Kidderminster Care Limited

Loretta House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This inspection was unannounced which meant the provider and staff did not know we were visiting. Our previous inspection was conducted on 4 April 2013 and there were no breaches of legal requirements issued during the visit.

Loretta House can accommodate 10 people with a learning disability and is situated in a suburb of Birmingham with good links to community transport and

Summary of findings

local facilities. The service has shared and individual bedrooms and there are communal living areas and a shared kitchen. On the day of our visit, there were seven people using the service.

There was a registered manager for the service, although they primarily managed another service for the same provider. They visited this home to carry out quality control audits and speak with the staff and people who used the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. An acting manager had day-to-day responsibility for the home and was available throughout our visit.

We saw some areas of the home were poorly maintained and some areas were in need of decoration. Wooden vanity units within two bedrooms were damaged and the wood was splintered. The flooring in the kitchen and bathroom was unsealed and there were broken areas exposing the flooring below and the outer enamel surface of the main bath was missing and the sealant around the bath was dirty. This meant that cleaning to a good standard would be compromised.

Some bedroom furniture had drawers missing and the back of one wardrobe was broken causing it to be unstable. The furniture in the living room was old and worn and exposed foam and fabric stuffing. Environmental audits had been completed and identified these concerns but the provider had failed to act upon this. This meant the building had not been suitably maintained to ensure people's health and safety, and systems used to monitor and improve the service were not effective.

Risk assessments were completed to reduce the risk of harm in the community and people had opportunities to attend activities in the community independently. Some assessments restricted people from taking part in independent living skills in the home which they enjoyed, such as cooking and making drinks. These risk assessments had not been completed on an individual basis to identify possible harm and placed restrictions on what people could be involved with.

The staff had received training on how to recognise signs of abuse and possible harm, and they knew what to do if they had any concerns. There had been one safeguarding investigation since our last visit and the staff demonstrated they had worked with the investigating team to ensure suitable investigations were completed.

We saw the staff had developed good relationships with people; they were kind and respectful and communicated with people in a way they understood.

People could choose how to spend their time and went to places of interest including a day centre, café and volunteering. Six people went into the community independently or with friends and knew how to keep safe. There was one member of staff on duty and additional staffing was provided to ensure activities could take place.

The provider had safe recruitment and selection processes in place that ensured staff recruited had the right skills and experience to support the people who used the service. Staff received specific training to ensure they could continue to meet the needs of people who used the service.

People's health was regularly monitored to identify any changes that needed additional support or intervention. People received support to ensure they received necessary health care to keep well.

People who used the service had the ability to make decisions about their care and support. Staff had an understanding of the systems in place to protect people who could not make decisions and knew how to follow the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). This legislation sets requirements to ensure that where appropriate decisions are made in people's best interests and ensures the least restrictive care is provided.

Records showed that CQC had been notified, as required by law, of all the incidents in the home that could affect the health, safety and welfare of people.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

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?

Requires Improvement

The service was not consistently safe.

The furniture and fittings in some areas of the service had not been maintained and were of a poor quality.

The staff knew how to recognise signs of possible abuse and harm and knew how to act to keep people safe.

Staff had knowledge of The Mental Capacity Act 2005 and people were not deprived of their liberty.

Is the service effective?

Good

This service was effective.

Arrangements were in place to request health, social and medical support when needed.

People received care and support from staff who had received an induction into the service and regular training.

People could make choices about their food and drink and were happy with choices and quality of the food and their dietary needs were being met.

Is the service caring?

Good

This service was caring.

People told us they were happy with the care they received and we saw that care was provided with kindness and compassion.

People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect and the staff understood how to provide support in a dignified manner.

Is the service responsive?

Requires Improvement

This service was not always responsive.

Some assessments of risk limited and prevented people in developing and maintaining the skills associated with independent living in their home.

Family members and friends continued to play an important role and people spent time with family members.

People chose what activities they wanted to be involved with and who to spend time with in the community.

Summary of findings

Is the service well-led?

The service was not always well-led.

The provider failed to complete a provider information return (PIR) as required to support the inspection process and demonstrate compliance.

Effective quality assurance systems were not in place at the service as the provider had failed to make the required improvements that staff had identified and reported.

The service had a registered manager. Staff reported that the management team were supportive and helpful.

Requires Improvement

Loretta House

Detailed findings

Background to this inspection

This was an unannounced visit and was undertaken by an inspector.

Before our visit, we asked the provider to complete a Provider Information Return (PIR). The PIR is an important tool we use to help us plan our inspections because when completed it provides us with information about the service. The registered manager told us they had received this, but had not completed this as requested by us.

