Lifeways Inclusive Lifestyles Limited

The Duke's House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 comprehensive inspection was unannounced and took place on the afternoon of 02 August 2016.

The Duke's House is in a large, Victorian building and is a home providing accommodation and support for up to eight people. At the time of our inspection, there were five people living in the home. These people lived with a range of learning disabilities , mental or physical health conditions. Each person had their own room and shared the communal living areas and garden area. The home is situated near shops and public transport.

The service required a registered manager. 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. There was a registered manager in post who had been there for several years.

We saw and were told by relatives, that the registered manager was open and transparent and that they were very approachable. Relatives felt the management of the home was good. The registered manager was also supported by two deputy manager posts, although one of these had recently been vacated due to internal promotion.

We looked at records relating to the safety of the premises and equipment, which were correctly recorded. We toured the home and observed that staff and people interacted in a friendly and positive way with people.

There was insufficient soap in some bathrooms and several toilets were dirty or stained.

The remainder of the home was clean and in good order apart from recent damage done by one person, which was in the process of being repaired.

We looked at the recruitment files for staff. We saw that safe recruitment practice occurred with the recently recruited staff.

The provider had complied with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and its associated codes of practice in the delivery of care. We found that the staff had followed the requirements and principles of the Mental Capacity Act 2005 (MCA). Staff we spoke with had an understanding of what their role was and what their obligations where in order to maintain people's rights.

We found that the care plans and risk assessment monthly review records were all up to date in the files looked at and there was updated information that reflected the changes of people's health.

We viewed rotas for the staff. The staffing levels were sufficient in all areas of the home at all times to support people and meet their needs and the relatives we spoke with considered there were adequate staff on duty.

Records we viewed showed that the required safety checks for gas, electric and fire safety were carried out.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Recruitment processes were safe.

There were bathrooms in the home which needed more attention such as having an adequate supply of soap in the bathrooms as this lack could compromise infection control.

Staff knew about abuse and how to report it and there were sufficient staff on duty.

Is the service effective?

Good

The service was effective.

All staff had received training and had been provided with an on-going training plan. Staff received good support, with supervision and annual appraisals taking place.

Menus were flexible and alternatives were always available. Most people we spoke with said they enjoyed their meals and had plenty to eat. People's weights were recorded monthly or more frequently if required.

The environment was decorated and furnished to meet the needs of the people living there.

Is the service caring?

Good

The service was caring.

Relatives told us that staff were very caring.

We saw that staff interacted with people in a caring, friendly, respectful way and were professional.

Is the service responsive?

Good

The service was responsive.

Care plans were up to date and informative. The information provided sufficient guidance to identify people's support needs.

The complaints procedure at the home was up to date and available to people, their relatives and to other visitors.

People were able to attend a variety of activities.

Is the service well-led?

Good

The service was well-led.

There were systems in place to assess the quality of the service provided at the home. People who lived at the home, their relatives and staff were asked about the quality of the service provided.

Staff were supported by the registered manager and deputy manager.

The provider worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

The Duke's 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 comprehensive inspection was unannounced and took place on 02 August 2016.

The inspection was carried out by a single adult care inspector.

The home was registered to provide care and accommodation for up to eight people. At the time of our inspection there were five people resident in the home.

Before the inspection, we had received information of concern. We checked with the local authority and also looked at our own records to see if there was any information we should consider during this inspection. We looked at the information the service had sent to us as statutory notifications. We also looked at the local Healthwatch website to see if they had recorded any concerns about the home.

We toured the premises and observed the care of the people in the home, who were unable to communicate with us verbally.

We spoke at length with the registered manager whilst we were at the home. We also talked with a deputy manager. After our visit, we telephoned staff, relatives and professionals involved in the care of people living at The Duke's House. We were able to speak with three relatives. We reviewed various records relating the running of the home including three staff recruitment records, two care files for people living in the home, medication and maintenance records.

Requires Improvement

Is the service safe?

Our findings

Staff were able to tell us about safeguarding and one staff member said, "I would always report a concern".

A relative told us, "[Name] Is very safe, Oh yes!"

