

Cornwall Council

Lowena

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 was an unannounced inspection, carried out on 23 November 2015. As the service provides respite support to people we gave short notice of the inspection visit to ensure staff were available. The service was last inspected in January 2014 when the requirements of regulations were being met.

Lowena is a respite service that provides care and support for people who have a learning disabilities and other complex needs. Lowena can accommodate up to a maximum of 25 people, although due to the nature of the service this fluctuates on a daily basis. The service is owned and operated by Cornwall Council.

People using the service had a range of learning, sensory and physical disabilities and there were a range of aids and adaptations in place which met those needs. There was a sensory room as well as kitchens and dining areas which incorporated a range of seating and equipment to support people with physical disabilities.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People were leaving the service after a week end break when we arrived. However nine people were arriving later in the day for an overnight stay. People using the service had limited verbal communication. We therefore observed peoples activities when they arrived at the service and saw people were relaxed and engaged in their own choice of activities. There were enough staff to support people in what they chose to do. One person was preparing to go swimming and another two people were being supported to prepare their evening meal.

We looked around the environment which was divided into three units including a self-contained flat. This was a bungalow set in its own grounds. Where possible people used the same rooms so they were familiar to them. People brought their own personal items to make the rooms homely during their stay. In some instances rooms were sparse due to the safety and needs of people using them.

A written communication entry highlighted concerns from the maintenance person that a cold water connector at a sink in a room had been switched off due to a risk of the person flooding the room. However, this resulted in hot water being discharged at an unsafe temperature. This meant there was a hazard when people ran the hot water tap in that room.

We saw many positive interactions and people enjoyed talking with and interacting with staff. One staff member said, "I have worked here for a long time, it's a very rewarding place to work". People told us that staff supported them to maintain their independence and we saw evidence of this within the care documentation we viewed.

Staff were trained and competent to provide the support people required. They were supported through a system of induction and training. Staff told us the training was thorough and gave them confidence to carry out their role effectively. The staff team were supportive of each other and worked together to support people. Staffing levels met the present care needs of people that used the respite service.

Staff were competent in how they were providing support to people. They were familiar with what support and care people needed. Staff supported people to make meaningful decisions about their lives and respected people's decisions and wishes. People were supported to lead full and varied lives and staff supported them to engage in a wide variety of activities. A relative told us, "They (staff) are always doing something whether it's in the home or outside".

We found people and others who were important to them, were involved in the planning of their care and documentation was written in a way that was focused on the person. A relative told us the service consulted with them and responded to people's needs promptly and with understanding and empathy.

Where people did not have the capacity to make certain decisions, the service acted in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People had a choice of meals, snacks and drinks chosen by them. A pictorial communication board was in place for people who were unable to verbalise their choice of foods. Some people were involved in meal preparation. One kitchen had been designed to accommodate people using wheelchairs, or those who required seating to prepare meals, by lowering a work surface.

There were systems in place to ensure people who used the service were protected from the risk of harm and abuse and the staff we spoke with were knowledgeable of the action to take if they had concerns in this area.

There were arrangements in place to ensure people received their medicines safely and staff were knowledgeable of these.

People knew how to complain and we saw people had the opportunity to discuss how they felt about the service. Each person had a key-worker who checked regularly if people were happy with the service they received. One relative told us, "[Persons name] has been going for a long time, they do a good job and If I wasn't happy about something I would know who to go to".

Lowena was well-led and people told us they were kept informed about any changes in the service. They told us they felt their comments were listened to and acted upon. The service had an open and positive culture with a clear focus on enabling and supporting people to become more independent.

We identified a breach of the regulations. You can see what action we have told the provider to take at the back of the full version of the report.

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 consistently safe.

Water temperature was compromised in one room by turning off cold water in order to prevent the risk of a person flooding a room. However this resulted in an unsafe water temperature.

There were systems in place to ensure safeguarding concerns could be reported appropriately and staff were knowledgeable of these.

There were arrangements in place to ensure people received medicines in a safe way.

Staffing levels met the present care and support needs of the people that used the respite service.

Is the service effective?

Good ●

The service was effective.

People were enabled to make choices in relation to their food and drink and were encouraged to eat foods that met their needs.

