

The Fremantle Trust







Loriner Place

Inspection report

49 Loriner Place
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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	

Overall summary

This inspection took place 13 October and was unannounced.

This inspection was carried out by two inspectors.

49 Loriner Place is registered to provide care for up to seven people with learning disabilities. On the day of our inspection seven people were using the service.

There was a registered manager 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 2008 and associated Regulations about how the service is run.

People felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and how to report them.

People had risk assessments in place to enable them to be as independent as they could be.

Summary of findings

There were sufficient staff, with the correct skill mix, on duty to support people with their needs.

Effective recruitment processes were in place and followed by the service.

Medicines were managed safely and the processes in place ensured that the administration and handling of medicines was suitable for the people who used the service.

Staff received a comprehensive induction process and ongoing training. They were very well supported by the registered manager and had regular one to one time for supervisions.

Staff had attended a variety of training to ensure they were able to provide care based on current practice when supporting people.

Staff always gained consent before supporting people.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were very knowledgeable of this guidance and correct processes were in place to protect people.

People were able to make choices about the food and drink they had, and staff gave support when required.

People were supported to access a variety of health professional when required, including dentist, opticians and doctors.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well.

People and relatives where appropriate, were involved in the planning of their care and support.

People's privacy and dignity was maintained at all times.

People were supported to follow their interests.

A complaints procedure was in place and accessible to all. People knew how to complain.

Effective quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

Summary of findings

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.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

Good



Is the service effective?

The service was effective.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision.

People could make choices about their food and drink and were provided with support when required.

People had access to health care professionals to ensure they received appropriate care or treatment.

Good



Is the service caring?

The service was caring.

People were able to make decisions about their daily activities.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Good



Is the service responsive?

The service was responsive.

Care and support plans were personalised and reflected people's individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place. People were aware of this.

Good



Is the service well-led?

The service was well led.

People knew the registered manager and were able to see her when required.

People and their relatives were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective.

Good



Loriner Place

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 was planned to check 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.

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This inspection was carried out by two inspectors.

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. We checked the information we held about this service and the service provider. We also contacted the Local Authority. No concerns had been raised and the service met the regulations we inspected against at the last inspection which took place in November 2013.

On the day of the inspection the registered manager was on leave, and the senior care worker was in charge.

During our inspection we observed how staff interacted with people who used the service.

We spoke with five people who used the service, the senior care worker and two care workers.

We reviewed three people's care records, three medication records, three staff files and records relating to the management of the service, such as quality audits.

Is the service safe?

Our findings

People told us they felt safe. One person said, “Yes I am safe here.”

Staff had a good understanding of the different types of abuse and how they would report it. One staff member said, “I know what and how to report it.” They went on to explain what they would do and who they would report it to. They also told us that they worked with the people who used the service to try to get them to understand what abuse was and how to tell someone. Staff told us about the safeguarding training they had received and how they put it into practice and were able to tell us what they would report and how they would do so. Staff were aware of the company’s policies and procedures and felt that they would be supported to follow them.

There were notices displayed within the service giving information on how to raise a safeguarding concern with contact numbers for the provider, the local authority safeguarding team and the Care Quality Commission (CQC).

Staff told us they were aware of the provider’s whistleblowing policy and would feel confident in using it.

Within people’s support plans were risk assessments to promote and protect people’s safety in a positive way. These included; accessing the community, finances and the use of kitchen equipment. These had been developed with input from the individual, family and professionals where required and explained what the risk was and what to do to protect the individual from harm. We saw they had been reviewed regularly and when circumstances had changed. Staff told us they were used on a daily basis to enhance the support provided.

There was an emergency information file available to staff. It contained; contact numbers for staff, people’s relatives, emergency contacts for professional, cut off points for gas, water and electricity and a set of floor plans. People had their own emergency plans within their support plans.

Accidents and incidents were recorded and monitored.

People told us there were enough staff on duty. One person said, “There is a lot of staff.” On the day of our inspection there was enough staff to ensure people were able to attend their planned activities.