We spoke with the inspector who had carried out our previous visit and we checked the information we held about the service and the provider. We saw that no recent concerns had been raised about the service and the provider had sent us important information about events that had involved people who used the service, as required.

We spoke with six people who used the service, the registered manager and two members of care staff. We spoke with a social care professional from the local quality and monitoring team who had recently visited the service. Their visit included monitoring how the service was delivered to people who were funded by the local authority.

We looked at three people's care records to see if their records were accurate and up to date. We looked at one staff recruitment file and records relating to the management of the service including quality audits.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Requires Improvement

Is the service safe?

Our findings

We found that some areas of the home had been poorly maintained. We saw that flooring in bathrooms and in the kitchen was in need of repair and some bedroom furniture was damaged. There were drawers missing from the front of some bedroom furniture and the back of one wardrobe was broken which meant the wardrobe was not stable. The chairs in the lounge were worn and offered poor comfort; the arms of some of the furniture exposed foam and stuffing. There was a foot stool which was broken and staff told us was being used as a table.

The outer enamel surface of the main bath was missing and the sealant around the bath was dirty. One person who used the service told us, "I know it's messy. It's been like that for a long time now." Poor maintenance in these areas meant the provider could not ensure they were suitable and safe to use and people were placed at risk of cross infection as they could not be cleaned appropriately. This meant there had been a breach of Regulation 15 (1)(c)(i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Adequate maintenance of the environment had not been carried out.

We looked at the staffing arrangements in the service and saw there was one member of staff on duty at all times and additional staff worked during busier periods in the afternoon and at weekends. The staff told us that additional staffing were provided where activities were planned. This ensured people could do hobbies or interests in the community that they had chosen to do. One person told us, "The staff are always here for us. We go out on our own so we don't need them but when we all went bowling, the staff came with us. We sometimes like to go out together." One member of staff told us, "We also have extra staff if people have appointments and they want us to go with them." People we spoke with told us they were happy with the current staffing arrangements.

The staff told us that people had the mental capacity to consent to specific decisions relating to their care. The acting manager was able to tell us about The Mental Capacity Act 2005 which sets out how to act to support people who do not have capacity to make a specific decision. They demonstrated that where people no longer had capacity they would act in their best interests. The acting manager was aware of how to make an application for consideration to deprive a person of their liberty (DoLS), although people had capacity and were not subject to any restrictions.

We talked with staff about how they would raise concerns about risks to people and poor practice in the service. Staff told us they were aware of the whistleblowing procedure and they would not hesitate to report any concerns they had about care practices. They told us they had also received training to recognise harm or abuse and felt they would be supported by the management team in raising any safeguarding concerns. One member of staff told us, "We often work alone and we need to trust each other. Although it would be difficult, people here are too important to us not to say anything."

We saw that the necessary recruitment and selection processes were in place. We looked at the file for the newest member of staff to be employed and found that appropriate checks were undertaken before they had begun work. The staff file included evidence that pre-employment checks had been made including written references, satisfactory Disclosure and Barring Service clearance (DBS), health screening and evidence of their identity had been obtained to ensure staff were suitable to work with people who used the service.

Good

Is the service effective?

Our findings

The care records showed that when there had been a need, referrals had been made to appropriate health professionals. When a person had not been well, we saw that their doctor had been called and treatment had been given. Staff had followed the doctor's advice to ensure the person's health and well-being. One person told us they were waiting for surgical intervention and discussion with them revealed that they were aware of what the treatment would involve, knew about the associated risks and wanted the treatment to go ahead. They told us, "I go with my family or staff to the hospital. I know what needs to be done." Another person told us, "I'd ring the doctors if I wanted them. It's up to me if I want staff to come with me or not. It depends why I'm going but the staff are lovely and always come with me if ask them too." The staff confirmed people were encouraged to keep well and take responsibility for their own health and welfare.

We saw in one care record that the person had received support from mental health professionals regarding complex behaviour. We saw that a management plan had been completed with a health care professional and included how to provide support to the person. We spoke with the person about their care record and they were aware of the contents and any agreed intervention. They told us, "I don't need to see them anymore and I don't do those things now. If things are bothering me I talk to the staff and they help me talk about it with whoever has upset me." The staff told us that where additional support was needed they were aware of the referral process to ensure people's mental health needs were met.

