

Green Light PBS Limited

Lowenac

Inspection report

2 Lowenac Gardens
Camborne
Cornwall
TR14 7EX

Tel: 01637416444
Website: www.switchedoncare.com

Date of inspection visit:
04 March 2019

Date of publication:
27 March 2019

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: Lowenac provides accommodation with personal care for up to two people. There was one person using the service at the time of our inspection.

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 ' Registering the Right Support' CQC policy.

What life is like for people using this service:

- The person was supported by staff who were caring, compassionate and treated them with the utmost dignity and respect. Any concerns or worries were listened and responded to and used as opportunities to improve.
- The person received person centred care and support based on their individual needs and preferences. Staff were aware of their life history and their communication needs. They used this information to develop positive, meaningful relationships with them.
- The provider ensured the person had regular staff meaning the person and staff were able to build positive relationships. The person was supported by staff who had the skills and knowledge to meet their needs. Staff understood and felt confident in their role.
- Risks of abuse to people were minimised because the service had robust safeguarding systems and processes. Staff demonstrated a good awareness of each person's safety needs and how to minimise risks for them.
- People were supported by staff who had the skills and knowledge to meet their needs. Staff understood and felt confident in their role. People's health had improved because staff worked with a range of healthcare professionals and followed their advice.
- Where people lacked capacity, staff worked with the local authority to make sure they minimised any restrictions on people's freedom for their safety and wellbeing.
- Staff spoke positively about working for the provider. They felt well supported and that they could talk to management at any time, feeling confident any concerns would be acted on promptly. They felt valued and happy in their work.
- Audits were completed by staff, the registered manager and provider to check the quality and safety of the service.
- Lowenac is a leased property on a long-term basis by Green Light PBS Limited who run a number of services within Cornwall. There is a clearly defined management structure and regular oversight and input from senior management. The ethos of the service is 'Empowering people to lead a lifestyle they are proud of.' Staff were aware and supported people to achieve this ethos.

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

Rating at last inspection: Good (report published August 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. At our last inspection we rated the service Good. At this inspection the service remained Good

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received 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?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Safe findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Safe findings below.

Good ●

Lowenac

Detailed findings

Background to this inspection

The 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.

Inspection team: This inspection was carried out by one inspector.

Service and service type:

Lowenac 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 accommodates up to two people. At the time of our visit there was one person using the service.

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 inspection was unannounced.

What we did:

Before the 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. The provider returned the PIR and we took this into account when we made judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

We visited the service on the 4 March 2109 and spoke with the person using the service who showed us around the premises. We spoke with staff on duty and the registered and deputy managers. We also looked

at records. Following the visit, we spoke with two relatives over the telephone and two support workers.

We looked at the care and medication records of the person who used the service and observed information on display around the service such as information about safeguarding and how to make a complaint. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safeguarding information and accidents and incident information.

Is the service safe?

Our findings

Safe –this means people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met

Systems and processes to safeguard people from the risk of abuse.

- Staff had developed very positive and trusting relationships with the person they supported that helped to keep them safe. A relative commented, "[Person's name] is so settled there, this shows they feel safe there."
- The provider had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate training in this topic area.
- The provider's safeguarding policy was available to people in different formats such as 'easy read' to empower them to understand how to raise concerns.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed and managed. The person's care record included risk assessments considering risks associated with their environment, their care and treatment, medicines and any other factors. The risk assessments were detailed and included actions for staff to take to keep the person safe and reduce the risks of harm.
- Staff understood where people required support to reduce the risk of avoidable harm
- The person was supported to take positive risks to aid their independence. For example, with food preparation.
- The environment and equipment had been assessed for safety.

Staffing and recruitment.

- The registered and deputy managers worked at the service along with a care staff team. The staff team provided support 24 hours a day. There was a consistent staff team who knew the people they supported well. During the visit the person appeared at ease with the staff who supported them.
- There were sufficient numbers of staff to meet people's needs. A health and social professional commented "The recruitment process was very robust and person centred."
- The provider followed robust and safe recruitment procedures to ensure people were protected from staff that may not be fit and safe to support them.

Using medicines safely

- Medicines were managed safely to ensure the person received them in accordance with their health needs and the prescriber's instructions. Staff were trained in medicines management to ensure safe practice.
- Medicines were safely received, stored, administered and returned when they were no longer required.
- The person's medicine was reviewed regularly and led to a planned reduction in certain medicines as the person's emotional and physical health had improved.

