Lifeways Inclusive Lifestyles Limited

# The Dukes House 3

**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 |

## Overall summary

This unannounced and comprehensive inspection, took place on 19 and 23 November 2015. The service was newly registered, but we had been alerted to some concerns about staffing issues, by an anonymous caller and a whistle-blower, which were not substantiated during the inspection.

This service was additional to the providers other service at the adjacent premises and although registered as a separate service, was at times, supported by staff from the adjacent home. People from both services often intermingled.

The Dukes House 3 is an older property which had been extended to provide two flats, in addition to four bedrooms in the main part of the house. The flats were directed at more independent living.

The home was registered to provide a service for six people. The home specialised in providing accommodation and personal care to people with learning disabilities. At the time of our inspection, there were four people resident in the home; one person was living in one of the flats and three others were living in the main building. There was also a large communal lounge, a dining room and a large kitchen.

# Summary of findings

The service required that a registered manager be employed. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

The home had a registered manager in post, who was an experienced manager and who also managed the adjacent home, also owned by the provider.

We saw that staff had been recruited appropriately and numbers of staff in the home were suitable to people's needs, throughout each day and night. There were appropriate employment policies in place such as grievance and disciplinary procedures and a whistleblowing policy.

Staff were able to demonstrate to us that they knew about safeguarding and who to report concerns to and most had received training in medication administration. However we found that some of the records relating to medication did not tally with the amount of medication in store.

We have made a recommendation about the management of medicines.

Staff had been trained appropriately and there was an induction period for new staff which included basic training and knowledge. They demonstrated their skill and knowledge when we observed the interaction with the people they were supporting.

Staff demonstrated that they knew about mental capacity and deprivation of liberty and used this knowledge with empathy and professionalism.

All the staff showed a caring approach and they involved and included people in everyday decisions.

The support for each person was person centred and tailored to their needs. We saw that relationships were good between the staff and the management and that people looked as if they were happy with their support. Other professionals who supported people and the relative we spoke with told us that they felt that the service was good, caring and well-led.

# 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 generally safe.

We saw that staff were recruited appropriately and had the relevant checks completed before they started their jobs.

Staff were able to tell us about safeguarding and how they would report any concerns.

The medication records did not tally with the medicines stored in the medication room.

**Requires improvement**

**Is the service effective?**
The service was effective.

Staff were trained regularly and this was updated frequently. They were able to tell us about mental capacity and deprivation of liberty.

Staff were regularly supervised and demonstrated that they had skill and knowledge to support people in the home.

**Good**

**Is the service caring?**
The service was caring.

Staff had a caring approach to the people they supported and gave them information and explanations.

Staff promoted peoples independence and respected their privacy.

**Good**

**Is the service responsive?**
The service was responsive.

People were supported as individuals and their care records demonstrated person centred assessment and planning.

The people living in the home were able to retain their individuality and choose how they spent each day.

**Good**

**Is the service well-led?**
The service was well-led.

The home has a registered manager in post who had been in the job for several years. The registered manager was open and transparent.

Records showed that there was good partnership working. People and their families were asked their views on service.

**Good**

# The Dukes House 3

**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 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.

This comprehensive inspection was announced and took place on 19 and 23 November 2015. We gave notice of this inspection because the home supported younger people who were often out during the day and we wanted to make sure that they and staff were in.

This was the home's first inspection since it had opened in July 2014.

The inspection was carried out by one adult social care inspector. Before the inspection, the provider completed and returned to us, a Provider Information Return (PIR).

This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information that we held about the provider, and we talked with the local authority quality assurance team about any information they had about the home.

During the course of the inspection, we observed the interactions between staff and the people they were supporting. The people living in the home either did not have verbal communication or did not want to talk with us. We talked with the registered manager, the deputy manager, a team leader, three members of the support staff and the cook. We looked at four care records relating to the people living in the home, six staff recruitment and training files and we looked at various other files relating to the running of the home.

We spoke with one relative by phone and also contacted one professional, by e-mail and three other professionals by phone. The professionals were all involved in the care of the people who lived at The Dukes House 3.

Requires improvement

# Is the service safe?

## Our findings

A relative told us, "I think [Name] is very safe. They are always with somebody and the house is safe".

One professional told us, “I have no cause for concern and consider that the service was safe”. They told us that staff had regular training and that all the documentation and risk assessments were up-to-date. They went on to say, "The service has a willingness to adapt and they learned from incidents that had occurred".

Another professional told us that they were concerned that the level of support was still not adequate for the person they had commissioned services for. However, the registered manager told us that the service often provided additional support for people, over what they had been commissioned to provide. A third professional confirmed that the service provided additional staff when and where it was necessary.

