

Mrs Christine Rosemary Willett

# Mrs Christine Rosemary Willett - 15a Worsley Road

## Inspection report

15a Worsley Road  
Newport  
Isle of Wight  
PO30 5JF  
Tel:01983 529710

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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 

### Overall summary

We inspected 15a Worsley Road on 4 December 2015. 15a Worsley Road is registered to provide accommodation for one younger adult living with a learning disability. At the time of our inspection there was one person living at the home.

The provider delivered the majority of the care and support themselves. The person was at the heart of the service and treated as a member of the provider's family, having lived with them for 27 years. There was a positive, supportive atmosphere at the home.

The person lived in a homely environment and was treated with kindness and compassion. We observed positive interactions between them and the provider and

# Summary of findings

members of the provider's household. There was an open, trusting relationship and it was clear they knew each other well and the provider understood the person's needs.

The person felt safe. The provider had received appropriate training in a range of subjects, including how to protect people from the risk of abuse.

Risks to the person's health and well-being were assessed, monitored and managed appropriately. They were supported to attend appointments with healthcare specialists. The provider had an extensive knowledge of the person's care and support needs and any underlying health concerns.

The provider was an experienced social care professional. They met the person's needs effectively and followed legislation designed to protect people's rights and liberty.

The required support was delivered by the provider, with occasional assistance from household members who were also suitably trained. No additional staff were employed.

Safe systems were in operation to support the person to manage their own medicines if these were prescribed. Suitable arrangements were in place to deal with emergencies.

The person enjoyed their meals and received a suitably nutritious diet based on their needs and preferences. They were involved in planning the care and support they received and involved in decisions about the home.

The person was supported to make choices about how they lived their life, what they did and where they spent their time. They were free to come and go as they pleased.

# Summary of findings

## 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 safe.

The person was protected from the risk of abuse. Risks to health and well-being were managed effectively. Safe systems were in place in relation to medicines.

Most care and support was delivered by the provider directly, with support when required from members of the household, all of whom worked in social care.

Good



### Is the service effective?

The service was effective.

The provider was skilled in meeting the person's needs and had attended relevant training. The person's rights and freedom were protected.

Nutritional and hydration needs were met. Health and well-being were monitored effectively and the person was supported to attend health appointments as necessary.

Good



### Is the service caring?

The service was caring.

The person was treated with kindness and compassion. Their independence was promoted.

Privacy and dignity were protected and the person was involved in planning the support they received.

Good



### Is the service responsive?

The service was responsive.

The person received highly personalised care and support that met their individual needs.

The person was supported to make choices about how they lived their life. They were encouraged to maintain relationships with people that mattered to them.

Good



### Is the service well-led?

The service was well-led.

The provider had a clear set of values which they worked to on a daily basis. They had built a positive, trusting relationship with the person.

There was an informal but effective system in place to ensure the quality of service. The provider was aware of their responsibilities to notify CQC of significant events.

Good



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## 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 4 December 2015. The provider was given short notice of our intention to undertake the inspection to ensure people we needed to speak with would be available. The inspection was conducted by one inspector.

Before the inspection, we reviewed information we held about the home including previous inspection reports.

We spoke with the person living at the home. We also spoke with the provider and family staff member who also provided some care. We looked at care plans and associated records for the person and records relating to the management of the service. We observed interactions between the provider, other members of the household and the person in communal areas of the home.

At our last inspection, in November 2013, we identified no concerns.

# Is the service safe?

## Our findings

The person told us they felt safe at the home. They said, “Any problems and [the provider and other members of the household] can help me sort them out.” We saw the person was at ease in the company of, and communicating with, the provider and family staff members who also supported the person when required. The provider described the support the person required with their personal finances. Records were kept and these were seen. The systems were appropriate to support the person whilst ensuring they had independence to manage their own money. The procedures described should prevent the person being at risk of financial abuse. The provider was an experienced social care practitioner who knew how to identify, prevent and report abuse. They had received safeguarding training, which they refreshed regularly. The home had all necessary policies and procedures related to safeguarding, including a missing person’s policy. They also had contact numbers for the local safeguarding team. Other members of the household all worked in either residential or domiciliary social care and had undertaken safeguarding training.

The provider understood the risks to the person’s health and well-being. The person had lived at the home for 27 years. This meant the provider understood their individual needs well and how risks could most appropriately be managed. Risks had been assessed, monitored and reviewed. The person was supported in accordance with their individually identified risks and management plan.

The person said a member of the household was always available to support them. The person was able to leave

the home and engage in activities independently. They told us the provider was available if they needed support with any medical appointments. The provider lived at the home and was therefore available when the person required support. Other members of the household were also available and provided additional support. We spoke with the provider who felt they had sufficient time to meet the person's needs.

The provider had not needed to recruit any permanent staff as they were supported by household members to provide cover when they were not available. The provider’s extended family had been involved in supporting the person for 27 years.

Medicines were managed safely. The person was not prescribed any regular medication. They said that if they required occasional pain relief then they would ask for a paracetamol which would be given. The provider had completed medicines management training and had access to medication administration records should there be a need to administer medicines. Therefore, should the need arise, medicines would be appropriately managed.

Suitable arrangements were in place to deal with emergencies. The provider had completed first aid training. Appropriate arrangements were in place in the event of a fire. We were told fire detection equipment was checked each month and new fire extinguishers had been purchased. The person told us the recent extension provided another fire exit from the lounge demonstrating they knew what action they should take in the event of a fire.

