

Parkcare Homes (No.2) Limited

Lammas Lodge

Inspection report

Lugwardine
Hereford
Herefordshire
HR1 4DS

Tel: 01432853185

Website: www.craegmoor.co.uk/www.priorygroup.com

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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

About the service

Lammas Lodge is a residential care home providing personal care for up to seven people with learning disabilities or autistic spectrum disorder. At the time of our inspection, there were seven 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

Staff understood how to identify and report any potential abuse involving people who lived at the home. Systems and procedures were in place to identify and manage any risk associated with the premises, equipment in use and people's individual care needs. The provider followed safe recruitment practices to check prospective staff were suitable to work with people at the home. Staffing levels at the home meant people's care needs could be met safely. Any accidents or incidents involving people were monitored by the registered manager and provider, who took action to reduce the risk of recurrence. Measures were in place to protect people from the risk of infections.

People's individual care needs were assessed and kept under regular review. Staff received an initial induction followed by formal training and regular supervision to enable them to work safely and effectively. People had enough to eat and drink and were supported to choose what they ate and drank on a day-to-day basis. Staff worked effectively with community health and social care professionals to ensure people's care needs were met. 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.

Staff adopted a caring and professional approach towards their work. People had support to express their views about their care. Staff understood the need to respect and promote people's rights to privacy, dignity and independence. Staff also recognised their role in promoting equality and diversity at work.

People's care plans were individualised and contained information about what was important to them. Staff confirmed they read and followed these plans. People had support to participate in a range of social and recreational activities. People's relatives knew how to raise any concerns or complaints with the provider. People's wishes and choices about their end of life care were explored with them.

The registered manager recognised the importance of maintaining open communication and engaging

effectively with people, their relatives, staff and community professionals. Staff felt well-supported by, and had confidence in, the registered manager. The provider had quality assurance systems and processes in place to enable them to monitor and, where necessary, improve the quality and safety of people's care.

Rating at last inspection

The last rating for this service was Good (report published 15 February 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 re-inspection 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.

Lammas Lodge

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 was carried out by one inspector.

Service and service type

Lammas Lodge 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 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

The first day of the inspection visit was unannounced. We informed the registered manager in advance of when we would be returning for a second day to complete the inspection visit.

What we did before the inspection

Before the inspection visit, we reviewed information we had received about the service since the last inspection. This included information about incidents the provider must notify us of, such as any allegations of abuse. We sought feedback on the service from the local authority and local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection

We spoke with one person who used the service about their experience of the care provided. We also spoke

with the registered manager, quality improvement lead, Positive Behaviour Support (PBS) practitioner, one senior care worker and four care workers.

We reviewed a range of records. This included three people's care records, medicines records, staff training and induction records, and three staff recruitment records. We also reviewed incident and accident records, complaints records, and records relating to the safety of the premises and management of the service.

After the inspection

We spoke with five relatives and two community health and social care professionals about their experiences of people's care. We sought further clarification from the registered manager and quality improvement lead in response to one person's relatives concerns about the quality and safety of their loved one's care and support at the home.

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 remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff received training in, and understood, how to identify and report potential abuse involving people who lived at the home. One staff member explained, "We use our knowledge of the person, and look for any signs of bruising, behaviour changes or their responses to a particular member of staff." Staff told us they would immediately report any witnessed or suspected abuse to a team leader or the registered manager, and had confidence they would act on this.
- The provider had systems and procedures in place to ensure the relevant external agencies were promptly notified of any abuse concerns, in line with local safeguarding procedures.

