

Warrington Community Living Lucklaw Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection was unannounced and took place on the 08 July 2016.

Lucklaw Residential Care Home was previously inspected in May 2014. One breach of legal requirements relating to staffing was found not to be met. We undertook a follow-up inspection in October 2014 and found that improvements had been made to address the breach.

Lucklaw Residential Care Home provides accommodation and personal care for up to four adults with complex physical and learning disabilities.

At the time of our inspection the service was accommodating four people.

The home is operated and managed by Warrington Community Living (the provider). Warrington Community Living is a registered charity and a non-profit making organisation.

Lucklaw Residential Care Home is a domestic four-bedroom bungalow in a residential area of Warrington. The premises have been adapted to accommodate the needs of people with a physical disability. There is level access throughout the bungalow with low gradient ramps to the front door and gardens.

The home has a private garden for people to relax in which is wheelchair accessible. Car parking facilities are available at the front of the property.

At the time of the inspection there was a registered manager at Lucklaw Residential Care Home. 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.

During our inspection of Lucklaw Residential Care Home we observed people living in the home to be relaxed, content and comfortable within their home environment and saw interactions between staff and people using the service to be caring, attentive, dignified and responsive to individual needs.

We saw evidence that people had undergone an assessment of their needs and that plans had been developed to ensure people received personalised care.

People had access to health care professionals and medication was ordered, stored, administered and disposed of safely by trained staff. Varied, balanced and wholesome meals and refreshments were also provided to people to ensure their nutritional and hydration needs were maintained.

Staff recruitment systems were in place and information about prospective employees had been obtained

to make sure staff did not pose a risk to people using the service.

Staff had access to induction, training and supervision to develop the necessary skills and competence for their roles.

The provider had developed policies relating to the MCA (Mental Capacity Act (2005) and DoLS (Deprivation of Liberty Safeguards). The registered manager and staff understood their duty of care in relation to this protective legislation and rights of people living in the home.

Audits had been established to monitor the service and systems were in place to safeguard people from abuse and to respond to complaints.

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.

Policies and procedures were in place to inform staff about safeguarding adults and whistle blowing. Staff had received training in regard to safeguarding vulnerable adults and were aware of the procedures to follow if abuse was suspected.

Risk assessments had been updated regularly so that staff were aware of current risks for people using the service and the action they should take to manage them.

Recruitment procedures provided appropriate safeguards for people using the service and helped to ensure people were being cared for by staff that were suitable to work with vulnerable people.

People were protected from the risks associated with unsafe medicines management.

Is the service effective?

Good ●

The service was effective.

Staff had access to supervision, induction and other training that was relevant to their roles and responsibilities.

Staff were aware of the need to promote people using the service to have a healthy lifestyle and to maintain hydration and good nutritional intake.

Systems were also in place to liaise with GP's and to involve other health and social care professionals when necessary.

Is the service caring?

Good ●

The service was caring.

The representatives of people using the service were complimentary of the service provided and confirmed people living at Lucklaw were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

Records showed people using the service had their needs assessed, planned for and reviewed.

People received care and support which was centred on their needs and focussed on promoting independence and wellbeing.

Systems were in place to record and respond to complaints.

Is the service well-led?

Good ●

The service was well led.

The service had a registered manager who provided leadership and direction to staff.

A range of auditing systems had been established so that key aspects of the service could be monitored and developed.

The views of people using the service and / or their representatives had been sought.

Lucklaw 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 checked whether the provider was 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 took place on 08 July 2016 and was unannounced.

The inspection was undertaken by one adult social care inspector.

Before the inspection the provider completed a Provider Information Return (PIR) which we reviewed in order to prepare for the inspection. This is a form that asks the provider to give some key information about Lucklaw Residential Care Home.

We also looked at all the information which the Care Quality Commission already held on the provider. This included previous inspections and any information the provider had to notify us about. We also invited the local authority's contract monitoring team to provide us with any information they held about the service. We took any information provided to us into account.

During the inspection we met the four people who lived at Lucklaw Residential Care Home and encouraged the people to communicate with us using their preferred communication methods.

We also spoke with the registered manager, four support workers and telephoned four relatives to obtain feedback.

