

Lomack-Health Company Limited

Lomack Lodge

Inspection report

10 St Georges Road
Bedford
Bedfordshire
MK40 2LS

Tel: 01234290013
Website: www.lomackhealth.co.uk

Date of inspection visit:
01 February 2017

Date of publication:
01 March 2017

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This focused inspection took place on 01 February 2017 and was announced.

Lomack Lodge provides care and support for up to seven people with learning disabilities and complex needs. The service is located in close proximity to Bedford town centre. On the day of our inspection there were three people living in the service.

During our inspection in October 2016, we found that accidents and incidents had not always been reviewed appropriately to determine whether they should be raised as a potential safeguarding. This meant that systems and processes were not operated effectively to ensure that people were protected from potential abuse.

This was a breach of Regulation 13 (1) (2) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also found that risk assessments were not always reflective of people's current needs and the guidance contained within them was not always consistently carried out by staff. This meant that risks to people's health, safety and well-being were not effectively managed.

This was a breach of Regulation 12 (1) (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's care and treatment was not always planned to ensure their preferences and needs were met by the service. People and their family members were not always involved in making decisions about their care.

This was a breach of regulation 9 (1) (a) (b) (c) (3) (a) (b) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also found that the registered person had not consistently implemented effective systems or processes to assess, monitor and improve the quality and safety of the services being provided.

This was a breach of Regulation 17 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a registered manager who was new 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 and associated Regulations about how the service is run.

Following the inspection the provider sent us an action plan detailing the improvements they were going to

make. We undertook this unannounced focused inspection on 01 February 2017 to check that they had followed their plan and to confirm that they now met legal requirements.

This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lomack Lodge on our website at www.cqc.org.uk

We reviewed the safeguarding systems in place and found staff had been provided with safeguarding training to enable them to recognise signs and symptoms of abuse and how to report them. Accident and Incidents had been investigated by the provider and action had been taken to ensure that people were safe from avoidable harm or abuse.

Improvements had been made to people's risk management plans to protect and promote their safety. Staff had received training in relation to risk assessments and we found that all risk assessments had been reviewed and updated to reflect peoples assessed needs.

Improvements had been made to the care plans so they provided staff with sufficient guidance to meet people's specific needs and wishes. We observed that people's care was delivered in a person-centred manner and was reflective of their specific needs recorded in the care plans.

Staff were positive about the improvements made at the service and felt supported by the registered manager. Effective quality assurance systems had been implemented which were used to good effect and to improve on the quality of the care provided.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for safe at the next comprehensive inspection.

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 was safe

Accident and Incidents had been investigated by the provider and action had been taken to ensure that people were safe from avoidable harm or abuse.

Risk assessments had been reviewed and were reflective of people's current needs.

We could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection .

Requires Improvement ●

Is the service responsive?

The service was responsive

People received person-centred care. Care plans provided staff with personalised information so that staff had the guidance they required to meet people's needs and wishes.

We could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection .

Requires Improvement ●

Is the service well-led?

The service was well-led

Staff members were positive about working at the service and working with the people they provided care for. They felt supported by the registered manager.

Systems to assess and monitor the quality of care provided to people had been improved to drive improvement at the service.

We could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned

Requires Improvement ●

Lomack Lodge

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 checked 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 focused inspection of Lomack Lodge took place on 01 February 2017 and was announced. We gave the service 48 hours' notice of the inspection because we needed to ensure the registered manager would be available and to provide us with access to records.

This inspection was undertaken to check that improvements to meet legal requirements planned by the provider after our inspection in October 2016 had been made. The team inspected the service against three of the five questions we ask about services: Is the service safe? Is the service responsive? Is the service well-led? This is because the service was not meeting some legal requirements.

The inspection was undertaken by one inspector.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We spoke with the local authority to gain their feedback about the care that people received.