People's choices were respected and staff understood the requirements of the Mental Capacity Act 2005.

Lowena worked well with other services and health professionals to ensure people's care needs were met.

Is the service caring?

Good ●

The service was caring. People were treated with respect and their independence, privacy and dignity were promoted.

People and their families were included in making decisions about their care.

Staff worked to help ensure people's preferred method of communication was identified and respected.

Is the service responsive?

Good ●

The service was responsive.

The service was responsive. Care plans were detailed and informative and regularly updated.

People were supported to engage with the local community, and to access a variety of recreational activities and employment.

There was a system to receive and handle complaints or concerns.

Is the service well-led?

Good ●

The service was well led. The staff team told us they were supported by the registered manager.

There was a system of quality assurance checks in place. People and their relatives were regularly consulted about how the service was run.

The staff team were positive about how they were supported by the registered manager and the organisation generally.

Lowena

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 23 November 2015 and was announced shortly before arrival. The inspection was carried out by one inspector. Before the inspection we reviewed previous inspection reports and other information we held about the service including notifications. A notification is information about important events which the service is required to send to us by law.

During the inspection we spoke with and spent time with four people who were using the respite service at Lowena. We also received feedback from one relative and three external professionals who had experience of the service. We looked around the premises and observed care practices on the day of our visit.

We spoke with five support staff the area manager and duty officer. We looked at records relating to the care of three people, three staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

Is the service safe?

Our findings

A relative told us they were very happy with the care and support the service provided. They said, "I have confidence (persons name) is well supported". Also, "If I need to know anything they (staff) always let us know". People using the service did not have verbal communication therefore we made observations. People were seen to be engaged and interacting with staff. We could see they were comfortable and relaxed in the service and moved around without any restriction.

One person's risk record identified that they sometimes ran the taps in their room, which had on a number of occasions caused flooding. Maintenance regularly checked water temperatures to ensure they were safe. However, a recent communication record highlighted a concern that a cold water supply had been turned off in a room which was used by a person with a history of leaving the sink tap on. This action had resulted in hot water being discharged at an unsafe temperature in this room. This had the potential to put people at risk.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other safety checks and monitoring were taking place which included mobility equipment, fire safety equipment and health and safety checks on the electrical system.

There were no restrictions at the service for people to move around and people were using their own rooms, lounges and dining areas. People were observed to be receiving the level of support they needed. Some people had specialist equipment to support them with their mobility. There were enough storage areas for the equipment to be stored safely.

Staff were aware of the service's safeguarding and whistle blowing procedure and said they felt able to use it. Staff were confident they knew how to recognise signs of abuse. They told us they would report any suspected abuse and felt assured they would be taken seriously by the registered manager. Staff knew who to contact externally if they felt any concerns were not being acted on. The processes in place ensured safeguarding concerns would be recognised, addressed and actions taken to improve the future safety and care of people living at Lowena

Staff supported people to take day to day risks whilst keeping them safe. For example people were involved in preparing their evening meal. A support worker assisted people to do this. Staff told us, "People like to help in the kitchen so we always try and support them in this". Care plans included risk assessments which were specific to the needs of the individual. For example we saw an assessment had been completed regarding one person's safety due to them having no awareness of danger. This was specific to general safety and the need for supervision to keep the person safe. Risk assessments informed staff of the actions to take to support people and to maintain their independence safely. For example, whilst accessing the community, cooking, mobilising and receiving personal care.

Staff were competent and had the skills to develop positive and meaningful relationships with people. The management of the service understood the importance of ensuring that people were supported by staff they felt comfortable with and who understood their needs. We saw a number of examples of this on the day of inspection. Staff were able to use techniques to distract a person from a particular action by diverting their attention to an activity they liked. A staff member told us, "There is a regular pattern that we see so we know when we need to take action to diffuse the situation".

Staffing ratios were based upon the numbers of people using the respite service at any one time. Staff told us staffing levels were 'OK', but they were relying on each other to fill gaps. Staffing rotas showed there were enough staff to support people who used the service. On the day of the inspection visit we saw people were supported by enough staff to support people to take part in activities of their choice.