We looked at a range of records including two care files belonging to people who used the service. This process is called pathway tracking and enables us to judge how well the service understand and plan to

meet people's care needs and manage any risks to people's health and well-being. Examples of other records viewed included; policies and procedures; three staff files; minutes of meetings; complaint and safeguarding records; rotas; staff training and audit documentation.

Is the service safe?

Our findings

We asked the representatives of people using the service at Lucklaw Residential Care Home if they found the service provided to people to be safe.

People spoken with confirmed they were of the view that people living at Lucklaw were safe and received appropriate care and support. No direct comments were received.

We looked at the care records for two people who were living at Lucklaw Residential Care Home. We found that individual needs and potential and actual risks for people using the service had been assessed and planned for to help safeguard the health and wellbeing of people using the service. Personal emergency evacuation plans and an emergency plan had also been produced to ensure an appropriate response in the event of a fire or untoward incident.

The provider had developed policies and procedures to provide guidance to staff on the action they should take in response to accidents and incidents. Systems were also in place to record incidents, accidents and falls electronically. This helped the provider to maintain an overview of incidents, actions taken and to identify any issues or trends.

At the time of our inspection Lucklaw Residential Care Home was providing accommodation and personal care to four people with diverse and complex needs. We checked staff rotas which confirmed the information we received throughout the inspection from about the minimum numbers of staff on duty.

The service employed a registered manager on a full time basis who worked flexibly between two homes.

Examination of the rotas highlighted that the service was normally staffed with a minimum of three care staff between 8.00 am and 10:00 pm. During the night there was one waking night staff on duty. An on-call service was also in operation outside of office hours to provide additional support. Additional hours were also available during the day time to support one of the people using the service when not attending day care services.

No concerns were raised regarding staffing levels at the time of our inspection by the representatives of people using the service or staff.

The provider had developed a recruitment policy to provide guidance for staff responsible for the recruitment and selection of staff.

We looked at a sample of three staff files for staff who had been employed to work at Lucklaw Residential Care Home. In all three files we found that there were application forms; two references, disclosure and barring service (DBS) checks, proofs of identity including photographs and interview notes which included questions regarding any gaps in employment and the applicant's health and fitness to undertake the role.

All the staff files we reviewed provided evidence that the necessary recruitment checks had been completed before people were employed to work at Lucklaw Residential Care Home.

Through discussion with staff and examination of the above records we found that there were satisfactory recruitment and selection procedures in place which met the requirements of the current regulations. This helped protect against the risks of unsuitable staff gaining access to work with vulnerable adults.

A corporate policy and procedure had been developed by the provider to offer guidance for staff on safeguarding adults and how to whistle blow. A copy of the local authority's safeguarding adults procedure was also in place for reference.

The Care Quality Commission (CQC) had received no whistleblowing concerns in the last 12 months. Whistle blowing takes place if a member of staff thinks there is something wrong at work but does not believe that the right action is being taken to put it right.

Staff spoken with confirmed they had completed safeguarding adults training and this was verified by reviewing the training matrix which confirmed all staff had completed this training. Staff demonstrated an awareness of how the different types of abuse and the action they should take in response to suspicion or evidence of abuse and how to whistle blow should the need arise.

The registered manager maintained an electronic record of any safeguarding incidents that had occurred at Lucklaw Residential Care Home. We viewed the safeguarding log record which indicated that there had been one safeguarding incident in the last 12 months concerning a medication administration error. Records indicated that the incident was referred to the local authority's safeguarding unit in accordance with the organisation's policies and procedures.

The provider had developed policies and procedure to provide guidance for staff responsible for the administration of medication which was available to staff in a central policies and procedures file.

We checked the arrangements for medicines with a support worker. At the time of our inspection none of the people using the service had chosen to self-administer their medication. We noted that medication was administered by staff that had completed medication training and undertaken an assessment of their competency.

We were informed that medicines were usually given to people at a time that fitted into their normal daily routine. Medication was found to be securely stored in a lockable kitchen cupboard and daily temperature records were in place to verify that the temperature in the kitchen was being monitored.

Photographs and names of people requiring support with medication were attached to MAR records to assist staff in identifying people. Key information such as allergies had also been recorded to safeguard the health and wellbeing of people. PRN (as required) medication plans were also in place which had been signed by each person's GP.

