

Mrs Linda Parker

Dunblane House

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 was an announced inspection visit carried out on 19 January 2016. The reason the inspection visit was announced was to ensure people were available on the day of our visit. Therefore we gave the service 24 hours' notice.

Dunblane House is a large terraced house registered for four people with mental health problems. It is situated in a residential area of Blackpool. It is run as an ordinary domestic household. People live with the owners and share the communal facilities. The ground floor consists of a lounge and dining/kitchen area and one bedroom. There are four bedrooms, two have en-suite facilities. There are sufficient toilet and bathroom facilities available. There is a small garden area with seating at the rear of the property. At the front of the property there is parking for two vehicles. The house is close to all local amenities. At the time of the inspection three people lived at the 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.

At the last inspection in April 2014 the service was meeting the requirements of the regulations that were inspected at that time.

Systems were in place to protect people from abuse and unsafe care. The three people told us they felt safe and were happy at Dunblane House. One person said, "Oh yes I have been here for years we are all a family. I feel safe with people around me."

We looked at the care records for two people. There was information in place about support needs for each person and how these were being met.

We found the three persons who lived at the home had their healthcare needs met. For example they told us they had access to their doctors and dentists when they required treatment.

We found medication procedures in place at the home were safe. The three people had locked facilities and managed their own medication with supervision from the owners and staff. All had been trained to administer medication.

People who lived at the home were responsible for their food choices with help from the staff and owners. One person who lived at the home said, "We do choose the meals but change when we want to they don't mind." People helped themselves to drinks and snacks throughout the day.

The registered provider understood the requirements of the Mental Capacity Act 2005 MCA and the

Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

People had freedom of movement around the building. 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.

People were encouraged to follow their ambitions and individual interests within the community. They included voluntary work and attending education facilities.

People who lived at the home were encouraged and supported to maintain relationships with their friends and family members.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular auditing of the service and meetings with the people who lived at the home formally and informally.

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.

Procedures were in place to protect people from abuse and unsafe care.

Staffing levels met the care needs of people who lived at Dunblane House.

Recruitment of staff processes were safe to ensure suitable people were employed. However no new staff had been employed for a number of years.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People's choices were respected and the registered manager and staff understood the requirements of the Mental Capacity Act 2005.

The staff team worked well with other services and health professionals to ensure people's care needs were met.

People's healthcare needs were monitored and continuity of care was maintained.

Is the service caring?

Good ●

The service was caring.

People were treated with respect and their independence, privacy and dignity were promoted.

People and their families were included in making decisions about their care.

The registered manager and staff demonstrated a good knowledge of people's needs.

Is the service responsive?

Good ●

The service was responsive.

Care plans for people who lived at the home were informative and regularly updated.

People were supported to engage with the local community and to access a variety of recreational activities, education facilities and employment.

There was a system to receive and handle complaints or concerns.

Is the service well-led?

Good ●

The service was well led.

There was an open and relaxed atmosphere at the service.

People who lived in the home and their relatives were regularly consulted about how the service was run.

The registered manager had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

A range of audits was in place to monitor the health, safety and welfare of people who lived at the home.

Dunblane House

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 was an announced inspection visit carried out on the 19 January 2016. The inspection visit was carried out by an adult social care inspector.

Before our inspection on 19 January 2016 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. We also checked to see if any information concerning the care and welfare of people living at the home had been received.

During the inspection visit we spoke with the three people who lived at the home and a staff member. We also spoke with the owners of which one was also the registered manager. We had information provided to us from external agencies including the local authority contracts and commissioning team. This helped us to gain a balanced overview of what people experienced living at the home.

Part of the inspection was spent looking at records and documentation which contributed to the running of the service. They included two care plans of people who lived at the home, maintenance records, training records and audits for the monitoring of the service. We also spent time observing staff interactions with people who lived at the home.

The owners lived on the premises and provided support for people with two part time staff members. The three people who lived in the home were independent and could attend to their own care needs with minimum supervision.

Is the service safe?

Our findings

We spoke with people who lived at the home. They told us they felt safe and staff were always around supporting them. We confirmed this by our observations during the day." One person who lived at the home said, "I feel safe yes I do here. It has been my home years."

We looked at two care records of people who lived at the home. They contained an assessment of people's needs, including reviews of any risks associated with receiving care. These related to potential risks of harm or injury and appropriate actions to manage risk. Risk assessments were also developed for when people were out in the community in order to keep people as safe as possible.

There had been no safeguarding alerts made to the local authority or referred to the Care Quality Commission (CQC) about poor care or abusive practices when we undertook this inspection. Discussion with the registered manager and staff member confirmed they were aware of the local authorities safeguarding procedures. A staff member also said, "I have completed safeguarding training and always have it updated to keep us in the know."

We looked around the building and found it was clean and maintained. Some parts of the building had recently been redecorated. We found equipment in use had been serviced and maintained as required. For example records were available confirming the electrical installation certificate complied with statutory requirements. Fire extinguishers had also been serviced. Also gas appliances had been checked to ensure peoples safety. We checked fire records and found they recently had a fire safety alarm check where people had to evacuate the building.

