Mr & Mrs Ropero

Mr Mrs Ropero

Inspection report

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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

This service is provided in a detached mature house in the seaside town of Bridlington, close to local shops and amenities. There is restricted street parking, though there are public parking areas nearby. The service is registered to provide care and accommodation for up to three people with a learning disability. Currently there is only one person receiving care and support. The service is also the family home of Mr and Mrs Ropero.

The inspection took place on 18 December 20014. We contacted the provider on the previous day, to check that there would be someone at the home. This meant it was an announced inspection.

The service was last inspected in November 2013, when it was found to be compliant to the essential standards.

Mrs Ropero is the registered provider or owner, so there is no legal requirement for her to be the registered manager

Summary of findings

as well. 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.

People were kept safe because the service recognised the importance of protecting people from harm, whilst allowing them to take acceptable risks as part of their everyday lives. The staff ensured their knowledge around safeguarding vulnerable people was kept updated. The provider regularly checked that assessments to minimise the risk of harm to people were kept under review.

The provider ensured her knowledge and skills were kept up to date, by attending refresher training regularly in a range of subjects. This ensured that she could meet people's needs if and when they changed.

People were supported to have a varied and nutritional diet that was in line with their dietary likes and dislikes.

People's healthcare needs were kept under review and their general wellbeing was monitored.

People were supported by a staff team that were kind, caring and supportive. People were included in decisions about their day to day life and their independence and privacy were promoted and respected.

People's care and support needs were discussed with individuals and known by the staff team. This included people's likes and dislikes and their preferences and choices. People's support needs were regularly discussed with them, to make sure they were still what the person was wanting.

People lived busy and stimulating lives. Keeping a diary of activities they had enjoyed enabled people to re-live these experiences.

The provider kept the quality of the service under review. She consulted with people, their families and other stakeholders to ensure the service was being run in line with what people wanted.

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.

Good

People were kept safe because the staff team understood their role in maintaining people's safety. The provider's knowledge was kept updated by attending refresher training. The staff team recognised the behaviours that may indicate people were unhappy or upset by something.

People lived in a clean, well maintained environment that complied with fire safety law. The risks of harm to people, whilst in the home or the community were kept under close review, to minimise the risk of actual harm.

Is the service effective?
The service was effective.

Good

People received effective care because the provider undertook regular refresher training to ensure she could support people appropriately.

People's general healthcare and wellbeing were kept under review so that expert advice could be promptly sought, if necessary. People received a varied and nutritious diet.

The service recognised that people had the right to make decisions about their day to day lives and the provider understood her role with regard to assessing a person's mental capacity.

Is the service caring?
The service was caring.

Good

People's views and opinions about their day to day life were discussed with them. This helped to make sure they felt included and valued.

The staff team were kind, friendly and attentive. They promoted people's independence and their privacy and dignity.

Is the service responsive?
The service was responsive.

Good

People were included in discussions and decisions about their care. People needs were kept under review to ensure that the support provided was wanted and needed.

People lived interesting and varied lives, which helped to make one day different to another.

Is the service well-led?
The service was well led.

Good

People were able to influence how the service was being run. They were included in decisions about their meals and their day to day activities.

The provider kept well maintained records to evidence the checks she completed in order to be satisfied that the service was running well. These included satisfaction questionnaires, as well as minutes from meetings and audits.

Mr Mrs Ropero

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 18 December 2014 and was announced. The provider was given 24 hours' notice because the service was very small and there was a risk that people living there would all be out. We needed to be sure someone would be there.

The inspection was conducted by one adult social care inspector.

Before the inspection we looked at information we held about the service. During the visit we spoke with one person living there, and with the registered provider. We looked at one person's care records and reviewed other records, kept by the service, like training records, minutes of meetings and audits completed by the provider to evidence how the service was being run.

Following the inspection we spoke with a relative and asked the local authority commissioning team, who helped to fund people who lived there about their views of the service.

Good

Is the service safe?

Our findings

The provider introduced us to the individual who lived there. She checked that the person was comfortable talking to us in private. She demonstrated care for the individual's welfare and their safety.

We could not speak in detail to the person using the service because of their complex needs; however by asking some questions, we could tell by the way they responded that they were happy and contented. They took pleasure in showing their room to us, and the personal belongings that were important to them. We found the house was warm, clean and well maintained.

We spoke with a relative of the person using the service. They told us they had no concerns about the safety of the person and was confident that they would be able to tell by their relative's behaviour, if they were unhappy or bothered about something. They added "I spend time in town with X each week. They never show any reluctance or unwillingness to go home afterwards."