Polices were available to provide guidance for staff on safeguarding adults and whistle blowing. Safeguarding adults policies provide an explanation of what constitutes abuse to adults, and gives information about how to report a concern. Whistle blowing policies protect staff who report things they believe are wrong in the workplace and which are in the public interest.

Staff demonstrated that they had an understanding of the arrangements for safeguarding vulnerable adults. There were able to tell us about abuse and how to report it. We saw that the safeguarding policy followed local safeguarding protocols. Staff told us that if they had any concerns about any allegations of abuse or neglect they would report this to the senior person available immediately and most staff also knew that they were able to report it to the local authority or to CQC. The staff were aware of the whistleblowing policy and told us they would have no hesitation to use it if required.
We saw from the training plan that the manager provided, that safeguarding training had been provided for several staff during this year.

We had checked our own records and found that the service had made safeguarding notifications to the local authority and to CQC.

We looked at staff recruitment files and saw that staff had been recruited using safe recruitment methods. There had been an appropriate application and interview process and before any staff member had started in employment there had been checks made on any criminal records and their previous employment history. However, in one file of one staff member who had been employed for several years, there was a record that references had been received, but could we not find any copies. We were told that this had also been noted on a recent audit of the recruitment files. The registered manager told us that they felt it was an administrative error and would ensure that these references were found, or that they would be re applied for.

People living in the home had various levels of support, depending on their needs and the activities they were doing, or the time of day. We saw the rotas for the previous two week, the week of our inspection and the forthcoming week and saw that people were appropriately supported to meet their needs. The service tried to use a minimal amount of agency staff and the registered manager told us that some agency staff were considering joining the employment of the service. The agency staff were familiar to the home and the people living there; this meant that consistency was maintained. There were four vacancies in the staff team of 41, including one of the deputy manager posts, as they recently been internally promoted. Recruitment was ongoing on a weekly basis and there were open recruitment days held at the provider's offices in Chester.

We saw that there were appropriate employment policies and procedures in place, such as grievance and disciplinary procedures.

We saw that risk assessments had been completed which had identified risks to people's safety and well-being. The risk assessments had been dated and marked as reviewed in all of the care plans we looked at. Risk assessments had been completed for people for activities such as moving and handling, the environment, medication, going out and using transport and people's physical and mental health.

Risk assessments had been completed for the building, for things such as fire and legionella. We saw that the routine checks on such things as legionella, water temperatures, gas and electrical installations had been done regularly and were up to date and within safe limits. There were smoke and fire detectors throughout the home, with the necessary firefighting equipment placed around the home. These were also checked and serviced regularly. There were appropriate fire alarm checks and fire drills and the home had evacuation plans, should there be an emergency. We saw that individual personal emergency evacuation plans (PEEPs) had been recorded for staff to use in an emergency.

The kitchen was large and tidy and the kitchen and the equipment in it, was clean. The fridge and freezer temperature checks were completed twice a day and the food temperature checks as and when necessary. All were recorded as being within safe limits.

The cleanliness and hygiene of the premises was good; all of the areas were seen to be clean on the day of the inspection. However, whilst there were there were sufficient soap dispensers within the bathrooms for staff and people to use, they were empty. We were told the service was waiting for a delivery of supplies, but as a result of our finding, staff went out and purchased soap immediately.

We saw that some toilets in the ensuite bathrooms, were stained or dirty. Two of these toilets were in bedrooms which were not occupied. The registered manager told us that people wandered in and out of these rooms, but that the cleaner might not have checked them as were empty. The registered member told us this would be addressed with the cleaner, as well as speaking to staff about the toilet in the room which was occupied.

There were window restrictors on all windows except for a bay window in the lounge which did not have any fitted, but this was addressed by the manager and they were fitted the same day as our inspection.

The medication cabinet was kept in the locked medication room along with the medication administration record (MAR) sheets. We saw that the medicines stocks stored in the cabinet and the MAR sheets, tallied. All the MAR sheets had the person's photograph on them for easy identification. All the drugs were 'in date' and new stock had been checked in properly, stored correctly, and administered appropriately. PRN (as required) medication and homely remedies were recorded in a similar way. Again the stocks tallied with the record.

Good

Is the service effective?

