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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 effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected Lorraines Residential Home on 27 June 2018 and the inspection was unannounced. At the last inspection we found breaches of legal requirements. We asked the provider to complete an action plan to show what they would do and by when to improve the key questions of safe, effective and well led to at least good. At this inspection we found that the provider had made the improvements and was no longer in breach of regulations.

Lorraines Residential Home 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. It provides care and support for up to 15 older people and on the day of our inspection there were 12 people living there. Accommodation is on one floor with a communal lounge, a dining room and accessible gardens.

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.

The provider had renovated the home; replacing flooring, furniture and bathrooms. This had reduced the risk of falls and improved the infection control measures which could be implemented. People were included in choosing the colours of the re-decoration and were happy with the new environment. Consideration had been given to ensuring that the environment met people's needs; corridors were painted different colours to assist people to orientate and information was shared in different formats to address sensory disabilities.

Recruitment procedures were established to ensure that new staff were safe to work with people. Staff received training and support to enable them to fulfil their role effectively and were encouraged to develop their skills. They received regular supervision and attended team meetings where they discussed improvements to the home.

People were kept safe by staff who understood their responsibilities to detect and report abuse. They had developed caring, respectful relationships with people and ensured that their dignity and privacy were upheld. There were enough staff to meet people's needs promptly. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to maintain good health and had regular access to healthcare professionals. Mealtimes were not rushed and people were given a choice of meal. We saw that food and drink was regularly provided and records were maintained for people who were nutritionally at risk. Care plans were regularly reviewed to correspond with changing support needs and they were personalised and accessible.

People were encouraged to pursue interests and hobbies and some activities were planned. Visitors were welcomed at any time. People knew the registered manager and felt confident that any concerns they raised would be resolved promptly. There were regular meetings with people and their relatives and their feedback was used to improve the home.

Risks were assessed and actions were put in place to reduce them, and their effectiveness was monitored and regularly reviewed. Lessons were learnt when things went wrong to reduce the likelihood of it happening again. Medicines were managed to reduce the risks associated with them and people received them when they needed them.

There were systems in place to drive quality improvements which included regular audits and feedback from people who use the service and staff. There were good relationships with other organisations and professionals to assess and improve the quality of the home.

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.

People were protected by staff who knew how to keep them safe from harm and how to report any concerns. They were supported to take their medicines safely and there were systems in place to store them securely. There were sufficient staff to ensure that people were supported safely. Risks to people's health and wellbeing were assessed and plans to manage them were followed. Lessons were learnt when things went wrong to avoid repetition. Safe recruitment procedures had been followed when employing new staff. Infection control procedures were embedded.

Is the service effective?

Good ●

The service was effective.

Staff received training and support to enable them to work with people effectively. They understood how to support people to make decisions about their care. If they did not have capacity to do this, then assessments were completed to ensure decisions were made in the person's best interest. People were supported to maintain a balanced diet and to access healthcare when required. This was done through close collaboration with other professionals. The environment was designed to meet people's needs.

Is the service caring?

Good ●

The service was caring.

Staff had developed caring and respectful relationships with the people they supported. People were supported to make choices about their care and their privacy and dignity were respected and upheld. If they could not communicate their choices independent advocates were provided. Relatives and friends were welcomed to visit freely.

Is the service responsive?

Good ●

The service was responsive.

People and their families were involved in planning their care. Care was reviewed to meet people's changing needs and new plans were devised. Hobbies and interests were encouraged and planned on a weekly and daily basis. Complaints were investigated and responded to in line with their procedure.

Is the service well-led?

Good ●

The service was well led.

People knew the registered manager well and reported that they were approachable. There were systems in place to drive quality improvement, which the provider had an oversight of. The staff team felt well supported and understood their responsibilities.

Lorraines Residential Home

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 inspection took place on 27 June and was unannounced. It was conducted by one inspector.