People using the service had a range of support needs and this was reflected in the service staffing rota. There was a mix of staff skills and experience on each shift. Support staff who had been employed for longer periods worked together with staff that had joined the service more recently. Staff commented, "We usually cover each other's shifts but it can be difficult because they have cut the overtime". We spoke with the area manager about how the service was being staffed. They confirmed where there were shortfalls staff were used from a pool of regular staff from another respite service. Where this occurred it was reflected on the rota.

We looked at the arrangements for the management of people's medicines. As this was a respite service people brought medicines with them for their short stay. These medicines were signed in and when people left their medicines were signed out with them. This was also part of the auditing process to ensure medicines were being managed safely. There were secure and dedicated storage facilities for medicines brought into the service. We looked at a sample of Medicine and Administration Records (MAR). Records were accurate and up to date. There were facilities for the safe storage of medicines requiring stricter controls. These medicines required additional secure storage and recording systems by law. The service stored and recorded such medicines in line with the relevant legislation. Training records showed staff had received updated medicines training. Staff on duty told us they had a lot of experience in administering medicines and felt confident to raise any issues with the registered manager if they felt they needed to.

There was a system in place to record accidents and incidents. The documentation showed that management took steps to learn from such events and put measures in place which meant they were less likely to happen again. In addition there were personal emergency evacuation plans (PEEPS). These plans ensured people would be safe in any incident within the service which required an evacuation. Staff were made familiar with the plans in order to be able to act on them if necessary.

People using the service brought their own finances with them for their stay. There were safe procedures in place to ensure all monies were recorded in and out. Any expenditure was recorded with receipts and this information was regularly audited. Safe storage facilities were also available.

There was a thorough recruitment process to help ensure new employees had the appropriate skills and knowledge required to meet people's needs. We looked at the most recent recruitment files and found they contained all the relevant recruitment checks including Disclose and Barring (DBS) check and suitable references to show people were safe to work in a care environment.

Is the service effective?

Our findings

People were supported by skilled staff with a good understanding of their needs. The registered manager and staff talked about people knowledgeably and demonstrated a depth of understanding about people's specific support needs and backgrounds. People had allocated key workers who worked closely with them to help ensure they received consistent care and support. A relative said, "The staff are very good and know (persons name) really well". A staff member said, "Some people have been coming here for a long time so we really get to know them. When a new person arrives we usually get as much information about them as possible, I think that is really important".

We reviewed the service's training plan and looked at individual staff training records and details of planned training events. Staff were being supported in regular meetings (called supervision) with their manager, where they discussed how they provided support to help ensure they met people's needs. It also provided an opportunity to review their aims, objectives and any professional development plans. One staff member told us, "We have just done some training and there is more this week. We are kept up to date". An area manager told us the in-house training unit had recently been disbanded, but that all future training would be out sourced. Induction training was in line with the Care Certificate framework. This replaced the Common Induction Standards with effect from 1 April 2015.

There was a mix of staff skills and experience on each shift. Support staff who had been employed for longer periods worked together with staff that had joined the service more recently. The service supported staff on induction and ensured newer staff had a suitable period of shadowing more experienced staff until they were comfortable and competent in their role. Staff told us, "I've been here a long time like some of the other staff, but we work well as a team" and "We all support each other. I am working with (persons name) who is quite new. I don't mind working with new staff because it's good to see them come on as they get to know the job more".

The service assessed each person's needs prior to them using the respite service at Lowena. This ensured the placement would suit their needs and level of support. We looked at some of these assessments and saw they were detailed and provided a report outlining the needs of the person they were about. Where peoples' needs changed the records detailed work with multiple agencies, so that they could develop a service that was able to meet peoples current needs..

People had good access to a range of health support services. Each person had a health plan in place which covered the person's physical health and mental welfare. The health plans were detailed and identified if a person needed support in a particular area. For example if a person required emergency medication whenever going out. People's care records contained details regarding other health professionals and their contact details as well as easy read, health action plans which outlined what support people needed in an accessible format. The deputy manager and staff told us how the service dealt with people's changing health needs by consulting with other professionals where necessary. This meant people received consistent care from all the health and social care professionals involved in their care.

