

Mrs Mary Catherine Webster

Mrs Mary Catherine Webster - 448 Lytham Road

Inspection report

448 Lytham Road

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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 

Overall summary

This inspection took place on 15th October 2014 and was announced. The registered provider was given 48 hours notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that some of the people who used the service would be available to speak with.

When we last inspected the service we found breaches of legal requirements relating to records in respect of

people's care. This was because we identified the homes care records were not up to date. We found the daily notes recording the support people had received had not been completed for two months. We also found people's care plans were not being kept under review for their effectiveness. The provider responded by sending the

Summary of findings

Care Quality Commission (CQC) an action plan of how they had addressed the breaches identified. We found the improvements the provider told us they had made had been maintained during this inspection.

The home is situated in the South Shore area of Blackpool. The home has six bedrooms, a lounge and dining kitchen and a yard area to the rear of the premises. The service provides care for people who have a learning disability.

Prior to this inspection the manager had submitted an application to be registered with CQC. This was being dealt with by CQC's registration team when the visit to the home took place.

A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

Suitable arrangements were in place to protect people from abuse and unsafe care. Staff had received safeguarding training and understood their responsibilities to report any unsafe care or abusive practices. People we spoke with told us they felt safe and their rights and dignity were respected.

We found sufficient staffing levels were in place to provide the support people required. We saw the staff member on duty had time to spend socially with the people in their care and could undertake her tasks supporting people without feeling rushed.

We found medication procedures in place at the home were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medicines were safely kept and appropriate arrangements for storing were in place. People told us they received their medicines at the times they needed them.

The home was well maintained and clean and hygienic when we visited. The people we spoke with said they were happy with the standard of accommodation provided.

Staff spoken with were positive about working for the provider and felt well supported. They said they received regular training to make sure they had the skills and knowledge to meet people's needs.

People were happy with the variety and choice of meals available to them. Regular snacks and drinks were available to them between meals to ensure they received adequate nutrition and hydration.

People living at the home had freedom of movement both inside and outside the home. They were involved in decision making about their personal care needs and the running of the home. We saw no restrictions on people's liberty during our visit.

The manager used a variety of methods to assess and monitor the quality of the service. These included annual satisfaction surveys, 'house meetings' and care reviews. We found people were very satisfied with the service they were receiving. The manager and staff member were both clear about their role and responsibilities and were committed to providing a high standard of care and support to people who lived at the home.

Summary of findings

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.

People were safe because the provider had procedures in place to protect them from abuse and unsafe care.

People had their health and welfare needs met by sufficient numbers of appropriate staff.

People were protected against the risks associated with unsafe use and management of medicines.

Good



Is the service effective?

The service was effective.

We found people were receiving safe and appropriate care which was meeting their needs and protected their rights.

Staff had access to on-going training to meet the individual and diverse needs of the people they supported.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

The manager was aware of procedures to follow where people lacked capacity and restrictions may amount to a Deprivation of Liberty (DoLS).

Good



Is the service caring?

The service was caring.

People were supported by responsive and attentive staff who showed patience and compassion to the people they were supporting. Staff respected people's privacy.

People were supported to express their views and wishes about all aspects of life in the home.

Good



Is the service responsive?

The service was responsive.

People participated in a wide range of activities which kept them entertained and stimulated.

People's care plans were person centred and had been developed with them to identify what support they required and how they would like this to be provided.

People knew their comments and complaints would be listened to and acted on effectively.

Good



Is the service well-led?

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people were receiving.

Good



Summary of findings

The provider had clear lines of responsibility and accountability. Staff were clear about their role and were committed to providing a high standard of support to people in their care.

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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 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 15th October 2014 and was announced. The registered provider was given 48 hours notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that some of the people who used the service would be available to speak with.

The inspection team consisted of an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience for this inspection had experience of services who supported people with a learning disability.

Before our inspection on 15th October 2014 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and any comments or concerns.

We spoke with a range of people about the service. They included the homes manager, the member of staff on duty and five people who lived at the home. We also spoke to the commissioning department at the local authority and contacted Healthwatch Blackpool prior to our inspection. Healthwatch Blackpool is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced when living at this home.

During the inspection we looked at the care records of two people living at the home, training records of the manager and staff member on duty, records relating to the management of the home and the medication records of five people.

Is the service safe?

Our findings

We spoke with the five people living at the home. They told us they felt safe and their rights and dignity were respected. They told us they were receiving safe and appropriate care which was meeting their needs. They said they liked the staff who supported them and wouldn't wish to live anywhere else. Comments received included: "Yes I do feel safe here." And, "we have no worries at all about safety."