Staff told us that rotas were flexible if the needs of the person changed for any reason. One staff member said, “There is always enough of us to do what we need to do.” Rotas were planned in advance to enable the correct amount of hours to be allocated to each person using the service, and at the time they required the support. We saw the rotas for the past two weeks and the following week. These showed allocated hours were used appropriately.

The senior support worker told us that they had a recruitment policy which must be followed. This included appropriate checks, for example; two references, proof of identity and Disclosure and Barring Service (DBS) check. New staff also had to attend the providers’ mandatory training before being allowed to go onto the rota. Records we saw confirmed these checks had taken place.

People told us that the staff gave them their medicines. One person said, “The staff help me have my tablets.” Staff told us they were only allowed to administer medicines if they had completed training and had their competency checked to do so. Training records we looked at confirmed this. The medication file contained each person’s photo, their individual medication protocol and their Medication Administration Record (MAR). MAR sheets we looked at had been completed correctly. Each person had a locked tin in their room which contained the week’s medication. There was also a thermometer in each tin which staff checked to ensure medication was stored at the correct temperature. The key to the tin was kept in a key safe in the office. Medicines were stored correctly and audited weekly. There had been a pharmacy visit the previous week.

Is the service effective?

Our findings

People received effective care from staff who had knowledge and skills in working with them. We spoke with a person who told us, “The staff are good to me; They help me get on with all my activities during the week.” Staff told us that they knew how to support people as individuals and recognise their specific needs. One staff member said, “We know the signs that one person shows when he is becoming anxious. We then know how to respond to make him feel better.” We saw that this information was recorded in detail within the persons care plan so that all staff could understand the positive strategies in place.

A staff member told us that they had received a week of induction training when they first started. This was followed by shadowing experienced staff within the service. They told us, “We were not allowed to do a sleep-in shift here until all our training had been completed.” Records showed that all staff received induction training, as well as on-going training which was kept up to date. We saw records that showed staff received regular supervision. One staff member told us that “Our supervisions are really worthwhile; the manager is really open and approachable and listens to what we have to say.”

One person told us that staff always gain consent from them before providing them with any care and support. They told us, “The staff here always talk to me and help me understand. We always have a choice about what we want to do.” We observed staff interacting with a person, offering various choices around what they wanted to do that day. The person was given time to take in the information and make a decision. We then saw staff explain some of the possible negative effects of certain decisions that a person had made around food choices. They worked with the person to make sure that all the information was understood, and suggested alternatives as a compromise

that the person was happy with. We saw records that staff had training in the Mental Capacity Act 2005, and observed that they had a good understanding of people’s capacity to consent to care. We saw that individuals had input into their own care plans and risk assessments within their files which they had signed. No one at the service was subject to a Deprivation of Liberty Safeguarding authorisation.

People told us they enjoyed the food provided for them. “We all get together and plan the menu. We have a day each where we get to pick a meal for the house. We can have something else if we don’t like it though.” We observed a pictorial menu for the week ahead on display in the dining area, showing a varied selection of meals. The people that lived there showed us which were their own choices and also explained, “We make our own breakfast and lunch, there’s lots of stuff in the kitchen to do that.” There was only one person living at the service with special dietary requirements, and we saw records in staff files to show the training that helped them support the individual.

People told us that they regularly saw health professionals as required. “Staff support me to book and attend audiology appointments. They come into the room with me to help me when I’m there. I used to go out for podiatry appointments, but I now prefer to have someone come to the house and see me, so staff book that for me.” We observed a person being supported to get ready for an appointment at the optician. The person was able to tell us the importance of the appointment as her on-going condition could affect her sight, “The staff support me to get my eyes checked because I’m diabetic and I need them checked.” We reviewed people’s support files and saw evidence of regular health appointments and check-ups. We also saw that staff recorded such information in an individual’s daily notes so that the information was handed over to other staff.

Is the service caring?

Our findings

People were happy with the care that they received at the service. One person said, “I like the staff here; I get on well with them.” We observed staff interacting with people in a friendly and caring manner. Staff took time when communicating with people and did so in a respectful way. We saw that staff recognised people’s individual likes and dislikes and supported people to achieve things. The staff team worked with people to create a plan that outlined what they would like to achieve over the coming year, and put together a poster which showed their desired goals. People were given regular one to one time with a staff member to ensure that they felt cared for and listened to. We saw that staff members regularly updated people’s files to evidence their changing support needs, likes and dislikes.