We looked at the medication administration records (MAR) and found that they had been correctly completed and provided a clear audit trail of medication administered.

At the time of the inspection a signature checklist was not available to available for reference to confirm which staff were authorised to administer medication. The registered manager assured us that she would take action to locate or replace this checklist to ensure safe working practices.

Monthly medication audits were undertaken by the manager or a senior support worker. Furthermore, medication stock checks and counts were completed by staff on a daily basis. This helped to ensure that people were safeguarded against the risks associated with medicines management and stock control.

Overall, areas viewed during the inspection appeared clean and hygienic. Staff had access to personal protective equipment and policies, procedures for infection control were in place.

Infection control audits had also been undertaken periodically to monitor and review infection control standards. The last audit had last been completed during April 2016 and an overall score of 92% had been recorded.

Is the service effective?

Our findings

We asked the representatives of people using the service at Lucklaw Residential Care Home if they found the service provided to people to be effective.

People spoken with confirmed the service was effective and we received comments such as: "Every one of the staff is worth their weight in gold" and "I'm very satisfied with the service. They're awesome that's all I can say."

Lucklaw Residential Care Home is a domestic four-bedroom bungalow in a residential area of Warrington. The premises have been adapted to accommodate the needs of people with a physical disability and is equipped with a spacious reception area and toilet; lounge; kitchen and dining area; large toilet and bathroom equipped with a jacuzzi bath; four bedrooms and a utility area. The three largest bedrooms are equipped with en-suite facilities, one of which is fitted with an accessible shower.

There is level access throughout the bungalow with low gradient ramps to the front door and gardens. There is plenty of off road parking and a large and front rear garden. We noted that the rear garden had been fitted with a raised planting area to enable people using the service to participate in gardening.

We noted that the provider had continued to invest in the home since our last inspection. For example, a new sensory area had been fitted in the lounge which was equipped with protective cushioning; sensory aids; ball pool and light and sound equipment. The aim of this equipment is to provide a stimulating and engaging or a relaxing and calming environment for people living in the home to benefit from.

Additionally we were informed that new carpet had been fitted in the reception areas which had also been redecorated and fitted with new lighting.

People using the service were noted to have access to a range of individual aids to assist with their mobility and independence. People's rooms had also been personalised with memorabilia and personal possessions and were homely and comfortable.

The provider had established a programme of induction, mandatory; qualification level and service specific training for staff to access. This was delivered via a range of methods including face to face and on-line training.

We spoke to staff during our inspection who informed us that they had received induction training that was compliant with standards set by Skills for Care (SfC). This organisation provides practical tools and support to help adult social care organisations in England recruit, develop and lead their workforce. Staff also informed us that they had completed mandatory, service specific and / or qualification level training to help them understand how to care for people and their roles and responsibilities.

Upon completion of our inspection the registered manager sent us a copy of a training matrix for the staff

team working at Lucklaw Residential Care home. This confirmed staff had completed a range of training as highlighted above.

We noted that systems were in place to monitor the outstanding training needs of staff and when refresher training was required. Formal supervisions and an annual appraisal system were also in place. Staff spoken with reported that they had received regular supervision and attended team meetings bi monthly.

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 refuse care and treatment when this is in their best interests and legally authorised under MCA. The authorisation procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated DoLS with the registered manager.

We saw that there were corporate policies in place relating to the MCA and Best Interests and DoLS. Assessment documentation had also been produced to enable staff to undertake an assessment of capacity in the event this was necessary.

The registered manager informed us that three people using the service had been subject to a DoLS at the time of our visit. We noted that two of the DoLS had expired and that the manager had reapplied to extend the authorisation. An additional application had also been submitted to a local authority for a person who had recently moved into the home and was awaiting authorisation.

Discussion with the registered manager and staff together with examination of training records confirmed staff had completed training in the MCA and DoLS and understood their duty of care in respect of this protective legislation.

The manager reported that weekly menu plans were developed for people using the service which were based upon their known preferences and dietary needs.

We sampled menu plans over a four week period and noted that people were provided with a varied, wholesome and nutritious diet. Fluid balance charts were also in use to monitor daily intake.

