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Lorraines Residential Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Lorraines Residential Home is a residential care home providing personal care to up to 15 people. The service provides support to older people. At the time of our inspection there were 12 people using the service.

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

People were protected from the risk of abuse as systems were in place, risks were assessed, and staff were trained in reporting concerns. Staff were kind and knew people well. People received medicines safely. We were assured that the provider was supporting people living at the service to minimise the spread of infection. The registered manager ensured incidents and accidents were monitored and analysed to reduce the risk of reoccurrence.

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 registered manager understood their responsibility to be open and honest with people and acted appropriately when things went wrong. Quality assurance processes were used to monitor the service effectively which reduced the risk of avoidable harm. Staff worked in partnership with other health and social care professionals to ensure people's individual needs were met.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was good (published 16 August 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Lorraines Residential Home

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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Lorraines Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information

providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We reviewed information we received about the service since the last inspection. This included details about incidents the provider must notify us about. We contacted the local authority who commission services from the provider. We used all of this information to plan our inspection.

During the inspection

We inspected the service on the 5 December 2023. We spoke with 5 people who used the service, 1 relative and 4 members of staff including the registered manager, senior carer and care staff.

We completed observations of care in communal areas. We reviewed a range of records including 2 people's care records, risk assessments, incident records and other monitoring records. We also reviewed a range of medication administration records, 3 staff recruitment files and records relating to the management of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- People were safeguarded from abuse and avoidable harm.
- People told us they felt safe at Lorraines. One person told us, "I feel safe here. The staff are nice, we are like one big family." The relative we spoke with said, "I have been around a few care homes and this one is by far is the best. It's a nice size and people sit and chat with each other. My [relative] is looked after very well and kept safe."
- Staff received training in safeguarding and knew how to report concerns to. One member of staff told us, "I would report to the person in charge. I know we can go directly to the local authority; but fortunately, we haven't had to, as the manager is very good."

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- People were assumed to have mental capacity to make their own decisions. Where there was reason to believe they lacked mental capacity, an assessment had been carried out.
- We saw that people were encouraged to make choices, in relation to their care, wellbeing and how they wanted to spend their time. Staff confirmed they sought agreement from people before carrying out any support and we saw this during our inspection.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- People's care plans and records contained detailed information and guidance for staff to follow. Staff understood how people should be supported in accordance with their preferences and needs.
- Environmental risks were managed and monitored. For example, everyone had a personal emergency evacuation plan in place. This meant staff and external agencies had information readily available to support people if an emergency occurred.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- People told us they were supported by kind staff who knew them well. One person told us, 'It is cosy and friendly here and the staff are always close by.' A relative told us, "There always seems to be enough staff around."
- The provider operated safe recruitment processes. They checked the good character and suitability of staff prior to their employment.
- This included checking their work history and completing a Disclosure and Barring Service (DBS) check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported to receive their medicines safely.
- Medicine administration records detailed how people liked to take their medicines and all essential safety information such as allergies were recorded.
- Medicine audits ensured any error could be picked up and acted upon in a timely way.
- Staff received training in the safe administration of medicines and had their competency assessed.

Preventing and controlling infection including cleanliness of premises

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were able to receive visitors without restrictions in line with best practice guidance.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- Incidents and accidents were investigated and reviewed by the registered manager. This meant people were protected from the risk of incidents reoccurring.

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 our last inspection we rated this key question good. The rating for this key question has remained good.

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

- There was a positive and open culture at the service.
- Staff told us they felt supported by the registered manager. One said, "I can't fault the manager. They have kept the place going and is very supportive to staff."
- The provider had systems to provide person-centred care that achieved good outcomes for people. People's support needs were reviewed on an ongoing basis to ensure they remained relevant and up to date.

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 understood their responsibilities under the duty of candour.
- The registered manager was aware of the statutory Duty of Candour which aims to ensure providers are open, honest, and transparent with people and others in relation to care and support.
- The registered manager was open and knowledgeable about the service. They had a good understanding of each person and the support they needed. Where improvements were required, actions were put in place to address this. The relative we spoke with confirmed they were kept informed of any changes in the health or wellbeing of their family members.

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

- The registered manager had effective managerial oversight of risk and quality at the service. This reduced the risk of avoidable harm to people living at the service.
- The registered manager was aware of their legal requirement to notify CQC of events and incidents which impact people. We found incidents were reported and actions taken as needed in order to improve the quality and safety of care.

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

- People and staff were involved in the running of the service and fully understood and took into account

people's protected characteristics.

- Meetings were held regularly with people using the service, to discuss their preferences and wishes. A recent meeting had been held to plan activities and events for Christmas. People told us they raise any issues or ideas with staff or the management team.
- Staff received training in equality and diversity. Policies in place had been reviewed to include all protected characteristics.

Continuous learning and improving care

- The registered manager had created a learning culture at the service which improved the care people received.
- Staff told us they were supported to develop their skills and knowledge. One member of staff said, "Most staff here are trained to level 3 in health and social care. There is always training available and its good training."
- Audits identified where improvements were needed. People's care and support plans were reviewed regularly. Action was taken to address any shortfalls to improve the quality of care.

Working in partnership with others

- The provider worked in partnership with others. Specialist advice was sought when required.