Mr & Mrs M Wyatt

Mr & Mrs M Wyatt - 1 Springhead Sutton Veny

Inspection report

1 Springhead
Sutton Veny
Warminster
Wiltshire
BA12 7AG

Tel: 01985840990

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21 April 2016

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Mr and Mrs Wyatt provided care and support to one person within their own home. They have done this for many years and therefore considered the person very much part of the family. Mr and Mrs Wyatt do not intend to provide accommodation or personal care to any other person.

The inspection took place on 21 April 2016 and was announced. We gave the service 48 hours' notice of the inspection because we wanted to ensure the person and provider were available.

The service had a 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 person was unable to tell us whether they felt safe at the service. However we observed they were relaxed and interacted happily with the provider. The provider understood their responsibilities to keep the person safe from harm and potential abuse..

The service did not have arrangements in place to act in accordance with the Mental Capacity Act 2005 when the person lacked the ability to consent to the care provided.

The person was supported to have sufficient food and drink and to maintain a balanced diet. They were also supported to maintain good health and to access healthcare services when needed.

The person was part of the family unit and treated as such. They were treated with kindness and compassion in their day to day care and support.

The person was encouraged and supported to follow their interests and be part of the community.

The provider had clear values for the service. This included keeping the person safe, promoting their independence and ensuring they received care which met their needs.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. You can see what action we told the provider to take at the back of the full version of the report.

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.

The provider understood their responsibilities to keep the person safe from harm and potential abuse.

Medicines were stored and administered safely.

Emergency evacuation plans were in place in case of a fire.

Is the service effective?

Requires Improvement

The service was not fully effective.

The service did not have arrangements in place to act in accordance with the Mental Capacity Act 2005 when the person lacked the ability to consent to the care provided.

The person was supported to have sufficient food and drink and to maintain a balanced diet.

The person was supported to maintain good health and to access healthcare services when needed.

Is the service caring?

Good

The service was caring.

The person was part of the family unit and treated as such.

The person was treated with kindness and compassion in their day to day care and support.

The provider knew the person well including their preferences for how they would like to receive care.

Is the service responsive?

Good

This service was responsive.

The person had a care plan that detailed how they would like to receive care and support.

The person was encouraged and supported to follow their interests and be part of the community.

Is the service well-led?

Good

This service was well-led

There was a registered manager in post.

The provider had clear values for the service. This included keeping the person safe, promoting their independence and ensuring they received care which met their needs.

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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 21 April 2016 and was announced. The provider was given 48 hours' notice because the location provides a service to one person who is often out during the day; we needed to be sure that someone would be in.

Before the inspection we checked the information we held about the service and the service provider. This included statutory notifications sent to us about incidents and events that had occurred at the service. A notification is information about important events relating to the care they provide which the service is required to send to us by law. We also looked at previous inspection reports.

Due to their disability, the person was unable to give us feedback about the service they received. As a result, we observed their interactions with the provider and spoke about the support they received. We also reviewed the person's care record and checked policies and procedures. After our visit, we spoke with one staff member from a day service the person attended and one social care professional.

Good

Is the service safe?

Our findings

The person looked relaxed and comfortable in the company of the provider. The provider told us "We do everything in our power to keep X safe". A professional from the day service the person attended, told us the person was very happy with the family and referred to the provider as "Mum and Dad".

The provider had a good understanding of how to keep the person safe and their responsibilities for reporting accidents, incidents or concerns. The provider told us they would immediately raise any concern they had about the person's safety or wellbeing. They said that if the concerns were of a serious nature, they would immediately contact the Adult Social Care Department for advice. The provider explained they had a good rapport with the staff at the person's day services. This enabled information to be freely exchanged so any concerns could be satisfactorily resolved without delay.

The provider was solely responsible for the person's day to day care and did not employ any staff. They told us if they needed cover in case of an emergency, they had access to people who knew the person well who could support the person in the short term. They also had access to a care agency if that was required.

The person did not take regular medicines but we saw evidence that 'as and when needed' (PRN) medicines were managed and administered safely.

There were arrangements in place to keep the person safe in an emergency and we saw evidence of a fire evacuation plan, comprising of a detailed plan of the building and description of the procedure in the event of a fire. There were a number of smoke detectors in use, which the provider tested regularly.

Requires Improvement

Is the service effective?

Our findings

The person's rights were not always protected because the provider didn't act in accordance with the Mental Capacity Act 2005. 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 so that they can 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).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Necessary records of assessments of capacity and best interest decisions were not in place for the person who lacked capacity to decide on the care provided to them by the service. A policy was not in place for the wider requirements of the MCA such as the use of assessments of capacity and best interest decisions to underpin day to day care provision or restrictions, for example management of the person's finances. The provider told us though formal mental capacity assessments were not in place, they always gave the person choice and included the person in decision making. For example, they would seek advice from adult social care and the GP when making best interest decisions about the person's medical treatment. They would balance the risk of any invasive medical intervention and the distress this could cause the person.

An application for authorisation of a deprivation of liberty had not been made by the service. The provider told us the person had been living with them since being a child and a lot of the arrangements made were long standing. A social care professional told us they would contact the supervisory body to support the service with the application to authorise a deprivation of liberty.

This was in breach of Regulation 11 of the Health and Social Care Act (2008) Regulations 2014.