The service had procedures in place to record accidents and incidents. However there had not been any accidents recorded in the last 12 months. The registered manager told us they had a system in place should they need to report on any incidents.

The three people who lived at the home were cared for by the owners (husband and wife) and two part time staff members. We found staffing levels were suitable to care for the three people who lived at the home. The three people were independent and required support for guidance and prompting most of the time. The people could attend to their care needs with some supervision. The staff member said, "We manage very well and promote their independence as much as possible."

We looked at recruitment processes the service had in place. Checks were in place that was required. They included information about any criminal convictions recorded, an application form that required a full employment history and references. No new staff had been employed since the last inspection visit. The owners told us they were up to date with recruitment procedures should they need new staff.

We looked at how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home and stored and disposed of correctly. We looked at medication administration records for the three people. All had signed a 'self-medicate' form. They had locked facilities

in their bedrooms where they kept their medicines. The registered manager told us they ensured people had taken their medication by observing the time they were prescribed to be taken. Records showed all morning medication had been signed for. The registered manager said, "We have all done medication training and keep accurate records. We make sure all have their medicines when they should be taken."

Medicines were safely kept. Storing medicines safely helps prevent mishandling and misuse. We spoke with the people who lived at the home about medication and they were happy with what system was in place. One person said, "I go and collect my prescription and put it in my cabinet for when I come to take it."

Is the service effective?

Our findings

The three people who lived at Dunblane House had lived at the home for a number years. They received effective care because support was provided by people who knew them well. For example one of the staff had been employed at the service for over 10 years. They said, "We have got to know each other so well. We know when things are wrong or they don't feel well because of our relationship together."

We spoke with the owners and staff member to ascertain their understanding of the needs of people in their care. We found they were able to describe the individual needs and support each person required. We confirmed this by our observations throughout the inspection visit and how people interacted with each other.

Training records we looked at had been updated for the owners and staff members. For example the owners had a programme of mandatory training that was updated annually. Courses included, safeguarding adults, moving and handling and medication. The staff member told us they were encouraged to further their skills by undertaking further training opportunities. For example we were told the staff member was in the process of completing a 'care certificate'. The staff member said, "I have done two of the modules."

We looked at staff supervision records to check staff were supported to carry out their duties effectively. Supervision was a one-to-one support meeting between individual staff and the owner/registered manager to review their role and responsibilities. The process included discussions about their development and the needs of the people who lived at the home.

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. 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. We did not see any restrictive practices during our inspection visit and observed both people had freedom of movement around the home.

The owners and staff catered for a selection of food preferences and dietary requirements for people who lived at the home. The staff and people who lived at the home were responsible for the preparation of food. 'Food and hygiene' training had been completed by the owners and staff members. This was confirmed by talking with staff and looking at training records. Comments about the quality of food were all positive and included, "We all help out so the food is always good." One person who lived at the home said, "We all like to

bake and regularly make biscuits and cakes."

The service had a weekly menu that was developed by the people who lived at the home as it was their choices. One person said, "We do choose the meals but change when we want to they don't mind."

We observed people were offered drinks throughout the day and helped themselves to snacks and drinks. Fresh fruit was readily available with a fruit bowl on the dining table. People's preferences in respect of food were recorded in care plans.

We found the kitchen was clean and staff had recorded food and appliance checks to maintain effective food safety management. Dunblane House had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service as 'excellent' in relation to meeting food safety standards about cleanliness, food preparation and associated record keeping.

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 (GP's) and other healthcare professionals had been recorded. 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.

Is the service caring?

Our findings

People who lived at the home told us they were happy living at Dunblane House. One person said, "I have been here for years and [owners and staff member] are so caring and are like my relatives."

We sat for a while in the lounge with the three people who lived at the home. We observed the owners and staff members were caring, respectful and kind when interacting with people. For example one person wanted to go out and was about to leave the home. The staff member noticed the person was not wearing a coat. They suggested he might want to put a coat on as the weather was really cold. The person who lived at the home thanked the staff member and put their coat on.

We spoke with three people who lived at the home and they explained they felt staff and the owners were caring and treated them as part of their family. One person who lived at the home said, "They are all patient with me as sometimes I take my time. They treat me as one of their own."

We observed the staff and owners interacted with people in a friendly, respectful way. Staff demonstrated a good level of awareness and understanding. For example one person wanted to go to the bank and asked a staff member to accompany them. They both got ready and went out together.

The staff and owners told us they treated people with respect and dignity. They felt it was important people were supported to retain their dignity and independence. For example we witnessed the staff knocked on doors before entering the person's room. They also addressed them as they wished to be known as. Comments included, "People have to be treated with respect as I would want to be."

We arrived early morning around breakfast time. We observed routines to be relaxed and arranged around people's individual and collective needs. We saw people were provided with the choice of spending time on their own or in the lounge area. For example one person was attending to their own domestic tasks (ironing) and another was getting ready to go out.

