

## 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?	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 13 and 14 June 2018 and was announced.

The Dukes House 3 is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Dukes House 3 is registered to provide accommodation for up to six people. The service specialises in providing support to people with a learning disability and or autism who need support with their personal care. On the day of our inspection there were four people living at the service, two of whom occupied bedrooms within the main body of the house and two people, occupied their own flats which have been added to the building. The accommodation was provided over three floors. Access to the upper floors was by way of stairs. There was a secure communal garden to the rear of the property and secure entry system to the front of the property.

The Dukes House 3 has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.' Registering the Right Support CQC policy'.

At the last inspection on 19 and 25 November 2015 the service was rated Good. At this inspection we found the service remained Good.

Why the service is Good.

The service had a relaxed feel and people could move freely around the service as they chose. People were supported to have maximum choice and control over their lives and participate in activities they enjoyed.

People's individual needs had been assessed and used to develop support plans. These provided staff with guidance about the care and support people needed and how they wanted this to be provided. People were consulted about their care to ensure wishes and preferences were met.

People chose how to spend their day and encouraged to be independent in all aspects of their lives and take responsibility for their own cleaning, laundry and personal shopping.

People received a varied and nutritional diet that met their preferences and dietary needs.

People were supported by a consistent staff team who knew them well. Staff had been recruited safely and had the skills and experience to meet people's needs and provide effective care. A health care professional told us that the lives of people had improved since moving into the service.

People received their medicine safely and were supported to access the support of health care professionals when needed. People were protected from the risk of abuse because staff understood how to identify and report it.

Staff considered peoples capacity using the Mental Capacity Act 2005 (MCA) as guidance. The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

The management and the staff team worked in collaboration with external agencies to provide good outcomes for people. Staff felt any concerns would be taken seriously and acted on. Processes were in place to assess and monitor the quality of the service provided and drive improvement.

Further information is in the detailed findings below.

## 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 has improved to Good.

There were sufficient numbers of safely recruited staff to meet people's needs.

People were protected from abuse and received their medicines safely.

The environment and equipment were clean and well maintained.

### Is the service effective?

Good ●

The service remains Effective.

### Is the service caring?

Good ●

The service remains Caring.

### Is the service responsive?

Good ●

The service remains Responsive.

### Is the service well-led?

Good ●

The service remains Well-Led.

# 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 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 inspection took place on 13 and 14 June and was announced. This was so the registered manager could give people notice that we would be visiting the service and ask them if they would like to speak with us. The inspection team consisted of one adult social care inspector.

Before the inspection we looked at other information we held about the service. This included previous inspection reports, the provider information return and notifications. A provider information return is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. Notifications are changes, events or incidents that the service must inform us about by law. We also wrote to 14 health and social care professionals and commissioners to request feedback on the service and received three responses.

During the inspection we spoke with the registered manager, deputy manager and four care staff. We spoke with three people and spent time observing how people, who did not wish to speak with us or could not give us their views, were cared for to understand their experience.

We spent time looking at records, including three people's care records, five staff recruitment files and other records relating to the management of the service, such as policies and procedures, accident/incident recording and audit documentation. We also 'pathway tracked' the care for two people living at the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Following the visit to the service we spoke with the local authority quality monitoring team and they sent us a summary of the incidents that had occurred at the service since the last inspection. The registered manager also sent us further information relating to staff training, supervision and appraisals, health and

safety, an action plan in response to an environmental health inspection and audit documentation.

## Is the service safe?

### Our findings

People told us they felt safe and comfortable with staff and each other.

Staff had been recruited through an effective recruitment process that ensured they were safe to work with people at risk. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff have a criminal record or are barred from working with vulnerable people. Proof of identity, employment references and employment histories had also been obtained.

Care was provided in the least restrictive way possible. The registered manager and staff explained that some people could become verbally or physically aggressive when anxious. They told us when this happened staff used techniques they had been trained to use to support people to become calm and de-escalate the situation. Staff were trained in using physical intervention techniques and detailed records had been maintained when they had been used. These records were made available to members of the providers behavioural team who analysed the information and used it to review and amend people's support plans to reduce the risk of re-occurrence.

People were protected from the risk of abuse. Staff had received training and had access to guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse. When incidents had occurred staff and the registered manager had responded in line with local safeguarding protocols by informing the local authority and notifying CQC. Staff told us they would have no hesitation in reporting abuse and were confident any concerns would be acted on.

People received their medicines safely. One person confirmed to us they received their medicines on time and staff administered 'as and when needed' medicines to them when they requested them. Staff told us and records confirmed they were trained in the administration of medicines. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed. Medicines were stored appropriately and securely and in line with legal requirements.

Risk assessments were in place which identified risks and detailed the measures to minimise harm whilst empowering people to undertake an activity. For example, for people to use kitchen equipment, go swimming, go out for walks and go to work.

Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. We saw specific details and any follow up action to prevent a reoccurrence. Any subsequent action was updated on the person's support plan and then shared with staff at handover and at staff meetings. Therefore, staff were kept up to date about any changes to people's individual needs.

There were enough skilled and experienced staff to ensure people were safe and cared for. The registered manager explained they were in the process of recruiting new staff. They also told us staff vacancies were

covered with permanent staff completing extra shifts, the provider's bank staff or agency staff.

People's ability to evacuate the building in the event of a fire had been considered and each person had an individual personal evacuation plan. Regular health and safety checks were completed including testing of fire safety equipment.

We saw that most of the environment and equipment was clean and well maintained. We saw action was taken on the day to clean the lime scale from one person's toilet and replace the toilet seat which was not securely fitted. Staff told us that Protective Personal Equipment (PPE) such as aprons and gloves were readily available.

## Is the service effective?

### Our findings

People were supported by staff who had competencies and skills they needed to meet people's assessed needs. When new staff commenced employment, they underwent an induction to the service which included the completion of training the provider considered mandatory for their role. All staff undertook shadowing with an experienced member of staff before working unsupervised. The training plan demonstrated that all staff attended training essential to understanding and meeting the needs of people with autism and epilepsy.

Staff had regular supervision meetings and a planned annual appraisal. Supervision meetings provide staff with the opportunity to discuss with their line manager their personal development and training needs.

Staff ensured people's needs had been assessed before they moved into the service. People had been able to visit the service before deciding whether they wanted to live there. Support plans included clear guidance for staff to help them understand how people liked and needed their care and support to be provided. They contained information on every aspect of people's lives covering, personal care, activities of daily living, healthcare, communication, social interaction, and wellbeing. Each section of the support plan was relevant to the person and had been reviewed and updated on a regular basis.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where appropriate to do so applications for DoLS had been made in respect for people living at the service and approved by the local authority in line with the MCA. Staff had a good understanding of the MCA and the importance of enabling people to make decisions and records showed they had received training in this area. Where appropriate to do so decision specific mental capacity assessments had been completed and best interest decisions made.

People continued to receive support to maintain good health. Each person had a health action plan that provided clear information about their current health, how they communicated and the support they needed. People told us and records confirmed that people had been supported to see health care professionals when needed and that staff had supported people to follow any health care advice they had been given. Staff kept records about the healthcare appointments people had attended and implemented the guidance provided.

The environment had been adapted to meet people's needs. We saw that televisions in communal areas and some people's rooms were 'boxed in'. Staff explained this was to protect the televisions from damage by people and to protect people from harming themselves on the televisions. Some people's own rooms and the communal areas provided a low arousal environment. This was to meet the needs of people for whom a stimulating environment could cause them to become anxious. Doors to cupboards in some people's rooms were locked in line with risk assessments completed about their personal safety and the registered manager told us a referral had been made for one person to be assessed to see if they would

benefit from a bariatric toilet seat being fitted to their en-suite toilet.

A variety of nutritious food and drink was provided in line with people's preferences. The provider employed a chef seven days a week. The chef on duty was being supported by the chef that worked in the provider's service next door to ensure consistency in the meals prepared. This chef told us they had met with a dietician to discuss some people's dietary needs and the menu on offer to ensure it provided healthy and nutritious meals. If people did not like or did not want the food on offer they were able to choose an alternative. Some people made their own hot drinks and snacks and people were also supported to eat out at cafes and restaurants of their choice.

## Is the service caring?

### Our findings

People were supported with kindness and compassion. We saw that people looked happy and relaxed in the company of management, staff and each other. They were supported by a consistent staff team who were aware of people's personal histories and of what was important to them.

Peoples' equality and diversity was respected. Staff had completed training in equality, diversity and human rights and adapted their approach to meet peoples' individualised needs and preferences. There were individual person-centred care plans that documented peoples' preferences and support needs, enabling staff to support people in a personalised way that was specific to them.

People were encouraged to maintain their identity; wear clothes of their choice and choose how they spent their time. Staff had a good understanding of the importance of promoting independence and maintaining people's skills. We observed people freely moving around the service and spending time in the communal areas or in their rooms as they wished. Staff told us records confirmed that people were also supported to maintain contact with their family and friends.

People were encouraged to be independent and participate in the day to day running of the service. For example, people took responsibility for cleaning their own rooms and doing their own laundry with staff support and were encouraged to personalise their rooms. People were supported to maintain their personal care and appearance. Support plans provided guidance to staff as to how much support people needed and how to motivate people to do things for themselves. One person told us they had requested that they did not have any staff support for an hour on the days they were at their work placement. The registered manager had arranged that during the hour, staff stayed in the local area and were contactable by phone to respond to any requests for support or assistance. This person also explained to us they were being supported to be more independent so that they could move into supported living accommodation.

People were assisted in a sensitive and discreet way. Staff were observed supporting people gently and showing affection and kindness to people. For example, we saw one staff member offering reassurance to a person who was feeling anxious about speaking with us.