People who used the service told us they were satisfied with the meals that were served in the home. There was a menu displayed with photographs of meals that were planned during the week of our visit with any choices. One person told us, "We all say what we want to eat and choose one of the meals. The staff are good cooks here and if we don't want something we can have something else." One person showed us around the kitchen and we saw there was a range of food available that people could choose from. The staff told us that people who used the service were independent in relation to eating and drinking.

The staff told us that the registered manager and senior staff were very approachable and they felt well supported in their roles. The registered manager worked primarily in another service managed by the same provider but was available by telephone and visited the service to carry out monthly audits. There was an acting manager who managed and worked in the service and we saw they had a good relationship with people who used the service. One person told us, "She [acting manager] is lovely. She's always here for us. We think she's great."

New staff had undertaken induction training so they knew what was expected of them. There was one member of staff who had recently started working in the service and their records demonstrated that they had an induction into the service and were supported by team members to work with people who used the service. One member of staff told us, "We work well together and always support each other." This meant they would have the necessary skills to carry out their role.

We spoke with two members of staff who told us they had received a variety of training including safeguarding, managing complex behaviour and administering medication. The staff told us they all received the same training and this was updated annually. Competency checks were carried out by senior staff to ensure they had understood the training. One member of staff told us, "The manager checks we have understood the training so we know what we are doing." The staff we spoke with told us they had the opportunity to receive support and guidance through regular formal supervision of their work and discussed their training needs. They had an annual review, which measured their individual performance to ensure they continued to work effectively with people who used the service.

Is the service caring?

Our findings

We saw positive interaction between staff and people who used the service. There was friendly banter and we heard a lot of laughter during the day. Staff spoke to people in a friendly and respectful manner and responded promptly to any requests for assistance. All the people we spoke with talked positively about the staff and the support they received. One person told us, "I like living here. I wouldn't want to live anywhere else. The staff are lovely." Another person said, "I love all the staff. They're all so great and are there if we want them for anything."

In the morning we spent time with one person who was staying at home and later in the day we spent time with five people who had returned from day time activities. We observed the interaction between staff and people who used the service and saw that staff had a caring attitude towards people. We saw that staff offered people choices, for example what they wanted to eat and drink and whether they wanted to be included in our inspection. We saw that people were relaxed with staff and were confident to approach them. One person wanted to change into their nightwear early so they could relax and staff supported their decision.

The staff had good relationships with the people who used the service and the manner in which staff spoke with people was dignified and respectful. People talked about their day time activities and the staff listened and took an interest in what people had been doing. One person told us, "I have a key worker. They have meetings with us and ask us if we're happy. We talk about what activities we want to do too. She's lovely to me. She's lovely to us all."

Staff were supportive, kind and caring towards the people who used the service. One person needed support to talk with us and they asked the staff to assist them. We saw the staff had developed a good relationship and supported the person to communicate and contribute to our inspection.

The staff told us people who used the service made their own decisions about how they spent their time. People we spoke with told us they were able to choose how to spend their day and who to spend it with. One person told us, "I like going out with my friends. We look after each other when we're out. The staff always make sure they know where I am. I know they worry about us. They are all so kind and thoughtful."

The staff were aware of the need to keep information confidential. Where we reviewed care records the staff asked people if they were happy to share this information. We spoke with two people who used the service who told us they knew they had care records and were confident these were kept confidentially. One person told us, "We know we can talk about things on our own but if it's important they tell us if they have to tell someone else."

People were able to access their bedrooms during the day for privacy and friends and relatives were free to visit at a time of their preference. People had a key to their bedroom door. One person told us, "I can lock my room if I want. Staff always knock if they want to come in." Another person told us, "I have a key, but I'm not bothered about locking it. I know everything is safe and people don't just walk in anyway."

Good

Is the service responsive?

Our findings

People had limited choices to be involved in independent living skills in their home. One person had recently scalded themselves and as a result everybody living in the service had been prevented from making drinks. Staff we spoke with told us they were confident that people had the necessary skills and people who used the service told us they wanted to continue to make drinks. One person told us, "I always used to make everyone a drink but I can't now." We spoke with one member of staff who told us they were concerned about people's safety in the home and would prepare and cook meals and told us, "People here aren't always involved as we don't want people to get hurt, so we don't allow it." We spoke with three people about how they were supported in the home and they told us they would like the opportunity to be more independent. One person told us, "Baking is my favourite thing and I love doing it at work, but I don't get to do it often here." Another person told us, "We don't do much here, as the staff do it." This meant there had been a breach of Regulation 17 (2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Appropriate opportunities, engagement and support to people had not always been provided to ensure autonomy and independence.

