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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?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Duxbury House provides care and support for a maximum of 6 people who live with learning disabilities and mental health conditions. At the time of our inspection there were 6 people living at the home. Duxbury House is situated in a residential area of Blackpool close to the promenade. A lounge, dining room and paved external areas are available so people can choose where to relax.

At the last inspection on 27 August 2015, the service was rated 'Good'. At this inspection, we found the service remained 'Good'.

During this inspection, people we spoke with said they felt safe at the home. One person commented, "It's a good place, I feel very safe here." Care records we saw included risk assessments to guide staff to minimise potential risks to people who lived at Duxbury. Staff we talked with demonstrated a good understanding of safeguarding people from unsafe or poor care.

We found medicines were stored securely and administered with a safe approach. The provider undertook regular audits to assess the safety of medicines management. They ensured staff had relevant training to underpin their skills and understanding.

The provider had systems to ensure people were protected against the employment of unsuitable staff. People and staff we spoke with told us staffing levels were sufficient. A staff member stated, "There's enough staff. I go out with people on a daily basis because there's two staff to make this possible." We saw staff training was reinforced by supervision for staff to review their development.

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

Staff worked with individuals to meet their nutritional requirements with a healthy living approach. For example, guidance in care files included support about the risks of obesity as well as malnutrition. One person told us, "The meals are great. It's all about healthy living."

We observed staff engaged with people in a friendly, caring, patient and knowledgeable approach. People said staff were compassionate, supportive and kind. One person who lived at Duxbury told us, "Even my [relative] says it's the best place I've been in. She goes home happy and relaxed."

People we spoke with commented the registered manager and staff worked with them in developing their support plans. We saw records were detailed, personalised and contained information about each person's backgrounds, life histories and preferences.

The registered manager regularly completed a range of audits to assess quality assurance and the safety and wellbeing of everyone at Duxbury. They held regular 'resident' meetings to give people the opportunity

to raise any issues and involve them in the home's development. Staff told us the provider had a hands on approach and worked with them as part of the team. One employee said, "We have regular team meetings and discuss any ideas to help our residents."

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 remains good

Is the service effective?

Good ●

The service remains good

Is the service caring?

Good ●

The service remains good

Is the service responsive?

Good ●

The service remains good

Is the service well-led?

Good ●

The service remains good

Duxbury House Residential Care Home

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 inspection took place on 11 October 2017 and was unannounced. The inspection team consisted of an adult social care inspector.

Before our unannounced inspection, we checked the information we held about Duxbury. This included notifications the provider sent us about incidents that affect the health, safety and welfare of people who lived at the home. We also contacted other health and social care organisations such as the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced living at Duxbury.

Furthermore, we looked at the Provider Information Return (PIR) the provider had sent us. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Additionally, we spoke with a range of individuals about this home. They included five people who lived at Duxbury, a member of staff and the registered manager.

We looked around the building to check environmental safety and cleanliness. We also spent time reviewing records. We checked documents in relation to three people who lived at the home and staff training and supervision records. We looked at systems related to the management and safety of Duxbury.

Is the service safe?

Our findings

We asked people if they felt safe whilst living at Duxbury and they gave us positive feedback about their wellbeing and safety. One person said, "It's all up to scratch here. You won't find any problems." Another individual commented, "It's safe, warm and comfortable here." A third person told us, "I can be very vulnerable at times, but the staff keep me safe."

The registered manager told us no incidents or accidents had occurred at Duxbury over the last year. We saw they had implemented a number of systems, procedures and control measures to maintain people's safety and wellbeing. In addition, the provider completed a review of patterns and themes to incidents to assess actions to reduce any reoccurrence. Care records included risk assessments to protect people from harm or inappropriate care. These covered, for example, environmental safety, mental health, self-neglect, nutrition and medication. Risk assessments were regularly updated to guide staff to minimise potential risks to people who lived at Duxbury.

