

Mrs Marian Audrey Hobday & Mr Daniel Stanley
Hobday

5 Mierscourt Close

Inspection report

5 Mierscourt Close
Rainham
Kent
ME8 8JD

Tel: 01634372048

Date of inspection visit:
09 January 2018

Date of publication:
29 January 2018

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 9 January 2018 and was announced.

5 Mierscourt Close is a privately owned home providing accommodation and support for one adult with a learning disability, who has lived there as part of the family for approximately 18 years. The accommodation is a dormer bungalow with the person's bedroom and main living areas on the ground floor. The person has access to all areas of the home.

The provider is registered as a partnership with one of the partners registered as the 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. The registered manager is also the main care giver to the person living in the home. The registered manager of this service oversees the running of the full service and is supported by the partner when required.

At the last Care Quality Commission (CQC) inspection on 19 February 2016, the service was rated as Good in all of the domains and had an overall Good rating.

At this inspection we found the registered manager and provider had consistently monitored the quality of their service to maintain a rating of Good.

The person supported had lived at the home for many years and was treated as a member of the family. The person had previously indicated that they liked living at the home. The person's bedroom was personalised to their lifestyle.

The person was supported to have maximum choice and control of their life and the registered manager supported them in the least restrictive way possible; the policies and systems in the home supported this practice.

The person was treated with dignity and respect and was encouraged to be as independent as possible. The registered manager provided good care and support to the person enabling them to live a fulfilled and meaningful life. The registered manager was considerate and respectful when speaking about the person. They knew the person well, including their personal histories, hobbies and interests. There was a relaxed atmosphere in the home when we visited. The person was cared for in a safe and well maintained environment.

The person received their medicines when they should and medicines were handled safely. The registered manager kept accurate records of the medicines given and followed good practice in the storage and administration of medicines.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. The registered manager understood their responsibilities under the Mental Capacity Act 2005. Mental capacity assessments and decisions made in people's best interest were recorded. The registered manager had received training in protecting people from abuse and undertook updates as needed. They knew the action to take if they suspected abuse. The management team had access to, and understood the safeguarding policies of the local authority.

The provider did not employ any staff to assist with the care provided. The registered manager kept themselves up to date with current practice that was appropriate to the person and the care required to be delivered. Where they were unable to provide care this was sought from other health and social care professionals as needed.

The person was supported with their nutrition and health care needs. People were enabled and encouraged to make decisions about their care every day. The registered manager and partner showed on-going commitment to providing safe and effective care to the person. The person received care and support that was well planned, documented and sensitively delivered.

The person's needs were assessed and reviewed on a regular basis with any changes made with the involvement of the person's families and health professionals. Risk assessments contained information and guidance about all risks to the person's safety. The registered manager knew them well and was able to describe the care in great detail.

The person was supported to attend a wide range of activities that included involvement and use of the local and wider community based facilities.

Effective and appropriate quality assurance procedures ensured that the person was provided with a good service and was supported to live a normal life as possible.

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.

5 Mierscourt Close

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 was a comprehensive inspection. We inspect services that have been rated as Good within 24 months of the previous report publication date.

The inspection took place on 9 January 2018 and was announced. The registered manager was given 48 hours' notice as we wanted to ensure they would be in when we visited. The person who lived at the home was out at the time of the visit as they were spending time in the community attending a local day centre. The inspection was carried out by one inspector.

Before the inspection we reviewed all the information we held about the service, we looked at the previous inspection report and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

During the inspection the provider supplied information relating to the person using the service. We reviewed the person's records and a variety of documents. These included the care plans, risk assessments and associated care records, such as incident and accident records. We also reviewed the management records for the provider.

We spoke with the registered manager, and after the inspection we spoke with one relative about the service their family member was receiving. We also spoke with one social care professional from the local authority.

Is the service safe?

Our findings

The person was safe at 5 Mierscourt Close. The provider/registered manager knew the person very well and we observed positive and genuine commitment to providing a safe environment for the person to live in. One relative told us, "Yes I think they are very safe being looked after. I have full confidence in the provider/registered manager." They went to say they had no concerns, and kept in contact with the registered manager.

