

Mr Vincent Fitzgerald and Miss Tiffany Webster

Duxbury House Residential Care Home

Inspection report

Duxbury House
38 Sherbourne Road
Blackpool
FY1 2PW
Tel: 01253 440242
Website: None

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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

The inspection visit at Duxbury House was undertaken on 27 August 2015 and was unannounced.

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.

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

Summary of findings

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 on 06 May 2014, we found the provider was meeting all the requirements of the regulations inspected.

During this inspection, we found the registered manager had systems in place to protect people from potential harm or abuse. Staff had a good understanding of how to report safeguarding concerns. People told us they felt safe and comfortable whilst living at Duxbury House. Risk assessments were in place to protect people from the potential risks of receiving care and support.

People's medicines were safely managed and stored. Staff had received appropriate training to underpin their knowledge. Medication recordkeeping was in line with national guidelines and the registered manager had carried out checks to ensure processes were completed safely.

We found staffing levels were sufficient in meeting people's needs in a timely manner. Staff told us their training supported them to work effectively and the registered manager had assisted them in their development. Personnel had been safely recruited to ensure people would be supported by staff who were suitable. A staff member confirmed, "I started after my DBS [Disclosure and Barring Service] and references were received."

People were approached with a supportive and compassionate manner and staff had a good

understanding of protecting people's dignity and privacy. We observed staff were friendly, respectful and caring towards individuals. One person told us, "We can have a laugh and the staff sit and chat all day with us."

Mealtimes were flexible with people eating at times that suited their lifestyle. Staff provided a variety of meals and choices of foods for the well-being of individuals who lived at the home. People were protected against the risks of malnutrition or where individuals were overweight.

Staff demonstrated a good understanding and practice of the Mental Capacity Act (MCA) and associated Deprivation of Liberty Safeguards (DoLS). Care records contained evidence of people's consent to care and the philosophy of the service was aimed at promoting people's independence.

Care records were in-depth and personalised to each individual's requirements. Care planning was regularly reviewed and updated to respond to people's changing needs. Service users and their representatives told us they were fully involved in their care. Support plans evidenced people's preferences and there was a programme of activities in place tailored to each individual's needs.

The registered manager led the home in a transparent way and involved staff and people in the running of the home. Staff and service users told us the registered manager was visible and very accessible. A staff member told us, "[The registered manager] is the world's most approachable person." People's comments and concerns were acted upon and there were a number of audits in place to check and maintain their health, safety and well-being.

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.

We found staff had a good understanding of protecting people from potential harm or abuse. People told us they felt safe living at Duxbury House.

We noted staffing levels were sufficient to meet people's needs. Additionally, safe recruitment practices were in place to ensure appropriate personnel were employed.

People's medicines were managed safely and medication was stored securely.

Good



Is the service effective?

The service was effective.

Training records evidenced staff were well trained in order to be effective in their roles and responsibilities.

Care files contained people's recorded consent to care. Staff were knowledgeable about the MCA and DoLS and we observed people were not deprived of their liberty.

The registered manager had systems in place to monitor people's health. People were protected against the risks of malnutrition or where individuals were overweight.

Good



Is the service caring?

The service was caring.

People told us staff were very caring and had involved them in their care. Care records contained detailed information about people's preferences and the service philosophy was aimed at promoting people's independence.

Staff worked hard at maintaining people's dignity and used a caring, respectful approach when engaging with individuals.

Good



Is the service responsive?

The service was responsive.

People told us staff were responsive to their ongoing requirements. Care records were personalised and regularly updated.

A programme of activities was in place to ensure people were fully occupied, which was tailored to each individual's needs.

People and their representatives told us they had no complaints, but were well aware of how to comment if they chose to.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

The registered manager encouraged an open, working culture within the home. People said Duxbury House was well managed.

People were able to comment upon the quality of their care and we found any issues were acted on. The registered manager involved people and staff in decisions about the organisation and running of the home.

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

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.

The inspection team consisted of an adult social care inspector.

Prior to our unannounced inspection on 27 August 2015 we reviewed the information we held about Duxbury House. 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 checked

safeguarding alerts, comments and concerns received about the home. At the time of our inspection there were no safeguarding concern being investigated by the local authority.

