

Lonnen Health Care Limited

Lonnen Grove

Inspection report

Kimberworth Road
Rotherham
South Yorkshire
S61 1AJ

Tel: 01709565828

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Ratings

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

Overall summary

About the service

Lonnen Grove is an eight-bed nursing home, providing care to adults with learning disabilities and other support needs. There is a core home that accommodates six people and a separate house that accommodates two people. The home is in Rotherham, South Yorkshire. It is in its own grounds in a quiet, residential area, but close to public transport links and the town centre. At the time of the inspection there were eight people living at the home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People told us they were happy with the care they received. The registered manager oversaw a good quality service which was safe, effective, caring, responsive and well led. There were enough staff in place to meet people's needs. People told us they were supported by consistent staff, who understood their needs well. People were safeguarded against the risks of suffering abuse and avoidable harm. Risks associated with people's care were assessed and effectively managed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff received appropriate training and support in their role. Care plans reflected people's needs, including the support they needed with their healthcare, medicines, nutrition and personal care. People gave positive feedback about the service and staff. Health professionals feedback demonstrated a responsive service. Staff were attentive to people's needs and knew individuals well. Staff spoke passionately about the people they supported and worked to uphold their rights.

People, relatives and staff provided good feedback about the management of the service. They were confident concerns were dealt with and resolved to their satisfaction. Staff told us the registered manager supported them at all times and had an 'open-door' policy. People were consulted about the service through face to face meetings and surveys and suggestions were acted upon. There was an open and transparent culture within the service. There were effective quality assurance systems in place to assess, monitor and improve the quality and safety of the service provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 26 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Lonnen Grove

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We used the information the provider sent us in the provider information return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We obtained the views of professionals who may have visited the service, such as service commissioners and Healthwatch (Rotherham). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with six people who used the service and five relatives about their experience of the care provided. We spoke with seven members of staff including the regional manager, the registered manager, four support workers and one ancillary staff member. We reviewed a range of records. This included two people's care records and a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives had no concerns about safety. They told us, "Yes I feel safe here. I've been and lived at so many places, this place is all right, it's the best place I've lived in," and "Yes [Name] is very safe, she's quite able to tell them [staff] if she's not feeling happy."
- People benefitted from staff that understood and were confident about using the safeguarding and whistleblowing procedures. Whistleblowing is where a member of staff can report concerns to the registered manager in the organisation, or directly to external organisations.
- The registered manager had made the appropriate referrals to local safeguarding teams when concerns had been raised about people's safety or wellbeing. This demonstrated they understood their responsibility to safeguard people.

Assessing risk, safety monitoring and management

- People had individual risk assessments in their care plans that identified potential risks and provided information for staff to help them avoid or reduce the risk of harm. These were detailed, and person centred and included national best practice guidelines for specific conditions.
- Staff showed they understood people's risks and involved them in regular reviews of their risk assessments. These included environmental risks and any risks due to health and the support needs of the person.
- Accidents and incidents were monitored monthly by the registered manager to ensure any triggers or trends were identified. Where necessary, appropriate referrals were made to healthcare professionals.

Staffing and recruitment

- Staffing levels and recruitment were safe.
- Sufficient numbers of support staff were deployed to meet people's needs. Staffing levels were determined by the number of people receiving care and support and their assessed needs.
- When people needed support or assistance in relation to personal care from staff there was always a member of staff available to give this support.
- The registered provider undertook background checks of potential staff to assure themselves of the suitability of staff to work at the home. New staff worked with experienced staff to understand people's individual needs.

Using medicines safely

- People were supported to take their medicines safely by staff who were trained nurses and were regularly assessed as competent.

- There were appropriate arrangements in place for the recording and administering of prescribed medicines. Medicine administration records confirmed people had received their medicines as prescribed.
- There were up to date policies and procedures in place to support staff and to ensure medicines were managed in accordance with current regulations and guidance.

Preventing and controlling infection

- Both the core home and the separate house were exceptionally clean. Ancillary staff took great pride in ensuring people lived in a clean, tidy and hygienic environment.
- Staff received training in the control of infection and were provided with personal protective equipment, so they could carry out their work safely.

Learning lessons when things go wrong

- Robust processes were in place to enable the registered manager to identify any themes or trends. Any potential learning from such incidents were cascaded to the staff team, resulting in continual improvements in safety.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received care and support which met their needs. When people moved to the service, they and their families, where appropriate, were involved in assessing, planning and agreeing the care and support they received.
- Assessments identified people's care needs and provided staff with guidance on how to meet these needs in line with best practice guidance and people's preferences. For example, where people required specialised diets or alternative methods of communication. Good communication between management and care staff meant people's needs were well known and understood within the team.
- Protected characteristics under the Equality Act were considered. For example, people were asked about any religious or cultural needs so these could be met. The provider had policies in place to ensure they protected people's, and staff's rights, regarding equality and diversity.