During the inspection we used different methods to help us understand the experiences of people using the service, because some people had complex needs which meant they were not able to talk with us about their experiences. We observed how staff interacted with people who used the service and also observed the lunch time meal and people being supported with daily tasks. We also spoke with two care staff and the registered manager.

We then looked at care records for two people using the service, as well as other records relating to the running of the service such as: risk assessments, care plans, accident and incident reports and quality auditing records.

Is the service safe?

Our findings

During our previous inspection on 11 and 12 October 2016 we found that accident and incident records often lacked detail and did not always consider appropriate interventions for managing people's behaviour, when compared against guidance in people's care plans. In addition to this, there was no evidence to show that potential safeguarding incidents had been analysed or used to identify trends which may indicate that abuse had taken place. Staff could not provide this information for us when asked. This meant that people were not always protected from avoidable harm or abuse and that there were ineffective systems in place to protect people from abuse.

This was a breach of regulation 13 (1) (2) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that improvements had been made.

We found that people using the service were protected from abuse and avoidable harm. Two relatives we spoke with confirmed that their family members were safe living at the service. One said, "Yes [name of family member] is safe at Lomack Lodge. I know the staff look after her." A second relative told us, "I don't have any concerns. [Name of family member] is safe and well cared for." The two people at the service during our inspection were not able to verbally communicate with us because of their complex needs but our observations showed that they were relaxed and comfortable in the company of staff.

Staff told us they had been provided with safeguarding training. One staff member said, "Yes I have had safeguarding training. I understand about reporting abuse or any concerns I have. A second staff member commented, "I would definitely raise my concerns if I thought someone was at risk."

We saw evidence that staff had been provided with safeguarding training. We observed a copy of the service's safeguarding policy along with a copy of the local authority adult safeguarding policy. In addition we saw there was a whistleblowing policy and poster in place that contained the names and contact numbers of the relevant people that staff could call if they had any concerns.

Accident and incident reports had been recorded and documented in detail. We looked at the accidents and incidents file for the previous two months. We saw that one person had had an increase in falls. In response to this the registered manager had referred this person to an occupational therapist, a physiotherapist and to the falls clinic. A new shower chair had been purchased for this person and as a result the number of falls had decreased. This meant that accidents and incidents were investigated by the provider and took action to ensure that people were safe from avoidable harm or abuse.

During the previous inspection on 11 and 12 October 2016 we found that risk management plans did not reveal a full understanding of the risk assessment process, or of the necessity to provide robust control measures to mitigate risk. In addition we found that the risk assessments in people's care plans were

inconsistent with their assessed needs.

This was a breach of Regulation 12 (1) (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that improvements had been made.

Staff had a good understanding of the risks that people faced both within the service and in the wider community. One member of staff told us, "We have recently had risk assessment training and know about how risk assessments work and why they are in place."

We looked at the risk assessments in place for two people using the service. We saw that people's risk assessments had been reviewed and updated and were specific to their needs. Each risk assessment considered the level of risk to the individual and were based on formulating the assessed score of low, medium or high risk. Each assessment was clearly written, and provided the staff with guidance they needed to support people to stay safe.

It was clear that risk assessments were positive and designed to help promote people's independence, maximising what they were able to do for themselves whilst also working towards achievable goals. Examples of risk assessments included accessing the local community, swimming and working in the kitchen. We saw a risk assessment for one person who was at risk of falls. There was a detailed risk assessment in place for this person that detailed the measures staff needed to take to minimise the risk of falls. In addition we saw risk assessments in place to reduce the risk of choking. During lunch we observed that staff followed the guidance in the risk assessments to support people eating their meals, reducing the risk of choking. We found that risks to people's safety had been appropriately assessed, managed and reviewed.

Is the service responsive?

Our findings

During the previous inspection on 11 and 12 October 2016 we found that people's care was not always delivered in a person-centred manner or reflective of their specific needs. In addition they failed to provide staff with the information they needed to ensure that people's preferences were being met by the service.