'Active support schedules' and / or care plans had been produced to provide guidance for staff on how to support people who required support with eating and drinking. Furthermore, health records viewed indicated that people had also seen speech and language therapists when required.

We observed staff supporting people to eat their breakfast and lunch time meals and to drink refreshments throughout the day. Staff were noted to offer discreet support to service users who required assistance and were caring and patient in their approach.

Nutritional risk assessments had been completed and weight records were updated on a monthly basis to confirm effective monitoring of people at risk of malnutrition.

Health care records viewed confirmed people had access to a range of health care professionals such as GPs; opticians; dentists; chiropodists and community nurses subject to individual need.

Is the service caring?

Our findings

We asked the representatives of people using the service at Lucklaw Residential Care Home if they found the service provided to people to be caring.

People spoken with confirmed their relatives were cared for appropriately. Comments received included: "They look after my daughter very well and support me to see her and maintain contact"; "All the care staff are very professional" and "The care is absolutely fine. I have no problems or concerns."

During our inspection we spent time communicating and engaging with people using the service; their representatives and staff. We also observed interactions between staff and people and saw they were caring, attentive, dignified and responsive to individual needs.

For example, we noted that one person did not appear very well on the day we visited. Staff were observed to note the change in the person's wellbeing and promptly contacted the GP for an appointment. The person was supported by staff to an appointment in the afternoon to ensure appropriate medical intervention was sought.

The manager and her staff team were warm and welcoming and the atmosphere in the home was calm and relaxed. Staff were observed to spend time interacting with people using different resources to stimulate or help people to relax. For example, we observed a member of the staff team reading a story to one person and another staff member was seen to use the sensory facilities in the home with another person.

It was evident through direct observation and discussion with staff that they had a good understanding of the diverse needs of the people they care for and how best to care for and communicate with them.

Staff told us that they had received training and been given time to read care plans in order to develop their knowledge, skills and understanding and to get to know people as individuals. Staff demonstrated a commitment to the importance of providing person centred care and the values of the organisation such as 'The Promise'. 'The Promise' had been developed in partnership with people using the service and / or their representatives and outlined people's rights and the values and expectations of staff working for the provider.

We saw that staff approaches were individualised so that people's complex needs were appropriately responded to. For example, staff used various approaches such as facial expressions, gestures, eye contact, posture, touch and tone of voice to respond to the needs of people with non-verbal communication.

We used the Short Observational Framework for inspection (SOFI) tool over lunch time as a means to assess the standard of care provided. We noted that staff supported people in a patient and unhurried manner and took the necessary time to support people at a pace that was geared to their individual needs.

Information about people receiving care at Lucklaw Residential Care Home was kept securely in a lockable

cupboard to ensure confidentiality.

Is the service responsive?

Our findings

We asked the representatives of people using the service at Lucklaw Residential Care Home if they found the service provided to people to be responsive.

People spoken with confirmed the service was responsive to the needs of people using the service. Comments received included: "I have no issues or concerns"; "They know my brother's needs and requirements" and "My son appears very happy."

We looked at the files of two people living in the home. We found that assessments of need had been undertaken before people received a service and that care plans had been produced that were centred on their individual needs and preferences. Supporting documentation such as: preferred routines; dependency and risk assessments; health care plans, medical appointment and weight records; one page profiles; personal diaries; and person centred reviews were also available for reference.

We noted that the service had established a working relationship with a consultant who specialised in person centred approaches and in the development of care plans known as 'essential lifestyle planning.'

We found that plans had been developed in accordance with this approach which outlined what was most important to each person; what staff needed to know or do to be successful in supporting each individual and how to keep the person healthy and safe. Information on how to measure success or goals had also been recorded together with examples of what effective and poor quality care would look like.

Individual support plans had also been completed to provide more detailed guidance for staff to follow which outlined: 'My needs'; 'The aim of my care'; 'What I need you to do to help me' and 'How will we know this need has been met'. Plans viewed had been kept under monthly review and were updated as and when required. This helped to ensure that staff had access to up-to-date information on how to care for people using the service.

We noted that some documentation within files was in need of review to ensure best practice. The manager assured us that she would take action to review and date all records to verify they remained up-to-date.