We used information the provider sent us in the Provider Information Return to plan the inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We used a range of different methods to help us understand people's experiences. We spoke with five people who lived at the home about their experience of the care and support they received. People who lived at the home had variable verbal communication. Therefore, we observed the interaction between people and the staff who supported them in communal areas throughout the inspection visit.

We spoke with the registered manager, the deputy manager, the cook and three care staff. We reviewed care plans for four people to check that they were accurate and up to date. We also looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. We reviewed audits and quality checks for infection control, medicines management, accidents and incidents, and health and safety checks. We reviewed one staff file to ensure they were recruited safely.

Is the service safe?

Our findings

At our last inspection, we found that recruitment procedures were not always followed to ensure that staff were safe to work with people. At this inspection we found that this had improved and that new staff had full checks before starting work to ensure they were safe to provide care to people. One member of staff we spoke with said, "They did my police checks before I started working here." There had only been one new member of staff since our last inspection and so we reviewed their records and found that full checks had been completed to ensure they were of good character to work with people. We discussed the missing information from the previous inspection with the registered manager but could not check those records as the staff had now left their employment with the provider. However, the registered manager gave us assurances about the systems they had now put in place to ensure that recruitment checks were completed.

At our last inspection, we found that there were areas in the home which required maintenance to ensure that people were safe and to reduce the risk of falls. At this inspection we found that the provider had invested in a programme of renovation throughout the home which meant that people had a safer home. The patterned carpet in the communal area had been replaced with laminate flooring which was treated to reduce the risks of slips. One member of staff we spoke with told us, "People walk a lot better on this floor because it's not as busy. It is also better for spillages and easier to keep clean. It is an improvement on the carpet that was there." We saw that flooring throughout the home was smooth, sealed well and clutter free and that people could move freely around.

Renovations in bathrooms and people's bedrooms meant that the home could be cleaned to a higher standard which reduced the risk of infection. For example, the bathrooms had been replaced and sealed so that they could be thoroughly cleaned. Chairs in the communal area had been replaced and the new ones were waterproof and easier to wipe down. Remedial work had also taken place in the kitchen in line with the recommendations from the Food Standards Agency. The food standards agency is responsible for protecting public health in relation to food. This demonstrated to us that the provider had acted to ensure that infection could be controlled in the home by improving the environment.

Consideration had also been given to the safety and security of the home. There was a new door in place which was more secure and had a camera installed above it so that staff inside could see who was there. The registered manager told us, "This has been such an improvement. We feel more protected and the access is better for people because a ramp has been fitted." The provider had also ensured that additions to the home met best practise standards; for example, the lighting in the bathrooms was designed to withstand moisture. We saw that equipment was regularly checked to ensure that it was safe to use with people. This showed us that the provider had met their responsibilities to ensure that the environment and equipment was safe.

Other risks were managed to protect people from harm. When we spoke with staff they talked to us knowledgeably about the risk management systems that were in place. We saw that they were confident in moving people using equipment, that they did not rush people and took time to explain their actions. When

people were at risk of skin damage they were using equipment such as cushions and specialised mattresses to reduce the risk. We reviewed records which demonstrated that staff had clear guidance in managing risk and that it was regularly reviewed. There were also plans in place in case of emergency such as evacuation of the building. The plans were specific for each individual and gave clear guidance to staff.

Medicines were managed to ensure that people received them as prescribed. One person told us, "I do take some medicines and the staff help me with it." We saw that people received their medicines on time and that staff took time to explain what they were. The registered manager told us, "All staff have now completed an in-depth training course in medicines management and it included the trainers coming out and assessing them. We included night staff in case people needed assistance during the night; for example, with pain relief." One member of staff said, "I enjoyed the medicines training. It went over all of our responsibilities such as where to store controlled drugs." Medicines were stored, recorded and monitored to reduce the risks associated with them. When people received medicines, which were prescribed to take 'as required' there was guidance in place for staff to know when it was needed.

