

Mr Vincent Fitzgerald and Miss Tiffany Webster

Duxbury House Residential Care Home

Inspection report

Duxbury House
38 Sherbourne Road
Blackpool
Lancashire
FY1 2PW

Tel: 01253440242

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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

About the service

Duxbury House is a care home providing personal care to six people at the time of the inspection. The service can support up to six adults living with a learning disability and mental health conditions. Duxbury House is situated in a residential area of Blackpool close to the promenade. A lounge, dining room and paved external areas are available for people to choose where to relax.

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

Staff demonstrated a good awareness about safeguarding people from harm or abuse. The registered manager completed risk assessments to guide staff to support each person safely. People stated they felt safer with staff administering their medicines and confirmed they received them on time. The home was clean throughout and there were good stocks of PPE for staff use during the current pandemic. Staff went about their duties calmly and patiently, spending time sitting down talking with people.

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. We found elements of care plans included recorded actions to assist people that were strict in nature, which could infer restrictive practice.

We have made a recommendation about support planning.

The registered manager and staff worked in a multi-disciplinary approach with local services to optimise continuity of care. Care records contained risk assessments to mitigate the risk of malnutrition. The registered manager provided a training programme to develop staff skills.

The registered manager and staff were respectful of people's diverse cultures. Care and communication included detailed recording of people's backgrounds and life stories to increase awareness of each person and their needs.

The registered manager engaged with people to understand their life histories and create personalised care plans. They and their staff provided regular and ad hoc activities to maximise people's wellbeing and social skills. The provider had not received any formal complaints, but provided information to people about raising issues they may have.

People and staff talked about an open culture where they were encouraged to raise any concerns or suggestions about improving the service. The registered manager regularly completed audits to check everyone's safety and welfare.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for

granted. Right Support, Right Care, Right Culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right Support, Right Care, Right Culture. Staff supported people to make their own decisions and lead discussions on what they wanted to do. Staff were consistently kind and respectful, ensuring each person maintained their independence and privacy. People confirmed they were happy and settled at Duxbury House.

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

Rating at last inspection and update

The last rating for this service was good (published 07 December 2017).

Why we inspected

The inspection was prompted in part due to concerns received about food hygiene, choice and liberty, management of people's finances and support for them to access medical treatment services. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Duxbury House on our website at www.cqc.org.uk.

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?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Duxbury House 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.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Duxbury House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

We reviewed information we held about the service. We sought feedback from the local authority

commissioning team. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected Duxbury House and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke about Duxbury House with four people, a staff member and the registered manager. We walked around the building to carry out a visual check. We did this to ensure Duxbury House was clean, hygienic and a safe place for people to live. We looked at records related to the management of the service. We checked care records and looked at medication procedures; staffing and recruitment; infection control protocols; environmental hygiene and safety; people's feedback; leadership; and quality oversight.

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. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff demonstrated a good awareness about safeguarding people from harm or abuse, which was underpinned with a robust policy and relevant training. They were able to describe correct procedures, including reporting to the appropriate authorities.

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

- The registered manager completed risk assessments to guide staff to support people safely. People told us they felt safe living at Duxbury House. One person said, "Yes, I do feel safe and relaxed here."
- The registered manager regularly assessed the internal environment to ensure people were protected from harm or injury. This included a review of accident and incident reports to assess for any required improvements as part of their lessons learned process.

Using medicines safely

- The registered manager provided training for staff as part of the safe management of people's medicines. They regularly competency-checked each employee to assess they remained safe. Medicines records were completed in line with national guidelines.
- People stated they felt safer with staff administering their medicines and confirmed they received them on time. One person commented, "[The registered manager] has worked really hard to get my tablets changed, which I'm really grateful about. Hopefully, I can start getting better."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider had processes to admit people safely to the service.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Staffing and recruitment

- Staff went about their duties calmly and patiently, spending time sitting down talking with people. Those we spoke with confirmed there were sufficient staff to enable them to talk through any emotional needs.

One person told us, "Whenever I've needed a one-to-one, they sort it quickly."

- The provider had the same safe recruitment practices we found at our last inspection. This included references and DBS checks.

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 now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance; Adapting service, design, decoration to meet people's needs

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.

