

Lomack-Health Company Limited

Lomack Healthcare

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

Lomack Healthcare is a service that provides care and support to people living in two 'supported living' settings so that they can live in their own home as independently as possible. It provides a service to younger adults. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living. This inspection looked at people's personal care and support.

The care service 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.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good

There was a registered manager at the service. 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.

Staff knew how to respond to possible harm and how to reduce risks to people. Lessons were learnt about accidents and incidents and these were shared with staff members to ensure changes were made to staff practise or the environment, to reduce further occurrences. There were enough staff who had been recruited properly to make sure they were suitable to work with people. Medicines were stored and administered safely. Regular cleaning made sure that infection control was maintained.

People were cared for by staff who had received the appropriate training and had the skills and support to carry out their roles. People received a choice of meals, which they liked, and staff supported them to eat and drink. They were referred to health care professionals as needed and staff followed the advice professionals gave them. Adaptations were made to ensure people were safe and able to move around their home as independently as possible. Staff members understood and complied with the principles of the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were caring, kind and treated people with respect. People were listened to and were involved in their care and what they did on a day to day basis. People's right to privacy was maintained by the actions and care given by staff members.

People's personal and health care needs were met and care records provided staff with clear, detailed guidance in how to do this. There were activities for people to do and take part in and people were able to spend time with their peers. A complaints system was in place and there was information in alternative formats so people knew who to speak with if they had concerns. An end of life policy was being developed to support people and staff.

Staff worked well together and felt supported by the management team, which promoted a culture for staff to provide person centred care. The provider's monitoring process looked at systems throughout the service, identified issues and staff took the appropriate action to resolve these. People's views were sought and changes made if this was needed.

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? The service remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

Lomack Healthcare

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 was a comprehensive inspection that took place between 31 January and 7 February 2018. It was announced, we gave the service short notice of the inspection visit because we needed to be sure that they would be in.

The inspection was carried out by one inspector.

As part of the inspection, we reviewed the information available to us about the service, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. Before this inspection, the provider completed 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.

During our inspection, we visited five people using the service and observed how staff supported and interacted with them. We spoke with three people, although only one person agreed to an in depth conversation with us. We also spoke with two members of care staff, the registered manager and the provider's quality assurance manager. We checked three people's care records and medicines administration records (MARs). We checked records relating to how the service is run and monitored, such as audits, accidents and incidents forms, staff recruitment, training and health and safety records.

Is the service safe?

Our findings

The service remained good at safeguarding people from harm. People told us that they thought they were safe using the service. One person said about the house they lived in, "I feel safe with staff, they're always around. I'm glad they're here." In the Provider Information Return sent before our visit the provider told us there were processes in place to protect people from abuse or harm, and these contributed to people's safety. Staff knew how to protect people from harm, they told us they had received training, they understood what to look for and who to report to. The registered manager was aware of their responsibility to report issues relating to safeguarding to the local authority and the CQC. Information received before our inspection showed that incidents had been reported as required, and staff had taken appropriate action to protect people and reduce risks to them.

The service remained good at assessing risks to people. Staff assessed individual risks to people and kept updated records to show how the risks had been reduced. They told us they were aware of people's individual risks and our observations showed that they put the actions into place. Risk assessments contained enough information and detail to show how risks had been reduced. These included everyday risks, such as for showering or bathing, and for more unlikely risks, such as in the event of a fire and the need for evacuation. One person told us, "If there was a fire they'd (staff) make sure we get out."

Care records showed that there was clear information for staff regarding how they should approach a person if they were upset or distressed, and actions they should take if this occurred. Staff members explained any challenging behaviour that may occur, but confirmed that they had not seen this recently. They went on to describe what might trigger the behaviour and what they did to reduce the risk of it occurring. We concluded that staff supported people appropriately so that behaviour that challenged or upset others did not occur.

The service remained good at ensuring there were enough staff with the required recruitment checks to care for people. People told us there were always staff available. Staff members told us that there were enough staff available. There was a system in place to ensure staffing numbers were at the level indicated by people's needs and how many staff commissioners of care had provided funding for.

Staff members told us about the checks that had to be completed before they started working at the service. We looked at staff recruitment files and saw that checks had been returned before staff worked with people. This included asking for police checks (DBS checks) and information about staff who had previously worked in a care position.

The service remained good at managing people's medicines. People told us that they received their medicines when these were needed and that staff members helped them with this. One person told us, "Staff give medicines, they don't forget." People who needed support with their medicines received this from staff who had received training. The quality assurance manager told us that they had developed and had started completing a medicines competency tool to check staff members' ability in relation to medicines. Records to show that medicines were administered were completed appropriately. Medicines in both

supported living houses were stored securely. Staff had appropriate guidance for medicines in general and for people who received medicines on an 'as required' basis.

