

Mrs Rowena Gibson

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Inspection report

The Haven
Hackthorpe
Penrith
Cumbria
CA10 2HT

Date of inspection visit:
09 August 2016

Date of publication:
05 September 2016

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

This unannounced inspection took place on 9 August 2016. We last inspected this service on 21 January 2014. At that inspection we found the service was meeting the regulations that we assessed.

The Haven, owned by Mrs Rowena Gibson, is a small home providing care and support for up to three people with people with a learning disability. The house is a detached property in the village of Hackthorpe that is approximately four miles from Penrith in Cumbria. At the time of the inspection there were two people living there.

All the bedrooms are for single occupancy and there is ample communal space for people to enjoy. There are large gardens to the front and rear of the property and car parking facilities.

The service had 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 and associated Regulations about how the service is run.

We spoke with both people who lived in the home and they told us that they felt safe and "very happy" living there. Both people said they did not want to live anywhere else.

We found that people living at The Haven were well supported to have good and regular contact with their families. This was recognised as a matter of great importance to the people who lived there.

We saw that they were well supported and cared for and were clearly relaxed and comfortable in their home where they lived as valued family members.

Risks to people's health and safety had been identified and were being managed appropriately. The premises were being well maintained and the registered manager formally risk assessed this.

People were supported to take their medicines independently and safely and maintain their independence. We could see, and they told us, they were given the freedom and support to make up their minds about their daily lives, interests and to say what they wanted. We found that the principles of the Mental Capacity Act 2005 (MCA) were being applied in practice.

People's nutritional and dietary needs were met and healthy eating was promoted. People told us that they liked the food provided and chose what they wanted.

The care and support plans contained appropriate information to meet the different health needs of the people who lived there and had been frequently reviewed. People were very involved in planning how they were supported and in deciding their lifestyles and activities.

The culture in the home was open and inclusive. The service was well managed and maintained and up to date records related to the running of the home and all health and safety checks were kept. This helped to maintain a safe environment for the people who lived there.

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 supported to take their medicines independently and a record was kept of all their current medicines.

The home was run on family lines with the registered manager providing all the care and support.

There were contingency arrangements in place to address any foreseeable emergencies and should the registered manager be absent for any reason

Is the service effective?

Good ●

The service was effective.

We saw that people made their own decisions about their lives and received appropriate support to do this.

People had a choice of nutritious meals and healthy eating was being promoted.

Is the service caring?

Good ●

This service was caring.

People told us that they were well cared for and very happy living in the home.

We saw that people were treated with respect and kindness and their independence, privacy and dignity were being protected and promoted.

Is the service responsive?

Good ●

People were supported in a way that ensured their involvement and promoted their control over their own lives as much as possible.

Health care needs were responded to and met through positive

working relationships with external health professionals.

Is the service well-led?

Good ●

The service was well led.

People who lived in the home were asked for their views on how they wanted their home to be run and their comments were listened to.

The registered manager carried out internal checks on quality and safety to keep people safe.

Mrs Rowena Gibson

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 provider was given 24 hours' notice because the service was a small care home and the people who lived there were often out during the day. We arranged with the registered manager to come later in the day to be able to spend time with the two people when they returned home in the early evening. The registered manager was also the registered provider of the service. The inspection team consisted of an Adult Social Care Inspector.

During our inspection we spoke with the two people who lived in the home and the registered manager who is also the registered provider. We looked at both people's care plans and risk assessments and also records that related to how the home was being run for the people who lived there. We looked around the premises and at the maintenance and health and safety checks being done and the service's policies and procedures. Before our inspection we reviewed the information we held about the service.

Before the inspection, the registered manager completed and returned to CQC 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 any improvements they plan to make.

Is the service safe?

Our findings

Both the people we spoke with who lived at The Haven had positive things to say about their lives there and told us that they felt safe living there and that they were able to live the lives they wanted. We were told "I love my home" and "I am happy and safe here". Both the people told us that they would not want to live anywhere else.