Assessing risk, safety monitoring and management

- The majority of the relatives we spoke with had confidence their loved ones received safe care and support at the home. One relative told us, "I judge the care by [person's] appearance, and they [staff] have done wonders with them health-wise."
- However, one person's relatives were not confident their loved one's care needs were safely met by the service. They expressed a number of related concerns, including staff not reading their loved one's care files to understand their needs and how to keep them safe.
- We found the risks associated with people's individual care needs were assessed, recorded and kept under review by staff and management. These assessments took into account people's health, nutrition, mobility, behaviour support needs and their community-based activities. Plans were in place to manage identified risks and keep people, staff and visitors safe.
- The staff we spoke with confirmed they read and followed people's care plans and risk assessments, and they showed good insight into the risks to people living at the home. One staff member explained, "I was given time to read people's support plans at the start [during induction period] and have re-read them." Staff explained they were kept up to date with any changes in risk through effective staff handover procedures between shifts.
- The provider had systems and procedures in place designed to ensure the safety of the premises and the equipment within it. This included regular checks on the home's fire safety system.

Staffing and recruitment

- Most people's relatives and all of the staff we spoke with confirmed staffing arrangements at the home ensured people's needs could be met safely. One relative told us, "Even when they [management] have needed extra staff in the evening, they have brought them in. I trust them on staffing." One person's relatives were concerned about the significant impact of staff turnover upon their loved one's relationship with staff.

We found the provider had a recruitment and retention strategy in place to reduce staff turnover.

- The registered manager and provider monitored and adjusted staffing levels in line with people's current care needs.
- The provider followed safe recruitment practices to check prospective staff were suitable to work with people who lived at the home.

Using medicines safely

- The provider had systems and procedures in place to ensure people had the support they needed to manage and take their medicines safely.
- Staff received medicines training and underwent medicines competency checks. They told us that, as a result, they felt confident following the provider's medicines procedures.
- Staff carried out daily medicines stock checks to confirm people had received their medicines as prescribed.
- Clear written guidelines had been provided for staff explaining the expected use of people's 'when required' (PRN) medicines. The use of PRN medicines was closely monitored with the support of the provider's Positive Behaviour Support (PBS) practitioner.

Preventing and controlling infection

- Staff received infection control training and followed daily cleaning schedules to maintain standards of hygiene and cleanliness at the home. We found the home's environment to be clean and hygienic throughout.
- Staff were provided with personal protective equipment (e.g. disposable gloves and aprons) to reduce the risk of cross-infection, and they were clear when to use this.

Learning lessons when things go wrong

- The provider had clear procedures in place to enable staff to record and report any accidents or incidents involving people who lived at the home. The staff we spoke with understood these procedures.
- All accidents and incidents were monitored by the registered manager and provider. Incidents of challenging behaviour were also reviewed by the provider's PBS practitioner, who met with staff and management on a weekly basis to advise on these.

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 now 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's individual needs and requirements were assessed before they moved into the home and then kept under regular review by staff and management. This included an assessment of people's physical, mental and social needs.
- The registered manager kept themselves up to date with current legislative requirements and best practice guidelines through, for example, attending further training and internal management meetings.
- Staff underwent competency assessments to confirm they had the knowledge and skills to work in line with expected standards.

Staff support: induction, training, skills and experience

- New staff completed the provider's induction training, which incorporated the requirements of the Care Certificate, to help them settle into their new roles. The Care Certificate is an agreed set of standards designed to give care staff the knowledge and skills they need to provide safe and compassionate care.
- Staff felt their induction had prepared them well for their new roles. One staff member told us, "I found the staff were very welcoming; they made me feel at ease. It was my first care role and I did shadowing for a few weeks, was shown all the protocols and policies, and had a lot of training."
- The provider provided staff with a rolling programme of training, which reflected their duties and the needs of people living at the home. Staff spoke positively about the overall quality of the training provided.
- Staff had regular opportunities to meet with a senior colleague or the registered manager, on a one-to-one basis, to receive constructive feedback on their work and request any additional support or training needed.

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

- The majority of the relatives we spoke with felt staff supported their loved ones to eat healthily. One relative described how they worked closely with staff to improve their loved one's nutrition, as a result of which a referral had been made to the dietician.
- One person's relatives felt staff and management needed to do more to support their loved one to maintain a healthy diet and lifestyle. We found a detailed support plan had been developed in relation to this aspect of their care needs.
- We saw people were involved in decisions about what they ate and drank, and enjoyed their meals in a relaxed atmosphere.
- Any risks or complex needs associated with people's eating and drinking were assessed and plans

implemented to manage these with specialist nutritional advice. This included the provision of a texture-modified diet and thickened drinks for one person to reduce their risk of choking.