A staff member told us that they had enough personal protective equipment (PPE) and cleaning equipment available. This showed us that processes were in place to reduce the risk of infection and cross contamination.

We saw that incidents and accidents were responded to appropriately at an individual level and information about these fed into broader analysis. One staff member explained that records were discussed by staff during meetings, to identify any trends or themes or possible causes or explanations. A brief analysis had been completed and this identified that staff needed to monitor two people closely. However, the few numbers of incidents made a more detailed analysis for more broad themes difficult.

Is the service effective?

Our findings

Staff worked with health and social care professionals who visited people to provide current, up to date guidance and advice about meeting people's care and support needs. We saw this advice was available and used by staff to promote people's health and well-being. People using the service had varying levels of cognitive ability and staff worked effectively to manage all of their needs. People were provided with the level of support appropriate to their needs. This included equipment to help people call for help or to alert people in an emergency. For example, one person wore a pendant alarm around their neck to alert staff if they got into difficulty. This alerted staff so that they could provide support only when needed and the person was able to spend time alone without being disturbed. Another person had a vibrating fire alarm to alert them in an emergency.

The service remained good at providing staff with training and support. One staff member told us, "We get a lot of training. It helps." They went on to explain that they had received additional training to better support people. Where this was not available, they were able to obtain information from people's GPs or a learning disability health resource centre. This included training about how to feed people through a PEG tube (a tube through the skin into the stomach). Staff training records showed that most staff members had received training such as first aid, health and safety, and moving and handling.

Staff members confirmed that they received support on a regular basis through one to one meetings and team meeting. A staff member explained that they could discuss issues and development opportunities. Records showed that regular meetings were planned for the forthcoming months, so that staff could plan for any discussions they wished to have. This gave them the guidance and support to carry out their roles.

The service remained good at providing and supporting people to eat and drink. One person said, "Sometimes we cook for ourselves. We plan the menu together and [staff member] will write it down." We observed that refreshments were offered throughout the day. Staff talked about the menus with people and showed people the available options so that they could choose what they would like to eat and drink. Staff monitored people at risk of not eating or drinking enough and took action to reduce this. This included referring people to health care professionals such as dieticians or speech and language therapists.

Staff at the service worked closely with other organisations to ensure that the best possible quality of service was provided. 'Hospital passports' (a document with details about the person) were completed to help staff in other health or care settings support the person in the way they wanted. The registered manager told us that staff were able to contact a specialist learning disability health facility if a person needed support.

The service remained good at ensuring people had advice and treatment from health care professionals. One person told us that they were supported to visit their GP. People's care records showed that they had access to the advice and treatment from a range of health care professionals. These plans provided enough information to support each person with their health needs.

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.

We checked whether the service was working within the principles of the MCA were being met. Staff had received training in MCA and were able to demonstrate an understanding of this to us. One staff member told us that there was a system in place to help people make decisions and written guidance about who could make the decision if the person couldn't. Records showed us that MCA assessments had been completed and where people were not able to make a decision, a best interest decision had been recorded. This showed that people would not have their freedom restricted in an unlawful manner.

Is the service caring?

Our findings

The service remained good at caring for people. People told us that they were happy with the care and support they received from the service and that they were treated with dignity and respect. We asked one person if staff were polite and respectful towards them and they responded, "Staff are superb!" They went on to say that all of the staff working with them were "polite". We visited five people in their own homes and although not everyone was able to easily verbally communicate with us, they showed us that they liked the staff caring for them.

We saw that staff were kind and thoughtful in the way they spoke with and approached people. Staff faced people, spoke directly with them and when people were sitting at a different level, staff lowered themselves so they were not standing above the person. When people did not respond to this attention, staff members spoke to them again. This ensured that people had heard staff but also provided them with the opportunity to indicate that they did not want to engage with the staff member.

Staff knew people very well and were able to anticipate people's needs because of this. They knew what people would do, although they continued to make sure people were able to make their own decisions. Staff members described how each person may act and possible risks to them. We saw on occasions during our visits that people did act in exactly the way staff had described. Staff told us that they spoke with people about their support and one person confirmed that staff went through their support plan with them each week. Some information in support plans was also written in an easy read format for people who were able to read this.

We saw that staff members explained to people what they were going to do before doing it, which meant that people were not suddenly surprised. They were also given time to indicate if they were not happy for staff to continue. We saw that staff had enough time to spend with people to keep them company if they wanted this.

The service remained good at respecting people's right to privacy and to be treated respectfully. This was evident in the way staff spoke and interacted with people. Staff checked to make sure people were comfortable and encouraged them to spend time where they wanted, whether this was in a communal area or in their own space. People were able to carry out their own routines and spend time where they wanted. One person told us that staff respected their privacy, but felt that they did not always knock before entering their room. We spoke with a staff member about this and they told us that sometimes the person had their television on quite loud and that the person did not always hear staff knock. Staff members received training in key areas that supported people's right to respect and dignity.