Medicines continued to be stored safely, and administered and given as prescribed. The registered manager showed us how the medicines were stored and their records. We found that the medicines in current use were stored securely in a locked cupboard. The registered manager told us about a recent change in medicines that had been advised following a visit to a consultant.

The person was assessed as not able to manage their own medicines so one of the providers managed it for them. Records showed that the provider had received appropriate training in administering medication. Most of the person's medicines was administered via a monitored dosage system. This meant that the person's medicines for each time of day had been dispensed by the pharmacist into individual weekly trays in separate compartments. Medicines for the coming month were delivered from the local pharmacist and whilst they were not in use were stored in a separate locked cupboard. The registered manager checked the contents to make sure the correct medicines had been delivered. The medication administration records (MARs) were completed accurately and there were no gaps. This showed that the person received the medicines when they needed them and at the correct time.

The registered manager was the main care giver for the person living in the home and had been since the home was first registered. They were qualified, skilled and experienced to meet people's needs. The home was specifically registered to accommodate the one person that used the service. The registered manager had previous experience in social care and knew the person and their family for a number of years. The person lived as part of the family with the registered manager. The registered manager was on duty supporting the person at all times.

The registered manager did not directly employ any staff. The person attended a local day centre and other activities during the week. However, the registered manager had requested and kept a copy of the day centre leader's disclosure and barring service (DBS) certificate so she could be assured the person was protected at all times. A DBS would highlight any issues there may be about staff having previous criminal convictions or if they were barred from working with vulnerable people. The same day centre leader was the contact for the home should an emergency arise such as fire at the location. The person was protected, as far as possible, from the risk of receiving care from unsuitable staff.

A detailed business continuity plan was in place that laid out the circumstances in which should there be a loss of any main service such as electricity, the one person could be cared for by someone else. This nominated person knew the person well and they had been appropriately checked by the provider. The registered manager considered the person's safety and risks at all times. The plan also incorporated the

individual personal emergency evacuation plan (PEEP). A PEEP sets out the specific physical and communication requirements that each person has to ensure that they could be safely evacuated from the service in the event of a fire. There was always a member of the family in whenever the person was at home. The person, registered manager and provider's safety in the event of an emergency had been carefully considered and a plan in place for any foreseeable emergency.

The person continued to be cared for in a safe environment. The registered manager kept detailed records of all portable appliance tests that needed to be performed. They ensured that the home had a two yearly fire inspection, a yearly boiler service and smoke detectors in place. They kept a record of the weekly smoke detector test, when the batteries were changed and periodically a fire drill was conducted. The person had previously expressed to us that they knew what to do in the event of a fire and where the place of safety was situated. The premises enabled the person to remain as independent as possible. The premises were well maintained to protect the person's safety with good carpet secured to the floors to prevent them from tripping over. There were no formal procedures in place for reporting repairs as these were attended to as and when required. The provider conducted all the repairs themselves where they were able to do so. For any structural repairs outside agencies were contacted. There were adaptations where they were needed.

The registered manager showed us their policy about safeguarding people from harm. The policy, was available and gave details of what would be required should they need to report any safeguarding concern to the appropriate authority. The policy also made reference to the local authority's policy and procedure on safeguarding people from abuse. The provider had not made any safeguarding referrals for some time and the Commission had not received any concerns since the last inspection. The person was consistently protected from the risks of potential abuse.

The registered manager had received training in safeguarding people from harm. They were aware of their role and responsibilities in relation to safeguarding people. They did tell us they would contact the local authority if they had any concerns and seek appropriate advice from the duty care manager. The registered manager spoke confidently about their understanding of keeping people safe. The providers were aware that people living with a learning disability may not always be able to recognise risk or communicate their needs effectively.

The registered manager kept up to date risk assessments for the person living in the home, to help protect people from harm. There were risk assessments in place for each area of the home and the risk it posed. For example, the kitchen area posed a medium risk to the person as they did not understand all the dangers in relation to cleaning fluids. The provider had put cupboard catches to prevent access to these cupboards. There was an account of how this should be managed. Another example was the person had an assessment in place for crossing the road. This had been put into place following a couple of incidents. The registered manager understood the risks people living with a learning disability faced and made sure that they intervened when needed.

The person continued to be protected from potential cross infection. The registered manager had undertaken food hygiene and infection control training.