This was a breach of regulation 9 (1) (a) (b) (c) (3) (a) (b) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that improvements had been made.

The two people at the service during our inspection were not able to verbally communicate with us because of their complex needs but our observations confirmed that they were treated as individuals and their care took into account their preferences and interests. A relative told us, "They give [name of family member] the care he needs."

Staff informed us that people's care plans informed them well and they said that they were very clear about what they must and must not do to support people. One member of staff commented, "We have recently completed care planning training and all the care plans have been updated." A second staff member said, "The care plans are much better and easier to follow."

Our observations throughout our visit showed that people received the care that was described in their care plans. It was evident that staff knew people really well and understood their needs including their individual methods of communication. For example, we observed the two people who were at the service during our visit taking part in preparing their lunch. We saw that they remained in the kitchen as the meal and cakes cooked. This was a particular sensory experience for one of the people using the service as they had a visual impairment.

The registered manager told us that all the care plans had been reviewed since the previous inspection and updated to ensure they contained information about people's current care needs. The care plans seen contained information on the different aspects of each person's life and identified how their care needs would be met. They were tailored to each person's diverse needs and were focussed on the outcomes that people wished to achieve from being supported.

The registered manager told us that relatives had been sent a copy of their family members care plan and risk assessments to ensure their views were also taken into account and that they were in agreement with its content. We saw a letter from a relative that said, "Thank you for sending out [name of family member] care plan and weekly time table. They are both well put together and I want to thank you all for producing such an all-encompassing report."

We found that care plans were detailed, comprehensive and provided person centred information for staff guidance.

Is the service well-led?

Our findings

During the previous inspection on 11 and 12 October 2016 we found that the registered person had not consistently implemented effective systems or processes to assess, monitor and improve the quality and safety of the services being provided.

This was a breach of Regulation 17 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that improvement had been made.

There was a new registered manager in post who also managed the sister home within the organisation. We were told this would be on a temporary basis until a new manager was recruited to manage the service. Staff and relatives we spoke with knew who the registered manager was and told us she was approachable and had an open door policy.

During our review of people's care records it became apparent that improvements had been made in respect of the maintenance of people's care records and risk assessments. We found that care plans had been reviewed and updated so they reflected people's current needs. Risk assessments had been revised and re-written using a risk rating formula. Staff had also completed training in risk assessing and care planning to give them a better understanding of how these records needed to be completed.

We found that accidents and incidents had been analysed and actions taken where there were trends or concerns identified. An analysis of the accidents and incidents was undertaken to identify patterns and trends in order to reduce the risk of any further incidents. Any issues were discussed at staff meetings and learning from incidents took place. We confirmed the registered manager had submitted appropriate notifications to the Care Quality Commission (CQC) in accordance with regulations.

Staff were positive about the service. One staff member told us, "The manager has been very supportive. I would feel comfortable approaching her with any concerns I had." Staff felt they were well trained and supported and were committed to the care and development of people who used the service. They said they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures. This meant that anyone could raise a concern confidentially at any time.

Staff also informed us that improvements had been made since the new registered manager had commenced at the service. One staff member said, "Things have improved. It's a lot more relaxed and better organised. We are working better as a team."

There were processes in place to monitor the quality of the service. The registered manager had implemented a new auditing tool that covered people's finances, medicines, care plans, risk assessments and health and safety issues. This was a monthly audit undertaken by the registered manager and we found

that where areas of concern were identified action plans were developed. In addition the service had sent out satisfaction surveys which had all been returned. The registered manager told us that she was in the process of collating the responses to demonstrate how continuous improvements would be made.

Staff told us they had regular staff meetings which gave them the opportunity to discuss any issues they had, about practice in general or about individual people and enabled staff to share ideas or ways to improve working lives. Records showed regular staff meetings had been held for all staff. The minutes showed the registered manager openly discussed issues and concerns. We saw action plans were developed when appropriate.