We found the home was clean and tidy and staff had access to personal protective equipment, such as disposable gloves. Signs displayed throughout the building advised everyone about good hand washing practices. We noticed hot running water was available throughout and window restrictors were fitted to protect people from potential harm. The home's safety certification, such as gas and electric, were up-to-date to ensure a safe environment.

Staff we talked with demonstrated a good understanding of safeguarding people from unsafe or poor care. One staff member said, "I would fill out an incident form, report to [the registered manager] and safeguarding and CQC." Training records we looked at confirmed they had guidance to support them in their responsibilities, including how to report concerns.

We found medicines were stored securely and administered with a safe approach. For example, the staff member concentrated on person at a time and signed records afterwards to evidence medication had been taken. The provider undertook regular audits to assess the safety of medicines management. One person told us, "I always get my medication on time."

At our last inspection, we found the provider had safe recruitment practices to protect people from unsuitable staff. Since then, we noted the provider had not recruited any new employees. The management team were clear about related processes and their responsibilities. We noted there were sufficient staffing numbers and staff skills mixes to support those who lived at Duxbury. Where people required one-to-one support or assistance with activities we found evidence to demonstrate this took place. People told us they felt staffing levels were adequate to meet their needs. One person said, "There's always someone around to talk to. I'm not concerned about the number of staff and it keeps me safe."

Is the service effective?

Our findings

People told us staff were experienced and well trained in their duties. One person who lived at Duxbury said, "The staff and [the registered manager] are really good. They know what they're doing and are very experienced." Another person commented, "They are a very clever team here."

We found evidence to demonstrate staff received appropriate training and had or were in the process of completing recognised qualifications. This included specialist mental health training, safeguarding, risk assessment, food hygiene and environmental safety. A staff member said, "I really enjoy the training, it's very interesting and I've learnt a lot." Staff learning was underpinned by regular supervision for staff to review their personal and professional development.

We looked around the building and found the premises were appropriate for the care and support provided. For example, rooms were spacious, décor was of a good standard and furnishings were designed for people's comfort.

Staff worked with individuals to meet their nutritional requirements with a healthy living approach. Care planning included food likes/dislikes and guidance about wholesome meals. We found risk assessments were geared towards supporting people against the risks of obesity as well as malnutrition. Staff had food hygiene training and we found the kitchen was clean and tidy. People told us food was of a good standard and they had a choice of meals. One person said, "It's great here, you get your breakfast, lunch and tea. It's all good food and you can have what you want."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). None of those who lived at Duxbury required a DoLS and we noted staff had a good understanding of relevant principles. One staff member told us, "It's about helping people to keep their freedom and offering choice." We found care records contained evidence people had signed consent to their care and we observed staff consistently offered choice.

The provider showed us a new electrical system intended to be another eye for those who lived at Duxbury. It gave them direct video access to other healthcare professionals, such as GPs, and meant they could receive immediate treatment. Staff worked closely with GPs, mental health teams, consultants, social workers and other healthcare professionals in meeting people's changing needs. One staff member told us, "If someone is unwell we get a GP appointment. We go with them if they want us to support them."

Is the service caring?

Our findings

We observed staff were compassionate, supportive and kind to people who lived at the home. One person told us, "This is by far the best place I've lived. The staff are so caring and really look after my welfare." Another person added, "The whole team here are lovely. They really do care."

We saw staff supported people to personalise their private living spaces. This included their own televisions and furnishings, soft toys, pictures, photographs and ornaments. Furthermore, staff engaged with people in a friendly, caring, patient and knowledgeable approach. One staff member told us, "Support is about going that extra mile to ensure people are happy." We observed staff made use of appropriate touch, humour and eye contact and engaged with a respectful manner. The staff member added good care was about how staff worked with those who lived at the home. They said, "You treat people how you would want your family member to be treated."

The registered manager and staff worked with those who lived at the home in developing their support plans. This included people's preferences and detailed information about how they wished to be supported. Records covered their consent to care and all advanced decisions they had made. People who lived at Duxbury told us they felt fully involved in their support planning. One person told us, "We often sit down and talk about my care, like what is helping and what else I need." We saw examples where staff helped people to develop their independence. For example, staff supported one person with healthy living and helped another individual to reduce their isolation by slowly progressing with external activities.

