

Brian Hall

# Brian Hall - 1 Ratcliffe Road

## Inspection report

1 Ratcliffe Road  
Hobs Moat  
Solihull  
West Midlands  
B91 2JA

Tel: 01217041095

Date of inspection visit:  
01 February 2019

Date of publication:  
28 February 2019

### 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

### About the service:

1 Ratcliffe Road is located in Solihull in the West Midlands. It is a semi detached house and is run as an ordinary domestic household. It is registered to provide accommodation to one person and there was one person living at the service at the time of our inspection.

### People's experience of using this service:

The person felt safe living at the home. The building was a family home the registered provider shared with the person they supported. We found it had been maintained, was homely and a safe place for people to live.

The registered provider was the person's carer. They did not employ any staff. Suitable arrangements were in place to protect the person and keep them safe.

The person was supported to have maximum choice and control of their life and they were supported in the least restrictive way possible. The provider respected and understood the person's right to privacy and promoted their independence. The person chose to pursue a variety of hobbies and interests at home and in their local community.

The provider showed respect and kindness towards the person. The person was involved in making decisions about their care. The atmosphere was friendly and relaxed and we saw the person was comfortable in the environment. The provider knew how the person preferred their care and support to be provided.

The person's nutritional needs were met and they chose what they would like to eat and drink. They were supported to maintain their health and well-being and the provider knew when to refer to other health professionals.

There were good opportunities for the person to discuss any concerns or ideas that they had about the service. The person had an advocate and knew how to make a complaint.

### Rating at last inspection:

Good (Report published 01 April 2016)

### Why we inspected:

This was a planned inspection based on the rating at the last inspection. Ongoing monitoring included information that quality had improved. We checked this in looking at the quality and safety of the service.

Follow up: The next scheduled inspection will be in keeping with the overall rating. We will continue to monitor information we receive from and about the service. We may inspect sooner if we receive concerning

information about the service.

## 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  
Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective  
Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring  
Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive  
Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led  
Details are in our Well-Led findings below.

# Brian Hall - 1 Ratcliffe Road

## Detailed findings

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

One adult social care inspector carried out this inspection.

#### Service and service type:

Brian Hall - 1 Ratcliffe Road is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the provider and person supported are often out. We needed to be sure that they would be available to speak with.

#### What we did:

During the visit we spoke with both the provider and the person supported. 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 service. We checked the environment and arrangements for meal provision. This enabled us to determine if the person received care and support they needed in an appropriate environment.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- ☐ 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.
- ☐ The person told us, "I am safe here." They told us they knew what to do if they felt unsafe at any time and knew how to call for assistance.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- ☐ The registered provider had continued to have a positive approach to risk taking and encouraged the person to be independent.
- ☐ The registered provider had identified potential risks to the person in their care. This included safety arrangements for accessing public transport and taking part in activities within the community. The provider told us they reviewed the person's risk assessment every month, and the person's needs had not changed for a number of years.
- ☐ We saw the home environment had been risk assessed to make sure it was safe for the person to live there. Certificates were available to show regular gas and electrical tests of equipment were undertaken.
- ☐ Emergency plans were in place. The local fire service had previously visited the home to advise the provider on how to evacuate the building safely in the event of a fire. There were clear instructions for the person to follow and the person knew if they heard the fire alarm they needed to leave the building quickly.
- ☐ There was a system in place to record incidents and accidents that occurred. There hadn't been any accidents or incidents since the last inspection. However, the registered provider told us any incidents would be reviewed with the person and relevant professionals to minimise any risk of recurrence.

Staffing and recruitment

- ☐ The registered provider did not employ any staff. The person lived an ordinary lifestyle with the registered provider and was fully involved in all occasions and holidays.
- ☐ The registered provider showed us their contingency plan for any unexpected events. It detailed what the person needed to do if the provider was unable to support them.

Using medicines safely

- ☐ We found management of medicines was safe. Administration records were kept by the registered provider to make sure the person received their medicines as prescribed. We reviewed the medicines administration records and found them to be accurately maintained.

Preventing and controlling infection

- ☐ The building was a family home the registered provider shared with the person they supported. We found it had been maintained, was homely and a safe place for people to live.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- ☐ We saw a care plan was in place. This detailed support required with an emphasis on promoting independence for the person.
- ☐ The registered provider continued to remain in contact with health and social care professionals. This supported them to provide effective, safe and appropriate care which met the person's needs and protected their rights.