We saw that staff recruitment had been correctly completed. Candidates had completed an application form and those suitable had been invited for interview. We saw interview notes which demonstrated the sort of questions the candidates were asked. Successful candidates were not allowed to commence employment until at least two satisfactory references, a satisfactory disclosure and barring scheme (DBS) check and the candidate’s proof of identity and right to work in the UK had been obtained.

Many staff had been with the provider for some time. They were able to tell us where the safeguarding policies were kept and that they had recently had safeguarding training. They knew who to report a safeguarding issue to and were also able to tell us how to report an issue to either the local authority or to CQC. One staff member told us that they would always report a safeguarding and went on to say, "I want to sleep at night". The safeguarding policy was available online on the organisation's intranet. This contained information about contact numbers.

We saw that the staff handbook was also available for staff, on the organisation's intranet. The handbook included the safeguarding, whistleblowing and grievance and disciplinary policies and procedures.

Records showed that accidents and incidents had been appropriately recorded and investigated. The required statutory notifications relating to such accidents and incidents had been submitted to CQC.

We were shown the fire log which noted any incidents which had happened and the checks on the system which had been made. The fire risk assessment was up-to-date and the fire alarm certificate and emergency lighting certificates were also in date. We saw that other safety checks had been completed in a timely manner, such as the gas and the portable appliance testing (PAT).

Individual risk assessments for aspects of people's lives had been done and recorded and were contained in their care files. These had been regularly reviewed and updated. One professional told us, "They do have regular updates on all the risk documentation".

Each person who lived in the home had a personal emergency evacuation plan (PEEP). This plan recorded in brief, how each person should be supported should there be an emergency. We saw that this record was both in the file relating to fire logs and checks and was also contained in a ‘grab bag’ which was available in the office should there be an emergency.

The home also had a business contingency plan. This was a copy of the organisations’ business contingency plan and also related to the providers’ adjacent home to the Dukes House 3.

When we toured the premises, we saw that they were clear and clutter free. The emergency firefighting equipment had been serviced and checked.

Staff checked our identity before allowing us to enter the home. The immediate surround to the building was fenced and gated and had a lock on the gate which was secure when we visited. The rear grounds of the house were enclosed by a fence and other gates. Access between the Dukes House 3 and the adjacent home had also been made secure through a fenced and gated external corridor.

The kitchen was tidy and clean and we saw that knives were kept in a locked briefcase in the kitchen. Both the fridge and freezer temperatures had been regularly taken twice a day and were within the recommended temperatures. A fire blanket was in place in the kitchen.

Requires improvement

# Is the service safe?

Within the care files where risk assessments which related to various aspects of people's lives such as financial issues and going out. These were all in date and had recently been reviewed.

We saw the previous two weeks and the next two weeks, staff rotas. These showed us that there were sufficient staff on duty at all times. Some of the people who used the service had specific support needs at times of the day or for a specific occasion, required that there be either one, two or three staff to one person. We saw that this was provided where it was necessary.

We looked at the medication room and the medications stored within it. The medication room was very small; it had a small sink but had no hand soap or sanitiser. Paper towels were available as was a first aid kit.

We checked the medications stored against the medication administration record (MAR) sheets for each person who lived in the home. The MAR sheets did not contain some of the information required, for example there were no carried forward amounts. There were no photographs of the person for identification purposes. We found that there were errors in the recording of medication and we also found that the medications stored did not tally with the MAR sheets. The weekly audits which were necessary to ensure administration were last done on the 14 November 2015. We saw that some of the monthly audits the provider required had not been recorded.

One person's medication had not been checked in as being received but was present in the medication room. Where prescribed, 'as required' (PRN) medication was recorded, the amounts were not identified.

**We recommend that the service consider the current guidance on administering medication in a care home.**

Good

# Is the service effective?

## Our findings

A relative said, "The staff are very competent. [Name] has improved so much since coming to The Dukes House 3".

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).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

At the time of our inspection the service had applied for DoLS for three people. Two people had their DoLS application agreed and the third was waiting on the decision. The fourth person living in the home had capacity to make decisions about their life. We saw that the service was working within the principles of the MCA and within the individual person's DoLS.

Staff told us that they had training relating to the MCA and DoLS and we saw that this was recorded in their training record. Staff were able to tell us about the principles of the legislation and about the recent 'Cheshire West' judgement which gave directions about how to apply the MCA and the associated DoLS, in relation to care homes. We saw that staff sympathetically, but professionally, supported those people who had a DoLS.

