

Mrs Sheila Whiley

Home from Home

Inspection report

108 Common Lane
Sheldon
Birmingham
West Midlands
B26 3DA

Tel: 01217431971

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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

This inspection took place on 10 February 2016, was unannounced and undertaken by one inspector. Before the visit to the registered address, we reviewed information we held. This showed that at the last inspection on 19 August 2014 the provider was compliant with the CQC regulations it was inspected against.

Home from Home is a small residential care home. The regulated activity is accommodation for persons who require nursing or personal care but with a condition that the registered provider must not provide nursing care at the registered location. Home from Home provide care to a maximum of two people. At the time of inspection there was only one person receiving a service from the provider.

There was a condition that the service required a registered manager. 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. We confirmed during the inspection that a registered manager was in post.

People told us they liked living at the home and that they felt safe. This showed in the way people were at ease and relaxed in the company of the provider. We saw that the provider cared for people so that their well-being and safety was promoted.

The provider undertook assessments of risk to people who used the service and wrote plans on how to manage the risks to keep people safe. The provider understood how to protect people from abuse and harm and was able to talk about how to protect people from bullying and harassment. The provider was knowledgeable about how to report any concerns to relevant organisations.

There were arrangements in place to help protect people from the risk of financial abuse and for ensuring people received their medication safely.

The provider had supported and provided care for people who used the service for many years and used this knowledge about people's needs, preferences and choices in planning the support required by people.

We saw that the provider sought people's consent in day to day decisions and that they supported people to make bigger and more complex decisions. All decisions were undertaken in people's best interests.

People were given food they liked and enjoyed eating. The provider ensured that people received a varied range of healthy cooked foods. The provider had good knowledge of people's health issues and changes in their health.

People liked living at Home From Home. They were able to do activities they liked doing. People were involved in decisions about the home and the provider talked with people regularly about the things people

wanted to do.

The provider worked with people in a caring and respectful way and was available at all times to meet people's requests. The provider delivered care in a sensitive way such that people's dignity was maintained and their privacy promoted.

The provider recorded and reviewed information of people's likes and dislikes, routines and support needs to ensure people received a responsive service.

The provider ensured that people's preferences were taken into account and that their needs were met on a day to day basis. The provider made changes to people's care and support needs when needed, including the purchase of additional equipment for people.

The provider had a system for capturing people's concerns and complaints.

The provider had a registered manager in place therefore fulfilling the condition on their registration. The provider had systems in place to ensure the CQC were informed of notifiable incidents.

The provider was a sole owner, registered manager and provider of the care and support to the one person who resided at Home from Home. Therefore, the systems for quality audits and governance were proportionate to the size of the provider.

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's well-being and safety was promoted by the provider.

It was evident that people were comfortable and at ease in the company of the provider.

People were protected from abuse and harm, bullying and harassment by the provider.

The service had the correct level of staff based on people's assessed needs.

Is the service effective?

Good ●

The service was effective.

People received support and care by a provider who was knowledgeable about people's needs, preferences and choices.

The provider sought people's consent in the delivery of care.

People were supported to make decisions and where necessary the provider undertook decisions in people's best interests.

The provider had good knowledge of people's health issues and when people's needs changed the provider sought appropriate advice.

Is the service caring?

Good ●

The service was caring

People liked living at the home and were able to do activities they liked.

People were involved in decisions about the home.

People were asked by the provider about the things they wanted to do.

The provider worked with people in a caring and respectful way.

People received care in a sensitive way such that their dignity was maintained and their privacy promoted.

Is the service responsive?

Good ●

The service was responsive

People's likes and dislikes, routines and support needs were recorded and reviewed to ensure people received a responsive service.

People's preferences were taken into account when meeting their needs on a day to day basis.

The provider had a system for finding out and responding to people's concerns and complaints.

Is the service well-led?

Good ●

The service was well led

The provider had systems in place to ensure the CQC were informed of notifiable incidents.

The systems for quality audits and governance were proportionate to the size of the provider.

Home from Home

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 10 February 2016 was unannounced and undertaken by one inspector. Before the visit to the registered address, we reviewed information held by us on the provider. This included details of statutory notifications, which are details of incidents that the provider is required to send to us by law. We also spoke with the local social services and commissioning teams and reviewed information available by the local Healthwatch organisation.

