

Lifeways Inclusive Lifestyles Limited

Capesthorpe House

Inspection report

Capesthorpe Road
Warrington
Cheshire
WA2 9AR

Tel: 01925650006

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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

The inspection took place on 18 October 2017 and was unannounced.

Capesthorpe House is a specialist residential home. It is a spacious and well equipped property specialising in care for up to eight individuals who have a learning disability or a mental health problem. The home comprises five ensuite bedrooms and three self-contained apartments, all on the ground floor. At the time of our inspection there were five people living in the home.

The home had a registered manager who had been in post for 18 months. 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.

We spoke with three people who lived in the home and three relatives who all gave positive feedback about the home and the staff who worked in it. They told us that the staff supported people to live their lives as independently as possible.

Staff spoken with and records seen confirmed training had been provided to enable them to support the people with their specific needs. We found staff were knowledgeable about the support needs of people in their care. We observed staff providing support to people throughout our inspection visit. We saw they had positive relationships with the people in their care.

We found medication procedures 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 kept safely with appropriate arrangements for storage in place.

The registered manager 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. We saw that people were supported to make their own decisions and their choices were respected.

Care plans were person centred and driven by the people who lived who lived in the home. They detailed how people wished and needed to be cared for. They were regularly reviewed and updated as required. Relatives told us that they were consulted with and kept up to date about the care and support of their family member.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits of the service and staff meetings to seek the views of staff about the service. They also regularly spoke with the people who lived in the home. The provider also provided close scrutiny of the service and many visits and checks were carried out to ensure that people's needs were being met and staff

were supported.

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.

Medicines were carefully and safely managed and administered in accordance with policies and procedures.

Risks were clearly identified and risk management processes were in place to ensure that people were protected from harm.

Staff were safely recruited in accordance with the providers policies and procedures.

Is the service effective?

Good ●

The service was effective.

People were able to choose what they wanted to eat and drink and then did the shopping and meal preparation if they wanted to.

Consent was considered at all times and appropriate actions followed if people were unable to give their consent.

Staff were appropriately trained and supported to do their jobs.

Is the service caring?

Good ●

The service was caring.

Staff made sure that people were given maximum choice and control over their lives.

We saw that people had warm, positive relationships with staff and their privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

People were fully consulted and involved in the development of their care plans and these were regularly reviewed.

Complaints were rarely made as the manager and team worked collaboratively with people and their relatives.

Is the service well-led?

Good ●

- The service was well-led.
- The service had a registered manager.
- The manager maintained an open and transparent culture with the staff team and all worked together to provide a good service.
- Notifications were made in accordance with legal requirements.

Capesthorpe 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 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 unannounced inspection was carried out 18 October 2017 by an adult social care inspection manager.

At the time of our inspection there were five people living at the service. During the inspection we looked around the premises and we observed the support provided to people in the communal areas of the home. We spoke with three people who lived at the service, three relatives, the registered manager and three members of staff.

We looked at a range of documentation including three people's care records, medication records, four staff files, staff training records, accident and incident report forms, health and safety records, audits, policies and procedures and records relating to the quality checks undertaken by staff and other management records. We also gathered feedback about the service from the local authority.

Is the service safe?

Our findings

We spoke with three relatives and they all told that that they felt that their relatives were safe and well cared for in the home. One relative told us "He is very safe there and if anything happens they always tell us. We don't have to worry about him anymore."

We looked at the recruitment files for four members of staff. We saw that they had all been robustly recruited and all the appropriate checks had been carried out prior to them commencing work. We saw that if someone had a previous conviction then a detailed risk assessment had been carried out to reassure the provider that the person was suitable to work in the home.

We saw that disciplinary procedures were carefully followed in the home. There was recently been a situation in the home and the manager and provider were working to ensure that the situation was handled sensitively and in accordance with the policy to protect all individuals concerned.

Staff training records demonstrated that all staff had received safeguarding vulnerable adults training. There were policies and procedures in place to guide staff in relation to safeguarding adults. These policies were easily accessible for staff, along with the relevant contact details to raise a concern. Staff told us that they would be confident raising a concern if necessary and they believed that the registered manager would listen to any concerns and take appropriate action. Safeguarding concerns that had been raised at the service were appropriately managed by staff to keep people safe and these were promptly reported. There were a number of safeguarding concerns at the service but these were due to the behaviours exhibited by the people who lived there. The staff were working with a psychologist to explore some of these behaviours and to identify strategies to manage them.

We looked at safety certificates that demonstrated that utilities and services, such as gas and electric had been tested and maintained. We also saw that Legionella checks had been appropriately carried out. Legionella is a water-borne bacteria often found in poorly maintained water systems. The registered manager ensured that the safety of the premises was maintained by regularly carrying out various risk assessments and audits. A fire risk assessment of the premises had been carried out by a professional contractor and this was regularly reviewed by the registered manager. We saw that there were weekly fire checks and there was a fire evacuation plan that had been reviewed and updated. There were personal emergency evacuation plans (PEEPs) for each person giving clear information about where they lived in the premises and what assistance they would need to evacuate the building in an emergency. These were regularly reviewed and updated by the registered manager. Risk of injury in the event of fire was reduced as the service carried out regular fire drills.