Our findings

One staff member said, "Yes, I know about DoLS".

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). 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 was 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 authorisations or conditions to deprive a person of their liberty, were being met.

The registered manager was knowledgeable about the MCA and had implemented a clear procedure for complying with the MCA with records in place to show what actions had been taken in relation to people's mental capacity. The care plans we saw all had clearly showed that MCA assessments had been undertaken and when the local authority approached with an application for a DoLS assessment.

The staff we spoke with were aware of the MCA. All these staff had completed training and were aware of what the MCA was and what the DoLS procedure meant if implemented. They were able to demonstrate they knew about the process. They always sought people's consent and we saw in their records that this had happened. They gave people choice, encouraged their independence and consulted with and involved relatives who confirmed to us that this had taken place.

We looked at staff training records. We saw that new staff received the provider's induction training which lasted for two weeks. They had a probation period and as part of their training, initially shadowed a more experienced staff member. We saw the training matrix which showed that staff had attended a range of training including food safety, first aid, infection control, MCA and DoLS, medication, proactive working practices and safeguarding. They also attended person specific training. Staff had also achieved 'Health and Social Care Diplomas' or national vocational qualifications (NVQ). Many of these courses were updated every two or three years. Staff could progress through the provider company if they wished as there were opportunities for staff to gain promotion within the organisation..

A relative said, "The staff are trained; yes I do think they are trained. I have experience of somewhere else so I have a bench mark to measure them by. The staff at Dukes are very good"

We saw that staff had received regular supervision and appraisals by their managers. There were also staff meeting held and we saw notes of these meetings.

The property had large rooms and was over three floors. The communal rooms were on the ground floor and the bedrooms on the ground and first floor. The top floor was reserved for office space. Rooms had been personalised to some extent, depending on the person they were for. The service was in the process of repairing this and replacing some furniture.

We were told that if there was any issue with people's rooms, then this was reported to either the service's maintenance person or the contractor which dealt with larger problems. We looked at the maintenance records which showed that any issues were dealt with promptly.

The kitchen had been awarded a rating of three out of five for its food hygiene. When we asked why this had happened, we were told it was because of a pest control issue. This had now been resolved and the registered manager was going to request a re-rating visit from the environmental health department of the local authority.

The kitchen looked clean and well ordered. Food was prepared, where possible, by the chef or other staff member, from fresh ingredients and people had a say in the menu and a choice of what to eat at each mealtime. Staff tried to encourage people to have a healthy diet which was appropriate to their needs. Drinks were available throughout the day.

Good

Is the service caring?

Our findings

One relative told us, "The Dukes is the best place". Another said " The staff really care; they are always vigilant"

We noted that all staff on duty knew people who lived in the home well and were able to communicate with them and meet their needs in a way each person wanted. We saw staff joking and laughing with people and involving them in conversations. We also saw staff addressing people in the manner they preferred.

We observed that staff were very patient and supportive to the people who were in the home at the time of our inspection. We saw that the entries they have made in the daily records demonstrated a clear understanding of the needs of that person and that they reflected that the staff member cared about their welfare. A relative told us, I am very happy with the service. Dukes have done an excellent job and [Name] has real friends amongst the other people living there and with the staff"

We observed caring interactions between staff and the people living at the home. We observed the people who used the service were supported when necessary, to make choices and decisions about their care and treatment. We saw when members of staff were talking with people who required care and support; they were respectful to the individuals and supported them appropriately with dignity and in a respectful manner.

People were supported to attend healthcare appointments in the local community; however, the manager informed us that most healthcare support was provided at the home. Staff monitored people's health and wellbeing. Staff were also vigilant in noticing changes in people's behaviour and acting on that change.

We noted that people were supported to make sure they were appropriately dressed and that their clothing was chosen according to the weather and the activities they were doing. We saw staff support people with their personal care, taking them to their bedroom or the toilet/bathroom if this support was needed.

People had been enabled to personalise their own rooms to a greater or lesser extent, according to their needs, wishes or choices. There were personalised wall colours, bed linens, TV's, other electronic equipment, photographs, pictures and collections such as CD's.

Good

Is the service responsive?