Staff support: induction, training, skills and experience

- Staff received the support and training required to work effectively with people.
- All staff attended a four-day induction which covered all essential training before they commenced in the home. The induction included such things as Fire Awareness, Health and Safety, Equality and Diversity, Data Protection, First Aid, Inclusion, Bullying and Harassment, Person centered approaches, Infection control, Food safety, Nutrition and Hydration.
- Regular supervisions and personal development plans were completed to ensure staff were monitored throughout their employment.
- Staff told us they felt very well supported by the management team and could approach them at any time for guidance and advice. One staff member told us, "After dealing with a particularly difficult situation the manager told me to take some time out. She then came to see that I was okay, and we had a chat about it. After this I felt much better."

Supporting people to eat and drink enough to maintain a balanced diet

- The support people needed with eating, drinking and meal preparation was identified in their care plans. Where people had specific dietary requirements, preferences or routines, this was highlighted for staff to follow.
- People told us the food was, "Alright" and "Okay." Comments included, "I go in the dining room now and again, but I prefer to eat my food in my bedroom. Staff will come in and ask if you want the food, sometimes I just fancy something else and have a takeaway now and again," and "I like to cook, I help out and cook things here. I go to the community centre and do the cooking."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Records showed the staff communicated with other health and social care professionals such as social workers, GP's and speech and language therapists, to make sure people's health and care needs were met.
- People had been supported to develop, 'hospital passports', which were documents designed to give an overview of their health needs. These documents helped to give medical professionals a snapshot of the person's needs, when they accessed healthcare services.

Adapting service, design, decoration to meet people's needs

- The environment was welcoming and furnished to a good standard. Bedrooms had people's own possessions and furniture in place and looked very homely. People spoken with were happy with their personal space and the home in general and said it was, "homely" and "comfortable."
- A separate building called the 'activity hub' was available within the grounds. It provided an alternative space and equipment to support people's interests such as drawing and painting for example.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The registered manager understood their responsibilities in seeking consent and acting in line with the principles of the Mental Capacity Act 2005. Where people were assessed as lacking capacity to give consent to care, the provider consulted with the person who had the legal authority to act on people's behalf.
- Staff involved people and their relatives in making decisions about their care, staff ensured these were in people's best interests and recorded the outcomes.
- Staff understood the importance of gaining people's consent and explaining what was happening. For example, before supporting them with personal care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were very happy with the care and support they received, and their needs had been met.
- Two people who lived at the home had made very specific decisions about their sexuality and how they chose to dress. One person had been referred to a specialist learning disability Psychologist. They visited and supported the person around issues they felt they were facing in relation to their sexual preference and gender.
- The registered manager had been provided with additional training around protected characteristics and the law, as part of their leadership program. Care staff also received mandatory training in equality and diversity which covered protected characteristics.
- Staff told us people were more comfortable and open in discussing equality and diversity issues with them as a result of the training and this had reduced their anxiety around sensitive issues.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in planning and reviewing their care. The registered manager maintained regular contact with people through review meetings. This gave people a chance to give feedback about their care.
- One person told us, "There's not enough male staff. I'd like to have more male staff as there are things [activities] I prefer to do with male staff." We gave this feedback to the registered manager who said they would speak to the person about this to look for a resolution.
- Staff talked to people about their day and what their plans were. People had daily programmes showing what they had decided to do that day. Staff encouraged people to be involved in deciding what they would like to do and chose what they wanted to wear. One relative told us, "[Name] can have anything they want, she loves going out shopping she's always buying clothes. She spends her money on what she wants."
- The service used advocacy services to support people where needed. We saw evidence of this in people's care plans and professional notes.

Respecting and promoting people's privacy, dignity and independence

- Our observations confirmed staff had a good understanding of people's care and support needs and knew people well.
- We found staff spoke to people with warmth and respect, and staff considered people's privacy and dignity. One person told us, "I like staff, I like her the best," [pointed out staff member] and then smiled.
- Relatives told us, "[Name] loves living here, they look after her well. It's a lovely place, we are very happy with support she gets," and "The staff look after [Name] really well, it's a lovely place, she has a lovely room."

They keep me informed if she is unwell, they always keep in touch with us."