We spoke with a range of people about this service. They included the registered manager, a staff member, three people who lived at the home and a relative. We also spoke with the commissioning department at the local authority who told us they had no ongoing concerns about Duxbury Court. We did this to gain an overview of what people experienced whilst living at the home.

We also spent time observing staff interactions with people who lived at the home and looked at records. We checked documents in relation to two people who lived at Duxbury House and two staff files. We reviewed records about staff training and support, as well as those related to the management and safety of the home.

Is the service safe?

Our findings

People and their representatives told us they felt safe and comfortable whilst living at Duxbury House. One person said, “I feel safe, no concerns there.” A relative added, “[My relative] is so much safer here than where he was or anywhere else for that matter.”

We reviewed the systems the registered manager had to record and respond to accidents and incidents within Duxbury House. Documents included a brief description of the accident and what actions were taken to manage the event. This demonstrated the registered manager had reduced the risk of accidents in order to maintain people’s safety whilst living at the home. We noted not all window restrictors had been updated in order to continue to maintain people’s safety. The registered manager assured us this would be attended to as a matter of priority.

Staff had received training in conflict resolution, suicide management, first aid and cardiopulmonary resuscitation. They demonstrated a good understanding of appropriate responses to untoward incidents. This showed the registered manager had provided guidance for staff to deal with challenging or emergency situations.

Care records contained an assessment of people’s requirements, including reviews of any risks associated with receiving care. These related to potential risks of harm or injury and appropriate actions to manage risk. Assessments covered risks associated with, for example, medication, environmental safety, personal finances and leaving the premises unaccompanied. Records were personalised and covered detailed actions to manage risk. This showed the provider had systems in place to minimise potential risks of receiving care to people it supported.

We found systems were in place to protect people from potential harm or abuse. Staff were clear and confident about procedures related to safeguarding and whistleblowing. One staff member told us, “I would not hesitate to report to yourselves, [the registered manager] and the safeguarding authority.” We noted the contact details of relevant services were made available to staff and service users because it was displayed on the wall by the hallway telephone. The staff member we spoke with

added, “It’s the same with whistleblowing. I wouldn’t think twice about reporting.” A relative stated, “I know all about safeguarding in my professional role. I know that’s managed brilliantly here and [my relative’s] very safe.”

We checked how medication was dispensed and administered to people and observed this was done in a safe, discrete and appropriate manner. Patient information leaflets were available to staff to assist them in their understanding of individual medicines. Staff files we reviewed confirmed staff had received appropriate training

All medicines were stored in a safe and clean environment and were stock controlled to ensure the safe management of medication. Recordkeeping was up-to-date and followed national guidelines. In addition to the registered manager’s own medication audit, the pharmacy carried out further checks of medication processes. This included a review of related policies, GP review of people’s medication, guidance in place for staff, storage and documentation. This showed the registered manager had systems in place to protect people from unsafe management of medicines.

We reviewed staffing levels and noted these were sufficient in meeting people’s requirements in a timely manner. One person told us, “The staff are there straight away to support me if I’m anxious or don’t feel right.” We observed there was one staff member available throughout the 24-hour period and the registered manager additionally made himself available for much of the week.

When we discussed staffing levels with staff, service users and their representatives, we were told levels and skill mixes were safe. A relative said, “I’m very satisfied that there’s plenty of staff on and that they’re doing a great job.” We reviewed how short-term circumstances, such as leave or sickness, were managed. The registered manager told us, “One staff member is on maternity leave, so I have an agency worker to cover this. It is the same person every time, which means the service users get to know her.” One person confirmed, “There’s always staff around to talk to, day or night. There’s a new temporary worker who’s great.”

We checked staff files for procedures the registered manager had in place to ensure potential personnel were safely recruited. We noted application forms, references and interviews had been retained in staff records. Gaps in employment history were documented and a staff member told us, “There was a gap in my employment, but [the registered manager] checked this as part of my recruitment

Is the service safe?

to make sure there was nothing untoward.” Required checks were completed prior to the recruitment of staff. For example, references had been received and criminal record checks had been obtained from the Disclosure and Barring Service. This showed the registered manager had undertaken processes in order to make informed decisions when recruiting staff.

On commencement of employment, new personnel completed induction training to strengthen their understanding of their duties at Duxbury House. This included awareness of policies and procedures, medication, confidentiality, health and safety, movement and handling, recordkeeping and service objectives.