Care records contained information about people's personal histories and detailed background information. This helped the owners and staff understand what had made people who they were and how events in their past history had impacted on them.

We found by looking at care records evidence of people being involved with developing their care plans. People we spoke with told us they were encouraged to express their views about how their care, aspirations and wishes would be supported. For example one person who lived at the home said, "I love working at the charity shop it is my choice."

Care records contained information about people's needs as well as their wishes and preferences. Daily records being completed by staff members were up to date and maintained. These described the daily support people were receiving and any appointments people may have. The records were informative and enabled us to identify how staff supported people with their daily routines.

We spoke with the owners about access to advocacy services should people require their guidance and support. The registered manager had information details that could be provided to people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the home to act on their behalf if needed.

Prior to our inspection visit we received information from external agencies about the service. They included the commissioning department at the local authority. Links with these external agencies were good and they told us they had no current concerns about Dunblane House.

Is the service responsive?

Our findings

People who lived at the home told us they felt staff were helpful and responsive to their needs, requirements and ongoing support. For example one person told us they had an interest in attending college and this was looked into and a resource found. We spoke with a person who lived at the home who said, "I am at college and love it learning about computers."

Care plans were person centred which meant they contained input from the person or family who lived at the home. For example documents were signed by the person who lived at the home to say they agreed with support that was provided to them. Care plans recorded their preferences, likes and dislikes. This gave staff information to ensure the quality of support provided met the needs of each individual.

People were not restricted from building friendships and relationships. For example a friend of people who lived at the home visits every week to join in any activities or just to sit and chat with them. One person said, "[Friend] still visits us every week and we get along fine with each other. It is nice to see him."

People who lived at the home were involved in various activities within the community. For example one person worked at a local charity shop and attended college. We spoke with the person who said, "I love the work at the charity shop I have been there for a long while." Other activities people enjoyed included trips out to local cafes and eating establishments. One person said, "We go out on Fridays for lunch." A staff member said, "We have trips out in Blackpool or the Lake District."

The owners and staff member told us they joined in games with people such as 'monopoly'. The owner told us that whatever they wanted to play they joined in. One person who lived at the home said, "I like to play board games now and then with us all."

The staff and owners tried to accommodate people to follow their chosen activity. For example the owners had a permanent caravan in North Wales and they went there on a regular basis. The people who lived at the home told us they liked to go there as often as they could. One person who lived at the home said, "I love it at the caravan we go a lot."

An assessment of an individual's requirements had been completed prior to their admission to check the service could meet their support needs. People's care records had assessments to ensure support was identified and provided. We found care plans were regularly reviewed to check they continued to meet people's needs. Records contained a statement about what care plan review meant and the process involved.

We found the complaints policy the registered manager had in place was current and had been made available to people who lived at the home. This detailed what the various stages of a complaint were and how people could expect their concerns to be addressed. We noted there had been no complaints received since the last inspection.

We spoke with one person who lived at the home about complaints and they said, "I have never had any complaints here this is my home. I would speak with [owner] if I felt something was wrong or was upset."

Is the service well-led?

Our findings

Comments from people who lived at the home were positive about the way the registered manager/ owner led the service. One person who lived at the home said, "It's my home [owner] is like family to me."

The staff member we spoke with said they were happy with the leadership arrangements in place and had no concerns with the way the service was led. They told us the service was run as a family home.

We found the service had clear lines of responsibility and accountability. Staff spoken with demonstrated they had a good understanding of their roles and responsibilities. The registered provider lived on the premises with her husband who was the registered manager with one staff member. They supported the three people who lived there. They all lived together as a family. The staff member said, "We have been together for years its home from home." We found everyone shared the same facilities. The registered manager said, "We all muck in together."

We spoke with the three people who lived at the home and one told us they were involved in decision making about the running of the home. For example we found daily the menus were decided by the people who lived at Dunblane House. One person who lived at the home said, "We all decide what we want to do." It was evident that people were treated as part of the family and involved in family activities.

There were formal internal quality assurance systems in place. For example audits were carried out regularly. These were put in place to monitor the quality of service provided. Audits undertaken by the owner and the registered manager included the environment, care records and medication. Any issues found on audits were acted upon and any lessons learnt to improve the service. For example an environment audit we looked at identified some repairs to the roof were required before redecoration could begin. The owner had contacted the relevant services and repairs were underway.

This was a small home run as a family unit. Views of people who lived at the home were sought by informal methods and joint staff/resident meetings. The last meeting had taken place on 06/01/2016. Actions discussed from this meeting were holiday dates for the coming year to Wales.

There were only three people who lived at the home and daily conversations took place about the running of Dunblane House. One person who lived at the home said, "We all talk every day to see if everything is alright."

Decisions were made as a family group about holidays, outings, meals and any changes made to the environment. This meant the three people who lived at the home were given as much choice and control as possible about the running of the home.