During the inspection, we spoke to people who used the service. At the time of inspection, there was only one person who used the service. We spoke with the provider who was also the registered manager. The provider delivered the care and support needs of the people who used the service. In addition, we observed interactions between the provider and people who used the service.

We looked at the care records that the provider kept. This included their medicine, money management processes and risk assessments. We also looked at records maintained by the provider about the quality of the service.

Is the service safe?

Our findings

People told us they liked living at the home and that they felt safe. We observed that people were at ease and relaxed in the company of the provider. We spoke with the provider who was able to tell us about things that could affect people's safety, such as the person needing extra care at certain times to prevent them from becoming anxious.

The provider understood how to protect people from abuse and harm. They were able to talk about different forms of abuse as well as how to protect people from bullying and harassment. The provider was knowledgeable about how to report any concerns to relevant organisations. Records we hold showed us that the provider appropriately reported concerns about people's safety to the relevant authority. We contacted partner organisations such as the commissioning service and local authority learning disabilities team. They confirmed that the provider was cooperative in sending relevant documents and records that they required.

The provider undertook assessments of risk to people who used the service. Records showed that risk assessments were reviewed regularly and that the provider recorded any changes and outcomes of the risk assessments. This enabled the provider to plan how to manage the risks associated to people. An instance of this was where the provider undertook appropriate action following a risk assessment that showed changes in the person night-time support needs. The action undertaken by the provider resulted in reduction of the identified risk. We spoke with the person and they told us they had agreed with the action the provider had taken.

There were arrangements in place to help protect people from the risk of financial abuse. The provider accompanied people who used the service to go shopping and to access the community for activities. Money spent during these activities was recorded and all receipts were kept. Checks were undertaken by the provider to ensure funds were appropriately accounted for.

The provider had systems in place for ensuring people received their medication safely. They had a monthly supply delivered from a local pharmacist and any extra medication was returned to the pharmacy. The provider had the knowledge to ensure that people received their medication safely, including understanding what the side-effects were and the different times people could take their medication.

The provider confirmed that they prompted people to take medication. We saw medication administration records were accurate and up to date. We also saw that the provider had a system for recording when required (PRN) medication and when changes of medication occurred. All medication was stored in a locked facility that was only accessible to people who were authorised.

The provider was the registered manager for Home from Home. The registered manager lived on site. As such they delivered almost all of the care needs of people who used the service throughout the day and night. The registered manager told us that they chose not to recruit staff as this did not fit with the model of the service. That is, to provide a homely family environment. To ensure correct staffing cover at all times the

provider told us that a volunteer assisted for short periods during the week.

Is the service effective?

Our findings

The provider had supported and provided care for people who used the service for over 24 years. The provider used this knowledge about people's needs, preferences and choices in planning the support required by people. The provider also spoke with people on a daily basis and conducted regular care plan reviews to ensure the service being provided effectively met the needs of people.

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 people 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.

We saw that the provider sought people's consent in day to day decisions. We saw that the provider asked people what time they wanted personal care delivered, when people wanted to have lunch. We saw that the provider respected these decisions. The provider told us that they supported people to make bigger and more complex decisions.

In some instances, because the provider has extensive knowledge of the people who used the service, the provider made decisions on behalf of people. These decisions were made in people's best interest and with their consultation. We saw records that showed the provider kept a record of such decisions.

The provider had not made an application for a Deprivation of Liberty Safeguards (DoLS). The provider told us they would not restrict people from leaving the property. They also delivered care based on people's choices. The provider told us that they had had discussions in the past with the local authority when annual reviews of people's care were undertaken and that the local authority had been satisfied with the way in which the provider used the MCA and DoLS procedures. We contacted the local authority social care team that undertook the annual care reviews. They confirmed this was the case.

The person who used the service told us, "I'm given food I like" and, "I like cheese sandwiches". We saw records of the meals provided. These showed that the person received a varied range of healthy cooked foods. We saw that the person was given drinks and snacks throughout the day.

The provider had good knowledge of people's health issues and changes in health. For instance, the provider told us about the changes they had noted with people's mobility and memory. We saw records that showed the provider contacted the GP for assistance when they identified a change in people's health. For example, the provider noted an eye infection in the person and obtained a prescription for antibiotics that treated the problem.

Is the service caring?