The service had procedures in place for dealing with allegations of abuse. The manager and staff member on duty had both received safeguarding vulnerable adults training. They understood their responsibilities to report any concerns they may have about poor care or any suspicion of abuse and neglect. They told us they wouldn't hesitate to report any concerns they had about poor care practices. The staff member had a clear understanding of the procedures that needed to be followed if they reported any concerns to their manager.

There had been no safeguarding alerts made to the local authority or referred to the Care Quality Commission about poor care or abusive practices when we undertook this inspection. People spoken with confirmed they were safe and well and had no concerns about their care or the staff who supported them. One person said, "I get on really well with the staff. They are lovely people and I am very happy here."

We looked at how the service was being staffed. We did this to make sure there was enough staff on duty at all times, to support people who lived at the home. We looked at the homes duty rota, observed care practices and spoke with people living at the home. We found staffing levels were adequate with an appropriate skill mix to meet the needs of people using the service. Four of the five people living at the home needed limited support from the staff. The person who did require some support with their personal care needs received this in a timely and unhurried way. We observed the staff member was responsive to their needs and was kind and patient.

We saw that the staff member spent time with people, providing care and support or engaged in activities. We saw people enjoyed the time spent with the staff member and there was lots of laughter. One person said, "We all get on really well and have a great time together. I have lived here

for years and would never go anywhere else." We also saw one person who lived at the home going out to work and another person visiting the local shops to purchase some groceries for the home. This person also collected a newspaper for another person who lived at the home. The person told us they went out most days as they enjoyed shopping and supporting her friends.

We looked around the home and found it was clean, tidy and well-maintained. We found equipment in use by the home was being serviced and maintained as required. Records were available confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use. We spoke with all five people living at the home. They told us they were comfortable and felt safe. One person we spoke with said, "I like to keep active and help with the cleaning. The place is spotless."

We looked at how medicines were prepared and administered. All staff working at the home had received training so that they could administer people's medicines safely. This was confirmed by talking to the staff member on duty and looking at staff training records. The manager had audits in place to monitor medication management practice. This meant systems were in place to ensure that people had received their medication as prescribed. The audits also confirmed medicines were ordered when required and records reflected the support people had received with the administration of their medication.

We looked at medication administration records for all five people following the morning medication round. Records showed all morning medication had been signed as having been administered. We checked this against individual medication packs which confirmed all administered medication could be accounted for. This meant people had received their medication as prescribed.

Medicines were safely kept and we saw appropriate arrangements for storing, recording and monitoring controlled drugs (medicines liable to misuse). These controls helped to keep people safe in the home.

We spoke with people about the management of their medicines. They told us they had provided consent for staff to administer their medication and had no concerns. One person said, "I am happy they look after my medicines for me. They make sure I receive my tablets when I need them."

Is the service effective?

Our findings

The five people living at the home had lived there for over fifteen years. They received effective care because they had been supported by the same staff team during this period who had an excellent understanding of their needs. This meant people were receiving effective, safe and appropriate care which was meeting their needs and protected their rights. One person said, "I have lived here so long the staff know me better than I know myself. I think they are wonderful."

The staff member on duty was able to describe the individual needs and support that each person required. Observations throughout the visit confirmed people were happy with the care and support they were receiving.

We spoke with the staff member on duty and checked the training records for all staff employed by the home. This confirmed staff had access to a structured and development training programme. The staff member told us she had achieved a National Vocational Qualification (NVQ) at level 3. In addition all staff received mandatory training covering health and safety, manual handling techniques, food hygiene, behaviour that challenged, safeguarding, personal care, dementia and medication administration. The manager and staff had also received training on the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS). This confirmed that people were being supported by a well trained and competent staff team.

The service had policies in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS provide legal safeguards for people who may be unable to make decisions about their care. We spoke with the manager and staff member on duty to check their understanding of MCA and DoLS. Both had received MCA training and demonstrated a good awareness of the code of practice. This meant clear procedures were in place to enable staff to assess people's mental capacity, should there be concerns about their ability to make decisions for themselves, or to support those who lacked capacity to manage risk. Both understood when an application should be made and in how to submit one to the relevant authority. This meant that people's rights would be safeguarded as required.

There had been no applications made to deprive a person of their liberty in order to safeguard them. During the inspection we spent time speaking with the five people living at the home and observing the care and support they received. This helped us gain an insight into how people's care and support was managed. We did not observe any restrictions or deprivations of liberty during our visit.

