

Mr & Mrs P Wilson

# Mr & Mrs P Wilson - 156 Eccleshall Road

## Inspection report

156 Eccleshall Road  
Stafford  
Staffordshire  
ST16 1JA

Tel: 01785604222

Date of inspection visit:  
07 March 2016

Date of publication:  
08 April 2016

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

This inspection took place on 7 March 2016 and was announced. At our last inspection in 2013 we found that the provider was meeting the regulations that we inspected against.

156 Eccleshall Road is registered to provide accommodation and personal care for up to two people who may have a learning disability. At the time of our inspection, one person was using the service.

There was a registered manager who lived in the service with the registered provider. 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.

People were supported and encouraged to make decisions about their care. However, the provider and registered manager were unaware of their legal responsibilities under the Mental Capacity Act 2005 which meant that people's legal and human rights may not have been upheld.

The registered manager knew what constituted abuse and what to do if they suspected people had been abused, however people's safety was compromised due to recent allegations of abuse.

Care did not always meet people's current care needs when their needs changed, however we observed that the registered manager knew people well and sought advice from other professionals when they required support.

Individual preferences were respected and people were enabled to follow their interests.

Medicines were stored and administered safely.

There were sufficient staff at the times people needed them to keep them safe.

People had enough to eat and drink and was offered choice and flexibility about their food and drinks. They were encouraged to stay healthy and had access to health professionals when they needed them.

The right to privacy was respected and people were encouraged to be independent and participate in the running of the home and the local community.

The registered manager maintained a safe environment for people to live in.

## 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 was not consistently safe. Risks to the person were assessed and minimised, however the provider was not managing to meet the person's needs in relation to their anxieties.

There were enough staff to keep the person safe. Medicines were stored and administered safely.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective. The principles of the MCA and DoLS were not followed.

The person was supported by staff who were trained to fulfil their role. They had sufficient to eat and drink to maintain a healthy lifestyle and received appropriate health care services.

**Requires Improvement** ●

### Is the service caring?

The service was not consistently caring. The relationship between the provider and person was strained due to the changing needs of the person.

The person's privacy was respected and they were encouraged to be as independent as they were able to be.

**Requires Improvement** ●

### Is the service responsive?

The service was not consistently responsive. The person did not always receive care that met their current needs.

They were supported to engage in hobbies and activities of their choice. The person was listened to and their concerns acted upon.

**Requires Improvement** ●

### Is the service well-led?

The service was not consistently well led. The principles of the MCA were not always followed. CQC notifications had not been submitted.

Records were kept and reviewed regularly. Systems to maintain the environment were in place.

**Requires Improvement** ●

# Mr & Mrs P Wilson - 156 Eccleshall 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 7 March 2016 and was announced. The registered manager was given 48 hours' notice because the service was a small care home supporting one person. The person and registered manager are often out during the day; we needed to be sure that someone would be in.

The inspection team consisted of one inspector.

We reviewed information we held about the service. We spoke with the one person who used the service, the registered manager and a social care professional. We did this to get their views about the care and check that standards of care were being met. We looked at the person's care records to see if they were accurate and up to date.

# Is the service safe?

## Our findings

The registered manager told us that they had been in discussions with the local authority and other professionals as there had been an increase in incidents of aggressive behaviour and allegations made towards the provider from the person who used the service. The registered manager told us they were struggling to cope with the increase in the person's anxieties and it was impacting on other people who lived in the service. We discussed our concerns with the local authority following our inspection and they told us they would assess the needs of the person to ensure they were safe at the service.

A community nurse was in the process of drawing up a behavioural support plan to help the registered manager support the person at these times. The registered manager kept comprehensive records of incidents ensure that the behaviour was monitored. The registered manager told us they were supporting the person the best way they could until the plan was put in place through talking and distracting the person until they were calm. However this was impacting on the wellbeing of the person and other people within the house.

Risks of harm to the person had been assessed and the registered manager supported the person to remain safe by minimising the risks. We saw that handrails were fitted on the stairs to support the person to go up and down them safely. There were risk assessments for crossing the road and eating whilst supervised to prevent the person overfilling their mouth and choking. The registered manager knew the person well and knew the risks associated with the person.

There were sufficient numbers of staff to keep people safe and meet their needs. The registered manager supplied one to one care to the person who used the service and employed one staff member to provide additional support when needed.

The person's medicines were kept in a locked room and only administered by the registered manager or one other staff member. Both had received training in the administration of medicines and the registered manager showed us the local pharmacy had completed an audit of the way the medicines were stored and administered. This showed the registered manager ensured the systems they had in place to manage people's medicines were safe.

