

Warrington Community Living Lucklaw Residential Care Home

Inspection report

Burtonwood Road
Gt Sankey
Warrington
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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

About the service

Lucklaw Residential Care Home (Lucklaw) is a residential care home providing accommodation and personal care for up to four adults with complex physical and learning disabilities. At the time of the inspection there were three people living at Lucklaw.

The home is a detached single level property in Great Sankey a suburb of Warrington town. It is set in its own grounds with a large accessible garden at the rear and parking area to the front. The home has been appropriately adapted to accommodate specialised equipment and part of the main lounge has been furnished as a designated sensory area.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes.

The principles reflect the need for people with learning disabilities to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found

There were sufficient numbers of suitable staff to meet people's needs. Sufficient staff were available at times that allowed people to be flexible with their daily routines.

Staff had received training that was applicable to people's specific needs and was ongoing. Staff were supported by the registered manager and team manager through regular staff meetings, supervision and appraisals.

Support provided to people respected their privacy, dignity and promoted individual preferences and choices. It was clear from our observations that staff knew people's needs well. We observed kind, caring and friendly interactions taking place.

Hazards to people's safety had been identified and were appropriately managed. Risk assessments were in place to manage any hazards identified.

People received their medicines safely and as prescribed. The staff identified if people were unwell and supported them to contact health professionals.

People we spoke with made very positive comments about the service provided and the staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 4 October 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 remained safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service remained effective.

Details are in our effective findings below

Is the service caring?

Good ●

The service remained caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service remained responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service remained well-led.

Details are in our well-led findings below.

Lucklaw Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

Lucklaw Residential Care Home 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We also checked for feedback we received from members of the public, local authorities and clinical commissioning groups (CCGs).

We used all of this information to plan our inspection.

During the inspection

People who lived at the home were unable to speak with us. We contacted three relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, another of the provider's managers and two care workers.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and their medication records. We looked at three staff files in relation to recruitment and staff supervision. We also reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same rating.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives we spoke with told us they were very confident people were safe in this service. One person said, "My relative is definitely safe at Lucklaw. It's a brilliant place."
- Policies and procedures were available to guide staff on how to identify and report concerns. We saw, where necessary, appropriate referrals had been made to local safeguarding team.
- The registered manager had sent us statutory notifications to inform us of any events that placed people at risk and told us what actions had been taken.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety had been identified and managed. Care records gave guidance for staff about the actions to take to ensure people were kept safe.
- The staff we spoke with told us they were given good guidance about how to manage risks and protect people from harm.
- Records of the accidents and incidents that had occurred showed the necessary appropriate treatment had been sought and the actions that had been taken to prevent reoccurrence and any lessons that had been learned had been recorded.
- Management were keen to develop and learn from events. During the inspection the registered manager showed us new documentation and improvements to the systems in place to monitor and learn from incidents and accidents.

Staffing and recruitment

- Rotas we saw showed there were enough care workers to flexibly cover the varying needs of people. For example where someone had been admitted to hospital a member of staff stayed with the person in the hospital.
- Relatives told us they thought there were always sufficient staff when they visited. One person said, "Whenever we visit there is always a staff member for each person."
- Staff told us since the last inspection more permanent staff were now employed and the use of any agency staff had been reduced.
- The provider followed safe recruitment processes. Checks of suitability on staff to be employed to work with vulnerable people had been completed.

Using medicines safely

- Medicines were managed safely and were administered by staff who had received the appropriate training

to do so. We observed people received their medicines safely and as prescribed.

- The provider had auditing systems to monitor the management of medicines.

Preventing and controlling infection

- Staff had received training on infection control and understood their responsibilities. We observed staff used appropriate protective wear to prevent cross infection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff assessed and documented people's needs and known preferences in relation to their care and planned their care based on this information.
- Staff used nationally recognised tools to assess risks of pressure ulcers, nutritional risk and falls risks. Staff completed care interventions, such as re-positioning to prevent pressure ulcers, consistently.

Staff support: induction, training, skills and experience

- The provider ensured staff had the skills and knowledge to carry out their role effectively. Staff told us they felt their training needs were adequately met. One said, "We have all received specific training for people's different needs."
- Staff training records showed what training had been done and what was required. We saw that each member of staff had an induction programme, regular supervision, appraisal and ongoing training.
- Staff attended regular meetings that supported them in their work.

Supporting people to eat and drink enough to maintain a balanced diet

- The service supported people to maintain a balanced diet. Staff prepared meals that met people's known preferences and special dietary needs.
- People required a high level of assistance with eating and drinking. We observed the mealtime experience was unrushed and made to be an enjoyable, social event.
- Staff completed nutritional assessments to identify people's needs and any risks they may have when eating.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support;

- The service worked effectively with other health care professionals and support agencies such as local GPs, dentist, community nurses, mental health teams and social services.
- Care records showed that relevant referrals had been made to professionals to meet people's health and care needs.

