that the registered manager was properly trained in understanding the requirements of the MCA and DoLS.

We saw that the person was supported to eat a nutritious and well balanced diet and took their main meals with the providers. There was no set menu plan and the same approach to meal planning was taken as you would find in most family homes. The person told us that they went supermarket shopping with the registered manager once a week and purchased "what we fancy to eat." There was a bowl of fruit on the dining table and we saw the person was able help themselves at any time and was independent in making drinks and snacks for themselves. They told us that they were a "tea Jenny," because they put the kettle on at every opportunity to make a cup of tea. The person told us that they understood the importance of eating a healthy diet and said, "Eat plenty of vegetables and fruit and exercise." Once a week they ordered a takeaway meal and shared a bottle of wine. The person told us that they enjoyed a glass of wine with their meal. Finally, we noted that the person had their weight checked regularly.

We spoke with the person's relatives who told us how their physical and psychological wellbeing had improved. They said, "They have improved physically as has their temperament and character. They no longer eat junk food and their sugar intake had reduced greatly. They are a changed person."

The person was provided with information, support and encouragement to keep fit. We saw that there was an exercise bike in the service and the person was encouraged to use it safely. Where needed the person had

access to health professionals such as their GP, dentist and speech and language therapist (SALT). The person and the registered manager told us that their speech had improved significantly with help from SALT. When the person visited their dentist the registered manager accompanied them for reassurance, but did not go into the treatment room with them.

Good

Is the service caring?

Our findings

The service had a friendly family atmosphere and the person treated it as their own home. The registered manager shared with us the reasons why there was only one person living in the service. They said, "[name of person] has lived here for 10 years. It is their home. We will only have a second person, if [name of person] would get on with them. [name of person] lives here as part of the family." The person told us that they would recommend the service to others and said, "This is better than certain homes. It's relaxed and I feel happy." They then turned to the registered manager and said, "You have got me for life." We spoke with the person's relatives who told us, "They get extremely good support, we are very happy indeed." They added, "We have seen a big change since [names of providers] have cared for them. He is so strong now and real help at home; he does the garden for us as we are not so able."

The person was at the centre of all activity within the service and was actively involved in making decisions about all aspects of their care and treatment. The service did not employ ancillary staff such as a cook, housekeeper or gardener. Therefore the person was supported and enabled to develop their living skills and improve their independence. For example, they carried out their share of household duties such as, cleaning, doing their laundry and ironing and washing up. In addition they took their turn twice a week to cook the evening meal with support.

The person and the registered manager spent quality time together every evening called "talk time". The registered manager explained that this was an important time for the person as they used the time to catch up on their day and talk about their long and short term plans. For example, what they intended to do the next day at the kitchen garden, or about significant changes to the service such as their plans to convert the lounge into a cinema room or the conversion of their camper van for weekend away. The registered manager told us that sometimes they would go to the pub together in the evening and have their "talk time" there.

The person told us that understood that they could access an advocacy service but did not have a need to access as they could speak with the registered manager at any time.

The person was supported to maintain relationships with others who mattered to them and told us that their friends could visits at any time and they often had their friends round for parties and barbeques in the garden. We found that they maintained regular contact with their relatives through weekly phone calls and visits to the family home two or three times a year. Furthermore, they told us that they liked to spend time with their special friend. Their relatives told us, "They have real friends, not like when they lived elsewhere. They go to pub quizzes with them. We keep in regular contract and they are prompted to ring us every week."

The person was proud of their bedroom and invited us to look at it. We saw that they had en-suite facilities and it was decorated and furnished to suit their life style with their computer desk and internet access, double bed, sofa and large screen television. The person had their dignity and privacy respected. We found that the person and the providers did not enter each other's bedrooms uninvited. The registered manager

told us they always asked the person first, even when they were undertaking routine safety checks.

We found that the person's confidence in their own ability had improved since they moved into the service. The person's relatives told us, "There was a time when couldn't walk or talk and now he shows people and their parents round the gardens at the day centre and tells them about their work. They [the providers] have drawn him out. They give them respect for what they can do, they are much more of a rounded person now."

