

Mrs Gemma Montgomery  
3 Roylen Ave

### Inspection report

Carleton  
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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

3 Roylen Avenue is a care home registered to accommodate one adult. It is a dormer bungalow in a street of similar properties and is run as an ordinary domestic household. The person has lived with the registered provider and their family for over 30 years, since childhood. He lives with the registered provider as a member of the family. He sees her as his 'mum' and is close to his 'brothers' who he grew up with. The house is close to shops, public transport and local amenities.

At our last inspection we rated the service Good in all domains. At this inspection we found the evidence continued to support the rating of Good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The inspection visit took place on 02 November 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because the service was a small care home for one adult and he is often out during the day.

At the time of our inspection visit one person lived at 3 Roylen Avenue.

The registered provider was an individual who managed the home on a day to day basis. Registered providers 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.

The registered provider was the person's carer. She did not employ any staff. Suitable arrangements were in place to protect the person and keep him safe. He told us he was happy and looked after and said, "I am safe with Mum." He was involved in shopping for and choosing food. He told us, "Mum's a good cook. She does the cooking." He told us he made drinks and snacks for himself when he wanted and made a hot drink for the inspector.

The person showed us his care records about his support needs and routines. He had his healthcare needs met and told us his 'mum' supported him when he needed health appointments.

Although he did not routinely have medicines there was a safe process if he needed any medicines.

The building was a family home the registered provider shared with the person they supported. We found it had been maintained, was homely, clean and hygienic and a safe place for people to live. The person showed us his bedroom. This had been decorated since our last inspection. It was well personalised, comfortable and cheery.

The registered provider understood the requirements of the Mental Capacity Act (2005) (MCA and the

Deprivation of Liberty Safeguards (DoLS). We saw no restrictions on the person's liberty during our inspection. He told us he was able to go out and make choices when he wanted. The registered provider provided care in a way that respected the person's dignity, privacy and independence. The person told us he was cared for in the way he wanted.

We saw the person enjoyed a variety of meaningful work opportunities, educational and leisure activities. These gave him the opportunity to develop new skills, socialise and get involved in a variety of activities.

The person told us he knew how to complain if needed but was happy living with his 'mum'. He could have access to an external advocate should he want this. There was no formal internal quality assurance in place but informal checks were made routinely. The person and his 'mum' routinely discussed plans or changes, activities and holidays. We found the registered provider was open and transparent. She focused on the needs of the person and on his wellbeing and strived to give him the best life possible.

Further information is in the detailed findings below.

## 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.

# 3 Roylen Ave

## **Detailed findings**

### Background to this inspection

We carried out this comprehensive 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.

3 Roylen Avenue is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Prior to our inspection visit we contacted the commissioning department at Blackpool Council and Blackpool Healthwatch. Healthwatch is an independent consumer champion for health and social care. This gave us additional information about the service.

The inspection visit took place on 02 November 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because the service was a small family home for one younger adult who is often out during the day. At the time of our inspection visit one person lived at the home who had lived as part of the family since childhood.

The inspection team consisted of an adult social care inspector.

During the visit we spoke with a range of people about the service. They included the person who lived at the home and registered provider. We also observed interactions between the person and the registered provider. This helped us understand the experiences of the person.

We looked at the person's care records and discussed their activities and interests. We looked at records relating to the management of the home. We checked the environment and arrangements for meal provision. This enabled us to determine if the person received the care and support they needed in an appropriate environment.

## Is the service safe?

### Our findings

We spoke with the person and with the registered provider. He had lived with the registered provider and family since childhood and was very much one of the family. The person told us he was happy and safe living with the registered provider who he saw as his 'mum'. The person said, "I am safe with Mum." He told us he knew what to do if he felt unsafe at any time and knew how to call for assistance.

The registered provider had continued to identify potential risks to the person in their care. We saw there were risk assessments including safety arrangements for activities such as walking his dog in the local area or catching a bus to his voluntary job. They were routinely monitored and reviewed. There were strategies in place for managing any behaviour that challenged. The registered provider knew what action they would need to take if they had concerns about possible abuse. As part of the inspection process we contacted the local authority and they told us they had no concerns about the person's care.

We looked at how accidents and incidents were managed. Where any incident, accident or 'near miss' occurred the registered provider reviewed these with relevant professionals and with the person who lived at the home.

We found management of medicines was safe. The person did not have daily medicines although had occasional GP visits for a health condition and homely remedies as needed. Appropriate arrangements for storing these were in place.

The person told us they did not like health visits but knew they were important. He said he was ok to go with his 'mum' as they always had a treat afterwards. The registered provider made sure she was fully informed about any health treatments suggested. She was then able to discuss the options with the person when he was more relaxed.

The registered provider did not employ any staff. The person lived an ordinary lifestyle with his 'mum' and was fully involved in all family occasions and holidays with the extended family.

The house was clean and tidy throughout, well maintained and homely. There was a rolling programme of redecoration and maintenance and the person was involved in choosing equipment, furniture and décor.

## Is the service effective?

### Our findings

The person lived as a family member with his 'mum' and received effective and consistent care. He had lived as a family member for over thirty years, growing up with his 'brothers' whom he still saw frequently. The registered provider had an excellent knowledge and understanding of his personal history and current needs. Care was person centred, focused around the person's needs and as part of 'his' family support. He was involved in meaningful voluntary work, social and leisure activities, including family holidays in the UK and abroad.

We saw the registered provider took into account current legislation, standards and evidence based on guidance to achieve effective outcomes. This supported them to provide effective, safe and appropriate care which met the person's needs and protected their rights.