Staff working with other agencies to provide consistent, effective, timely care

- Staff and management worked with a range of community health and social care professionals to ensure people's care needs were monitored and addressed.
- The community professionals we spoke with described effective working relationships and good communication with staff and management. They had confidence their recommendations regarding people's care would be listened to and acted on.

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

- The design of the home ensured people had appropriate space to socialise with others, receive visitors, spend time outdoors, participate in activities or be alone, if they chose.
- Since our last inspection, adaptations had been made to the premises and grounds in response to people's needs and further work was planned in this regard. A relative described how their loved one's en-suite bathroom had been completely renovated to better suit their needs. A new sensory room was due for completion by the end of August 2019, to improve the range of in-house sensory activities on offer.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to arrange and attend medical appointments, and to seek professional medical advice and treatment if they were unwell.
- People's care files included information about their medical history and current health conditions to help staff understand their related needs.
- People had health action plans designed to ensure their health needs were fully considered and addressed, and 'hospital passports' to help medical staff understand their needs in the event of a hospital admission.

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.

- Staff received training in, and understood, people's rights under the MCA.
- Formal mental capacity assessments and best-interests decision-making had been carried out in relation to significant decisions about people's care.
- The registered manager had made applications for DoLS authorisation based upon an individual assessment of people's mental capacity and care arrangements. They monitored any conditions on DoLS authorisations granted, in order to comply with these.

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 now 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's relative spoke positively about the caring approach staff took towards their work. One person's relative told us, "They [staff] seem to be caring and are respectful of [person's] wishes." Another relative said, "I think they [staff] just want [person] to be happy and to look after them."
- People were relaxed in the presence of staff, who they freely approached for assistance.
- Staff received training in, and understood, the need to promote equality and diversity through their work and to avoid any form of discrimination in people's care.
- An individual 'equality and human rights profile' had been developed for each of the people living at the home to ensure their protected characteristics were fully considered as part of the care.

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

- People's care files included information about their individual communication needs, to help staff promote effective communication with each individual.
- We saw staff had time to listen to what people had to say to them, and they responded appropriately to people's questions and requests for assistance.
- The registered manager understood the sources of independent support and advice available to people and their relatives about the care and support they received, including local advocacy services. They assured us they would help people contact these service as required.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of promoting people's privacy, dignity and independence. They explained to us how they achieved this through their day-to-day work with people. One staff member told us, "I always knock on their [people's] bedroom door when entering their rooms, offer them choices and I don't assume they want to do things. I also listen to them, give them prompts for toileting discreetly, and speak to them how I want to be spoken to myself."
- People had help to maintain and develop their independence. This included encouragement and support to assist with household chores, prepare their own meals and drinks, and to do their own personal shopping. One person also helped maintenance staff complete weekly maintenance checks on the premises.
- The provider had procedures in place to protect people's confidential information and staff followed these.

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

- People's care plans contained information about what was important to them, alongside detailed guidance for staff on how to meet their care needs, to promote a person-centred approach.
- Care plans were reviewed and updated on a regular basis to ensure they reflected people's current needs. People's relatives were invited to participate in an annual review process and any external reviews of people's care with community health and social care professionals. One relative told us, "We are always invited to attend review meetings."
- People had been allocated 'key workers': named members of staff who oversaw their individual needs and requirements were being met by the service.

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.

- We saw staff adjusted their approach towards communication with people in line with their individual communication needs, to promote effective communication.
- A range of communication aids and strategies and accessible materials were in use, which reflected people's assessed communication and information needs. These included picture-based activities schedules and menu boards, and use of the Picture Exchange Communication System (PECS) and social stories. PECS enables people with communication difficulties to communicate with pictures. Social stories are a tool used to help people with autistic spectrum disorders to improve their social skills.

