

Mrs Alison Priest

Millpool

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

Millpool is a residential care home registered to provide support to one person with a learning disability within a family home environment. The person using the service was unable to communicate their views verbally. We carried out observations and spoke with the provider to come to an understanding about the quality of the care they received.

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

The person using the service had been living within the provider's family home for 20 years. The provider was the only person who provided them with care and support. The person benefitted from being supported by someone who knew them very well and provided them with consistency and continuity of care.

Systems were in place to ensure the person remained safe. Risks to the person had been adequately planned for and measures were in place to reduce these risks.

The provider had the knowledge, skills and training to provide the person with appropriate support.

The person using the service received appropriate support to maintain healthy nutrition and hydration.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLs). The person using the service was supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies, systems and the attitude of the provider supported this practice.

The person was treated with kindness and respect. They were enabled to remain as independent as possible.

There was a complaints procedure in place and appropriate individuals were made aware of how to complain.

The person using the service was provided with personalised care and was supported to engage in meaningful activity.

Appropriate individuals were involved in the planning of the person's care and support.

The provider promoted a culture of openness and honesty between them and other services the person accessed, such as day services.

The provider had systems in place to ensure that the person continued to receive care that met their needs, protected their rights and ensured their wellbeing. This included annual reviews of the person's care

requirements.

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 good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Millpool

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 comprehensive inspection was carried out by one inspector on 14 August 2017. We gave the provider 48 hours notice of our inspection so we could ensure that someone was present at the service on our arrival. Prior to the inspection we reviewed the contents of notifications received from the service.

The person using the service was unable to verbally communicate their views to us. To assess the care they received we carried out observations and spoke with the provider.

We reviewed the care records for the person and records relating to the management of the service.

Is the service safe?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

Systems were in place to protect the person from avoidable harm and abuse. This included systems to keep track of the person's finances and protect them from the risk of financial abuse. The provider understood safeguarding and their responsibility in protecting the person from abuse.

The provider continued to manage risks well and was proactive in reducing risks and protecting the person from harm. Records we reviewed demonstrated that there were comprehensive risk assessments in place for the person which set out the measures in place to reduce the risk. The provider was mindful of ensuring that measures in place to reduce risks did not impact on the person's independence.

The person continued to be provided with one to one care by the provider at all times, except when they were attending the day service. On the rare occasion that the provider was unable to be with the person, they said they were able to organise for staff from the day service the person accessed to provide them with one to one care. They said these staff already knew the person well and that they were assured that their knowledge and training was up to date.

Medicines continued to be stored, managed and administered safely. Protocols were in place around the administration of 'as and when' (PRN) medicines.

Is the service effective?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

The provider told us about their background, training and how they keep up to date with best practice. This included being informed of newly available courses offered by an independent service providing advice, support and guidance to providers. We were assured that they had the skills, knowledge and background to care for the person.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The person using the service had their capacity to make decisions and consent to their care assessed appropriately under the MCA. The provider had plans in place to submit a DoLS application to the local authority for the person.

The provider continued to demonstrate they understood the MCA and DoLS and how this applied to the person they supported. We observed that the provider continued to support the person to make choices independently and enable them to be autonomous in making decisions such as choosing activities to engage in. The provider told us the person was able to clearly indicate choices and decisions non verbally and make clear when they were unhappy with something.

We observed the person being supported to make choices about food and drink during our visit.

The support the person required to maintain healthy nutrition and hydration was set out within their care records. Discussions with the provider assured us that they enabled the person to participate in the preparation of their meals according to their ability and whether they wished to do so. Care was taken to ensure the person's independence was promoted at meal times.

The person was supported to maintain good health and was supported to visit other health professionals such as GP's and dentists. Records were kept of when the person had contact with other professionals.

Is the service caring?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

We observed that the provider was kind and caring towards the person living at the home and treated them with respect. It was clear that there was a close relationship between the provider and the person.

We saw evidence that appropriate individuals such as relatives and other professionals were involved in the planning of the persons care. Their views and input was recorded by the provider.

We observed that the provider respected the person's right to privacy. We observed that when the person returned home from the day service the provider left them to go about their usual routine without interfering or following them.

We observed that the person was encouraged by the provider to remain as independent as possible and participate in tasks such as making drinks or preparing meals. Care records made clear what tasks the person needed support with and what they could do for themselves. The provider also told us about how the person's independent living skills had improved over the years they had been providing care to them. They told us that usually the person mainly required prompting rather than direct care. This assured us that the risk of the person being over supported was low. People being over supported can have a negative impact on their independence and retention of life skills.

Is the service responsive?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

The person using the service was provided with care which was personalised and enabled them to live their life in line with their personal preferences. The provider had been supporting and caring for the person using the service for 20 years. It was clear from our observations and discussions with them that they knew the person very well and considered them as part of their family.

The provider continued to ensure that the person's care records were kept up to date and personalised to their individual needs. Records included information about the persons past history, their hobbies, likes and dislikes. Records also made clear the way in which the person communicated their thoughts and feelings in a nonverbal manner. These records were made available to appropriate staff from the person's day service to ensure better understanding and continuity of care.

The provider continued to support the person to engage in activity they enjoyed to reduce the risk of under stimulation. We observed that the person was able to independently access a range of activities they enjoyed within their home. For example, we observed that the person spent time colouring when they returned from day service. The persons care records set out the activities they participated in weekly and the support they required to continue these.

The provider told us they continued to support the person to maintain a close relationship with their relatives. This included ensuring the person visited their family members regularly and involving their relatives in the provider's family events such as barbeques.

Is the service well-led?

Our findings

The provider continued to promote a positive, family orientated atmosphere within the service. The person using the service was cared for within the providers family home and we observed they were very much treated as one of the family.

The provider continued to maintain links with services which provide independent advice, guidance and support to them. This ensured that they kept up to date with best practice and changes in legislation.

The provider demonstrated to us that they worked well with other organisations involved in the life of the person using the service. We observed the provider having a brief 'handover' with the staff who brought the person home from day services. The provider kept a written log of this handover and said this was so they could identify if there were any trends in the person's behaviour. The provider said where there were current ongoing issues with the person's behaviour, they had discussions with the day service the person attended to ensure their approaches in addressing these behaviours were the same.

Whilst infrequent, the provider continued to keep appropriate records of any incidents in the home, such as accidents or injuries incurred by the person.