People were protected from abuse by staff who understood how to identify signs and report in line with procedures. One member of staff said, "I would report anything that worried me straight away to the manager and I know they would immediately follow it up." There had been no safeguarding concerns raised since the last inspection and when we reviewed accidents and incidents we were assured that there were none that should have been considered.

There were enough staff to ensure that people's needs were met safely. One person we spoke with said, "There's always a member of staff around when you need them." We saw that staff had plenty of time to spend with people throughout the day of the inspection and were able to attend to them promptly when required. Staffing levels were based on individual needs and staff told us they felt the staffing levels were good. The registered manager described the changes in staffing in the past year as people's needs had changed. They had a system of analysing and reviewing accidents and incidents in place and had used this to help them to make the decision to reduce the staffing on some days. They said, "We were able to see that falls had reduced significantly. We compared this with people's risk assessments and decided it would be safe to reduce it." This demonstrated to us that the registered manager used the systems they had implemented to assess the service.

We also saw that other actions were taken to reduce the risk when things went wrong. For example, the analysis of falls and accidents led to referrals to other health and social care professionals. We saw that as a consequence people had equipment put in place to reduce the risk of falls.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and 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 MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions in the authorisations to deprive a person of their liberty were being met.

At our last inspection we found that improvements needed to be made in the application of the MCA to ensure that it was clear when people didn't have capacity to make certain decisions. At this inspection we found that the improvements had been made and, when required, the capacity assessments were clear and detailed. They explained the decision being considered and demonstrated how the person's capacity had been assessed. We saw records that demonstrated that decisions were made in people's best interests in these circumstances with professional and relatives input. For example, when considering whether the person would want a 'Do Not Resuscitate' order to be put in place. Applications for DoLS authorisations had been made when people did have restrictions in place that they could not consent to.

Care and support was planned and delivered in line with current legislation and best practice guidance. Staff understood people's assessments about their needs and were given guidance to assist them to meet them. The registered manager was proactive in ensuring that best practice was met. For example, the home had been part of a care home project with community dieticians to identify, treat and prevent malnutrition. The registered manager told us, "They reviewed systems such as how we record weights and gave us recommendations so that we could see someone's overall risk in relation to their height more easily. They also gave us training at the end about fortifying food which was brilliant and we made some changes as a consequence." We spoke with the cook who told us the measures they took; for example, adding cream to people's breakfasts.

People were supported to have enough to eat and drink. One person told us, "The meals are very good. I like it when we have treats like a pineapple fritter as well." We saw that the food was well presented and people praised the cook and the fact that everything was home made. People were offered choices if they didn't like the meal and specialist diets were provided for some people. When people required support, it was offered patiently and with respect. People were also offered drinks and snacks throughout the day and we heard staff prompting them to drink more in the hot weather.

People's healthcare needs were met to ensure their wellbeing. People we spoke with told us they had access to a range of health services such as district nurses, opticians, and podiatrists. There was a regular surgery with the GP and the registered manager told us this had a positive impact. They said, "It is a chance to go

through any issues or concerns and has definitely reduced the number of calls we make to the surgery." They also told us that they attended regular care home meetings with the district nurses and other local registered managers. We saw that they discussed best practise in continence management, skin integrity and falls at the last meeting. They also told us they were using the 'red bag' scheme. This scheme is designed to share information and important items, such as medicines, between care homes and hospitals, to ensure care is person centred. This demonstrated to us that the staff team worked effectively across organisations to ensure that people's needs were met.

People were supported by staff who were skilled and knowledgeable. One person we spoke with said, "The staff are all brilliant." Staff confirmed that they received regular training and supervision to be able to do their job well. One member of staff said, "I have done lots of training including national qualifications. I also asked if I could do some additional training in dementia which was really informative and helped me to understand how the different types affected people's behaviour." There was also a planned induction for new staff. One member of staff told us, "When I returned to work after a break of a few years the registered manager arranged for me to do shadow shifts. It was a chance to go through people's needs and show me how to move people safely."