Adapting service, design, decoration to meet people's needs

- The home was designed and adapted to accommodate specialised equipment that people required.
- Bedrooms we saw had been personalised and people were able to spend time in the privacy of their own

rooms. One relative commented that the bedroom was "kept in pristine condition" and always looked "warm and inviting".

- An area of the main lounge had been furnished to provide an accessible sensory area, where we saw, people enjoyed spending time.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- We saw consent to care and treatment in the care records had been signed by people with the appropriate legal authority to do so on someone's behalf if they lacked capacity.
- Records showed best interest meetings were held to assist people, who were not always able to make difficult decisions for themselves and where relevant independent advocacy could be arranged.
- We saw relevant people had been involved, consulted with and had agreed with the level of care and treatment provided.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated well. We saw staff speaking to people pleasantly and respectfully with lots of appropriate laughter and hugs.
- Relatives told us staff treated everyone with respect and compassion and made many positive comments about them always being professional and helpful. One relative said, "The staff always make us feel welcomed and relaxed. They all are very caring."
- A relative said, "My relative had the best last three years of their life living at Lucklaw. I only wish we had found this home earlier. Staff genuinely showed love and cared for my relative as if they were their own family member."
- Staff had a good understanding and training in protecting and respecting people's human rights. We observed people were treated very individually.

Supporting people to express their views and be involved in making decisions about their care

- Relatives told us they had been consulted with regularly about the care and treatment people received. One relative commented, "Any queries we have are answered openly and as extensively as required."
- Where necessary, independent advocacy could be arranged for those who needed assistance in expressing their wishes. An advocate is a person who is independent of the home and who can support a person to share their views and wishes.

Respecting and promoting people's privacy, dignity and independence

- The relationships between staff and people who received support consistently demonstrated a high regard for people's dignity and respect.
- A relative had written to the provider and commented, "Our relative has been cared for at Lucklaw for 20 years, during which time all staff have treated our relative with the dignity demanded by any adult, and the attention and care demanded by their disabilities."
- Staff took appropriate actions to maintain people's privacy and dignity. We observed staff knock before entering people's rooms.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff supported people to express their views and make choices about the care delivered. One relative told us, "The care is very person-centred and everyone is treated as an individual."
- Staff completed a full assessment of people's individual needs prior to admission to the home. This helped to determine if they could provide people with the level of support they required.
- Staff communicated with relevant others regularly. Involving them in the care and support plans, so that they felt listened to and valued. A relative told us, "We are given regular information that reassures us that relative is receiving good care and is well."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Individualised means of communication and bespoke tools were used to assist staff in communicating with people. We saw a variety of objects were used to gain people's attention and also used to provide reassurance.
- We saw that pictorial information was used as an alternative to written and /or verbal information.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service provided a very varied and innovative range of activities. We saw people were supported in doing their own social activities in the local community or with visiting friends and relatives.
- The home had specially adapted transport that was available to support people to access activities or appointments.

Improving care quality in response to complaints or concerns

- The home had a complaints procedure and we saw complaints had been managed in accordance with the home's procedures.
- The registered manager used any learning from incidents and shared it with staff during regular meetings.

End of life care and support

- Currently no one in the service was receiving end of life care. A relative of a person who had lived at the

home told us about the care and support they received from the staff team when their relative was in hospital at the end of their life. They told us, "The staff were very committed and came to visit [relative] while in the hospital on their days off. [Relative] was treated just as if they were a family member."

- We saw that people's treatment wishes, in consultation with their families, had been made clear in their records about what their end of life preferences were.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service had a positive culture that was person-centred, open, inclusive and empowering. Staff had a well-developed understanding of equality, diversity and human rights.
- The service was open to learning from mistakes. For example, a medication error investigation led to systems and processes being improved.
- People told us the service had been consistently well-led. One relative told us, "It is a well-managed home. The staff are well trained and known what they are doing."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider used quality assurance systems to ensure safety, quality and improvement were consistently monitored.
- Records kept were overseen by the registered manager who monitored for any themes or patterns to take preventative actions or identify lessons to be learned.

Working in partnership with others

- The service consistently worked in partnership with the wider professional team. Care records included detailed involvement of GP, learning disability services and advocates who supported people.
- We saw that regular reviews of people's care needs were held with relevant others.
- The service regularly sought the views and opinions of relatives and visiting professional to the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We saw relatives and relevant others were regularly involved in consultation about the provision of the service and its quality.
- The home promoted an inclusive living environment where staff, people and their relatives were involved in how the home could be improved.