Our findings

A relative told us, "We go to the care planning meeting every month". Another said, "We've just had the review".

We looked at people's care plans. These contained personalised information about the person, such as their background and family history, health, emotional, cultural and spiritual needs. People's needs had been assessed and care plans developed to inform staff what care to provide. The records informed staff about the person's emotional wellbeing and what activities they enjoyed. The plans were effective; staff were knowledgeable about all of the people living at the home and what they liked to do.

A relative commented, "The staff are always engaging with people; there's a calmness and a consistency about the home. They know how to de-escalate people's behaviours before things get out of hand". Another said, They know everyone so well; they know how best to support each person".

People's needs were formally reviewed monthly or more frequently, if required. There were updates on the care plan records which showed that that senior staff had assessed the person as needed and had amended the care plan if there were any changes.

Many of the documents in the care records were in 'easy read' or pictorial format. Easy read refers to the presentation of text in an accessible, easy to understand format. It is often useful for people with learning disabilities, and may also be beneficial for people with other conditions affecting how they process information. We saw that the complaints form was also available in 'easy read' format.

The house had a garden and a swing and was close to shops and to the promenade of the town it was situated in. Several people from the house often went for walks and shopping in and around the area, but for some it was too busy during the summer months as the town was a popular holiday destination. One relative told us this was a problem because "[Name] does not like doing anything else other than walking. However another relative told us that walking was part of a regime used to keep her relative's weight down and it had been very successful.

The deputy manager was in the process of completing a large, well equipped sensory room, which contained various things such as play mats and ball pools as well as coloured mood lighting

Some people were able to help in food preparation and could make themselves a drink and people were encouraged to be as active and independent as possible. The service also used the facilities offered by another large service and people were able to attend various day facilities and also take part in activities such as swimming, visiting places of interest, horse riding, and going on holiday to other parts of the country. A relative told us that there were always enough staff to support people with their activities, whenever or whatever they wanted to do.

We saw that the staff ensured that people had the relevant services supporting them. The registered

manager told us that the doctors and other health care professional either visited the visited the home as required, or people went to them.

There was a complaints policy and procedure and this was also available in easy read format. The complaints procedure was displayed on the notice board by the front door.

Relatives we spoke with told us that if they were not happy or had any issues they wanted to talk about, they would talk to the manager, deputy manager or other staff. We looked at the records that showed how the complaints had been dealt with. We noted that the person who dealt with the complaint had recorded what they had done, when and how the outcome was communicated to the complainant. One relative told us, "I was unhappy a couple of years ago but it got resolved and it's all right now". Another relative said, "I've never had any need to complain".

Relatives said they were involved and were encouraged to keep in touch and staff alerted them if there was any concern or issue to discuss. We saw from the records that there had been meetings with relatives about people living in The Duke's House and there were records of correspondence and with other health and social care professionals.

Good

Is the service well-led?

Our findings

There was a registered manager in post who had been there for several years. There were two deputy manager posts but one post had just been vacated due to an internal promotion.

A relative told us, "The management is fine. It's the ethos that goes down the line. The staff are good so the management must be good too".

Relatives told us that they could always go to the managers if they had any issues or concerns and that the management was open and transparent and that they responded quickly and effectively.

The registered manager and the staff had a clear understanding of the culture of the home and were able to show us how they worked in partnership with other professionals and family members to make sure people received the support they needed. We spent time talking to the registered manager and they told us how committed they were to providing a quality service.

We noted that the provider worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

We saw that the home had various policies and procedures related to its running, staff and its practices. People who lived in the home and relatives were asked their views on the service.

There were effective systems in place to assess the check the quality of the service provided in the home. These included weekly medication audits, fire system, maintenance, staff training audits, staff recruitment, health and safety audits, incident and accident audits and falls audits.

Some of these were done by other of the provider's other managers and others by the registered manager, their deputies and the team leaders. The audits showed how the registered manager had implemented action plans and documents were in place to record what they had done to evaluate and improve the service.

Services which provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

They had also made appropriate referrals to either the local social services or local healthcare providers, as necessary.

We saw from the records that there was good partnership working between the home and other health and social care providers and this was confirmed by people's relatives.