

Mr & Mrs P Carr

Patrick Carr

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 ●

Summary of findings

Overall summary

This inspection took place on 14 August 2018 and was announced. At our last inspection in December 2015 we rated the service Good. At this inspection we found evidence continued to support the rating of Good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

"Patrick Carr" is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

"Patrick Carr" is registered to provide care for up to 3 older people who have a learning disability. There was one person living in the home at the time of this inspection. The provider informed us that they planned to continue to provide care to only one person. The provider is a husband and wife team who live in the house which is registered as a care home.

There was a registered manager in place. 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.

People were safe living at the service and risks were managed effectively to keep people safe and protect their rights. The provider had effective systems in place to protect people from abuse and had responded appropriately to safeguarding risks.

The providers were experienced and had completed relevant training to support them to provide effective care. People were supported to have maximum choice and control of their lives and the service supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People had choice around what they ate, how they spent their time and had support to maintain good health.

People had good support to maintain their independence and their right to privacy was respected. The service helped people with maintaining relationships with their families. People were involved in planning their care. The service ensured care plans were person centred and updated as and when people's care needs changed. People led their chosen lifestyle. Systems were in place to manage complaints.

People told us they were happy with the service. The service maintained clear records of care provided, people's health and wellbeing. The providers were continually improving the service and worked in partnership with health and social care professionals to ensure people's health and social care needs were

met.

Further information is in the detailed findings below.

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 remains good.

Good ●

Is the service effective?

The service remains good.

Good ●

Is the service caring?

The service remains good.

Good ●

Is the service responsive?

The service remains good.

Good ●

Is the service well-led?

The service remains good.

Good ●

Patrick Carr

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.

This inspection took place on 14 August 2018 and was announced. The reason for announcing the inspection was because this is a small service and we needed to make sure there would be somebody in to assist us with the inspection.

The inspection was carried out by one inspector. Prior to the inspection we checked all the information we held about the provider and found the provider had made no notifications since the last inspection.

We spoke with the providers, registered manager and the person who was living in the home. We read all their care records and checked whether their assessed needs were being met.

We read all the records kept in the home and we looked at the communal rooms and the person's bedroom and bathroom. We observed interaction between the provider and the person living in the home.

Is the service safe?

Our findings

The providers had a good understanding of safeguarding adults from abuse. They were able to give examples of when they had made safeguarding referrals and managed complex situations well. The person living in the home told us they felt safe there.

There were no staff employed. The providers lived in the home and delivered the care. They said they had alternative arrangements in place in the event of an emergency but there would always be one of them available.

There were risk assessments in place for activities which posed a risk to a person's health, safety and wellbeing. The risk assessments detailed how the risk was managed and the providers could explain all the risk assessments. Risk assessments covered all appropriate activities including making hot drinks and going out independently. The person living in the home was able to go out independently and the service had given them appropriate safety advice. The service kept records of any accidents or incidents and the action taken to reduce the risk of similar incidents recurring.

The providers had completed training in managing medicines. The person living in the home managed their own medicines and had been provided with suitable secure storage. There was a suitable system in place for ordering and collecting medicines.

The service had suitable infection control measures. The person's bedroom and bathroom were kept clean.

The building had suitable fire safety precautions and emergency lighting to help in an evacuation. There were regular fire drills and weekly tests of the fire alarm system. The person living in the home told us they knew how to evacuate in the event of a fire.

Is the service effective?

Our findings

Both providers had relevant experience and training to carry out the care role. They had both completed training in mandatory topics such as medicines management, fire safety and moving and handling. They knew how to access local training opportunities if they needed further training. One of the providers was a qualified social worker and counsellor and had completed appropriate management training for managing a care home. They had operated this service for over twenty years.

People had a pre-admission needs assessment and this information transferred to a care plan which was reviewed every six months or sooner if the person's needs changed. The service kept regular records regarding a person's wellbeing and any events and appointments affecting them.

People had appropriate support with their nutritional needs. They could choose to prepare their own food but the person living in the home chose not to do so. They said they enjoyed the meals and that they could choose what they wanted to eat.

The service supported people to live healthy lives. They gave advice to people on smoking, drinking and sexual health. They kept good records of the outcome of all health appointments and there was a clear medical history in people's files. At the time of the inspection a person was awaiting treatment for a medical condition and the providers explained how they were planning to support the person through the treatment. The providers supported the person with all medical appointments and had a good knowledge of their past and current health needs. They ensured the person had regular health checks for their conditions and attended dentist and podiatry appointments. The person's health had improved as the service supported them to live a healthier lifestyle. The person told us that they felt well supported.

The provider had worked with healthcare professionals to meet the needs of people living in the home. This included specialist nurses, GPs, practice nurses and the local pharmacist.

The provider had good knowledge of the Mental Capacity Act. The person currently living in the home had full capacity to make all their own decisions. They told us they made all their decisions and had no restrictions placed on them.

No specialist equipment was required at the time of this inspection. We spoke with the person living in the home who told us they managed stairs well and could use their bathroom independently without any aids.

Is the service caring?

Our findings

The service had supported the person living there for over twenty years and they had a good relationship. The providers were committed to providing good care. They had supported one person to stay in the home for life and supported another person to choose a different care home when their needs changed. They had helped the person make the transition when moving and maintained a regular relationship with them, continuing to support them and advise the new staff team about their needs and wishes.

The person said that the providers were nice people who helped them a lot. They said it was "a home from home." We observed kind and respectful interactions between the providers and the person living in the home. The person could have regular social contact with the providers' family if they wanted to. They said that their privacy was very important to them and that the providers always respected their privacy. The person liked to be independent and went out every day.

The service provided good support to people with their relationships with family and friends. They also supported people to follow their chosen religion. The providers had a good understanding of how to support the needs of people with protected characteristics and demonstrated excellent person-centred practice in supporting people's diverse needs in a sensitive way.

The service had supported somebody with end of life care in accordance with the person's wishes. They kept a record of each person's wishes at the end of their life and after.

Is the service responsive?

Our findings

The service provided good person-centred care where the person lived the lifestyle they chose and the service provided whatever support was needed for them to do so. There was evidence the service responded to changing needs appropriately. The person's care plan was reviewed twice a year and discussed with them at any time their needs changed.

As people aged the service provided sensitive support as their needs increased. They also involved and supported relatives where this was appropriate.

From discussions with the providers and the person living in the home it was clear that the providers listened to the person and acted on their wishes. The service encouraged people to follow their interests. The person said they could get up and go to bed as well as go out any time they wished to. Their preferred daily routine was respected. They told us, "I go to the library. I like to get my papers."

There had been no complaints since the last inspection but people were provided with a leaflet telling them how to complain. The providers said they tried to act on any request and resolve any concern immediately. The person had a personalised complaints procedure to follow if they ever wanted to complain. The procedure included people they could contact outside of the care home.

Is the service well-led?

Our findings

The registered manager was experienced and ran the service well. They made continual improvements. They also were planning for any future issues which could arise to ensure continued good care for the person living in the home.

The service had a good long-term relationship with a person's reviewing officer/care manager and discussed any areas of concern with that professional. They said they were always willing to learn and improve and gave many examples of work they had done to improve the safety and quality of life for people living in the home.

The service kept records of people's activities, health and wellbeing on a regular basis and maintained a contemporaneous record. All records were stored in an organised way so that information was easily available when needed.