Is the service effective?

Our findings

People, and their representatives, we spoke with told us they felt staff and the registered manager were effective in their duties and responsibilities. One person said, “The staff are really experienced and well trained. They know what they’re doing.” A relative added, “[My relative] is happy, settled and healthy here.”

Staff told us they received training to support them to carry out their responsibilities effectively. Training records confirmed employees received appropriate guidance. This included care standards and related regulations, safeguarding, whistleblowing, food safety, first aid, health and safety, risk assessment and infection control. Staff had attained, or were in the process of completing, recognised qualifications in health and social care. For example, National Vocational Qualification (NVQ) to at least level two. A staff member told us, “I am doing level two NVQ, which [the registered manager] is paying for. He’s really good with that.” A relative said, “The staff are well trained.”

We reviewed staff supervision and appraisal records to check that staff were supported to carry out their duties effectively. Supervision was a one-to-one support meeting between individual staff and the registered manager to review their role and responsibilities. We noted all staff had received this every two months. The process consisted of a two-way discussion around professional issues, personal care and training needs. A staff member told us, “I get regular supervision, but I can talk with [the registered manager] every day about how I think we could improve.” This meant the registered manager had ensured all staff were provided with support in their roles and responsibilities.

We observed staff communicated with people using an effective approach. For example, we saw staff sitting with and speaking to individuals at eye level and in a calm, friendly manner. This showed staff were experienced to engage with people in a way that was supportive and respectful to individuals.

We noted documented evidence of people’s consent to their care and support was contained in their files. This included information about people’s wishes and preferred approaches to support. One person told us, “I am able to make my own decisions.” We observed people were supported to make their day-to-day decisions. For

example, we heard the registered manager ask one individual, “I’ll come and have a chat with you in a bit about us going out later, is that ok?” We noted the registered manager checked that the service user understood and agreed to this request. A staff member explained, “Consent is sometimes something you don’t have to think about and should be natural to you.”

Policies and procedures were in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). CQC is required by law to monitor the operation of DoLS. We discussed the requirements of the MCA and the associated DoLS with the registered manager. The MCA is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. DoLS are part of this legislation and ensures, where someone may be deprived of their liberty, the least restrictive option is taken.

There were no current applications made to deprive a person of their liberty in order to safeguard them. We did not observe people being restricted or deprived of their liberty during our inspection. One person told us, “I can choose to come and go as I please. I am not restricted in any way.” Staff demonstrated a good understanding of the legislation and related processes. One staff member explained, “Regardless of what I might think, as long as people are safe and have capacity, then it’s my job to make sure I support them to make decisions.”

We carried out kitchen checks and found the food preparation areas were clean and tidy. We reviewed cleaning records in place. These included effective and up-to-date monitoring of kitchen appliances and food temperature checks, food safety and equipment. All kitchen staff had completed appropriate food safety and hygiene training.

Mealtimes were flexible with people eating at times that suited their lifestyle. A food menu programme was in place to evidence service users were given a variety and choice of meals. We noted the food storage areas and cupboards were well-stocked with a variety of foods, including fresh fruit. One person told us, “The food is fantastic. The two staff who cook are fantastic.” A relative added, “The food is great. It’s all fresh, home-cooked food.”

Care records contained documentation of people’s weights and evidence that these were monitored closely if there

Is the service effective?

were any changes. The registered manager told us, “We had one service user who was 22 stone a year ago and now he’s 14 stone through a good diet and going to the gym. He’s really pleased with himself.” We case tracked this person’s care and the individual said, “[The registered manager] talked with me about the risks and I agreed a plan to lose weight. I am really happy I am progressing so well.” A relative confirmed, “They keep an eye on [my relative’s] weight and in the short time he’s been here he’s already putting weight on.” This showed the registered manager had arrangements in place to protect people against the risks of malnutrition or where individuals were overweight.

Where people’s health needs had changed, staff worked closely with other providers to ensure they received support to meet their ongoing needs. A relative told us, “They have kept me up-to-date straight away with any changes, such as when [my relative] needed to see his GP.” Records of professional visits, such as chiropody or mental health workers, were contained in people’s care files. Documentation was updated to reflect the outcomes of professional visits and appointments. The registered manager had ensured people’s ongoing needs were maintained by having access to other services.