## Is the service effective?

### Our findings

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. We saw that the registered manager offered the person choices and promoted independent decision making, in line with the principles of the MCA.

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 saw that the person was supported in the least restrictive way possible and was supported to access the community and go on holidays. However, the person was not allowed out of the home alone as this was deemed as unsafe. The person's mental capacity had not been assessed and there was a risk that the person was being unlawfully restricted of their liberty as the provider was unaware and had therefore not followed the principles of the DoLS.

The registered manager and one member of staff kept themselves up to date with training relevant to their role. We saw certificates of training the registered manager had completed. Both the registered manager and staff member knew the person well and knew their needs and how to meet them.

The person was supported to maintain a healthy diet. They told us they went food shopping on a weekly basis with the registered manager. The registered manager told us they grew their own vegetables and they were on the menu most days. We saw fresh fruit was available for the person to help themselves to.

We saw records that confirmed that the person was supported to maintain their health and wellbeing by accessing and attending health care appointments. The person showed us their new glasses which they had following a recent optician's appointment. We saw that the person was supported to attend their GP, dentists and other primary care services when required.

## Is the service caring?

### Our findings

The person who used the service had resided in the service with the registered manager for many years. The registered manager told us: "I wanted to give them a home within a family". However the registered manager told us and we saw that the relationship between the person and the provider had become strained due to the increase in the person's anxiety and associated behaviours and the impact it had on their home life. We discussed this with the person's social worker following the inspection to inform them of our concerns.

We saw that the person had their own room which they showed us and that they were free to come and go within the home. We saw that the person had requested that their bedroom door was left open as they felt safer and this was respected. The registered manager told us that the person often liked to spend time listening to their music in their room or spend time in the main lounge watching the TV.

The person was encouraged to be as independent as they were able to be. The registered manager told us the person made their own drinks and we saw that they were encouraged to go and get their own coat from their room when leaving to go out for a day activity. When the person got into the car, they put their own seat belt on and shut the car door safely. The registered manager told us: "Some people try and do it for them but they can do it themselves".

The person went on holiday with the registered manager and they told us how they had been in a caravan. They enjoyed days out and social events with the registered manager and extended family.

## Is the service responsive?

### Our findings

We saw that when people's needs changed the registered manager responded and sought the appropriate professional support and advice, however they told us they were currently struggling to meet the person's current needs due to an increase in their anxiety and associated behaviours. This meant that care being provided may not have been appropriate and responsive to the person's individual needs.

The person's care plans were regularly reviewed to ensure they were still applicable to their current care needs. The registered manager knew the person well and knew how they liked their care delivering. For example we saw a care plan which stated the person liked to be left alone whilst in the bathroom and that they didn't want a lock on their bedroom door.

The registered manager had put some records in an easy read format to help the person know about their care through pictures. We saw pictorial records of the person's medicines which helped explain what the medication was for. This showed the registered manager had recognised and responded to the person's individual communication needs.

The registered manager had supported the person to find alternative day activities following the closure of the day service the person had attended for many years. The person was now actively involved in an activity every day at private day provisions or in the local community with the registered manager. We went with the person to one of their day activities and saw how they enjoyed being there. The registered manager told us that the person went swimming, meals out and enjoyed a wide range of social activities.

The person knew the registered manager well and we saw they were able to express their needs. We saw they were getting anxious about going to their planned day activity and the registered manager explained in a way the person understood that they could go but they needed to get their coat first as it was cold. The person responded by getting their coat and the registered manager supported the person to their chosen activity. This showed the registered manager listened to and acted upon the concerns of the person.



## Is the service well-led?

### Our findings

The registered manager kept themselves up to date with relevant training through Skills for Care and Care Match and they had completed a provider information return at our request. However they had not submitted a DoLS referral to the local authority for any restrictions that were in place for the person who used the service to ensure they were in their best interest and we had not received any notifications of significant incidents such as safeguarding issues.

The registered manager told us that the provider no longer wished to care for the person who used the service due to the impact of their behaviour on what was also the family home. However the registered manager was seeking support to help the person manage their anxieties through liaising with other professional agencies until it could be decided if the placement at the service was still suitable.

Records were kept of the person's wellbeing and health appointments and any interactions with other professionals. The registered manager kept the person's care plans up to date and reviewed.

We saw that the registered manager ensured that the building and equipment was safe with regular checks being made. Electrical equipment was checked and a fire safety procedure was in place following advice from the fire service.

As there was only one person using the regulated activity, the registered manager had stopped completing quality questionnaires. The person had no family that were actively involved and the registered manager communicated with the person's social worker with regards to the reviewing of the quality of care and support. The social worker told us they were currently reviewing the care at the service and gaining support from health professionals to ensure that the placement still met the person's individual needs.