Is the service effective?

Our findings

The person living in the home continued to be provided with a choice of suitable and nutritious food and drink. Their likes and dislikes had been recorded in their care records and the registered manager said the person was offered a choice at meal times. The registered manager was very aware of this and would show the person the choices available so they could visibly see and make a choice themselves. It was clear the registered manager and provider knew the person well and had good communication with them. They were able to recognise different communication methods and gestures.

The person's needs were assessed and treatment and support was planned and delivered in line with their individual care plan. The person had been assessed before they had moved into the home and an assessment of their needs had been completed to confirm that the provider was suited to the person's needs. After the person had moved into the home they and their family, were involved in discussing and planning the care and support they received. We saw that assessments, care plans and risk assessments reflected their needs and were well written. Reviews of the service took place on a yearly basis, the last quality assessment being undertaken in January 2017. The relative we spoke with told us that they were always informed of any changes that may be needed to support their relative. They told us that they were not able to attend the reviews in person but had confidence in the registered manager's ability to do the right thing. Any changes were thoroughly discussed with relatives before the changes implemented.

The person was encouraged to decide what they would like to eat on a daily basis. There were no individual menus for the home as this was decided on a daily basis. A daily record was made of what the person ate and drank in a diary. The records showed that the person had a varied diet that contained fresh fruit and vegetables every day. It was clear the registered manager knew the person and was able to observe any changes in the person's diet and if this had any effect on their weight. They told us that if they had any concerns or the person went off their food they would monitor their weight and seek appropriate help. Both the relative and registered manager told us that the person had a good appetite.

The person's mental capacity had been assessed and taken into consideration when planning their care needs. The Mental Capacity Act 2005 (MCA) contains five key principles that must be followed when assessing people's capacity to make decisions. The registered manager knew about the requirements of the MCA and told us they gained consent from the person before they provided personal care. As they knew the person well they recognised their responses to their questions and directions. They knew when care was refused and responded appropriately. They said they would try again later if needed to ensure the person's needs were being met. They told us this did not happen very often as they complied with the care given. The registered manager was able to describe the process they took when the person required some dental treatment. A best interest form had been completed and meeting took place to determine when a decision may be appropriate and in the person's best interests.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager had submitted applications to the local authority as and when required. This ensured that the person was not unlawfully restricted protecting their human

rights.

The person's relative and registered manager told us that they felt that the person's health needs were met and where they required the support of healthcare professionals, this was provided. The person accessed support from the chiropodist, the GP, the district nurse and a dentist. The registered manager had referred the person appropriately to healthcare professionals and a record was kept of the outcome. Future appointments had been scheduled and there was evidence that the person had regular health checks. They had been supported to remain as healthy as possible, and any changes in their health were acted on quickly. Their health was monitored and when it was necessary health care professionals were involved to make sure people remained as healthy as possible.

As the provider did not employ any staff there was no induction, supervision or appraisal documentation to review. The registered manager did keep themselves up to date in any areas of care relevant to the person and was aware of the changes in the regulations governing care homes. They received the monthly newsletter from the CQC. The registered manager worked on a day to day basis with the person living in the home. They had undertaken update training in safeguarding adults, fire safety, food hygiene and Mental Capacity training. This was on line and they were required to complete a workbook to demonstrate they had learnt from the training before the certificate was issued. Training was up to date and each certificate stated when the training would next be due. The registered manager received the knowledge they needed to care for the person living at the home and had the skills to ensure their health and welfare needs were being met. For example The registered manager had undertaken training in relation to epilepsy awareness and seizure management to better understand the condition.

Is the service caring?

Our findings

The person had lived at the home for 18 years. The registered manager had known the person and their family for a number of years before taking over their care and support. They understood the person's needs and were able to describe the kind of support this person needed. We saw that care plans contained information about the person's daily routines, likes, dislikes and preferences. The providers were very knowledgeable about the person's needs, their likes, dislikes and the activities they liked to pursue. The person enjoyed the company of the provider but also had their circle of friends at the day centre they attended twice a week. The person also participated in domestic tasks around the home; including making and changing their bed clothes and putting away dishes. This helped the person to feel valued and involved in the day to day running of the home.

