

Eamonn Francis Friel

Eamonn Francis Friel - 87

Briar Avenue

### Inspection report

87 Briar Avenue  
Norwood  
London  
SW16 3AG

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Date of inspection visit:  
20 July 2016

Date of publication:  
08 September 2016

### 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 20 July 2016 and was announced.

Eamonn Francis Friel - 87 Briar Avenue provides personal care for one person living with a learning disability who has lived at the home since 2001. The provider and his partner support the person with their day to day living tasks and the service is based in their family home.

We last inspected Eamonn Francis Friel - 87 Briar Avenue in August 2014. At that inspection we found the service was meeting all the regulations that we assessed.

There was a registered manager in post who was also the provider of the service. 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.

Individualised support was given each day to the person using the service and this was provided by people who knew them very well.

The provider was aware of safeguarding procedures. Appropriate recruitment information was available along with records of up to date training for the provider and his partner. No other care staff were employed at the home.

Any risks associated with the person's care, daily routines and activities were identified with action taken to minimise these. Medicines were safely stored and given as prescribed with up to date records kept.

The service understood and complied with the requirements of the Mental Capacity Act (MCA) 2005. There were restrictions on the person using the service for their safety and the provider was in process of obtaining a Deprivation of Liberty Safeguards (DoLS) authorisation.

The provider understood their role and responsibilities. There were systems in place to help ensure the safety and quality of the service provided.

## 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.

Identified risks to individual safety and welfare were being managed appropriately.

Health and Safety checks took place to help keep the person safe.

### Is the service effective?

Good ●

The service was effective. The provider was up to date with their training requirements and had the knowledge and skills to meet the person's needs.

The service complied with the requirements of the Mental Capacity Act (MCA) 2005.

The person using the service was supported to access healthcare services to help make sure their physical and mental health needs were met.

### Is the service caring?

Good ●

The service was caring. The privacy and dignity of the person using the service was upheld.

The provider knew the person well and provided support in line with their preferences and wishes.

### Is the service responsive?

Good ●

The service was responsive. The provider was knowledgeable about the person's care and support needs.

The person was supported to lead an active life and to maintain contact with people who were important to them.

### Is the service well-led?

Good ●

The service was well-led.

The provider monitored the safety and quality of the service and

kept involved health professionals up to date with any changes or events.

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# Eamonn Francis Friel - 87 Briar Avenue

## **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 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.

Prior to our inspection we reviewed the information we held about the service. This included the Provider Information Return (PIR) which is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We also reviewed any safeguarding alerts and outcomes, complaints, previous inspection reports and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

This inspection took place on 20 July 2016 and was announced. We gave notice of the inspection because the service is small and we wanted to be sure that people would be in. One inspector conducted the inspection.

During our inspection we spoke with the registered provider and his partner. The person using the service did not want to speak with us. We looked at the care records for the person using the service and looked at records that related to how the home was managed.

## Is the service safe?

### Our findings

There were sufficient staff available to meet the person's needs. The service is the family home of the provider who lives there with his partner so they are always available to support the person using the service out of normal working hours and in the event of an emergency. No other care staff were employed at 87 Briar Avenue.

Records showed that the provider completed safeguarding training and were aware of the different types of abuse along with the action to be taken to report any concerns. The home had safeguarding information including the Pan-London safeguarding procedures and flow charts detailing the process with contact numbers in and out of normal working hours. Financial systems were in place to ensure any monies received by the person using the service were recorded by the provider and available for audit.

Care files seen included assessments of risks associated with the person's care, daily routines and activities. We saw that assessments had been undertaken to support to help make sure the person was kept safe. For example, looking at their mobility and what actions could be taken to prevent falls. We saw that motion sensor lights had been installed in the person's bedroom and bathroom if they got up at night.

The person was being supported to take their prescribed medicines and we saw these were being stored securely and administered safely. One medicine was administered 'as required' and the provider demonstrated an in-depth knowledge of the person and when they may have to take this medicine. This information was reflected in their care plan. We checked the Medicine Administration Records (MAR) against the prescribed medicines and found them to be completed correctly. Records showed the provider had undertaken training in administering medicines.

Appropriate recruitment checks had previously been undertaken for the registered provider and their partner including a criminal records check.