The person received individualised care from the provider who had the skills, knowledge and understanding needed to carry out their roles. The provider told us for example that the person did not like cleaning their teeth. They therefore downloaded a program with a ginger cat cleaning its teeth, which the person enjoyed watching and encouraged them to clean their own teeth. The provider told us they were always looking at innovative ways to meet the person's needs.

The provider was aware of the person's dietary needs and preferences. They told us they had all the information they needed and were aware of the person's individual needs. The person's needs and preferences were also clearly recorded in their care plans. The provider was able to tell us what the person liked to eat, for example a Sunday roast was their favourite meal. They were also able to tell us about allergies the person had and which foods to avoid.

In the week, the person enjoyed their main meal in the evening, as part of the family unit. They took a packed lunch when going to their day services. The provider told us they always packed an additional snack for later in the morning. This was because the person did not like an early breakfast so chose not to eat before they left for their day services. At weekends, meals were arranged in accordance with the person's wishes and the activities taking place.

The person's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. The person was reliant on the provider to recognise and address any issues with their overall wellbeing. The person received an annual health care check from their GP and also had six monthly dental checks. They received speech and language therapy support at their day service. Other services such as physiotherapy and occupational therapy were accessed as required. The provider told us they accompanied the person on all health care appointments. This ensured consistency and enabled the person to be fully supported in a way which met their needs.

Good

Is the service caring?

Our findings

The person looked happy and contented. We observed the person cuddling up to the provider and smiling at them. The person was very comfortable around the provider. A professional from the day service the person attended, told us the person was very happy with the family and referred to the provider as "Mum and Dad".

The person received care and support from the provider who had got to know them well. The relationship between the provider and the person receiving support demonstrated dignity and respect at all times. They were very aware of the person's needs and the way in which they communicated. For example they told us if the person smiled or laughed, they were happy and if they shook their head or frowned, they were either unhappy or in pain. The person also used signs to say what they wanted to eat or drink. The provider told us they sometimes had to anticipate the person's needs, for example they monitored the person's temperature as they could easily feel the cold.

The person's bedroom was spacious with an en-suite facility. The bedroom was personalised and decorated to their taste. We saw photos of the person with the provider around the home. The person lived with the provider as part of the family unit and was treated as such, for example the provider told us the person went on family holidays and meals out. They stated "We want the best for X and to enjoy their life. Our aim is to see the person with a disability not the disabled person."

As the person lived within the family unit, their care was not rushed and the provider was able to spend quality time with them. The provider told us when the person got home from the day service; the person had a choice to either spend time with them or to spend time in their bedroom. They felt it was important to give the person their own space. The person was given the information and explanations they need, at the time they need them, for example we observed the provider supporting the person to transfer to their wheelchair with clear step-by-step instructions.

The provider was knowledgeable about things the person found difficult and how changes in daily routines affected them. The provider told us the person appeared to benefit from structure and similar routines.

Good

Is the service responsive?

Our findings

The person was involved in developing their care, support and treatment plan. We saw the person's care record had useful information such as likes, dislikes, how they wanted their personal care done and communication needs.

The person was empowered to make choices and have as much control and independence as possible. The provider told us the person was always involved in decisions, such as where to go on holiday or what they wanted to do that day. The provider promoted independence for example they didn't assume the person was unable to eat unassisted, but knew if they loaded a spoon, the person was able to eat independently. They would also do finger foods, which the person could manage independently.

The provider was proactive and made sure that the person was able to maintain relationships that mattered to them. The person was supported to follow their interests and take part in social activities. The provider told us the person attended a day centre Monday to Friday and took part in various activities as part of their daily program, for example dance and music, tenpin bowling, ice skating or visiting a garden centre. The person also attended church and was very involved in church activities. The provider told us the person went shopping with them and people recognised them in town, saying hello and asking how they were. The provider was keen for the person to have new experiences, this included a recent holiday on a cruise ship, as the person had been on an aeroplane but had never travelled by sea. The provider explained they were committed to ensuring the person experienced life, as any other young adult of their age, within the limits of their disability. A social care professional told us the person was very much part of the community.

The person's needs were reviewed regularly and as required. Where necessary the health and social care professionals were involved. For example when the person's wheelchair transfers became difficult, the provider made a referral to the occupational therapist. The occupational therapist reviewed the person's equipment and transfers and the provider was able to tell us about the advice they received. We saw the provider was using techniques when moving the person as recommended by the occupational therapist.

Good

Is the service well-led?

Our findings

As the person lived as part of the family unit, it was not appropriate to have a formal structured system to assess the quality of the service. The provider told us they had close contact with the day service the person attended as well as the adult social care team. The provider had regular communication with these services and a professional from the day service told us if they had any concerns they could raise it with the provider and this would be acted on.

The service had a positive culture that was person-centred, open, inclusive and empowering. Their aim was to provide a safe, caring environment, where the needs of the individual were assessed and evaluated, where personal choice was respected and encouraged and where dignity and privacy were maintained. They recognised that the person was a unique member of society, valued for who they were, not just for what they achieved. Their purpose was to enable and support the person to reach their full potential, using the skills and expertise of others as appropriate. They believed the person had the right to be offered and enjoy the same experiences as anyone else, whilst ensuring that the level of disability did not compromise safety and the wishes of the individual.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The service did not have arrangements in place to act in accordance with the Mental Capacity Act 2005 when the person lacked the ability to consent to the care provided. There were no mental capacity assessments where the person lacked capacity to make decisions about their care and treatment.