Our findings

The person who used the service told us, "I'm happy here" and that, "I like living here". The person and provider live as a family unit and as such the person was included in family functions and social events, which were arranged by the provider's family, for instance, birthdays, wedding anniversaries and Christmas meals.

People told us that they were involved in decisions about the home. For instance, people had chosen to decorate their bedrooms in their favourite colours and the provider had facilitated the requests. As a result, the personal space of people reflected their personality and taste. The provider also told us they talked with people regularly about the things people wanted to do. The provider then planned these activities and supported the person in carrying them out. For instance, the person told us that they wanted to go to the town where they lived as a child. The person was able to tell us how and when they were going to undertake the journey with the provider.

We observed light humoured conversation between the provider and people. The provider worked with people in a caring and respectful way. We saw that the provider was available at all times and responded to people's requests quickly. The provider was able to tell us how they delivered care in a sensitive way such that people's dignity was maintained. For instance, the way in which the provider delivered personal care. We also saw that people's privacy was promoted by the fact that all personal records and files of people who used the service were kept securely.

The provider was respectful in the way they promoted people's independence when people carried out daily living activities. They recognised the limitations of people's skills and therefore knew when to provide increased assistance to facilitate the person succeeding in completing the activity. For example, we saw how the provider had purchased an electric bed to help with sitting up and getting in and out of bed.

Is the service responsive?

Our findings

People told us that the provider asked them about what they want to do. The provider told us that they recorded this information along with people's likes and dislikes, routines and support needs. People said they were able to do activities they liked doing including watching television and visiting another service for a group exercise session with an instructor.

The provider told us people's needs were reviewed every four to six weeks. In addition to this, the provider had daily discussions with people who used the service to ensure their preferences were taken into account and that their needs were met on a day to day basis. We saw that the provider was able to interpret information about people using their extensive knowledge of people due to having supported them for over two decades.

The providers' knowledge of people enabled them to recognise and identify changes to people's care and support needs. As a result, the provider responded by altering the way they delivered care and had purchased additional equipment for people for instance an electric bed to help sit up. We saw that this action had helped people to maintain some of their independence.

We asked people if they had made any complaints and if so, how the provider had dealt with them. People told us that they were fine, happy and not had to make any complaints. The provider told us that people did not like confrontation and therefore would not directly complain. However, the provider told us that people used non-verbal communication and body language to express if they were unhappy about a matter. Therefore, the provider undertook daily discussions and observations of people to find out if they had any concerns or complaints. We saw from records that this method adopted by the provider was an effective way of identifying and responding to people's concerns and complaints. For instance, the person had expressed that they did not like attending an art group. The provider had been able to find this out from the discussions and supported the person to withdraw from this group.

Is the service well-led?

Our findings

The provider has a condition on their registration that they must have a registered manager in place. A registered manager has legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Our records showed that there was a manager registered for Home from Home.

Organisations registered with CQC have a legal obligation to tell us about certain events at the home, so that we can take any follow up action that is needed. We saw from our records that the provider had systems in place to ensure we were notified so that their legal responsibility was fulfilled.

The provider was a sole owner of the registered location Home from Home. They were also the registered manager and provider of the care and support to people who used the service. At the time of inspection, there was only one person who resided at Home from Home. Therefore, the systems for quality audits and governance were proportionate to the size of the provider.

We saw that the provider undertook audits to review the quality of the service provided. The provider also had a system to identify maintenance issues. We saw that the system in place was effective and ensured that issues were addressed in a timely way.

The local social services team, on an annual basis, undertook an external audit of the quality of service provided to people by the provider. We spoke with the team who told us that at the last review, in February 2015, the assessor identified that with the quality of the service being given by the provider was satisfactory and they had no issues of concern.

Given the provider was the owner as well as the registered manager, we asked them how they ensured that they had an open and transparent service which was empowering for the people who used the service. We asked how they involved other stakeholders including relatives of the person and advocates to get the persons views as well as any engagement with community networks.

The provider told us they had tried to involve relatives in the past but that this had been unsuccessful. The provider had involved advocates and specialist social workers from the local authority previously for support with seeking people's views with an important health issue.

We spoke with the local authority specialist team who confirmed that the provider co-operated and engaged with their annual reviews of the service. The provider also engaged with another residential home within the local area and shared ideas for current and best practice.