Preventing and controlling infection

- The person, with staff support, was cleaning their home when we arrived and showed great pride in their home. The service was very clean and free from any obvious risks associated with the spread of infection.
- Staff had completed infection control training and followed good infection control practices. They used protective clothing gloves and aprons during personal care to help prevent the spread of healthcare related infections.

Learning lessons when things go wrong

- Accidents and incidents were reported and monitored by the registered manager to identify any trends. The registered manager discussed accidents/incidents with staff as a learning opportunity.

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

Good: 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.

- There had been no admissions to the service since the previous inspection. However, we noted that the person had a comprehensive assessment of their needs before they went to live at the service. This was to make sure their needs could be fully met and that they were happy with the support that was available. The assessment included understanding their background, histories and what was important to them including their views, preferences and aspirations.

Staff skills, knowledge and experience.

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications to meet their needs. The provider had a good system to monitor all staff had regular training and refresher training to keep them up to date with best practice. Training methods included online, face to face training and competency assessments.
- Staff felt well supported and had regular supervision and an annual appraisal to discuss their further development.
- New staff had completed a comprehensive induction.

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

- The person was supported by staff to maintain good nutrition and hydration.
- Staff supported the person with their menu planning, shopping and meal preparation. This was carried out in a way which ensured the person developed or used their skills to become or maintain independence and confidence.

Staff providing consistent, effective, timely care within and across organisations

- The person had access to a variety of healthcare services and professionals according to their needs.
- People were supported to improve their health. For example, staff told us how the person's health had improved following weight loss. This meant the person was more active and could go on longer walks, and now could ride a bicycle.

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

- Lowenac provided an extremely homely environment for the person they supported. The person was proud to show us their home and told us about how they chose the colours of the decoration and furnishings. The registered manager wanted the person to see the whole environment as their own home.

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

- Where people required support from healthcare professionals this was arranged and staff followed guidance provided by such professionals. People had received support to maintain their health with regular access to GP's, dentists and other services. People also received an annual health check as per best practice for people with a learning disability.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager had applied for DoLS on behalf of the person they supported. There were restrictions in place and in all instances best interest meetings had taken place to check the restrictions were proportionate and necessary. Authorisations were being monitored and reviewed as required.
- People's care plans clearly described what decisions people could make for themselves.

Is the service caring?

Our findings

Caring –this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: 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 received care from staff who developed positive, caring and compassionate relationships with them. The person told us, "I like living here."
- Relatives told us the care their family member received was "100% excellent. [person name] is happy. Most happy and most settled that we have ever seen."
- People told us staff knew their preferences and cared for them in the way they liked.
- Care plans contained information about the person's diverse needs and included their preferences in relation to culture, religion and diet. These were considered as they planned their daily life. For example, celebrating religious festivals.
- The culture of the service was caring, compassionate, respectful and empowering which reflected the values of the organisation. There was a strong recognition that people were individuals.
- The atmosphere was homely, and the ethos was to provide individualised care, enabling the person to live the way they wished. Staff spoke about the person with respect and affection. They knew the person well and treated them as an individual, there was lots of fun and laughter. When the person became upset, a staff member comforted them.
- The person had their life history recorded and staff used this information to get to know people and build positive relationships with them.
- Staff understood the way the person communicated and provided the care and support they required.

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

- People and their relatives confirmed they were consulted about the care and support delivered. A relative said, "Communication is great. We speak on the phone each week. We are involved."
- The person was supported to make day-to-day decisions for themselves and were provided with information in formats which best suited their preferred mode of communication.
- Staff listened to the person's views. For example, the person wanted some furnishings in their home and a staff member altered curtains and made cushion covers in materials the person had chosen.

Respecting and promoting people's privacy, dignity and independence

- The person's privacy and dignity was respected, their rights to confidentiality was upheld and they were not discriminated against in anyway.
- The person was encouraged to do as much for themselves as possible. They contributed to household tasks, such as preparing meals and household tasks. The person's care plans showed what aspects of personal care they could manage independently and which they needed staff support with.
- Staff were proud of the person's achievements. For example, the person showed us their bicycle and told

us that they had learned to ride it. This was a goal that they had set and staff supported them to do this.

Is the service responsive?

Our findings

Responsive –this means that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Personalised care; accessible information; choices, preferences and relationships.