- A staff member was the 'dignity champion.' Their role was to cascade their knowledge of the latest best practice and guidance to all other staff.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans provided information about how people wished to receive care and support. These identified key areas such as, personal care, daily living activities, personal hygiene, meal preparation and shopping and dressing. The care plans also included daily routines specific to each person which helped to ensure that people received care and support personalised to them.
- People told us, "'I'm going to the GP because I've had a bad tummy since Christmas, and today I'm going for my appointment about my tummy,'" and "I take myself to the opticians, and go to the GP on my own if I'm not well."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Where required wordless books, pictures and video recordings were used to help enable people to access information. Easy read information was also available for people who required this format. Signing and Makaton was also used with specific people who preferred to use this method to aid verbal communication.
- Staff told us about people who benefitted from receiving small amounts of information at any one time as this made it easier for them to understand.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Support plans detailed each person's preferred leisure activities, hobbies and pastimes and how staff would support the person with these.
- People were supported to be involved in a range of activities that they enjoyed. One person told us, "I like going trainspotting, I went quite recently from Doncaster to Edinburgh on the train." Another person said, "I enjoy going to Mecca bingo, I walk down it's not that far. I've been swimming this morning, I used my bus pass. I like to go and meet my mum in town and have some food."
- People spoke about having yearly trips away. One person had been to the Norfolk Broads on a boat with two members of staff. Others had plans to go away the following week to Wales. Everybody had the option of taking a holiday with staff supporting them if they wished.

Improving care quality in response to complaints or concerns

- The provider had a policy and procedure for dealing with complaints. Complaints were managed

satisfactorily. The complaints file showed evidence of concerns and complaints being recorded and responded to.

- People and relatives told us they could speak with the managers or staff if they had any concerns. Comments included, "If I had any concerns or complaints I would approach whoever was there, although I do like to speak to the manager, she is really approachable. If I'm honest I've never had any reason to make a complaint," and "If I've anything to say I speak with the manager or shift nurse. They usually get back to me if I've asked for anything."

End of life care and support

- The registered manager told us they had not cared for anyone at the end of their life.
- The providers training officer and registered manager had recognised staff needed further training in end of life care, so they were prepared if this was needed. They were looking at accessing this through an independent training provider. Staff said they would find this useful and beneficial.
- People and their families were given the opportunity to record what was important to them at the end of their life. Where they had chosen to do so this was clearly recorded in their support plan.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives had confidence in the abilities of the registered manager. Their comments included, "Yes I think the home is well led, I don't have too much to do with the manager, but that's because I deal with the other staff. If I had any concerns I have no problem approaching staff," and "I think the home is well managed and the manager is really approachable, all the staff are if I'm honest."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and management team had systems in place to investigate and feedback on any incidents, accidents or complaints.
- Staff members told us the management team were open and transparent when things needed improving or changed because of any specific incident or near miss. One staff member said, "We talk openly about things, so improvements can be made, and people can be kept safe."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear management structure in place. Staff were clear on their roles and who they should report to.
- Systems were in place to monitor the quality of the service, these were fully embedded into the service.
- The registered manager was confident and knowledgeable. She was well-informed about people who lived at the home. People also knew who the regional manager was, and it was clear both were very visible within the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider carried out formal quality assurance surveys to obtain the views of people and their families. This was used to assess the quality of the service, and to make any changes needed from the feedback gained. We saw evidence the provider had been proactive in responding to people's individual comments, so any concerns could be resolved.
- Service user council meetings were held at a different Exemplar home every two months. One person was the homes ambassador. They attended the meeting, then came back and spoke to the other people about what was discussed and decided, minutes were also provided.

- There was a new process whereby the activities coordinator interacted on a one to one level with each person, taking time to develop and learn about the individual's needs, wants and desires. This helped to get a more bespoke picture rather than using a traditional residents meeting.
- Relative's meetings were also scheduled which helped to make sure relatives felt informed and included. Relatives told us, "We've always had regular meetings, where relatives can get together. There is one this week that I'm hoping to get to. They also invite me to any of the other meetings they think I should be at," and "I'm going to the meeting this week, it's nice that they involve us at these meetings, and gives you a chance to meet other families."
- Staff meetings were held. Staff told us they were able to add to the meeting agenda and minutes were distributed following the meeting.

Continuous learning and improving care; Working in partnership with others

- The registered manager was able to tell us about incidents that had required them to reflect upon their practices and make improvements.
- The registered manager and staff team worked well with other external services to achieve positive outcomes for people.