Accident and incident policies and procedures were in place and there was an effective system to record any accidents and incidents that had occurred. We had been informed appropriately of any accidents or incidents since our last inspection and the registered manager was aware of their responsibility to notify us of these.

People living at the service, relatives and staff said that they felt there were enough staff available when people needed them, both during the day and at night. We saw during our inspection and in the staff rota records that there was an adequate number of staff working to meet the needs of the people living at the service. This also matched the information we had seen in the care plans we reviewed. Everyone was supported on a one to one basis during the day and the rotas reflected this. A team leader was in addition to this on each shift.

Overall, medication was correctly administered, stored and recorded. There were policies and procedures in place to support staff. The service had an electronic medication administration system which reduced the risk of errors occurring. Staff gave us positive feedback about how this system was working. Team leaders, as senior members of the staff team, were responsible for medicines administration. The team leader who showed us the medicines administration process was knowledgeable and confident carrying out this role. The registered manager had carried out competency checks on the team leaders. We did note that the service was not always rotating stock and we pointed this out. The registered manager resolved to speak to staff about this immediately.

The registered manager employed a full-time cleaner, who worked around the premises throughout the day. We saw that the home was clean, well-maintained and there were no offensive odours. The service had not yet been rated by Environmental Health.

We looked at risk assessments and saw that risks were clearly identified and managed carefully. Risk assessments in relation to people who lived in the home were regularly revisited and updated to ensure that people and staff were kept safe whilst still enabling people to take risks by maximising choice and control where possible.

Is the service effective?

Our findings

We asked the people living at the service and their relatives about the staff and they all responded positively and warmly. They told us "I like the staff. They are kind." One person told us about a staff member that they didn't like and they said "They are gone now and that is good. I didn't like the boundaries they set."

The registered manager was supported by four team leaders. We saw that the service had a supervision and appraisal system in place for the staff group. Supervision meetings had been carried out at regular intervals throughout the past year. These meetings provided staff and the registered manager with a formal opportunity to discuss performance, any concerns and plan future training needs.

Staff training records were clear and the registered manager was able to demonstrate that they were currently 93% compliant with the provider's training requirements. Staff were all trained in all the required areas and had also received training in areas such as diabetes and epilepsy so they could meet the individual needs of people living at the home. Staff were trained in Positive Behaviour Support (PBS) which was to skill them in supporting people to manage their behaviour safely. The registered manager was a certified trainer for PBS and was involved in training staff for the wider organisation.

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).

The appropriate applications for those people who had been assessed as lacking capacity had been made to the local authority and they were carefully monitored by the registered manager. The staff we spoke with demonstrated a basic understanding of the principles of the Mental Capacity Act 2005 and the associated DoLS and had all attended training.

We saw that restrictions were in place to keep people safe and at all times the least restrictive option had been considered. There were restrictions in place regarding issues such as smoking and use of mobile phones. We looked at the records and saw that on occasions the audit trail was not always clear. We spoke with the registered manager and they rectified this immediately and emailed us the clarification the day following the inspection.

People told us that staff asked for their consent when it was needed and they respected their choices. We saw evidence that people were supported by staff to make choices that they were able to make. For example, we saw that people decided what activities they wanted to do, where they wanted to go that day and what they wanted to wear.

Everyone living at the service had an individualised menu plan that they had chosen for themselves. We saw that people had chosen what they wanted to eat, went out with staff to purchase the food and then had been involved in the preparation of the food if they wished to do so. Healthy options were encouraged but this was balanced with choice. One person loved Macdonalds and take away food. They showed us their vast array of menus and we saw that this was incorporated into their menu on a weekly basis.

People's bedrooms were personalised but the communal areas of the home appeared a bit stark and clinical. We spoke with the registered manager and they agreed with us and were embarking on a refurbishment of the communal areas. They had found it difficult trying to create a homely environment whilst balancing the needs of the people who lived in the home. For example, TVs were in protective cupboards. This had been done sympathetically but was required to avoid constantly having to replace the TVs. It was also not possible to leave ornaments lying around but they were consulting with the people who lived in the home about how they could make improvements and what colours to repaint the walls.

Is the service caring?

Our findings

People who lived in the home and the relatives we spoke with told us that the staff at the home were supportive and caring. One person said "I like the staff."

The staff we spoke with had worked at the service since it opened last year. They were confident telling us about the people they supported at the service, and how they ensured that it was a pleasant place to live and work. We saw that staff had caring and well established relationships with the people living at the service. One person was very tactile and the staff responded warmly and appropriately to the person's need for physical contact.