Staff support: induction, training, skills and experience

- ☐ The provider had attained a level three qualification in health and social care, and completed relevant health and social care training to effectively meet the needs of the person who lived at the home.

Supporting people to eat and drink enough to maintain a balanced diet

- ☐ The registered provider told us they did not have a set menu at home and chose meals together. The person told us they enjoyed the meals, especially the 'chocolate puddings.'
- ☐ The kitchen was organised with a good choice of healthy and nutritious food. The registered provider explained they went shopping for food most days as they liked to eat fresh home cooked meals.
- ☐ The person had unrestricted access to the kitchen/ dining room and was able to get drinks and food whenever they wanted.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- ☐ The person was supported to manage their health and well-being. The provider supported the person to attend health appointments and records showed recent and regular contact had been made with health professionals to support the person when needed. These included the dentist, GP and an optician.

Adapting service, design, decoration to meet people's needs

- ☐ We looked around the house and garden. They met the needs of the person and were personalised with belongings reflecting their personality and interests. The person was particularly keen on Laurel and Hardy and we saw photographs and memorabilia on display.

Ensuring consent to care and treatment in line with law and guidance

- ☐ 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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- ☐ We checked whether the service was working within the principles of the MCA. The provider had a good understanding of their responsibilities under the MCA and DoLS and the rights of the person were protected. We saw the person made all decisions for themselves. We observed the person being supported during the visit and we saw the provider asked for their consent before providing assistance.

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- ☐ During our inspection visit we spent time in the lounge and we saw the atmosphere was calm and relaxed. It was clear there continued to be a close bond between the person and the registered provider. They laughed and joked and told stories of trips out they had been on and showed me photographs of events they had attended.
- ☐ 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 their needs and provided an interesting and fulfilling life. The person said they were, "Happy. Yes happy."

Respecting and promoting people's privacy, dignity and independence

- ☐ The person had their privacy whenever they wished. They told us they spent time in their bedroom when they wished to do so.
- ☐ The person told us they were supported to maintain relationships with people who were important to them. They told us they frequently met up with their friends at local social clubs.

Supporting people to express their views and be involved in making decisions about their care

- ☐ The registered provider recognised what was important for the person and ensured they supported them to express their views and maintain their independence.
- ☐ The person had an advocate. An advocate is a person who works as an independent advisor in a person's best interests and support people in making decisions. The provider told us an advocate was available if and when needed. This ensured the person's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ We saw the person continued to receive a personalised care service which was responsive to their needs and promoted their wellbeing. The registered provider knew the person well, what they liked and disliked and their preferences.

- ☐ The person was empowered to have as much control and independence as possible. The person had no restrictions placed upon them with their daily routines. The registered provider encouraged the person to choose hobbies and interests and supported them to follow these. For example, completing wordsearches and going to the pub for a drink. We saw the person chose to use public transport to travel on their own in the local area. The person told us they preferred to be accompanied by the provider to travel to places further away.

Improving care quality in response to complaints or concerns

- ☐ The registered provider had not received any complaints since the last inspection.

- ☐ The person told us they were, "Happy" and had no concerns.

- ☐ The registered provider told us they spoke every day with the person about the care and support they received. This gave the person the opportunity to make any changes. They told us if the person had any complaints they would be supported to make a complaint with an advocate being appointed as appropriate.

End of life care and support

- ☐ The registered provider had started planning for the person's future. Where possible they had discussed plans for if the person or the registered provider became seriously ill. Both the registered provider and the person confirmed these plans were in place and we saw this had been recorded.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- ☐ We found the registered provider was open and transparent. They focused on the needs of the person and on their wellbeing and strived to give them the best life possible. As they lived together, the provider routinely checked that the person was confident to live an active life as possible.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- ☐ The provider took appropriate action to minimise the risks to the person's health and wellbeing. Regular checks took place in the home to drive forward improvement and maintain quality. These included reviewing all care records and safety checks.
- ☐ The provider gave assurances action would be taken to make any required improvements. They were keen to maintain the good standard and continually improve the service.
- ☐ Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- ☐ The person was actively involved in how their support was delivered and they spoke positively about the support they received.
- ☐ 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.