# Is the service effective?

## Our findings

The person's needs were assessed and care was planned and delivered in line with their individual care plan. The person said they were "happy" with the way their support needs were met. They were independent in all day to day care needs. They told us if they were unwell then a doctor would be contacted for them and they would be supported to attend health appointments such as dentists and doctors. The provider kept a record of medical appointments and any treatment which may have been required. The person told us someone was available when they needed them and knew what support they needed. Discussions with the provider and family household members showed they were aware of the support the person required and had completed any necessary training to meet these needs. The person was therefore receiving all necessary support to meet their health and care needs.

The person had open access to the kitchen and was able to make themselves drinks and snacks as they wished. The person told us that they were happy with the food provided. If the person

was not home when meals were served, one was 'plated up' and they were able to have this when they came home. At lunchtime they took a packed lunch if they were going out or were provided with a suitable meal if at home. The person did not have any special dietary requirements. The provider had completed food hygiene training. The person was receiving an appropriate diet of their choice.

The person was able to make all necessary day to day decisions without support. The provider was aware of and followed the Mental Capacity Act, 2005 (MCA). The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant. In line with the code of practice, rather than make decisions on behalf of people, the provider supported the person to make their own decisions. Discussions with the provider showed that they were aware of people's rights to make decisions and the right to refuse offered care or support. The provider told us that they had completed training in the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) monitors the operation of DoLS which applies to care homes. No-one at the home was subject to a DoLS, and the person was able to come and go as they pleased.

The provider was aware of how to access training. They and other members of the household all worked in adult social care and had completed a range of relevant training. Training had included infection control, fire awareness, safeguarding, first aid and food hygiene. Due to the nature of the service provided formal supervision and appraisal systems were not in place. Observations and discussions throughout the inspection showed the provider and members of the household were able to discuss issues and worked well together.

# Is the service caring?

## Our findings

The person had lived as part of the provider's family for 27 years in a homely environment and was treated with kindness and compassion. They said they were treated well and told us "I can talk to [the provider] if I'm worried about anything". This showed the provider had a positive relationship with the person.

We observed caring, positive interactions between the person and the provider and members of the household. For example, they were asked how their day had been when they returned to the home. This showed an interest in the person and their life. The provider was aware of the person's friends and family and knew what mattered to the person. The person discussed their plans for Christmas and it was evident they were fully included in all arrangements relating to the household. The person was viewed by the provider and their household as a full member of their family.

The person had control over their weekly planned and ad hoc activities. They told us about work they undertook and

about their active social life which included meeting friends and undertaking sporting activities. This gave them a sense of responsibility and self-worth promoting a positive self-image. The person was encouraged to be as independent as possible whilst knowing that, should they require help, this would be provided. We saw them asking a member of the household for help with their mobile phone which was not charging. This was resolved promptly and reassurance given that if the problem was not resolved other appropriate action would be taken.

The person had free use of the lounge, dining room and kitchen. They were fully independent with personal care and told us there were locks on bathroom doors. Members of the household were the same gender as the person. Therefore, if required, they could receive care or support from someone of the same gender as themselves.

Confidential information, such as care records, was kept securely so it could only be accessed by those authorised to view it.

# Is the service responsive?

## Our findings

The person told us they were happy with the care and support they received. They said, “Everything is good”. They did not identify anything they would change about the home or way they were supported.

Care and support was planned to meet the person’s individual needs. The provider had an extensive knowledge and understanding of the person’s needs and how best these should be met. They were aware of events which may place people at risk and the action they should take should this occur. They were aware of how to contact external professionals should the need arise.

The person was supported to make choices about how they lived their life, what they did and where they spent their time. They told us about how they spent their days and the activities they took part in. These included work, sporting activities and ad hoc family and social events.

They told us about their lifestyle which they clearly enjoyed. The person was included in an annual overseas holiday as part of the family. The person was supported to enjoy an active lifestyle of their choosing. They told us they had chosen furniture and carpets for their bedroom and could display sporting medals they had won.

The person was encouraged to maintain relationships with people that mattered to them. They told us they were able to visit friends whenever they wished. The provider encouraged the person to maintain links with their family wherever possible.

Given the positive, open, relationship the provider had with the person, they did not need or use formal complaints procedures to resolve concerns. Any issues raised were always dealt with immediately as they arose. The views of the person were sought on a daily basis and they were listened to, for example in their choice of meals and activities.



# Is the service well-led?

## Our findings

We saw that there was a positive, relaxed, atmosphere at the home. The person was clearly very satisfied with the care and support they received from the provider and the way the service was run. They did not wish to move from the home and could not suggest any ways that the service could be improved.

The provider had informal systems to assess and monitor the quality of service. They were in day to day contact with the person including providing direct support when required. They were therefore in a position to continuously monitor the quality of care provided. This also provided an opportunity to keep the person informed about anything relevant to the home. For example, the person told us about the way they had all coped whilst an extension to

provide a new dining room had been completed. The provider was aware of the quality of service provided for people although formal auditing procedures and records were not in place.

The provider had a clear set of values which they worked to on a daily basis. These included treating people with honesty, openness, dignity and respect. These had helped them build a positive, trusting relationship with the person. Interactions observed between the provider, members of the household and person showed they were able to discuss anything in a friendly informal manner. The person was listened to and their views valued.

The provider was aware of their responsibilities to notify CQC of significant events, such as safety incidents and complied with the requirements of their registration.