Is the service caring?

Our findings

All the people and a relative we spoke with told us they were very happy about living at Duxbury House. One person said, “We’re really well looked after. [The registered manager] and the other staff are really good.” Another person added, “The staff are very caring.” A relative told us, “I work in care and understand what is good or not so good care. I can absolutely say that [my relative] is doing really well here.”

Duxbury House was a small service that provided a close-knit, homely community. We observed everyone who lived and worked at the home interacted in an intimate, personal and appropriate way. The registered manager told us, “It’s a very small, close situation and I feel like this is my extended family.” One person who lived at the home confirmed this by saying, “I love it here, we’re like a family.”

We observed staff engaged with people in a friendly and caring manner. On discussing dignity in care and respect, staff demonstrated a good level of awareness and knowledge. Staff knocked on people’s doors and addressed individuals by their preferred names. One person told us, “The staff sit down and talk with me if I’ve not done very well. They do it in a very respectful and caring way.” A relative added, “I’ve come at various times, often without the staff knowing, and found them consistently caring and jolly.” People’s dignity was maintained through the caring and courteous attitude of staff and the registered manager.

Staff had detailed people’s preferences whilst living at the home in their care records. This included religious needs, requirements related to socialising, activities, food likes/dislikes and end of life care. In our discussions with staff, it was clear they were keen to use a care approach that met with people’s wishes. A staff member told us, “We work with

people on an individual basis. We look at each person, discuss their needs and work around them as individuals.” This showed people were treated with respect and supported in a personalised way.

The philosophy of the service was aimed at promoting people’s independence and maintaining their preferred routines. Care records outlined people’s agreed aims in life. Our discussions with staff demonstrated they had an in-depth knowledge of how individuals wished to be supported. A staff member explained, “I am constantly offering choice and helping people make decisions from moment to moment. It helps them to keep their independence.” One person gave a ‘thumbs up’ about her care and told us, “I am very happy here, it’s good.”

The registered manager told us, “Our care is tailored to people’s individual needs.” Care records were in-depth and personalised to the requirements of each person who lived at the home. There was clear evidence that individuals were involved in their care from pre-admission assessment to the current, ongoing basis. One person told us, “I am fully involved in my care and I do feel in control.” A relative added, “They involve me all the time in [my relative’s] care and meet regularly to discuss this.” All documentation was signed and dated by staff and updated when people’s care needs changed. This meant people were protected against the risks of receiving inappropriate care.

People told us they were supported to maintain their important relationships with their families and friends. One person said, “I’m going to my mum’s next weekend and I can’t wait, I love her so much. I get to see my family loads.” Families and friends were encouraged to visit at any time and people’s preferences and care planning about this had been documented. This showed the registered manager and staff supported people to develop their relationships and social skills.

Is the service responsive?

Our findings

People, and their representatives, told us they felt staff were responsive to their requirements and support met their ongoing needs. One person said, “I am very happy I came here, it has been very good for me.”

Care records were comprehensive and personalised to the needs of people who lived at Duxbury House. An assessment of an individual’s requirements had been completed prior to their admission to check the service could meet their support needs. The registered manager told us, “I assess people properly to check if they are going to fit in. The current service users have a say in this to ensure they would feel comfortable with the potential new resident.” One person who lived at the home confirmed, “It’s a close-knit community. When someone new comes in [the registered manager] talks with us first to check if we’re ok with this.” This ensured people were involved and protected them from an inappropriate admission.

We noted care files were regularly updated to meet people’s ongoing and changing needs. Individuals were assigned a keyworker who supported them to review their care and check if any changes to care planning were necessary. One person told us, “[The registered manager] sits down with me every so often to discuss my support. We look at if anything needs to change and how I’m progressing.” This demonstrated people were protected against the risks of receiving inappropriate care because staff worked with them to update their plans and respond to their changing needs.

We found individual daily records were not kept as a way to evidence staff monitored and responded to people’s changing needs. The registered manager told us, “We all work closely together and communicate really well, so we all know what’s going on.” The registered manager was rarely out of the home and had an in-depth awareness of people’s requirements. After discussing this, the registered manager recognised the importance of keeping such records and assured us this would be introduced.