We saw that the people who used the service had been involved in the development of a range of risk assessments about their safety and welfare in the community. For example, we saw that people had been supported to use public transport independently and complete activities in the local community. We spoke with one person who told us, "I know how to cross the road and know all the buses and where to get off and how to go to places. I keep away from trouble and if I saw anything I'd speak to the police. I tell the staff what time I'm coming back and if I was going to be late I'd call them."

People's likes, dislikes and care preferences were recorded in the care records and staff we spoke with had a good understanding of these. We looked at one care record with the person who read the information to us and confirmed they agreed with all the information and knew what had been agreed and recorded. They told us they reviewed the information with staff and could make changes to their care records and said, "It's all true what's in here. We write down what I say and think about what I want to do. It's mine and I can say what I want in it."

Other people went to a day centre and worked as a volunteer. We spoke with people about the activities and work they were involved with and one person told us, "Baking is my very favourite thing. I love it and I love going to work and meeting everybody." Another person told us, "I like doing flower arranging. I bring some things home and we put them around the house." People told us they enjoyed going to a place of Worship and four people told us this was an important part of their life. One person told us, "We go to Church each week and also go the day before and get the Church ready. We make sure it's all clean for the service. Everybody there is so kind and I like knowing that we make it look nice for everyone." Another person told us, "We go to church together. Everyone makes us so welcome there. We love going."

People told us they could choose what activities to be involved in. One person told us, "You can do what you want here, which means I get to do my hobbies. I like watching football too and we tease each other about it, which is fun."

People had lived in the service together for a long time and nobody had moved into the home since 2001. People told us they were confident that staff supported them to address any concerns on an individual basis or within group meetings. One person told us, "If I've got problems, I always talk about it with the staff. They always sort it out." Another person told us, "We have meetings here and we can talk about things we want to do and if something is bothering us. We all get on here. We have lots of arguments but we sort them out and can ask the staff for help too."

People were able to maintain their relationships with their family and friends. People we spoke with told us family members could visit them and they were able to spend time at family members' homes or with activities. Two people told us they had family who lived in a different country. One person told us, "I see them whenever I can and we speak on the phone. I have to remember when to call so I don't have to wake them up." Another person told us, "It's nice to talk to family. I tell them what I've been doing."

Requires Improvement

Is the service well-led?

Our findings

As part of our inspection process, we asked the provider to complete a Provider Information Return (PIR). We did not receive this and during our visit the registered manager confirmed they had received this but had not completed it as required. The PIR is an important element of our new inspection process.

We reviewed systems in place to monitor how the service was managed including checks for fire equipment testing and safe fire evacuation, and the environment, records and the quality of care provided. We saw the acting manager, registered manager and area manager carried out audits to monitor the quality of the care provided. These audits included where any deficiencies or concerns were identified but an action plan had not been developed and these concerns had not been addressed by the provider to ensure people's safety and to improve the service.

We looked at the systems in place for recording and monitoring incident and accidents that occurred in the service. We saw these were reviewed within the quality monitoring visits and the staff told us this was to ensure incidents and accidents were learnt from them so that they were less likely to happen again. We saw that staff knew when to report any incident to the local safeguarding team to ensure incidents of harm or potential harm were investigated properly by those who had the authority to do this.

There was a registered manager in post although they did not work in the service. There was an acting manager who told us the registered manager supported them to manage the service and was available when required. People who used the service told us they saw the registered manager when they visited. One person told us, "She always speaks with us and makes sure everything is okay." Another person told us, "She used to work here, but we still see her when she visits us."

We saw that the acting manager had considered people's needs and introduced pictorial systems to support people's understanding. They told us that care records were being reviewed to contain pictorial prompts to help people to understand their support plans and be involved in the planning of their care and in line with best practice.

Staff told us that the manager and acting manager treated them fairly and listened to what they had to say. They told us they could approach them at any time if they had a problem or something to contribute to the running of the service. One member of staff told us, "Everyone is so supportive. We work well together as team."

We spoke with a social care professional who had recently completed a quality review in relation to the support provided. They told us they were satisfied with the quality of care and there were no concerns identified as part of the review. They told us they found people were happy living in their home and people had good relationships with the staff."

The staff notified us of reportable incidents as required under the Health and Social Care Act 2008 as required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises **Regulation 15 (1)(c)(i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.** **How the regulation was not being met:** **People who used the service and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services **Regulation 17 (2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.** **How the regulation was not being met:** **People who used the service were not provided with opportunities to maintain their independence within their home.**