One professional we spoke with told us that staff, "Are very well trained; they are certainly the best trained staff I have experienced". We saw the training records of the staff who worked at the home. New staff had induction training which included person centred planning, safeguarding, whistleblowing, MCA and health and safety. They had completed a satisfactory probation period and during the induction training they were taught how to look through care records and had to read the policies relating to the home. Further training was ongoing and regularly updated and refreshed and included specific training relating to the client group that staff worked with, such as management of actual or potential aggression (MAPA) training, which is a method designed to promote safe and non-violent interventions during incidents of aggression.

Staff told us that they were well supported by their managers and received supervision sessions about every two months and had appraisals yearly. We saw in their files that these meetings had been recorded and that these sessions had been a two-way process. They also told us that the provider enabled staff to progress in the organisation by supporting them to take additional qualifications which some staff told us that they had taken that opportunity.

The staffing rota's that we saw showed that there were sufficient staff on duty. One staff member told us, "There is plenty of staff here". The registered manager told us that they did use agency staff but tried to keep this to a minimum and used them only after they had used their own bank staff or regular staff had completed extra hours or shifts. The registered manager told us that recruitment was ongoing.

There was a full-time cook employed at the home. This staff member told us that they were well supported and had received the generic training offered to support staff. They were also able to tell us about the MCA and safeguarding.

They told us that people got involved in menu planning and with the cooking. The menus that had been decided upon were checked by a dietician to ensure that they were suitable for the people who would be eating the food on them. The dieticians advised on portion control and healthy eating for some of the people living in the home. The chef told us that all the meals were made in the kitchen, from fresh ingredients, "From scratch".

The chef had a weekly budget which the chef said it was difficult to access due to a change in banking arrangements. They told us that this was causing some problems with the planned menu, especially in relation to purchasing fresh ingredients for the menus. This affected

Good

# Is the service effective?

the menu plans for a day or so of the week. The registered manager explained to us that this was a problem which had been addressed with the bank and which would be resolved very quickly.

The menus were available and on the noticeboard for people to see and staff told us that there were always alternatives available. We saw that one person was given an alternative to the main menu on the first day of our inspection.

We saw that the people who lived in the home appeared to enjoy their meal during both lunchtimes that we observed. The relative we spoke with told us, "[Name] likes the food". They went on to tell us, "It's a beautiful house and excellent accommodation".

The home was accessible, homely and well decorated. There were minimal decorations on the walls and the environment was calm and uncluttered which suited the people who lived in the home. Access to certain areas of the home was secured appropriately. There was no lift in the premises but we were told that should this access become necessary one would be installed.

We noted that people were able to individualise and personalise their own rooms.

The relative we spoke with told us that communication with the home was, "Brilliant". They told us that the registered manager and the senior staff talked with them a lot and kept them up-to-date about what was happening in their home. They went on to say, "The service is second to none, it's phenomenal. They phone me all the time and tell me what [Name] is doing and when and where they are out and about".

Good

# Is the service caring?

## Our findings

A relative said, "The support has been amazing. [Name] is a much happier person". They went on to tell us that the service was, “Absolutely marvellous” and that their relative was extremely happy living in the home.

They also told us that the staff in the home enabled their relative to be as independent as possible and promoted their family ties and connections. They said, "It's just brilliant. We can all see [Name] any time we want. I can't believe just how happy they are".

This relative also told us staff were always supportive in relation to emotional events in people's lives. They said, "The placement that [Name] is in now has played a huge part in how they have coped”.

One professional we spoke with told us that they were not happy with the information that staff had, when they came to one of their clinics with some of the people they supported. They felt that staff needed to be better informed.

However, another professional told us, "I would consider using the home again, definitely. They have managed the person I placed there, who is extremely complex and has challenging behaviours, very well”.

A third professional told us, "They are very caring and professional”. They told us that the robustness of the support had met the needs of the people living there.

We saw that staff were calm and caring towards the people who lived at The Dukes 3. People were able to be private with their staff, in their rooms, when they wanted to be. For example one person was asked if they would like to talk with us and they told staff that they didn't want to speak with us. Staff accepted this immediately and conveyed this information to us. The people who were out and about in the home were treated with respect and courtesy.

People were laughing and engaged with the staff, who, we saw, involved them in various activities and tasks around the home.

During our inspection, we observed that staff explained to people living in the home, who we were and why we were there.

One professional told us that it was due to the relationship of the team and staff members with the people they supported that had contributed to the stability of people's health.

The chef told us that he loved having people helping in the kitchen because he cared about people living in the home and it gave him a sense of satisfaction. He told us he tried to involve people in food preparation as much as they were able to.

The registered manager often had one person in particular, for coffee, in his office. He took time to have a chat to them and acknowledged that this seemed to make this person feel valued. He told us that this person usually came to his office once a week but sometimes more and that he always made time for them.