The home environment was clean and well maintained. We saw regular checks took place to help keep the person safe, for example, of fire safety equipment. Certificates showed that equipment in use was serviced as required. For example, the gas boiler was checked regularly by a suitably qualified person.

## Is the service effective?

### Our findings

The registered manager told us that the person using the service had lived there since 2001. The emphasis was to provide the person with a domestic family environment and to support them to enjoy a good quality of life.

The provider and his partner had the skills and knowledge to support people effectively. Records showed that they had undertaken training across a number of areas including safeguarding adults, food hygiene and fire safety and kept this up to date.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS is a lawful process whereby a person could be deprived of their liberty because it was in their best interests.

The provider had received training in the Mental Capacity Act (MCA) 2005. They had a clear understanding of the person's capacity to consent and gave us examples of how they worked with other health professionals in the person's best interests. For example, consulting with healthcare professionals about a plan of treatment for a medical condition. The provider was in the process of applying for a Deprivation of Liberty Safeguards (DoLS) authorisation at the time of this inspection.

The person did not want to be involved in planning their meals and these were chosen ensuring their personal preferences were met choosing the main meals they preferred. The support plan recorded information about the person's food and drink preferences. The provider gave us examples of the approaches they used to encourage the person to eat.

Records showed the person was supported to access their GP and to attend regular specialist healthcare appointments. We saw their health needs were addressed in their care plan to make sure they received the support they required. The provider gave us examples of how they worked with external healthcare providers to make sure any distress to the person was minimised when attending appointments.

## Is the service caring?

### Our findings

The person using the service had lived there for over fifteen years and the provider told us that they were treated as a family member. The provider and his partner had a good understanding about how to treat the person with dignity and respect. They said that they afforded the same choices, dignity, respect and privacy to them as to any other family members.

Local authority assessments and annual care reviews were undertaken to make sure the person's needs were known and support plans were updated to reflect any changes in the support required. The provider and his partner had an in-depth knowledge of the person's needs and gave numerous examples of how they supported them providing assistance and encouragement when required. For example, when supporting the person to attend a day placement or to help them when they became upset or distressed.

The support plan was written in the first person and included detailed information about the person's care preferences. For example, about how they liked to be supported each day and the foods they liked to eat. A life history was also included that gave good information about the person and their background.

The person had their own bedroom and bathroom within the family home. The provider and his partner provided told us about the person's daily routine including how they liked to spend their evenings and weekends. It was clear that the support was personalised and was consistently provided by people who knew the person well. This helped stop them from having any unnecessary upset or distress as the provider knew what situations or events may cause this. For example, unfamiliar places or people.

## Is the service responsive?

### Our findings

The person using the service had their own timetable of activities including regular attendance at a day placement with transport facilitated by the provider. The person went out regularly during the week and at weekends seeing friends and going to have meals at local restaurants.

Full support was given for their daily activities and personal care tasks at home. The person had an established routine, relaxing at home watching television, looking at magazines and sitting in the garden. They enjoyed an annual holiday each year with the provider and would attend family events such as barbeques or parties.

The person had an up to date support plan addressing areas such as their mental and physical health. This included the day to day support required for the person and reflected their own known preferences. The provider gave us examples where they provided extra support both at the home and the day centre in response to changes in the person's behaviour. This information was also included within the support plan. Pictures and photographs were used to make the documentation more accessible to the person.

A complaints policy was in place and we saw that no complaints had been made in the last 12 months.

## Is the service well-led?

### Our findings

The provider and his partner were in daily contact with the person using the service and demonstrated their in-depth knowledge of their needs and preferences. Records showed they were in regular contact with external health professionals to make sure the person's needs continued to be met.

The provider got feedback from the person using the service informally or as part of the review process for the support provided. The placing authority carried out annual reviews and had also visited the person at their day placement. Minutes of their last review in mid-2015 were available with no concerns noted about the care and support provided.

All of the records we looked at were up to date, accurate and relevant. Support plans, risk assessments and other records addressed all areas of care being provided to the person using the service. The records were well maintained and reviewed regularly.

Regular fire safety and health and safety checks were carried out to ensure the home environment was kept safe.