People were involved in their own care planning. One person told us, “We work with our staff to update our care plans and write things down.” We saw that people had signed their care plan updates within their files alongside

the staff. The staff told us of plans to implement ‘talking care plans’ which would enable people to use audio recordings and photos as another way to communicate a care plan.

Residents meetings were held regularly. This provided a forum for people who used the service to talk about things they would like done within the house and things that they would like to do. It also showed us that staff used this forum to communicate information with people about the staff team and company. Minutes we saw confirmed this.

People felt their privacy and dignity was being respected. One person we spoke with said, “Staff always knock on my door before coming in.” One staff member we spoke with also said, “We make sure we always knock on doors and wait for a response. If someone is not in, we never go into their room without prior consent.” We saw that people were encouraged to personalise their own rooms and make them a comfortable space. People also told us that they had chosen the colours for the communal areas of the home.

We were told that advocacy services were available should people require them. At the time of our inspection, no one was using the services of an advocate.

Is the service responsive?

Our findings

People told us they received the care that they needed.

We saw that people had care plans and risk assessments for each area of their life that covered likes and dislikes, personal history, health care needs, emotional support, social skills support and day to day support with living skills. Each person had a role in putting these plans together and each person had a named member of staff to help them review this regularly.

People had activity schedules that were tailored to their own wants and needs. People attended a wide mix of services including day centres, supported employment, volunteering opportunities and social clubs. On the day of our inspection one person went horse riding and another went to volunteer at a lunch club. One person used public transport to and from a daytime activity each week. Staff had supported the person to learn bus routes and had risk assessed the process to make sure the person was safe and knew what to do in an emergency.

Another person had attended a day service for many years, but decided to retire and no longer attend the service. The

staff within the home now supported and encouraged the individual to take part in activities from home. They told us they liked to build and paint models. They took us to his room and showed us some projects he had completed.

We observed one member of staff come in to the home on an extra shift due to the specific needs of a person. The person has a shower daily, and prefers the support of female staff. Only male staff were on shift that day due to a staff sickness, so the female member of staff came in just to support the individual to have her shower.

People we spoke with felt that they would be listened to if they had a complaint or concern. One person said “I don’t have any complaints, but if I did I would tell the staff about it and they would help me.” We looked at the complaints records and found there had not been any since the last inspection.

The service sends out annual satisfaction surveys. We saw the results of the last one. There were no negative comments. Some comments included; ‘I am very happy and I like all the staff.’ ‘The staff are very helpful and good to me.’ There was a comment from a family member who had assisted the person to complete their survey which stated, ‘[name] seems to be very happy and is always keen to get back after a holiday with family.’

Is the service well-led?

Our findings

Staff told us that they received support from the registered manager. One staff member told us, “We can speak to her about anything.” We were also told that they could speak to other more senior managers if they needed to and were able to give us names of who they would contact. They said there was an open culture in the home and the organisation.

The senior support worker told us that the provider had a whistleblowing procedure. Staff we spoke with were aware of this and were able to describe it and the actions they would take. This meant that anyone could raise a concern confidentially at any time.

There was a registered manager in post. People we spoke with knew who she was and told us that they saw her on a daily basis. On the day of our inspection she was on annual leave.

Information held by CQC showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way. Copies of these records had been kept.

The provider had a variety of quality monitoring processes in place. We saw documentation for some including, a service managers self-audit, care documentation audit, infection control audit and a medication audit. There was also a service user’s leisure themed audit which showed people who used the service were involved in the quality of the service provided. There were also reports from visits carried out by the head of services and another registered manager. Action plans had been developed where required and had been signed off as complete.

The senior support worker told us, and documentation was seen, that they had a BBQ in the summer for all people who use the service, their friends and families and a trustee of the organisation also attended.

Staff told us they had regular team meetings. We saw records of minutes of these. Suggestions had been put forward and acted on. At the latest one, all staff were given specific jobs to complete by the next planned meeting. These included deep cleaning and checking certain procedures and files were up to date. This showed that staff were encouraged to take on responsibility.