Risks to people's health and safety had been identified and were being managed appropriately. Risks assessment covered issues such as skin integrity, mobility and falls, eating and drinking as well as assessments for activities. This included when going out shopping or taking the dog for a walk.

People were supported to take their medicines independently and safely. A record was kept of all their current medicines. One person took their tablets with prompting from the registered manager. There was a system in place to check that the medicines were correct when received into the home in a monitored dose system. Medicines were being stored securely and safely and there were none requiring refrigeration

The home was run on family lines with the registered manager providing all the care and support. There were contingency arrangements in place to address any foreseeable emergencies and should the registered manager be absent for any reason. There was guidance on how to safeguard people in the home's procedures and the registered manager had previously accessed training on this to make sure they knew what to do if needed.

The premises were being well maintained and the registered manager formally risk assessed this by completing a checklist on a monthly basis and informally risk assessed on a daily basis. The home was attractive and homely and very clean and tidy. There was a cleaning schedule in place and if needed a cleaner helped out. One of the people living there preferred to tidy and keep their own room clean and this was respected.

There were clear systems in place to check emergency and fire equipment with an external contractor and the equipment had been serviced by them. There was a fire risk assessment in place, monthly fire alarm checks and fire drills had been practiced to ensure people were familiar with the process. The registered manager had done first aid training and there was a first aid box within the home and this was checked to make sure it was complete. The electrical and gas appliances in the home were being properly maintained and checked.

Is the service effective?

Our findings

The Haven was run on a family basis with the registered manager providing the personal care and support that people needed. The people who lived there felt they were very well cared for and trusted the registered manager to support them and their interests.

Both people were able to tell us about the choices they made and about how they liked to live their lives. The registered manager encouraged them to make their own decisions and this was evident to us throughout our visit. We could see that making their own decisions was usual for those living there. We could see and they told us they were given the freedom and support to make up their minds about their daily lives, interests and to say what they wanted. No one living at The Haven had restrictions placed upon their freedoms.

People's nutritional and dietary needs were being assessed and met. People told us that they liked the food provided to them and one told us how they helped with the meals and doing the washing up and liked to be useful. People who lived at The Haven checked their weight weekly and advice had been taken from the local practice nurse on healthy eating to support their good health.

The care and support plans contained appropriate information to meet the different health needs of the people who lived there and had been frequently reviewed. Health care needs were being met and people had an annual health check with their own GP or when they needed. We could see that the practice nurse at the GP surgery was involved in aspects of people's care and they accessed that support at the local surgery.

We discussed with the registered manager how they kept up to date with best practice information and training to meet people's needs. They did take up opportunities to do formal training as well as making use of the internet to keep up to date with practice and legislation. The registered manager had done first aid training, food hygiene training, as well as safeguarding and moving and handling. The registered manager could go on line and use the recognised 'Skills for Care' learning courses and updates as well as attend any training provided locally.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA). 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 so that they can 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).

The registered manager was clear about their responsibilities to promote people's rights and making sure

they were supported in making their own decisions. We observed no practices that placed restrictions upon people living there. We saw the principles of the MCA being applied where one of the people who lived there had required a surgical procedure and how this was addressed with them to ensure they were able to understand and give valid consent.

Is the service caring?

Our findings

It was clear from what people told us about how happy and content they were living at the Haven and from observing them with the registered manager that people felt secure and well cared for. People were relaxed and went about their home as they wished. They told us that the registered manager was "lovely" and "always" looked after them and "made them happy".

Looking at the individual care plans and speaking with the registered manager it was clear that the registered manager recognised the emotional needs of the people living there and encouraged them to express how they were feeling. We saw plans were in place to support and actively encouraged people to have good and regular contact with their families. This was recognised as a matter of great importance to the people who lived there.

The relationships were clearly close and strong within the home and this promoted people's wellbeing and self-confidence. Throughout our visit we saw that the registered manager gave people the time they needed to communicate their wishes and understood their communication preferences.