We asked Mrs Ropero how she ensured people's safety. She showed us her records to evidence that she and other members of her family attended regular refresher training to ensure their knowledge around safeguarding vulnerable people was kept up to date. She told us about the person who lived there. She knew the individual very well, and was able to give examples of their behaviour that indicated the person was unhappy or upset by something. She explained that she liaised with other professionals like the fire safety officer, to ensure she was meeting the requirements of the law in relation to people's safety.

She also explained that a member of the family, who was not in day to day contact with the individual, but who knew them well, regularly talked with the person without the provider being present. She felt this was a way of cross-checking that the individual was contented and untroubled.

We looked at the way the service safeguarded the person's finances and found robust records that could readily be cross checked, to show that any money spent on the person's behalf could be accounted for. This safeguarded the individual's finances and protected the provider from any allegation of financial abuse.

We looked at the way the service managed risk, both at home and in the community. We saw the individual's risk of harm was being considered, particularly when out in the community. We saw these assessments were detailed and kept under regular review.

Mrs Ropero provided most of the care and support, though other members of her family could also support when needed. The provider also had a contingency plan in place in case something happened so that none of the family could provide support. She explained that a staff member from a day centre for people with a learning disability, that was also owned and managed by Mr and Mrs Ropero, and to which the person attended, had agreed to provide emergency support if needed. The provider explained that this individual's background had been properly looked into, prior to employment at the day centre, to check that they were suitable to work with vulnerable adults. The provider commented that the individual had never needed to provide this emergency support. As the individual was employed by the day centre, their recruitment records were not available to look at.

The provider showed us her medication processes and where any people's medication would be stored. She showed us her training records to demonstrate that she had completed refresher training in medication management in 2014. This helped to ensure that the service was prepared for if and when medication needed to be administered to people living there.

Good

Is the service effective?

Our findings

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the MCA (Mental Capacity Act 2005) legislation which is in place for people who are unable to make decisions for themselves. The legislation is designed to ensure that any decisions are made in people's best interests.

We spoke with the provider about her understanding of the MCA and how this affected the support she provided. She showed in discussion that she recognised that people had the right to make decisions about what they did and where they went. Also she explained what needed to be done if she thought a person living there did not understand the risks associated with that decision. She had completed training in MCA and Deprivation of Liberty Safeguards (DoLS) in 2013 and knew who to contact if she needed more advice about the matter. The person living there was not subject to any DoLS.

We noted the provider had completed a range of refresher training to ensure her knowledge was kept up to date. This included health and safety training like food safety, fire safety and infection control management as well as more health related subjects like diabetes awareness, autism awareness and end of life care. We saw certificates to show that she had completed test questions successfully at the end of these training sessions. These provided her with a greater knowledge base to support people safely and appropriately.

We saw the provider also kept records of informal 'staff meetings' held every three months, where knowledge and experience was shared with other family members who helped with the care provision.

We looked at the person's care records and found detailed records of support from healthcare professionals. This meant the provider could demonstrate that the individual's health and wellbeing was being kept under review. We saw the individual had a patient passport, which they had helped to put together. This provided useful information about them, and their communication needs and behaviour, should they need to be admitted to hospital. Providing unfamiliar staff with this information would help to ensure the person was supported safely and appropriately.

The care records listed the person's dietary likes and dislikes. The provider explained that they shopped at a supermarket where a photograph of the meal was displayed on the food packaging. This meant the individual was better able to choose the meal they wanted. When we asked the individual about the meals provided, they indicated they were happy and enjoyed their meals. We looked at the way the individual's nutritional needs were assessed and managed. We noted the individual was weighed in line with the assessment and their weight had been stable for several years. This indicated they were getting sufficient to eat and drink.

We looked at the environment and what private space the individual had. We saw they had their own lounge/dining room on the ground floor, though Mrs Ropero said the person was not excluded from their private areas. They had access to the kitchen, where some specialist equipment had been purchased so that the person could make a hot drink if needed, as well as their own fridge, where their own snacks and foods were stored. They had access to the kitchen at any time. On the first floor the individual had their own bathroom, next door to their private space, made up of a small bedroom and a larger sitting area. We saw the person could come and go within the home as they chose. This meant there were no restrictions on their day to day activities.

Good

Is the service caring?

Our findings

We spoke a little with the individual. They said they were happy there. We noted they were relaxed and comfortable in the presence of the provider. Both they and their clothes and other belongings looked well cared for.

We spoke with their relative. They told us they were delighted with the way the person had become more independent, whilst living there. They added "They always look immaculate." We asked how they knew their relative was happy living there. They replied "I've got (learned) to recognise whether X is happy or sad. Believe me, X is always happy."