We found the registered manager had systems to assess and meet people's human rights and diverse requirements. For example, the policy file included an equality and diversity policy and staff had relevant training to underpin their awareness. The policy included statements such as, 'It is important that service users should feel comfortable to live in environment free from prejudice and discrimination.' The registered manager provided people with information about advocacy services. This meant they could access this if they required support to have an independent voice.

Is the service responsive?

Our findings

People told us staff were knowledgeable and skilled at assisting them to maintain meaningful lives. One person said, "If I have any problems the staff talk things through with me. I always feel better afterwards and I couldn't manage without them." Another person commented, "I have improved tremendously since being here."

The provider checked people's backgrounds and support requirements prior to admission. They encouraged each individual to attend the home to sample a day in the life of Duxbury before agreeing to move there. The provider added, "I have to make sure they are right for here and the other residents will get on with them. I need to maintain the stable, settled environment." This reduced the risk of failed placements and disruption to people's lives.

We found people's records were based upon an assessment of their needs. These were strengthened by staff working together with individuals, agreeing their life goals and assessing actions to help them improve. Staff held one-to-one sessions with people who lived at Duxbury to include them in the review and update of their support.

Care records were detailed, personalised and contained information about each person's backgrounds, life histories and preferences. Staff documented people's wishes in relation to gender of staff, spiritual requirements, meals, activities and whether they wanted support to attend appointments. This demonstrated the provider understood the importance of delivering person-centred care to optimise people's wellbeing. A person who lived at the home said, "The staff know me and how to look after me."

A formal programme of activities was not in place. However, we observed regular events, trips out and indoor activities, such as arts and crafts, games and jigsaws, were provided. On arrival, the provider explained they were in the process of taking three people out to art class. They said this was a weekly day out and provided access to the local community. The provider added, "They love it." A person who lived at the home told us the registered manager was very keen to ensure everyone had sufficient opportunities to occupy themselves. They commented, "I'm interested in Chinese medicine and philosophy. [The registered manager] is taking me to London in a couple of weeks. That's how good he is."

We looked at how the provider assisted people to raise concerns and complaints. We found information was made available that explained the steps to take and how these would be managed. The provider told us they had not received any complaints in the last 12 months. People we spoke with told us they understood the relevant procedures. One person stated, "I have no complaints. [The registered manager] is really good. He listens and sorts things out."

Is the service well-led?

Our findings

The provider promoted a calm, welcoming atmosphere and we observed people were relaxed around them and the staff. One person told us, "[The provider] is brilliant, there's no other word to describe him." Another person added, "[The provider] is very fair. I would not be where I am now if it wasn't for him and the staff."

A registered manager was in 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 2008 and associated Regulations about how the service is run.

We observed people were relaxed and friendly when they interacted with the registered manager. They demonstrated an in-depth knowledge of each person who lived at the home and how best to support them. Staff told us the registered manager had a hands on approach and worked with them as part of the team. One staff member said, "[The registered manager] is very good. He's supportive and there when I need it."

People who lived at the home, staff and the registered manager worked closely together. This meant any identified issues could be managed with a collaborative approach. The registered manager also held regular 'resident' meetings to give people the opportunity to raise any issues and involve them in Duxbury's development. We saw minutes from the last meeting explored home improvements, activities, infection control and environmental safety, as well as records of people's suggestions.

The registered manager regularly completed a range of audits and other systems. Their purpose was to give oversight of service provision, quality assurance and the safety and wellbeing of everyone at Duxbury. These covered, for example, medication, fire and environmental safety, care records, nutrition, policies and accident logs. The provider informed us they would act quickly to address any identified issues and sustain quality standards.

The provider worked closely with other authorities to improve and develop the service. For instance, a 'partnership board' displayed how Duxbury worked with other providers to share good practice. The registered manager told us, "I engage with other providers to look at anything new." As a result, the home had access to good practice to maintain people's welfare.

The service had on display in the reception area of the home their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.