The registered provider (Warrington Community Living) had developed a corporate complaints procedure. Likewise, an easy read 'service user complaints procedure' and a 'complaints and comments' booklet had been produced to provide people using the service and / or their representatives with information on how to provide feedback on the service provided. 'Easy read' formats include pictures, signs and symbols together with text to help people to understand information more easily.

An electronic log of incidents had been established by the registered manager to record any concerns or complaints received. This highlighted that there had been no complaints in the last twelve months. No complaints or concerns were received from the representatives of people using the service during our visit.

The registered manager informed us that people using the service were encouraged to participate in a range of activities that were geared towards their individual needs, preferences and routines. At the time of our inspection only one person attended day care at a local day centre for three days each week.

Records of individual activities had been recorded in personal diaries. We therefore asked the registered manager to provide us with a breakdown of activities that each person using the service had participated in over a six month period.

Records received confirmed that people were supported to maintain contact with family members and friends and to be active citizens. We noted that people were encouraged to access community resources and to participate in a range of home and community based activities using public transport or the home's wheelchair accessible vehicle. Examples of community based activities included: local walks and visiting garden centres; parks; libraries; theatres; bowling centres; cinemas; local pubs and restaurants; hairdressing appointments and shopping for personal items and the home.

Is the service well-led?

Our findings

We asked the representatives of people using the service at Lucklaw Residential Care Home if they found the service provided to people to be well led.

People spoken with confirmed they were happy with the way the service was managed. Comments received included: "The management is excellent"; "The service is run fantastically with dedicated professionals" and "The manager is very good."

Lucklaw Residential Care Home had a manager in place that had been registered with CQC since June 2011. The registered manager was present during the day of our inspection and participated in the inspection process in a helpful and supportive manner.

Staff spoken with confirmed that the manager was supportive and had a visible presence in the home to provide leadership and direction. We observed interactions between the manager and staff to be positive and respectful towards each other and the people living in the home appeared comfortable and relaxed in their presence.

We asked the registered manager to provide us with information on the system of audits in place at Lucklaw, to monitor key aspects of the service.

We noted that a comprehensive 'Registered Manager Monthly Home Audit' had been completed on a monthly basis. This covered a range of areas including: home presentation; exterior of building; enquiry management; medications; care documentation; review of pressure ulcer audits; review of accident audits; complaints management; statutory records; human resources; personnel files; finance; maintenance and domestic services; training records; staff supervision and communications; social activities and privacy and dignity. A medication audit tool had also been completed each month.

We were informed that the service had last sought feedback from the representatives of three people who were living at the home in October 2015. Two of the three surveys were returned. A summary of the feedback, conclusions and any actions required had been produced. This confirmed that relatives were happy with the standard of care provided. We noted that concern was raised regarding the staffing levels at night time as the home only had one waking night staff on duty.

The manager reported that the staffing levels at night were sufficient to meet all of the service user's needs and highlighted that the provider had an out of hours on call procedure in place. In the event of any emergency during night time hours, senior staff were available to offer support to the staff that were lone working.

The provider also undertook periodic staff surveys to obtain feedback from staff. This was last completed in March 2014. Overall feedback received was positive and an action plan had been produced to address feedback for different themes such as providing the best service for service users given the resources

available; developmental needs; feeling supported by the management team and changes that could make things better.

Periodic monitoring of the standard of care provided to people funded via the local authority was also undertaken by Warrington Borough Council's Contracts and Commissioning Team. This is an external monitoring process to ensure the service meets its contractual obligations.

We sampled a number of test and / or maintenance records relating to: hoisting equipment; electrical wiring; portable appliance testing; fire alarm; fire extinguishers and gas safety and found all to be in order. We also noted that the fire alarm system and emergency lights had been routinely tested on a weekly basis.

A statement of purpose and service user guide had also been developed using signs and symbols to provide information for people using the service and / or their representatives on the service provided.

The provider had also produced a duty of candour policy to provide guidance to managers on the need to be open and transparent with people who use services and other relevant persons. The manager confirmed her awareness of this policy and understanding of her duty to uphold the policy.

The manager and staff spoken with demonstrated an understanding of the organisation's promise, vision and values and a commitment to the delivery of person centred care.

The manager of Lucklaw Residential Care Home is required to notify the CQC of certain significant events that may occur. The manager demonstrated an awareness of incidents or events that would require notification.