The environment was accessible and met people's needs. Each corridor was painted a different colour to assist people to orientate. Attention had been given to meeting the needs of people living with dementia because signage and pictures had been added around the building; for example, picture signs on bathrooms. There was a garden and we saw that some people could access it independently and spend time there with friends. When the environment had been upgraded people had been included in choosing the re-decoration of rooms, and we saw that they were bright and colourful and people told us how much they liked the new environment.

Is the service caring?

Our findings

People had caring, kind and supportive relationships with the staff who supported them. One person told us, "The staff are kind and look after us well. You can't fault them at all." We saw warm interactions between staff and the people they supported including joking with people and laughing together. We heard conversations during the day which showed that care staff knew about people's past lives and their family situations. One staff member we spoke with said, "Everyone here really cares about each other and that makes coming to work a pleasure."

People were involved in making choices about their care. One person told us, "I can take a nap whenever I want to. The staff will come and wake me. I do ask them to or I would sleep through." Another person said, "The staff are all good." Staff understood the importance of each individual's communication style in assisting them to make their choices. We saw them speaking with people using simple language and checking that they had understood. Communication was assessed and planned in people's care plans. For example, in one person's it said, 'Staff understand that my facial expressions show whether I am happy or unhappy.' When people were unable to communicate their choices, the home had links with local advocacy services to seek advice and assistance when required. An advocate is an independent professional who can help people to make choices and to communicate these.

People were encouraged to be as independent as possible. One person told us, "I am happy here and I do still go out sometimes." The registered manager told us that some people had keys for the new door so that they could leave independently when they wanted to. We saw people being encouraged to be as independent as possible when mobilising and that staff gave them the time they needed. Some people chose to spend time in their rooms and spent time with others socially.

Dignity and privacy were upheld for people to ensure that their rights were respected. We saw staff asking people quietly and sensitively if they wished to go to the toilet, or change their clothing after eating. We saw that people were well-dressed, and well-presented. People told us that a hairdresser visited every week and we saw that some people enjoyed having their hair done on the day of the inspection visit.

Relationships and friendships were encouraged and supported. This included one person having their pet dog to live with them in the home. The registered manager told us that the home was registered with The Cinnamon Trust as a pet-friendly care home. The Cinnamon trust is a voluntary organisation which works to keep older people and their pets together. The registered manager told us, "We checked with all of the other people who live here if it was okay for the dog to move in. We also have a written agreement with the person and the support of their family around roles and responsibilities. However, his addition has only been a good thing; everybody loves him." We saw that the dog was petted by people who lived at the home and several told us how much they enjoyed the dog living there. One person said, "I just love him." The dog's owner told us that they couldn't have moved without their pet and they were happy to still be together. This showed us that people's human rights were central to the care and support they received.

Relatives and friends were welcomed to visit freely. One person told us that their family visited regularly and

that they were always looked after and made to feel comfortable. Staff confirmed that people had regular visitors. One member of staff said, "The families are really supportive and helpful. We have good relationships with them." The registered manager told us about some money that one deceased person's family had donated to the home in their memory. They said that the family member wanted them to have a celebration with it and they were planning a day out for everyone.

Is the service responsive?

Our findings

People were supported by staff who knew them very well and understood their preferences and interests. This included understanding how to support people's diverse and cultural needs. When people had disabilities, there was equipment and adaptations used to support them. For example, some people were supported to manage sensory loss with aids and information was accessible for people. Attention had also been given to information shared in communal areas. For example, in the communal area there were pictures as well as numbers and words to orientate people to the date and time. It demonstrated to us that the provider complied with the Accessible Information Standard (AIS) which was introduced to make sure that people with a disability or sensory loss are given information in a way they can understand.

Care plans provided staff with detailed information on how to meet people's needs in a personalised manner. We saw that they were regularly reviewed and amended when required. Staff told us that they shared detailed information about people during handover meetings to ensure staff were up to date with people's care needs. We saw detailed records of these handover meetings which evidenced this personalised approach. In the PIR the provider told us, 'We have put into place keyworkers who are senior care staff will monitor the care plan and will look after a resident's needs.' Staff we spoke with understood these responsibilities and we saw that care plans were regularly completed with up to date information.