We observed caring, friendly and supportive communication between the people living at the service and staff. People supported on a one to one basis were respectfully given space and time and the staff maintained their distance when required so as not to crowd people.

The people living at the service had a range of different communication methods, including types of sign language. We saw that staff were able to communicate with the people they were supporting in caring and effective ways.

We saw that staff respected people's privacy and dignity. Confidential information was kept locked in the office. This included people's care plans. People were clean, well-dressed and staff supported people as required to maintain their personal hygiene. We were aware that for one person this was a challenge and staff were managing to maintain a balance between encouraging choice and control but ensuring that the person did not neglect themselves.

The registered manager told us that they enabled one of the people living there to get the support of an independent advocate. This had been particularly important in supporting this person to make decisions about their on-going healthcare and including how their liberty was restricted within their best interests.

People had been supported to personalise their own rooms and the people we spoke with told us they were happy with their rooms. One person was very proud to show us their room and we saw that their room contained items that we were told were important to the person. This person was prone to hoarding items and the staff had supported them to balance their need to have items in duplicate whilst maintaining a safe environment for them.

We saw evidence that showed that one person had stayed in the service for eight months. They had come to the service in a wheelchair, not speaking or eating very much. When they left the service; they walked out, chatting to staff and having maintained a healthy weight. This positive increase in the person's well-being had been attributed by family members and social workers to the support of the staff team in the service.

Is the service responsive?

Our findings

People told us they were aware of their care plans and they had been involved in the care planning process, as far as they were able and willing to be. We also asked people's relatives about care planning at the service. One relative said "We know about the care plan and we are happy with it. She is offered lots of activities but she chooses not to do them all and they respect that." We were also made aware that one person wrote in their daily notes about how their day had gone.

The care plan files we looked at were person-centred, very detailed and informative, regularly reviewed and reflected the needs of the people living at the service. The files contained relevant information about the individual, such as their background, communication methods, health, emotional, cultural and spiritual needs. The files also contained clear information about people's routines throughout the day and their preferences about how to do things. Risks were clearly identified and the people had been involved in writing guidance for staff on how to support them during difficult times.

The care plans were regularly reviewed to ensure they were up-to-date and people and their relatives told us they were involved in planning and reviewing their care, both periodically and on an on-going basis.

People were encouraged by staff to choose how they spent their time. We saw that people had some structure but were able to change their minds about what they wished to do each day. As people were all supported on a one to one basis the service was able to be very flexible.

There not been any formal complaints since the service opened. The service had a complaints policy and process in place. The relatives we spoke with told us that they had never had to make a complaint. One relative told us "I raised a concern once but it wasn't a proper complaint. The manager came to our house to discuss it with us and told us to go to him with any further concerns and they would sort it out. It's very good really."

We saw evidence that people were supported to maintain regular contact with their families and that the service supported this from a practical as well as emotional perspective. One relative told us "If they are having a bad day then the staff let us know and we can decide what to do – whether to shorten the visit or do it on a different day. It makes things better for all of us."

Is the service well-led?

Our findings

The registered manager knew all of the people living at the service and staff very well. There were clear lines of accountability and responsibility at the service. This included highly visible and active team leaders on each shift. The registered manager was based in the main office in the building, where the team leaders were also based. This meant that the people living at the service and staff had easy-access to senior staff at all times.

We spoke with staff and they told us the recent difficulties they had with a senior staff member had been very difficult for them all but they felt that it had improved the way they work as a staff team. There was a very obvious open and transparent culture and they were able to demonstrate that they had learned through experience and had become a stronger team because of it. The registered manager also told us that recent experiences had been a learning curve for them also and they were working hard to be a visible presence and support for the staff team.

All of the staff we spoke with knew their roles at the service and told us that they felt they had the support of more senior staff. One staff member told us "It's a great team now. We look after each other to give these people the best support we can."

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. Since our last inspection the service had sent us notifications as required. All of these issues were appropriately managed by staff to keep people safe at the service and they were promptly reported. The registered manager was aware of their responsibility to send us notifications of significant events.

Staff had access to key policies and procedures on areas of practice such as safeguarding, whistleblowing and safe handling of medicines. These were regularly reviewed by the service and provided staff with up to date guidance. We saw that staff signed each policy to say that they had read and understood it.

There were daily, weekly, monthly and annual audits in place to assess the quality and safety of the service provided. These records were well maintained and readily available to management staff. The manager completed a significant amount of working documentation which demonstrated how they were maintaining a good service. Much of this information was scrutinised by the provider on a monthly basis. We were told that senior managers from the provider organisation regularly visited the home to offer support to the manager and staff team and meet with the people who lived in the home to receive feedback on how they felt about the care that they were being provided with.

Staff told us that they were confident working in partnership with other local health services to ensure all of people's needs were met, such as GP services, district nurses, dieticians, physiotherapists, occupational therapists and hospital services. We could see lots of evidence of this in people's files.