People had access to good quality food with plenty of choice. Each unit had its own kitchen and supply of food. There were variations in each unit because people had made different choices. People's preferences in respect of food were recorded in care plans and staff knew these well. In one unit a pictorial communication board included a range of foods prepared for the service. People were encouraged to choose meal and food options from this board. A staff member told us it was proving popular with guests. Two people were being supported to prepare vegetables for the evening meal. Some people required specialist diets. Staff had clear instructions about what this meant and how it should be managed.

The registered manager and the staff were aware of the Mental Capacity Act 2005 (MCA). 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. The service considered the impact of any restrictions put in place for people that might need to be authorised under the Deprivation of Liberty Safeguards (DoLS). Mental capacity assessments had been carried out and where people had been assessed as lacking capacity for certain decisions best interest meetings had been held. Two applications had been authorised and this was kept under review in line with legislative requirements.

The design, layout and decoration of the service met people's individual needs. Individual rooms were not personalised due to them being used on a respite basis. However people were encouraged to bring personal items with them. For example, people had brought some of their favourite personal items for their short stay at Lowena. There were a wide range of facilities for people with a range of mobility needs. This included specialist baths, hoists and lifting equipment. In addition there was a sensory room available to people. Kitchen areas had a work surface which was movable in order to accommodate people wheelchair's.

Is the service caring?

Our findings

This was a respite service therefore occupancy levels varied throughout the week. During the week most people arrived at the service after daytime activities such as day support facilities or work placements. Staff told us week-ends were the busiest times when the service was often full. Nine people were using the service during the inspection visit. We spent time in communal areas, observing interactions between staff and people who were using the service when they returned later in the day. Staff were supporting people in a kind and caring unrushed way. They were taking time to support people individually or in small groups. There were lots of conversation laughing and animated movements which reflected a busy but happy service. We saw relationships between people were relaxed and friendly and there were positive conversations taking place.

People were supported by skilled staff with a good understanding of their needs. The duty officer and staff talked about people knowledgeably and demonstrated a depth of understanding about people's specific support needs and backgrounds. People had allocated key workers who worked closely with them to help ensure they received consistent care and support.

Staff were seen to be highly motivated to provide the best and most suitable support to people they worked with. When people returned to the service later in the day staff were not rushed, were focused and spent time on an individual basis with people. Although, the atmosphere in the service was one of fun and high energy when people arrived, staff appreciated that sometimes people would want to be on their own.

People's care plans showed their styles of communication were identified and respected. For example some people responded verbally and others needed picture symbols as a visual tool to assist them. The care records we looked at were written in a personal way. This meant the person was at the centre of their care and was arranged around their individual needs. We saw the care records contained detailed and personalised information to help staff to deliver care that met the person's preferences. We saw people's individual preferences were described. For example their choice of clothing, personal care and preferred time of getting up and going to bed. Staff were patient and gentle in the way they responded to people. This showed us staff were caring.

We spoke with two members of staff and asked them to describe the care needs of people who stayed at the service. Staff were knowledgeable about people's needs and preferences and could describe the individual interventions that were required to support them. Staff were able to describe the routines people preferred, such as the time they wanted to get up and go to bed, relationships that were important to them and interests that they had.

Staff told us how they maintained people's privacy and dignity generally and when assisting people with personal care. For example, by knocking on bedroom doors before entering and gaining consent before providing care. They told us they felt it was important people were supported to retain their dignity and independence. When we moved around the service we observed staff knocked on people's doors and asked people if they would like to speak with us.

Is the service responsive?

Our findings

Staff knew the people they supported well. Care records contained information about people's personal histories and detailed background information. This helped staff to gain a more in-depth understanding of the person including previous life experiences and events which might have made an impact on them. Staff were responsible for making daily records about how people were being supported and communicated any issues which might affect their care and wellbeing. Staff told us this system made sure they were up to date with any information affecting a person's care and support. A member of staff said, "It's important to get the information about a person then we can respond to them individually".

People's care and support was planned with people's involvement. Care plans were structured and detailed the support people required. Care plans were focused on the person, identifying what support people required and how they would like this to be provided. Where possible relatives were fully involved in the care planning process and were kept informed of any changes to people's needs. A relative told us, "I am always involved in (person's name) reviews and changes. They keep us updated and we share information".