The people we spoke with told us they enjoyed the food provided by the home. They said they received varied, nutritious meals and always had plenty to eat. The home did not work to a set menu and people were asked daily about meals and choices available to them for the day. We observed people had unrestricted access to the kitchen/ dining room to make snacks and drinks. Three people were able to make their own breakfasts. We also observed they assisted the staff member supporting the other two people with their meal preparation and snacks. One person said, "I make my own breakfast every day before I go to work. I am home for lunch which I always enjoy. We all sit together and have a good chat."

Lunch was served at 12.30pm and everyone had agreed what their choice of meal would be at breakfast. We observed lunch was a relaxed and unhurried experience. People sat at the table and engaged in conversation with each other. We observed the meal was well presented and looked and smelt appetising. We noted people were given time to eat their meal without being hurried. Drinks were provided and offers of additional drinks and meals were made where appropriate. We heard people informing the staff member how much they had enjoyed their meal. One person said, "That was really lovely. I am so full I couldn't eat another thing."

We spoke with the staff member about meal preparation and people's nutritional needs. They confirmed they had information about special diets and personal preferences and these were being met. They told us this information was updated if somebody's dietary needs changed.

People we spoke with told us they had access to healthcare professionals to meet their health needs when this was required. They told us they were supported by the manager to attend visits to their doctor and dentist. One person said, "Yes we are supported to go to the doctors, dentist and if needed the optician." Another person said, "I am well at the moment. If I wanted to see my doctor they would arrange this for me."

Is the service effective?

People's healthcare needs were carefully monitored and discussed with the person as part of the care planning process. Care records seen confirmed visits to and from General Practitioners and other healthcare professionals had taken place. The records were informative and had

documented the reason for the visit and what the outcome had been. This confirmed good communication protocols were in place for people to receive continuity with their healthcare needs.

We spoke with all five people living at the home and they told us they were happy with the support they received from the manager and his staff with their healthcare needs.

Is the service caring?

Our findings

During our visit we spent time observing staff interactions with people in their care. This helped us assess and understand whether people using the service were receiving care that was meeting their individual needs. We saw the staff member on duty was responsive and attentive to the people in her care. The staff member was polite and kind when speaking to people and showed compassion when providing support to people. We observed the staff member supporting one person who required their assistance because they had poor mobility from the lounge to dining room. The staff member showed patience and understanding and engaged in conversation with the person whilst providing the support. This confirmed people who required support were being treated with respect, patience and dignity.

People we spoke with told us they liked the staff who supported them and looked upon them as friends. Comments received included, "The staff are great, I wouldn't live anywhere else" and, "They spend loads of time talking to us and we can ask anything." One person told us how much he liked the staff member on duty and showed us pictures he had drawn of her.

Throughout the visit we saw people had freedom of movement both inside and outside the home and were able to make decisions for themselves. We observed the routines within the home were relaxed and arranged around people's individual and collective needs. We saw they were provided with the choice of spending time on their own or in the lounge area. The home had a relaxed and calm atmosphere.

People told us they were supported to express their views and wishes about all aspects of life in the home. We observed the staff member enquiring about people's comfort and welfare throughout the visit and responding promptly if they required any assistance.

We looked at care records of two people. We saw evidence they had been involved with, and were at the centre of developing their care plans. The people we spoke with told us they were encouraged to express their views about how their care and support was delivered. The plans contained information about people's current needs as well as their wishes and preferences. Daily records being completed by staff members were up to date and well maintained. These described the daily support people were receiving and the activities they had undertaken. The records were informative and enabled us to identify how staff supported people with their daily routines. We saw evidence to demonstrate people's care plans were reviewed with them and updated on a regular basis. This ensured staff had up to date information about people's needs to enable them to deliver care in a consistent way.

People told us the staff treated them with dignity and their privacy was respected at all times. All rooms were single occupancy and people had been issued with their own keys. One person said, "We have a lock on our bedroom door and have a key to our room. I like to spend time in my room watching television when I get home from work. The staff always knock on my door and I tell them to come in. They are very good."

Throughout our visit we observed the staff member demonstrate compassion and empathy towards the people she was supporting. She treated people with respect and was discreet when providing personal care support.

Is the service responsive?

Our findings

People were supported by an established and stable staff team who had a good knowledge of their individual needs. People told us staff were responsive to their needs and were available to support them when they needed them. They told us they were encouraged to pursue personal interests and had no restrictions placed upon them with their daily routines. Two people had part time paid employment. Both told us they enjoyed their work and the money they earned enabled them to undertake activities of their choice outside of the home. One person said, "I attend a social club where we play bingo and have hot pot suppers. I love shopping and often go to Preston, Lancaster and Fleetwood. I have a full and active social life and keep myself busy."