In the care files, we saw that people had been involved in their creation and in their reviews. The relative we spoke to also told us that they had input into the care plan for their relative.

Good

# Is the service responsive?

## Our findings

We found that the service provided person centred support for all the people who lived there. The relative we spoke with told us that, "[Name] has improved so much since they have been living in the home. They have come on leaps and bounds; we are delighted".

One professional told us that they considered that, “The service is very person centred and that the care records demonstrated this”.

We looked at the care records for all of the people living in the home. The files were being migrated to a different system which was used by the provider throughout all of their homes. This meant that some information was in one file and other information was in another. In total both files contained a written, comprehensive assessment of the person and their needs. The new files had a photograph of the person they about on the cover. This enabled any new staff who weren't familiar with people living in the home to identify the person the records were about.

All the information that we found was person centred and we saw that there was an individual assessment of people's needs. An example was a document called, 'How to support me in my daily living skills'. Another example was information on, 'How to communicate with me'. We saw that there was an activity planner and information and risk assessments about how best to support people, for example to access the community, to travel by car, maintain family contacts, to control financial issues and to attend professional appointments.

Much of the information within the files was in an easy read format. This is an accessible format often used to communicate with people with learning disabilities, which has written information supported by pictures. This enabled people to engage with and understand their files, in a more meaningful way. The service also used ‘Makaton’ which uses signs and symbols to support the spoken word.

The information had been reviewed regularly and with the involvement of the person it was about with any family members who are able to be involved. The relative we spoke with told us that they had been involved in reviewing the care plans. One professional told us, "I have no concerns at all. Their records and documents are excellent up-to-date and informative.

We saw the people were often in and out of the building. The list of activities that people participated in was varied. The home was situated very close to the centre of New Brighton which contained many shops and places of entertainment. People were involved in shopping for the home and often visited the local shops and supermarkets with staff. Other activities that people were involved in were going out for walks to the pub and cafes, travelling to theme parks and going horse-riding.

It was clear to us during our inspection that people chose what to do and when to do it. Staff supported people making choices. We heard conversations between staff and the people living in the home discussing options available for how people would spend their day. Records showed that people's individual preferences and choices had been considered and enabled where possible.

The people who lived in the home were encouraged to maintain family contacts and often visited their family with the support of staff. Some family members lived some distance away and visits to families were enabled, with staff accompanying the person on the visit. One professional told us, "I know that both of the people I support have regular contact with their families and they tell me that they are happy".

Good

# Is the service well-led?

## Our findings

The relative we spoke with told us that, "The registered manager and all the other staff are always in touch and available for us to speak to". They went on to tell us, "I believe the service is very well led. The manager is fabulous, very open and helpful. The service has been the making of [Name]. It's because the manager has made such a difference".

One professional told us, "I've always found them [The registered manager] to be open; never guarded or non-communicative".

The registered manager was experienced as they had been in post for several years managing a similar service which was adjacent to The Dukes House 3.

The registered manager had submitted the required statutory notifications to CQC and when we had discussed some of these issues with them we found that the culture of the management was open and transparent. Staff confirmed that they were able to talk to the registered manager and to the deputy manager and we observed that there was both a professional but friendly interaction between the management and the rest of the staff.

In some of the information of concern we had received, we were told by an anonymous caller and a whistle-blower that there had been concerns about staff safety and some changes of conditions to staffs' employment. The registered manager told us that there had been unhappiness about some changes to staff rotas.

The registered manager arranged for a consultation with the staff and an agreement had been reached relating to the rotas and staff safety. When we talked with staff they confirmed with us that this had been addressed and they were now happier with the change of rotas. Staff also told us that they felt better supported in relation to their safety. One staff member told us, "It's much better now".

The registered manager was keen to tell us that, as a service, they tried to promote good community links and be, 'good neighbours'.

We saw that the home had policies and procedures in place for various aspects related to the running of the home, such as staff recruitment, training and conditions of service, the support of people who used the service and also issues such as the use of public transport. These policies had been regularly reviewed and updated as necessary

The registered manager generally had regularly audited other various aspects of the service, such as premises, care files and records and health and safety. However, the medication audits had not been consistently completed.

The people, their relatives and the staff had been asked for their views on the home regularly and most of the feedback was complimentary.

Where this feedback or the audits had shown that there were areas of concern which needed to be addressed, an action plan had been devised to address these issues.

There was good cooperation between all the professionals and care staff who supported the people living in the home. One professional told us, "They are very receptive. They have stepped up their multidisciplinary team meetings and work well with all the clinicians involved". Another told us that, "They are really getting a good team together. People such as physiotherapists and specialist nurses are part of the team's". We saw that the care records recorded and reflected the professionals' involvement in the support of people living in the home.