People's stays were all booked in advance unless there was a reason for an urgent stay. This had occurred and staff had responded to support the person through a family illness. A relative told us, "They (staff) were there when I needed the extra support". The deputy manager told us it was important that people were supported by staff that were competent and the person responded positively. They told us this helped people to enjoy their stay at the service and to develop trusting relationships. Observation we made confirmed people responded positively with the staff engaging with them.

There were a range of activities and games for people to use. Some people liked to listen to music in the lounges. They could also do this by using their own music equipment they sometimes brought with them. Some people had headphones, which one person was using so they remained mobile but had the music available to them. Two people had chosen to go swimming and that was being arranged for them. For people who had complex needs staff were interacting with them constantly. Where a person did not have the physical ability to prepare vegetables they were engaging with other people in the kitchen so they felt included. People were encouraged to go into the community as much as possible and take advantage of eating out and attending community activities. There were a range of photographs in the entrance hall of recent trips to local venues.

Relationships had been formed where people regularly used the service on the same days. Where people shared common interests this was encouraged. For example two people had chosen to go swimming together. Some people attended day facilities together and so were seen to engage with each other when they attended Lowena. Staff told us, "There is always regular banter and because some have been friends for a long time they like to share activities" and "There can be some fall outs but we manage it well".

There was a policy and procedure in place for dealing with any complaints. This was made available to people and their families and provided people with information on how to make a complaint. An easy read version was also available for people which used pictorial symbols alongside simple and limited text. People

we spoke with including relatives told us they had never felt the need to raise a complaint but had the information if they felt they needed to.

Is the service well-led?

Our findings

Lowena is one of the learning disability resources operated by Cornwall Council. As well as a registered manager, who has day to day management responsibility for the service, there is also a deputy manager. An area manager provides background support and acts as a link between the service manager and administrative staff supporting the service. This additional layer of management makes regular visits to Lowena to ensure appropriate support and oversight for the service.

Staff told us of the open and supportive culture promoted by the management team at Lowena. Staff told us they loved working at the service. Comments included, "It's a really fulfilling job. We all work well together and get good support" and "Every day is different and it's nice that we are encouraged to make it as nice as possible for the guests. That's what I like about it".

There was a clear focus on what the service aimed to do for people. The emphasis was the importance of supporting people to develop and maintain their independence within their own abilities. It was important to the staff at the service, that people who used the respite service were supported to be as independent as possible and have their choices respected by staff.

People we spoke with including staff and a relative told us they thought the service was well led. "The manager is always available and we feel listened to. I can always raise an issue and it is acted upon" and "It's a really good job because we all work well together and get good support".

Staff meetings were held regularly and minutes were made available for all those who were unable to attend. Minutes demonstrated the regular frequency of meetings. The staff team discussed issues pertinent to the running of the service and communicated well with each other. Staff said they felt well supported by the management team at the service.

Staff said that as well as formal staff meetings, day to day communication was good and any issues were addressed as necessary. Staff told us they used the open communication as an opportunity for them to raise any issues or ideas they may have. They felt confident the registered manager respected and acted on their views. A staff member said, "The manager is really good at listening to us (staff) but sometimes she can only pass issues on but is restricted by what she can do".

There were compliments forms which were available in the reception area of Lowena as well as photographs in the entrance hall and around the service showing the range of trips that had taken place over the year. Feedback about these trips were positive and comments included, "Liked going out on the train", "Happy with everything" and "Grass is too long to play football on". The last comment was responded to by the manager by ensuring the grass had been cut so football could take place.

The service had quality assurance processes in place including monthly audits for maintenance of the service medicines management and monitoring of complaints. These processes acted as an audit system and were used to drive continuous improvement. Documentation relating to the management of the service

was clear and regularly updated. For example, peoples' care and support records and care planning were kept up to date and relevant to the person and their day to day life. This ensured people's care needs were identified and planned comprehensively and met people's individual needs. The service understood and complied with their legal obligations, from CQC or other external organisations and these were consistently followed in a timely way.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who use services and others were not protected against the risks associated with safe care and treatment because of unsuitable water temperature management. Regulation 12 (2) (d)