People informed us they participated in a wide range of activities which kept them entertained and stimulated. The activities were undertaken both individually and as a group. These included playing games, playing pool, drawing, watching film's, bingo, quizzes, playing skittles and crocheting. One person said, "We do things as we want. I enjoy helping out around the house and going shopping. I have my own interests but I will join in with the group when we are organising something. We all get on like a family without the arguments. We have some really good times together." During the afternoon the staff member and four people participated in a quiz. The people seemed to really enjoy this activity and we observed there was lots of fun and laughter.

People told us they enjoyed a group holiday every year. One person said, "We had a lovely holiday last year. The five of us, the staff and the dog Murphy. We went to Cockermouth in the Lake District to a lovely big house."

People were enabled to maintain relationships with their friends and family members and take part in activities which were of particular interest to them. We saw one resident went out shopping and someone else liked to sit

and read the paper. The person reading the paper said, "I like to read the sport and then sort out my bets for the day. I will be going out this afternoon with the manager to put my bets on. Feeling lucky today."

We looked at the care records of two people to see if their needs were assessed and consistently met. We found each person had a structured care plan which clearly detailed the support they required. The care plan was person centred and had been developed with each person's involvement in order to identify what support they required and how they would like this to be provided. We spoke with the two people concerned. They both told us they had been involved in planning their care and they were happy they were receiving the support they needed when they needed it. One person said, "I sit with the staff when they are reviewing my care. We discuss if I am happy and if I feel any changes need to be made. I like being involved and I am happy with my care."

The service had a complaints procedure which was made available to people they supported and their family members. We saw the complaints procedure was also on display in the hallway for the attention of people visiting the home. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and the Care Quality Commission had been provided should people wish to refer their concerns to those organisations.

The manager told us the staff team worked very closely with people and any comments were acted upon straight away before they became a concern or complaint.

We spoke with the five people living at the home. They told us they were aware of how to make a complaint and felt confident these would be listened to and acted upon. Comments included, "No I have never needed to complain. We are very happy here." and "Yes I know how to make a complaint."

Is the service well-led?

Our findings

When we undertook this inspection the manager wasn't registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with CQC to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider. The manager had submitted an application to register with the Commission prior to our inspection and this was being dealt with by CQC's registration team when the inspection took place.

We found the service had clear lines of responsibility and accountability. The manager lived on the premises and worked alongside the staff member on a daily basis. The staff member told us if the manager wasn't on the premises they were contactable or they could make contact with the provider. This meant the staff member had someone they could speak with for advice in the event of an emergency situation happening at the home.

The manager and staff member were both knowledgeable about the support people in their care required. They were both clear about their role and were committed to providing a high standard of care and support to people who lived at the home. People we spoke with said the manager was available and approachable if they needed to speak with him. Throughout the visit we saw people were comfortable and relaxed in the company of the manager and staff member on duty.

We found systems and procedures were in place to monitor and assess the quality of the service. These included seeking the views of people they support through 'house meetings', annual satisfaction surveys and six monthly care reviews which took place with full involvement of the people living at the home. We saw 'house meetings' were held monthly and any comments, suggestions or requests were acted upon by the manager. This meant people who lived at the home were given as much choice and control as possible into how the service was run for them.

We looked at the satisfaction surveys which had been completed by people who lived at the home. These were produced to get the views of how people thought the service was run. They also provided the opportunity for people to suggest ways to improve the running of the service. We saw people said they were happy with the service they were receiving, enjoyed the meals provided, the activities organised by the home and liked the staff who supported them. We noted there were no negative comments recorded. Positive comments recorded included, "I love it here. The staff are brilliant." and "This is the best place to live. I like the staff and the food is great. We have good holidays."

People we spoke with told us they attended the house meetings arranged by the manager. They said they were encouraged to express their views about any improvements or changes they would like to see made to the service they receive. They told us they were happy and didn't feel improvements needed to be made. One person said, "I am able to give my views on things." Another person said, "We all sit together around the kitchen room table with a cup of tea and biscuits and have a good chat. We talk about our choice of meals, the activities we like and whether we want to go on holiday. We decide as a group where we want to go. We always have a great time."

Records seen during the visit confirmed appropriate supervisory arrangements were in place for staff members. The staff member on duty told us they received regular supervision with the manager and an annual appraisal of their work. They told us they could express their views about the service in a private and formal manner. The staff member said, "I am really well supported and have access to the manager and provider when I need them. I have to say we work well together." The staff member was aware of whistle blowing procedures should they wish to raise any concerns about the manager or provider. There was a culture of openness in the home, to enable staff to question practice and suggest new ideas.