Good

Is the service responsive?

Our findings

The person had care plans tailored to meet their individual needs and told us that they were actively involved in reviewing their care plans. We found that their support needs were reviewed every six months and changes were recorded and actioned. For example, their last review was during the winter months and they said that they wanted to do more indoor activities in the afternoon. However, they have now told the registered manager that it is springtime and they want to do more work in the garden in the afternoons. We saw that their care plan was amended to reflect this change. The person's relatives lived a considerable distance from the service and were unable to travel for meetings. Therefore, the person and the registered manager held bi-monthly telephone meetings with their relatives to review their progress.

We saw that the registered manager had completed an "independence profile" with the person to identify their abilities and areas that needed ongoing support. For example, it was recorded that the person understood the value of money and what coins and notes were worth, but required assistance with budgeting.

The person's relatives told us that the person had been provided with the opportunity to develop their independence and said, "They [the providers] do so much with them. They now had a total life. They have so many opportunities." We found that the person was enabled to have an active work, home and social life. The registered manager was also responsible for a day centre for people living with a learning disability, located in a farm house near Lincoln. The person told us that they enjoyed working outdoors and spent most mornings working in the gardens at the day centre. They told us that they looked after the kitchen garden and the chickens, and always had a supply of freshly laid eggs and fresh vegetables.

Their relatives spoke of the opportunities their loved one had at the service and shared their surprise about the things that they were now capable of doing. For example they told us that the person had a phobia about feathers and said, "I am surprised by the things [name of person] does. They are very proud of their chickens, and brought us eggs on their last visit home. They also donated eggs to the food bank in Lincoln. They do everything for the chickens without using their bare hands. It is brilliant how they have managed to do this."

The person was supported to follow their many interests and hobbies; including the history of military aircraft. They had a collection of books and photographs on military aircraft and were currently cataloguing planes from all over the world on their computer. They spoke with enthusiasm about plans for a forthcoming holiday to an American desert to see planes that were no longer in use. The person told us that they enjoyed holidays and visiting other places. They shared their excitement that they were visiting a well-known brewery and distillery in Ireland with the registered manager during the week following our inspection.

The person told us that they were well known in the local community and on Saturdays walked into Lincoln city centre to borrow DVDs and books from the library and to have their hair cut. Furthermore, they told us that they liked to learn new things and had attended several college courses to develop their learning. For

example, they had completed a computer skills course to support their use of their computer and laptop; had undertaken a horticultural course to assist them in their role as gardener at the day centre and had achieved a pass in basic numeracy and literacy skills.

The registered manager had a complaints policy and procedure. We noted that the person had a copy of the complaint's policy and service user guide on a notice board in their bedroom. The person told us that they had no need to complain about the service but if they had concerns about anything they would talk with the providers, quality manager or their relatives.

Good

Is the service well-led?

Our findings

The registered manager had a mission statement that clearly identified what they wanted to achieve for people; that people would be provided with a comfortable family like home, for people to realise their full potential and develop towards independent living. The registered manager had sought the person's feedback on the service and had issued the person with a questionnaire in February 2016. We saw that their response was positive and fedback that they enjoyed their animals and the garden.

We saw evidence of good management and leadership. The registered manager understood their role and responsibilities. They were aware of the statutory notifications that had to be sent to CQC. We saw their last CQC inspection report on display near the front door for people and visitors to read.

Although the service was small, the provider was committed to achieving and maintaining high standards of person centred care. We saw that they had achieved Investors in People award in 2009, had a five star environmental rating from the local authority and had received an award for the learning disability home of the year.

There were policies and procedures to support all aspects of care in the service that were reviewed regularly and were accessible to visitors and the person who lived there. We saw that the provider had a system for reporting accidents and incidents and these were investigated and action taken from lessons learned. However, there had been no accidents or incidents since 2013. There was a rolling monthly programme of audits and quality checks that covered key areas such as health and safety and the environment. In addition, the provider issued annual quality assurance and health and safety reports. Aims and objects for improvements were set for the following year and key people were identified to action them