Peoples' privacy continued to be respected and consistently maintained. We observed staff did not enter people's rooms without the person's permission and information held about people was kept confidential. Records were stored in locked cupboards and on a password protected computer.

## Is the service responsive?

### Our findings

Records showed that staff had worked in partnership with the individual, their relatives and professionals involved in their care to develop a support plan outlining how people needed and wanted to be supported. A healthcare professional involved in people's care told us they felt the service provided was 'excellent' and that people's lives had greatly improved since moving into the service.

Each person also had an annual review of their care to which they could invite family members and their social worker. Wherever possible people set their own personal goals at reviews. The progress towards people achieving their personal goals was monitored on an on-going basis. This was to ensure that the right level of support was being provided to enable the person to achieve what they had set out to do. One person told us one of their goals was to move out of the service into supported living accommodation. They confirmed the management and staff were supporting them to realise this goal and that the following day they were going to look at some supported living accommodation to see whether they felt it was suitable for them.

Detailed daily records were maintained of all the care and support delivered to people and included monitoring of some people's moods and behaviour. This information was shared with relevant professionals and analysed to gain a better understanding of what the indicators were for people's behaviour, high and low moods.

The registered manager and staff team were aware of and responded appropriately to people's different personality traits and preferences. For example, staff were aware of the signs people displayed when they were becoming anxious or distressed and knew what action to take to reassure the person helping them to feel calm and secure.

Each person had an individual timetable of activities and were supported to participate in a range of activities that they enjoyed such as swimming, walking, going shopping, going to work placements, listening to music and going to see friends. One person told us how they had been supported to lose weight so they could do an indoor 'sky dive' which they had thoroughly enjoyed.

Staff had a firm understanding of people's communication needs and ensured people received the information they needed to express their choices and preferences. We observed staff communicating effectively with people including using signs that one person who was profoundly deaf could understand. Where appropriate documentation was illustrated through using symbols, pictures and signs that were relevant and meaningful to the individual. People were provided with a timetable of their week in a format that was accessible to them.

There were processes in place for the recording, investigation and monitoring of complaints. We saw documentation confirming that staff had supported people to read and understand the complaints policy and procedure and that this was available in a format that was accessible to them. One person told us they would feel confident in using the complaints procedure and met with the registered manager on a regular

basis to discuss any concerns they may have.

The registered manager told us that when needed they would work with individuals and their families to establish people's wishes on death and dying. They would also source the support of relevant health and social care professionals to ensure they met people's needs and wishes at the end of their life.

## Is the service well-led?

### Our findings

The service had 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.

Quality assurance audits were embedded to ensure a good level of quality was maintained. The results of which were analysed by the provider to determine trends and introduce preventative measures. The information gathered from audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered.

Staff worked in accordance with, the provider's vision to 'help people live ordinary, independent and happy lives through extraordinary support'. The registered manager and staff worked in collaboration with other areas of the provider's organisation and external agencies and professionals involved in people's care to ensure the best outcomes for people. These included the provider's autism training and behavioural specialist team, the community learning disability team and health care professionals such as speech and language therapists, epilepsy nurses, mental health teams and psychologists. A healthcare professional who had placed a person at the service wrote to us and told us they felt the service was extremely well managed and achieved positive outcomes for people.

The service had a strong emphasis on team work and communication sharing. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift. Handovers were recorded on paper and a summary was also sent to the team leader, registered manager and deputy manager. This helped to ensure that the management were aware of any issues in the service and that relevant agencies such as the CQC and the local authority were informed of incidents as required. Staff commented they worked well together and approached concerns as a team. Staff meetings were held at which staff had the opportunity to discuss people's changing needs and the running of the service. We saw minutes of the meetings were maintained and made available to staff who had not attended the meetings. The meeting minutes detailed matters discussed at the meeting and the registered manager told us they had plans to make improvements to ensure they included detail of what actions were needed to be taken, by whom, when.

The provider had a whistle blowing policy that staff were aware of and felt confident to use. Whistle blowing protects staff that report certain types of wrong doing, from being treated unfairly or losing their job because they have spoken out or 'blown the whistle'. Most staff told us that they found the registered manager approachable and supportive and that they felt confident to speak out or raise any issues they had. However, some staff felt the registered manager spent a lot of time in their office on the top floor of the building and they would like to see more of them. This issue had also been raised by staff as part of the provider's own quality assurance processes and an action plan was in place to increase the registered managers visibility within the service.

The registered manager was aware of their responsibilities under their registration including the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment. Statutory notifications had been submitted to the CQC as required.

Roles and responsibilities of staff that worked at the service were clear. The registered manager received support from their line manager and attended meetings with other managers within the provider's organisation at which they could discuss practice issues and learn from each other. The provider's policies and procedures were regularly reviewed to ensure they were in accordance with current legislation and 'best practice'.