Is the service responsive?

Our findings

The service remained responsive to meeting people's needs. One person told us that, "They [staff] help us with our support and one to one." Staff had a good knowledge of people's needs and could clearly explain how they provided support that was individual to each person. Staff were able to explain people's preferences, such as those relating to support and care needs, or leisure and pastimes.

People had access to a variety of activities that staff supported them to take part in. Staff helped people to access their local community where they were able to shop for food, clothing, have a coffee or visit people they knew. Some people had routines where they would visit places on a regular basis, while other people had more flexible visits out to the community. One person told us about their holiday destination the previous year, the work they carried out at a local hospital and the items they made in woodwork at a day centre.

We looked at people's care and support plans and other associated records. All files contained details about people's life history, their likes and dislikes, what was important to each person and how staff should support them. Plans were written in detail to guide staff members' care practice and additional care records were also completed. Information about people's lives provided detailed histories that were set into sections of daily routines for morning, afternoon and evening. This provided staff with a timeframe for when people preferred to complete specific events, such as personal care or taking part in activities.

Plans for the care of more individual needs, such as for the care of a PEG (tube through the skin and into the stomach), were written in detail. These provided clear guidance regarding the care of the tube, the insertion site through the skin and how often the water keeping the tube in place should be changed. Staff we spoke with had a very good understanding of people's needs in this area. We saw the plans were reviewed on a regular basis to ensure they met people's support and care needs. Daily records provided evidence to show people had received care and support in line with their support plan.

The service remained good at managing complaints. People told us they would be able to speak with a member of staff if they were worried about anything. One person said, "I would talk to [staff member] ... she would sort it out." There were copies of the service's complaints procedures in each people's homes. These had also been written in an easy read picture format and both documents contained contact details for outside organisations. We looked at one complaint and found that there was a record of the discussion that had taken place.

People did not have their end of life wishes recorded as part of their support plans as they were all quite young. However, the quality assurance manager had started to develop a policy and procedure for staff, so that they could address this and obtain information about people's wishes in a sensitive way.

Is the service well-led?

Our findings

People told us they liked receiving care and support from staff from Lomack Healthcare. Staff told us that there was an expectation for them to deliver good quality care and support. They told us that communication between the registered manager and all levels of staff was good. One staff member said, "It's lovely, I don't see myself working anywhere else." There were a number of opportunities, such as staff meetings, to discuss the running of the service. Staff were supported by senior staff and felt they could discuss any issues or concerns they had. They were further supported in one to one meetings, where they were able to discuss their performance.

There was a registered manager in post. 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. The registered manager was supported by the quality assurance manager and care staff.

One person told us that meetings in their house had stopped, although they were asked what they thought of the service individually. The views of people, their relatives and staff were obtained every six months through a questionnaire. The information was then collated and a summary of the findings made available. The survey results from the November 2017, showed a high overall satisfaction rate. It identified what people and their relatives wanted, which included better communication about the organisation and changes that have been made. Actions had been identified to address these issues. One of these actions was to develop a system where people using the service could speak with other people using the service. The registered manager told us this was to relay thoughts, concerns and wishes to the management team to give people more of a voice in the running of the service. We spoke with one person who acted in this capacity; they told us they had spoken with a member of the management team about people's thoughts and ideas.

The service remained good at assessing and monitoring risks to people and the quality of the service. The registered manager used various ways to monitor the quality of the service. These included audits of the different systems around the home, such as care records and infection control. The quality assurance manager had linked the audits to the relevant CQC standards and regulations, so that they could ensure that they were also meeting these requirement. The audits identified issues and the action required to address them. A monthly report was developed from this, which was then shared with staff and the owner of the service. In their most recent report they found little of concern.

The registered manager monitored accidents and incidents and we could see that staff took appropriate actions to reduce reoccurrences. Trends and themes of any safeguarding or accidents were looked at and then passed on to the owner. This shows that auditing and analysis systems were effective in identifying issues and taking the appropriate actions to resolve them.

During the inspection the registered manager told us that they were not aware of the CQC guidance of 'Registering the Right Support.' This is the CQC policy on the registration and variations to registration for

providers supporting people with a learning disability. We provided the registered manager with a copy of this document and they confirmed that they would consider whether any changes were required. This also prompted the registered manager to research this matter in detail.

Information available to us before this inspection showed that the staff worked in partnership with other organisations, such as the local authority safeguarding team. We saw that the registered manager contacted other organisations appropriately and in relation to safeguarding, investigated the issue and took action where this was required. We saw that information was shared with other agencies about people where their advice was required and in the best interests of the person.