- At the time of our inspection, there were no authorised DoLS to support people to safely meet their needs. However, we found elements of care plans included recorded actions to assist people that were authoritarian in nature, which could infer restrictive practice. For example, lack of clear documentation about how much time people were 'allowed' to use their mobile telephones and 'suitability' of online content viewed. We noted people had freedom of movement and choice throughout our inspection.

We recommend the provider considers current guidance on care planning around supporting people's decision-making.

- Staff had relevant training and were able to discuss good practice to help people make their daily choices. Records contained each person's consent to care and the registered manager had assessed their capacity to make decisions.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager and staff worked in a multi-disciplinary approach with local community and hospital services to optimise continuity of care. Detailed support planning guided staff to understand their needs and assist them to increase their independence.

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

- Care records contained risk assessments to mitigate the risk of malnutrition. Following the recent safeguarding, the registered manager consulted with people and increased choice at mealtimes, including evening snack options.
- People told us they enjoyed their meals. One person commented, "The food is pretty good and they really encourage me to help out. I enjoy cooking."

Staff support: induction, training, skills and experience

- The registered manager provided a training programme to develop staff knowledge and keep them updated to the latest guidance. Staff confirmed they had a wide range of training to underpin their skills. One employee said, "Oh yes, [the registered manager] is really supportive of our training. I'm going to be doing my level three in health and social care."

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; Respecting and promoting people's privacy, dignity and independence

- The registered manager and staff were respectful of people's diverse backgrounds. For example, they developed awareness of people with a protected characteristic as defined in the Equalities Act 2010. They addressed potential issues through meetings with people and staff, training and supervision.
- Care and communication included detailed recording of people's backgrounds and life stories to increase awareness of each person and their needs. The registered manager assured us they would review support planning to improve assisting individuals to make risky decisions safely.

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

- The registered manager gave people the opportunity to feed back about their experience of care. This included daily discussions, one-to-one meetings and survey questionnaires. As an example, following the recent safeguarding, the registered manager consulted with everyone and implemented a change to improve food provision.

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

- The registered manager engaged with people to understand their life histories and create personalised care plans. They documented each person's wishes and preferences to guide staff about how best to support them.
- People told us they were able to express their wishes and staff would listen and assist them. The registered manager assured us they would improve care planning around supporting people's decision-making.

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 registered manager and staff provided regular and ad hoc activities to maximise people's wellbeing and social skills. This included walks out, games, movie afternoons and access to college. One person stated, "We have plenty of things we do together during the day. I also like spending time in my room where I can watch what I want on TV."

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.

- The provider supported people to effectively communicate their needs, including those with conditions that impact how they converse and lead their lives. They were engaging with one person and their social worker to enable them to better communicate and mobilise.

Improving care quality in response to complaints or concerns

- The registered manager had not received any formal complaints, but provided information to people about raising issues they may have. Those we spoke with confirmed they felt comfortable about making a complaint, but did not have any concerns.

End of life care and support

- The provider did not support people at the end of their lives. However, they had a robust policy to guide staff if such circumstances arose. They also documented each person's advanced wishes, including preferences around funeral directors and plans.

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; Continuous learning and improving care

- People talked about an open culture where they were encouraged to raise any concerns or suggestions about improving the service. Following recent feedback, the registered manager engaged with people to better understand their preferences and needs. Consequently, they then implemented change around food provision.
- Duxbury House had a calm, relaxed and welcoming atmosphere. People said they felt the registered manager was open and approachable. One person commented, "He does everything he can for us."
- The registered manager engaged with partner agencies, as part of their duty of candour, to improve the service. Staff told us the registered manager was approachable and willing to listen to ideas about adapting and developing care delivery.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager regularly completed audits to check everyone's safety and welfare. They confirmed they would act on identified concerns to ensure continuity of care delivery. Service quality assurance was strengthened by a range of policies and procedures, enhanced in line with national guidance during the pandemic.
- The registered manager provided people and staff with the opportunity to comment about their experiences of living and working at Duxbury House. This included daily discussions, one-to-one meetings and satisfaction questionnaires.

Working in partnership with others

- The registered manager and staff worked closely with partner agencies in the holistic continuity of people's care. This included hospital and community health and social care services.