The person that lived in the home was encouraged to make small decisions about their day to day life and to remain as independent as possible with support. The person's privacy, dignity and independence was promoted by the registered manager and provider. For example, they encouraged the person to assist with their own personal care tasks, in order for them to remain as independent as possible. The registered manager was able to describe the one to one support that was required throughout the day and on different days of the week. The registered manager demonstrated that they involved people and this in turn helped to promote their well-being and maintain their independence.

The communication systems within the home appeared to work well. A daily log book was in use where important events and records could be maintained about the person. The providers encouraged the person to identify what was important to them and supported their choices according to their wishes. This enabled the person to make their needs known and to be involved in making decisions that affected their care.

All confidential information was kept secure in a room only accessible to the registered manager and provider. Records we viewed were up to date, held securely and care records could be located quickly when needed. Other records relating to the service were kept locked in the registered managers office.

The person continued to maintain regular contact with their family and friends at least weekly through a variety of social events. The person visited their family members with support from the providers and family were welcome to visit the home at any time.

The registered manager maintained records of visitors to the home. Family members had recorded that they were happy with the care their relative received.

Is the service responsive?

Our findings

The person was provided with a range of activities to suit them which included spending time as a family and with friends. Records in the person's daily diary showed that they took part in a wide range of activities. These included attending clubs and day centres, attending functions at a local church, visiting friends, walking the dog, visits to pubs and going out for meals. The registered manager told us that they had just returned from a cruise holiday leaving before Christmas and only just returning this week.

We had previously observed the support and care being provided and the person liked the home, the provider and were happy with the care provided. We saw their bedroom, which contained person items such as photographs and crafts. The person was encouraged and supported to be as independent as possible and to take part in tasks. This included tidying their room and keeping it clean. The person was encouraged and supported to participate in activities that matched their skills and choices.

The registered manager sought advice from health and social care professionals when the person's needs changed. Records of multi-disciplinary team input had been documented in the care records for services such as Specialist consultant and GP appointments. The letters we viewed gave guidance to the provider in response to changes in the person's health or treatment plans. There was continuity in the way the person's health and wellbeing was managed.

There was a policy about dealing with complaints that the provider and registered manager would follow. This ensured that complaints would be responded to in the hope that the complainant would be satisfied with the outcome. The service had not received any complaints for a long time. The registered manager kept a log of compliments received. This showed many compliments and comments about the service received from a number of sources such as health professionals' visitors and social care professionals. A relative we spoke with was very complimentary about the providers and told us that if any concerns were raised they would be dealt with immediately and resolved where possible. Relatives had confidence in the registered manager and would have no hesitation to complain if they felt it necessary to do so. Relatives were confident that any complaints they raised would be listened to and acted upon.

Is the service well-led?

Our findings

The culture of the service was open and inclusive. The person living in the home, their representatives and staff were asked for their views about their care and treatment and they were acted on. The registered manager was also one of the partners and demonstrated they worked with a number of key health and social care professionals to make sure they provided the best possible care and support to the person living with them.

The relative told us how the registered manager went out of their way to ensure they felt included in the life of the person. They said they were asked for their views about their relatives care and treatment on a regular basis and ensured they felt included in any decisions. The registered manager was in regular contact with people and their relatives. The registered manager told us that the person spoke regularly with their family over the phone.

There continued to be systems in place to encourage visitors and family members to express their views about the home. All the person's visitors were invited to write their comments about the service in a book which was kept for that purpose. Family members had commented they are, "Llooked after very well."

The person continued to live as part of the family with one of the providers. The registered manager knew the person well. Comments made by the local authority representative confirmed our findings at inspection. Relatives could be confident that care needs were being met in a well-run, very personalised service.

There were a variety of policies and procedures in place to ensure the smooth running of the home. They included infection control, health and safety and fire safety procedures. Records showed that regular safety checks were carried out on equipment and installations. A fire safety risk assessment had been carried out and fire drills had been carried out from time to time. This meant that the home provided a safe service.

Discussion with the providers showed us that there was a commitment to provide a quality service. The registered manager was in day to day charge of the home and worked hard to make sure that all aspects of the home worked well and promoted the person's safety and welfare.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had shared their last rating and had this to hand.