People’s preferences had been recorded within their care records. This included choice around activities, end of life care and food/drink likes and dislikes. We noted people were supported to maintain their own preferred daily routines. For example, one person was able to get up when

they chose to, which was late morning. A staff member told us, “We adapt to the group’s needs, likes, dislikes and preferences.” This demonstrated the registered manager and staff used a person-centred approach and were responsive in maintaining people’s preferred daily routines.

Service users were supported to engage within the local community and to maintain their preferred activities. One person was very excited about winning a sports medal at the day care centre they attended. We observed the registered manager was encouraging of this individual and genuinely interested in their achievement. Another person told us, “There’s plenty to do. I also go to London every couple of months to go to Qi Gong classes [a Chinese method of health care] and [the registered manager] always goes with me to support me.” A staff member said, “I read [a service user’s] care plan and saw she loved cooking, so I started baking with her, which she really enjoys.”

People were relaxed and occupied throughout our inspection. Activities included regular trips out, baking and movie nights, but were much more tailored to people’s needs on an individual basis. We were told individual requirements were accommodated and staff were made available to support people with their interests if this was requested. The registered manager said, “Our activities are about what people want to do on a daily basis. Today, for example, I’m going for a walk with one service user and another person wants me to go to the pub with them later.” A relative told us, “[My relative] is fully occupied.”

We found the complaints policy the provider 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. A staff member told us, “If a service user had a complaint we would, if agreed, sit round and discuss it as a group.” This showed staff and people living at the home were supported to understand procedures in place and address any concerns raised.

At the time of our inspection, the registered manager had not received any complaints in the previous 12 months. However, people and their representatives told us they had been made aware of how to comment about their care if they chose to. A relative told us, “I would know how to complain, they explained that to me, but I don’t need to, I wouldn’t change anything here.”

Is the service well-led?

Our findings

Staff, people who lived at the home and visitors stated they felt Duxbury House was suitably managed and well organised. One person said, “[The registered manager] manages the home and looks after us all brilliantly.” A relative added, “[The registered manager] manages Duxbury extremely well. He knows what he is doing.” A staff member told us, “[The registered manager] manages the place very well, he is so hands on. That’s a quality and this place comes first for him.”

There was a range of audits in place to check the quality of care people received. These included assessments of medication, health and safety, bedroom checks, care plans, risk assessments, supervision and training. The registered manager told us he would address any concerns that were found. This meant the provider monitored that an effective service had been maintained and acted upon identified problems.

The service’s gas and electrical safety certification were current. We checked hot, running water was available throughout the home. The registered manager regularly monitored the environment and fire safety within the building. This showed the provider checked the environmental safety of the home to ensure people continued to experience a service that benefitted their well-being.

We observed the registered manager was ‘hands on’ in their approach to care and in how Duxbury House was managed. They were very caring towards people who lived at the home and had a clear understanding of their individual needs. The atmosphere was calm and people approached the registered manager in a relaxed manner. Staff said they felt the registered manager was very approachable and supportive. One staff member told us, “I’m [the registered manager’s] best fan. I get on really well with him and could go to him with anything.”

Service users were very curious about our inspection and demonstrated a clear understanding of why various organisations undertook visits to check on care standards and people’s safety. One person told us the manager had explained the importance of our roles and was transparent in encouraging people to give feedback about the service.

Regular team meetings were held for staff and management to discuss any issues within the home. Issues looked at included the minutes from the previous meeting, training, care review, care planning and personnel. We saw evidence that the registered manager followed up identified issues to ensure these were managed effectively. A staff member told us, “We have team meetings every so often. It’s nice to get round the table and look at how we could improve.”

We were told residents’ meetings were held every three months to check the service provided and to address any concerns. Issues discussed included care and support, care planning and social activities. One person told us, “The staff ask us how things are going and if they could do anything better. They listen to us and change things, like the food, if we want something different.” This person added, “If they can’t change something they sit down and explain why.” This showed people’s concerns were listened to and acted upon to improve their quality of care.

We found the staff and registered manager involved people in the running of the home in a variety of ways. For example, we were told if issues arose they would be discussed as a community and service users were consulted about potential new admissions. The registered manager told us, “I don’t like the idea of institutionalised care. It’s not me running the place, it’s the service users who run the home.” This meant people were involved in the organisation of the service and supported to experience Duxbury House as their own home.