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

- People had support to participate in a range of social and recreational activities, which reflected their interests and preferences and ensured they did not become socially isolated. People's individual activity schedules included swimming, bowling, horse-riding, visits to local churches, walks in the countryside and meals out.
- People's day-to-day activities were recorded and reviewed to monitor this aspect of their care.
- People were supported to identify and take advantage of work opportunities, whenever possible. One person did voluntary work at a local farm project on a weekly basis.

Improving care quality in response to complaints or concerns

- People's relatives had been provided with a copy of the provider's complaints procedure and were clear how to raise complaints and concerns about their loved ones' care.
- The provider had produced a pictorial guide on making complaints to help people who used the service understand their complaints procedure.
- We saw previous complaints about the service had been recorded, investigated and a response issued to the complainant.

End of life care and support

- At the time of our inspection, no one was receiving end of life care at the service.
- The provider had procedures in place to explore people's wishes and choices for their end of life care with them and their relatives, in order that these could be addressed at the appropriate time.

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

- The majority of people's relatives and all of the staff we spoke with talked positively about their relationship and dealings with the registered manager, and felt their views were listened to. One person's relative told us, "I have always got on fine with [registered manager]. She has always been pleasant and helpful." Another person's relative said, "[Registered manager] is very frank with me and she has good ideas. I have no problems with her and if I had any problems I would talk to her."
- One person's relatives referred to difficulties in their relationship with the registered manager, and did not feel confident their views were welcomed. We discussed this issue with the registered manager, who assured us they sought to maintain open communication with all relatives and valued their feedback on their loved ones' care.
- Staff spoke enthusiastically about people's care and referred to a strong sense of teamwork within the current staff team. One staff member told us, "We [staff] all have a good bond with each other, which makes the team great."
- Staff felt well-supported by a registered manager who was approachable and prepared to listen to their views. One staff member told us, "I've always felt able to speak to [registered manager] with any problems. I've had concerns before and she has resolved them straightaway." Another staff member said, "[Registered manager] is amazing. I can speak to her if I have any issues or problems."

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 had a duty of candour policy, designed to ensure they met their associated legal requirements.
- The registered manager understood their responsibility to be open and honest with people and their relatives in the event things went wrong in the delivery of people's care.

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

- The registered manager and staff we spoke with told us they were clear what was expected of them at work.
- The registered manager worked closely with staff and the provider's senior management and quality improvement teams to maintain a shared understanding of any quality issues or risks at the service. As part of this, monthly 'governance meetings' were organised at the home, to which all staff were invited.

- The provider planned to introduce daily 'flash meetings' at the service as a means of further enhancing communication between staff on a day-to-day basis.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- The community professionals we spoke with told us the registered manager promoted effective partnership working and provided good leadership to staff. One professional told us, "I speak with [registered manager] regularly. She's been nothing but great, very professional, and she gets back to me." Another professional said, "[Registered manager] is firm in implementing people's care plans."
- The provider distributed annual satisfaction surveys to people, their relatives and staff to invite their feedback on the service. The feedback received was analysed in order to identify and address potential areas for improvement in the service.
- The provider's human resource manager, operations manager and the registered manager organised quarterly 'listening groups' at the service, as an additional means of ensuring the views of staff were heard.
- Key workers produced a monthly report for people's relatives, to keep them updated on their progress and wellbeing at the service.

Continuous learning and improving care

- The provider had quality assurance systems and processes in place to enable them to monitor and improve the quality and safety of people's care.
- This internal compliance and audit schedule included monthly medicines audits, care file audits, health and safety checks and risk assessments reviews. Safeguarding audits and infection control audits were also completed on a six-monthly basis. The registered manager completed daily 'quality walk rounds' and the provider's quality improvement lead visited the home on a fortnightly basis to review quality performance.
- The registered manager maintained an ongoing internal development plan to enable them to drive improvement in the service.