The person said he enjoyed the meals he and his 'mum' ate. They did not have a set menu at home and chose meals together. He said, "I choose lots of them but Mum makes them." He told us he often made cups of tea and coffee and snacks. He then promptly made a drink for the inspector. The kitchen was organised with a good choice of healthy and nutritious food. The person had unrestricted access to the kitchen/ dining room and was able to get drinks and food whenever he wanted.

Discussion with and observations throughout the inspection confirmed he was contented and secure with his place in his 'family'. He showed us his photographs he had taken as part of his care records which illustrated the ordinary family life he enjoyed. He told us his 'mum' checked if he agreed with any plans or support he had.

We looked at how the home gained the person's consent to care and treatment in line with the Mental Capacity Act (MCA). Their mental capacity was taken into account and information provided in a way they could understand. The person had choice and control of their life and was supported in the least restrictive way possible. The person was clear that they could agree or disagree to their care – and did so where they wanted to.

The registered provider told us she refreshed and updated her training so that she could provide effective support to the person. She said much of this was from home so she was available as the person needed her. We saw she had the skills and knowledge needed to support the person effectively.

We looked around the house and garden. They met the needs of the person throughout and were personalised with belongings reflecting their personality and interests.

## Is the service caring?

### Our findings

During our inspection visit it was clear there continued to be a close bond between the person and 'his mum'. They laughed and joked and told stories of trips out they had been on. They also talked about the upset of a recent bereavement, the registered provider comforting the person then enabling them to move on to other topics.

Observing their relationship demonstrated the registered provider was caring, respectful and protective with a clear understanding of the person's needs. The person received personalised care that focussed on his needs and provided an interesting and fulfilling life. The person said he was happy. Adding, "I enjoy going to see my family and usually going to work. I don't like going to [benefits department] but 'Mum' supports me when I get upset or angry and gets me to calm down."

At our last inspection the person showed us they had got two puppies. He explained that one of the puppies was his own puppy and he was responsible for her. At this inspection, he had continued to look after his dog. He explained how he fed her, took her on walks in the local area on his own and longer walks with 'Mum' and looked after her with 'Mum's' help. We saw that he was kind and caring with her and needed only occasional reminders to guide her. The registered provider said how well he had accepted the responsibility and he had matured as he cared for his dog. He said, "She knows she is mine and comes to me first."

The person showed us his continued input into his care records on the computer. He had taken pictures of his work, social and leisure activities which gave us an insight into their daily routines and demonstrated his involvement.

The registered provider had a good understanding of protecting and respecting people's human rights. She understood the person's needs around privacy and dignity. The person told us his bedroom had been redecorated the way he had chosen since we last inspected and invited us to see it. We saw it was personalised and showed the hobbies and interests he enjoyed. He had DVD's, IPADS and other technology and showed us how his echo dot worked and the different things it could do. He said, "Mum' also has one and we've learnt to use them together". He told us he sometimes liked to spend time in his bedroom and his 'mum' respected his privacy.

The registered provider told us she had information about advocacy services should the person require their guidance and support to act on his behalf if needed.



## Is the service responsive?

### Our findings

We saw the person continued to receive a personalised care service which was responsive to his care needs promoted his wellbeing and encouraged him to enjoy family life. The registered provider encouraged him to choose his hobbies and interests and supported him to follow these.

He had no restrictions placed upon him with his daily routines other than those of an ordinary family member. Care records demonstrated the 'ordinary life' he led enjoying choosing the things he wanted to do.

The person continued to work part time on a voluntary basis in a local charity shop, supported by the charity shop manager. The registered provider and charity shop manager had developed an effective, professional relationship. This provided supportive communication and helped smooth out any difficulties in the workplace. The person told us he spent other days at home or out on various activities with his 'mum'. He also joined in all his extended 'families' social activities, holidays and celebrations. He told us, "We are planning our next holiday, me and Mum. We are going to see our family."

The registered provider regularly checked if current activities were meeting the person's needs and preferences. She frequently reminded him he had the right to make choices and that she was there as support. He told us, "Mum' will always talk with [people] with me if there is something wrong. She helps me to remember not to shout if I get upset."

The person was forthright about how he would make a complaint. "If I am not happy I tell Mum or my brothers and they help me sort it." He was aware he could contact other professionals but said, "Why would I do that. Mum will deal with it."

The registered provider had identified and met any communication and support needs of the person and shared important information, including communication where needed, with other professionals.

The registered provider had started planning for the person's future. Where possible they discussed plans for if the person became seriously ill in a general way although the person became anxious if discussed in a more specific way. However, the person had lived with the family since childhood and the registered provider planned for them to remain there.

## Is the service well-led?

### Our findings

The registered provider was an individual provider who managed the home on a day to day basis. Registered providers, 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.

The person lived with the registered provider, sharing the home as a family member. He had lived with 'his family' since childhood and saw the registered provider as his mum. He was also close to his 'brothers' who he had grown up with and who lived nearby.

The person told us he was fully involved in all plans and activities whether this was walking his dog or visiting friends, arranging holidays and trips out or getting on with jobs. He said his 'mum' listened to him and involved him in decisions and he was able to make his views known. He said usually chose where they ate out but decided together on when they did jobs or where they went out. They were clearly comfortable in each other's presence, telling stories together about various shared events and activities. The person told us his 'mum' encouraged him to speak out if he disagreed with people or situations while reminding him to be respectful when doing so.

We found the registered provider was open and transparent. She focused on the needs of the person and on his wellbeing and strived to give him the best life possible. As they lived together as a family, the provider routinely checked that the person was confident of his place in the world. There were no formal internal quality assurance systems in place. However, the registered provider routinely checked everything was alright with the person.

Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met. There were good relationships with other services involved in the person's care and support and the registered provider knew to ask for help and advice if needed.

The service had their last CQC rating available so people could see it when required. This has been a legal requirement since 01 April 2015.