- The person received personalised care responsive to their needs.
- Staff encouraged the person to make positive lifestyle choices, and work towards future independence. For example, by supporting the person to go to college and working with them so that they could now attend college for periods of time independently.
- The person enjoyed a variety of hobbies and leisure pursuits and were encouraged to participate in their local community. The person told us about, and showed us photographs of their holidays, trips out and places they had visited. A relative said, "[Persons name] social life is amazing."
- The person was supported to maintain and develop relationships with those close to them. A relative told us that staff supported the person to visit them, as they lived some distance away, and commented, "We really do appreciate the staff coming all this way with [person's name] to see us, it means so much."
- The person's care records were detailed about their individual needs and preferences, and were regularly reviewed and updated as their needs changed. Relatives were also involved where they chose to be and where people wanted that.
- Daily notes were completed which gave an overview of the care the person had received and captured any changes in their health and well-being.
- We looked at how the provider complied with the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. Staff helped people to understand and fill out forms and paperwork, they explained and provided information for people in an easy to read and understand format.
- Each person's care plans included a section about their individual communication need with people.

Improving care quality in response to complaints or concerns

- The registered manager showed an open and transparent approach around complaints, encouraging the person, and family members, to let a member of staff or themselves know if they were unhappy with any aspect of their care.
- Staff understood their roles and responsibilities in dealing with potential complaints and had access to appropriate policies and procedures. The management told us that there had been no formal complaints about the service and records confirmed this. There were processes in place to ensure that all complaints would be dealt with appropriately.

End of life care and support

- At the time of the inspection, nobody was receiving end of life care.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; understanding and acting on their duty of candour responsibility

- Lowenac is owned by Green Light PBS Limited who run a number of services within Cornwall. There is a clearly defined management structure and regular oversight and input from senior management.
- Staff expressed confidence in the management team. The ethos of the service was 'empowering people to lead a lifestyle they are proud of.'
- The registered manager, deputy manager and staff on duty all spoke with us about the person they supported and demonstrated a good understanding of their needs, likes and preferences.
- Staff told us they had confidence in the management of the service and would not hesitate to report any concerns.
- At daily handover and staff meetings staff discussed how best to support individuals, reviewed any incidents, accidents or safeguarding concerns.
- The registered manager had notified Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities. They displayed the previous CQC inspection rating in the home and on the provider's website.

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

- The registered manager, was very much involved in the day to day running of the service including working hands on, alongside staff where required. They positively encouraged feedback and were keen to grow their service whilst ensuring people received "the best care".
- The registered manager set high expectations about standards of care. Staff understood their roles and responsibilities and were accountable for their practice.
- Staff felt respected, valued and supported and that they were fairly treated. Staff comments included; "I love working here, Greenlight support me, and seeing [person's name] grow in confidence is lovely to see" and "We have a great manager".
- Staff were consulted and involved in decision making and regular staff meetings were held. They were encouraged to contribute ideas, raise issues, and records showed action was taken in response.
- The registered manager and provider all spoke with us about individuals they supported and demonstrated a good understanding of people's needs, likes and preferences.
- Staff and relatives told us they had confidence in the management of the service and would not hesitate to report any concerns.

- Staff were very motivated by and proud of the service. There were consistently high levels of constructive engagement with people and staff from all equality groups. Staff described supervision and appraisal as regular and very supportive, with staff praising the high level of support they received from their line managers.
- The service had a range of effective quality monitoring arrangements in place. Audits of care records, medicines management, and regular health and safety and infection control checks were undertaken, with continuous improvements made in response to findings. A service improvement plan captured ongoing improvements. For example, staff were helping to transform a room into a 'disco room' for the person. The person was involved and had chosen the colours of the room.

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

- There was an open culture where people, relatives and staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people.
- Staff reported positively about working for the service and did not identify any areas for improvement.
- People and staff were encouraged to air their views and concerns.
- The service worked in partnership and collaboration with other key organisations to support care provision, joined-up care and service development.
- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care and to aid service development.
- The provider held monthly meetings for their registered managers to share and develop good practice in their services.

Continuous learning and improving care and Working in partnership with others

- The provider and registered manager were keen to ensure a culture of continuous learning and improvement.
- The registered manager met regularly with the provider and with other registered managers within the provider group and attended local provider engagement network meetings regularly. This enabled them to share experiences, tools and good practice ideas. They also used the national Skills for Care website to keep up to date with changes, and kept up to date with regulatory changes through monthly newsletters from the Care Quality Commission.
- The management team completed regular in-house audits of all aspects of the service.