The Haven was a family home and the people who lived there were part of the family and clearly valued and enjoyed being part of the family. Although it was being run very much a family home people also had their own personal space. People had their own bedrooms that were spacious and attractively decorated as the person wanted and made personal by photographs, pictures and other personal objects. This meant that people were able to spend time in private in their own private space if they wished to.

We saw that people's privacy was respected and they had their own room keys. This meant they could choose to lock them if they wanted to and keep them private. Neither of the two people had chosen to lock their rooms.

There was also a separate lounge with a television and dining table if people wanted to use it and we spent time in there with them. Both people told us they had their meals in the main dining room as a family not in their lounge. There was also large lounge used by everyone as well with a television and a conservatory overlooking the rear garden. There was large rear garden providing ample space for people to enjoy and included a barbeque area and a hot tub that could be used by the people who lived there.

Is the service responsive?

Our findings

Both people who lived at The Haven told us about the choices they made and about how they liked to live their lives, see their families and go out shopping. The provider registered manager encouraged them to make their own decisions and this was evident to us throughout our visit. The people who lived there told us they had already helped to decide on the family summer holiday and that they enjoyed planning what they would do when they got there.

Regular reviews of care planning and individual needs had been done with the people who lived there. We could see there had been regular reviews with social services to make sure the people there were happy and that their needs were being met as they wanted. This had included people's own family members and relatives to give support.

We were told by people that they were able to watch their favourite programmes and listen to their music. Painting and other crafts were enjoyed by them along with trips and days out, visiting local events and the theatre. Both people liked to have photographs taken of what they had been doing as they enjoyed collecting pictures and making photograph albums to share with their friends and families.

People had seen and been treated by appropriate health professionals such as the chiropodist, dentist and optician. We could see that a highly personalised plan had been put in place to support one person when they visited the dentist. This plan had been devised with the person and allowed them to get the treatment they needed without causing them distress.

Both people had a 'hospital passport' should they need to go to hospital. The aim of this was to provide hospital staff with important information about them and their health when they are admitted to hospital so their needs and preferences were made clear.

The Haven had a complaints procedure and policy saying how anyone could make a complaint. There were contact details for others such as social services that would listen to any complaint or concern if they preferred that. This information also formed part of the guide to the home for the people who lived there.

We asked the people who lived there if they had any complaints or worries and, if they did, what would they do. They both told us they would speak to the registered manager and one said "Talk to [registered manager], she will help me, she always sorts out when I am upset, I know it". They both told us they did not have a reason to complain about anything and were "very happy" and loved their home and the family they lived with. We could see in records that when either of the people who lived there had a problem it was discussed and dealt with to try and get the best result for them.

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Is the service well-led?

Our findings

Both the people who lived at The Haven confirmed that their home was well run for them "to be happy". They told us that the registered manager always "did the very best" for them. It was a very open and inclusive atmosphere where everyone was comfortable with each other.

The service maintained accurate and up to date records related to the running of the home and all health and safety checks. This helped to maintain a safe environment for the people who lived there. Risk assessments were in place and covered times when people were in the home or out in the community. At the same time the home was pleasant and comfortable for the people who lived there

We found equipment testing and maintenance records were up to date and advice was taken from the fire officer and external contractors. The home kept comprehensive records of activity and environmental risk assessments. These were detailed and included measures to minimise the risks identified. There was a health and safety monitoring system to ensure a continuous check.

Records were also kept of the regular meetings held with those who lived in The Haven showing what was discussed and any outcomes put in place. This formal approach was to make sure any important issues people had were recorded and dealt with. The kind of things that were also discussed were meals and food, places to visit and where to go on holiday. People living in the home could discuss any issues with the registered manager and give their views at any time so there was constant feedback on their views.

Care and support plans had been frequently reviewed and the needs monitored. Care plans and records were kept securely but were available for people to read or use in reviews when they wanted.