People had opportunities to pursue their interests and hobbies. One person said, "I like doing the quizzes together." We saw some individual activities taking place throughout the inspection visit. For example, staff were reading newspaper and magazine articles to some people who had limited eyesight. Some people had recently visited the local park and shops accompanied by staff. One member of staff we spoke with said, "Every day we encourage people to get involved in an activity. We recognise the importance on people's wellbeing of remaining stimulated."

There was a complaints procedure in place that people felt confident to use when needed. One person told us, "I have never needed to complain. I am more than happy here and I can talk to the staff about anything." There had not been any complaints received since our last inspection. We saw that the provider had a complaints procedure in place and information on noticeboards of how to complain.

At the time of our inspection there was no one receiving end of life care. We saw that end of life wishes were recorded in people's care plans and the registered manager told us about the support they received from other professionals to respect people's wishes. They said, "We try to keep people in their home when we can because we want them to stay with people who care about them."

Is the service well-led?

Our findings

At our last inspection we found that the systems in place to manage the quality of care and to drive improvements were not always effective in improving the service. At this inspection we found that improvements had been made to manage the quality of the home. Recommendations about the environmental upgrade required had now been implemented. We saw that this had improved risk management because the incidents of falls had reduced, infection control measures had improved and people reported that they enjoyed the environment, which was more accessible to their needs.

There were also quality audits in place to measure the success of the service and to continue to develop it. We saw that these were effective and that there were plans in place to respond to areas highlighted. For example, there were medicines audits which highlighted any gaps in signatures, medicines which needed to be returned and any that needed to be reviewed. At our last inspection the provider had an action plan with the local authority. We received feedback from the commissioners to state that all the actions had now been met. The registered manager confirmed that they had worked with the commissioners to meet the recommendations. They had also attended manager's forums and information sessions, as well as the local district nurse led meetings in their locality. They told us, "I always find listening to other managers from different services really helpful and value any opportunity to share best practice." This demonstrated to us that there were links with other agencies and professionals, which enhanced the quality of the service.

People who lived at the home knew the registered manager well and we observed them interacting with them in a relaxed manner. One person said to us and a member of staff, "You have a good boss there. I can talk to her." We saw other people ask to speak with the registered manager on the day of inspection. The registered manager told us, "Some people like to touch base with me each day and let me know how they are; it's their reassurance." Staff told us that the registered manager led the home with their values which were embedded throughout the care. One member of staff said, "The registered manager is brilliant and a really lovely person. She genuinely cares about the people who live here and this home. Everyone here really cares."

Staff felt that they were well supported and able to develop in their role. One member of staff told us, "We get regular supervision and support but I can speak to the registered manager any time. They are really personally supportive as well." Staff were clear about their roles and responsibilities; for example, there was a deputy manager in post who offered regular support to the team and senior staff on each shift and also gave direction. Staff also knew the provider who had regular meetings with the registered manager. The registered manager told us, "We meet at least monthly to review audits and set objectives for the next month. We also complete monitoring requirements for our commissioners."

There were other methods employed to gain feedback as well. Staff had regular team meetings and told us that these were relaxed and they felt comfortable to share their opinions. A part of the upgrade of the building the provider had created a meeting room for staff which was equipped for training sessions and a comfortable space for meetings. One member of staff said, "It makes us feel more professional and is a good private space to meet other professionals or families." There were also meetings for the people who lived at

the home with the registered manager where we saw they had discussed days out and the redecoration of the building. The registered manager also sent surveys and we saw that there was a very high level of satisfaction reported.

The registered manager understood the responsibilities of their registration and ensured that we received notifications about important events so that we could check that appropriate action had been taken. They had also displayed their previous rating in a conspicuous place in line with our guidance.