At the start of our visit the provider checked with the person as to whether it was alright to talk with us about them and their care. They asked the person if they would agree to show us their room, to show us their care records, or their personal diary. This showed they respected the person's rights to be involved and included in these decisions and discussions.

Whilst we were talking about the person's care needs they included the individual, by asking their views about some aspects of their care. They waited for the person to respond, and if they didn't understand their response, then they asked the person to say it again, more slowly. The relationship was warm and nurturing and the individual was reassured about our presence. The provider and other members of her family showed empathy and respect towards the individual.

We looked at the person's care records and found these were written in a way that showed involvement by the individual. The care records were in a large print and included some line drawings and pictures, to describe different aspects of care and support. We saw in some instances that these had been coloured in by the individual. This helped to show the person was involved in the way the records were put together. We saw signatures by the individual to show they had looked at these records.

We saw that the person was involved in the day to day activities in the home, like walking the dog, or doing the shopping. This helped them to feel valued and included.

We were also told the person often liked to spend the evening in their own room. The provider explained that this was 'their space' so they were not disturbed in those circumstances.

We asked the provider about the use of advocacy services, to check on the person's welfare, because the day to day staff team were all members of the same family. She explained an unfamiliar person would cause a lot of anxiety and stress for the individual. She added that staff at the day centre that knew the person well, were able to informally monitor their welfare and they were confident the individual would go to one of those workers, or their relative, if they were worried about something.

Good

Is the service responsive?

Our findings

The person living at the service had been there for several years. We found from talking with the provider and other family members who provided support when needed, that they knew all about the person's likes and dislikes and their choices and interests. All those spoken with knew what different behaviour meant and what responses were needed to support the individual in those circumstances.

The person's care records were detailed and showed there had been input from the individual. There was information in the records which matched the information staff had told us about. We saw the records were put together in a format that enabled the person to be included in the assessment and review process. The records were written as if the individual had written them. For example 'I am able to….. and I do not like to be …..' We saw reviews took place regularly and included the person's signature.

The individual was excited and pleased to show us their diary for 2014. This included a series of photographs of the person participating in a range of social activities and community events. These included baking and making bread, gardening, drama class and external productions and art and craft activities. There was also time spent enjoying more male-orientated hobbies, like snooker. The diary included photographs of holidays away from the home, with Mr and Mrs Ropero. Maintaining this photographic record enabled the individual to look back at these events and provided a talking point about their life.

We asked their relative about the person's day to day life. They told us they spent time with their relative each week. They commented "They (Mr and Mrs Ropero) never go out without X. X is just like a member of their family." We also asked the person's relative what they would do if they were unhappy about the service, or the way their relative was treated. They said they would feel confident and able to raise any concern with the provider. However, they added that they could not imagine such a scenario.

We asked the provider about their complaints process. Whilst the service had a formal complaints policy, she explained that she would be able to tell if the individual was worried about something by the way they were behaving. She added that the person's wellbeing was checked at each residents meeting, that was held three monthly, as well as in the informal one to one meetings held with a different member of the family. There were also annual reviews by the commissioning authority, which funded the person's care. We saw records of some of these reviews, though none in the past two years. Those reviews we saw provided positive comments about the service.

Good

Is the service well-led?

Our findings

The service is owned and managed by Mrs Ropero. It is the family house where Mr and Mrs Ropero live. We found the service was warm and friendly. The individual was relaxed and contented.

Mrs Ropero provides the majority of the support, however other members of the family have either worked, or still work, with vulnerable people so can support the provider if needed. We saw the individual had a good relationship with Mrs Ropero.

We saw the provider had a small office within the home, where documents relating to the service were securely stored. We saw records stored in this room were well organised and were easily and readily located on request.

We saw the provider carried out regular checks on how the service was operating. For example she carried out weekly fire alarm checks, but did these at different times of the day. This meant the individual had learnt what needed to be done should the alarm go off, but was also not unduly frightened by the loud noise.

The provider had set up internal systems to check on the person's welfare, and had not made assumptions that the individual was happy living there. However, she showed in all her responses that the person's wellbeing and the promotion of more life skills and independence was her priority.

We were shown the responses from a small number of questionnaires sent to relatives and professionals. These provided only positive comments, such as "X is treated as a member of the family, which is of great consolation to us all." Another commented "The home runs smoothly and is well managed." A third commented "It (the service) has a very friendly environment."

The provider maintained detailed and comprehensive records. These showed that monitoring checks and risk management reviews were completed regularly and in a timely way. The service had records for monitoring accidents and incidents; though looking through the care records indicated these were rarely required. The service had first aid equipment that was checked regularly.