

## The Oaklea Trust







# Lowther Park (Adult Care 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 |  |

### Overall summary

We carried out this announced inspection on 16 January 2015. We last inspected this service on 18 December 2013. At that inspection we found that the provider was meeting all of the regulations that we assessed.

Lowther Park (Adult Care Home), (Lowther Park), provides personal care and accommodation for up to seven people who have a learning disability. The accommodation is provided in two semi-detached houses which have been adapted and turned into one property. The home is in a residential area of Kendal in

South Cumbria. People have their own bedrooms which are on the ground and first floors of the home. There are suitable shared facilities including toilets and bathrooms, sitting rooms, kitchens and dining areas.

There was a registered manager employed at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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 told us that they were safe living in this home and said that the staff supported them to stay safe in the local community. We saw that people who lived in the home were comfortable with the staff who worked there. They told us that they would speak to a staff member if they felt unsafe or anxious. People were protected from the risk of abuse because the staff in the home understood their responsibility to keep people safe and the actions to take if they were concerned a person may be at risk of harm.

There were enough staff to provide the care that people needed and to support people to follow the activities they enjoyed. People told us that they liked the staff and said the staff treated them with kindness and respect.

People enjoyed the meals provided in the home. They were included in planning and preparing their own meals and were given support to maintain a healthy diet.

All the staff employed in the home had received training to ensure they had the skills and knowledge to provide

the support people needed. The staff knew how to support people to make choices about their lives and how they communicated their wishes. People were given choices about all aspects of their lives and were supported to maintain their independence.

The registered manager of the home was knowledgeable about the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards, (DoLS). The focus of the home was on promoting individuals' rights and independence and no one in the home had any restrictions on their right to make their own choices.

Medicines were handled safely in the home and people received their medication as prescribed by their doctor. People told us that the staff in the home supported them to attend health care appointments as they needed. People were supported to maintain good health because they had access to appropriate health care services.

We saw that people in the home were included in decisions about how their care was provided. The atmosphere was open and inclusive. People had been asked for their views about the service and the care they received and action was taken in response to their comments.

# 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.

There were enough staff to provide the support people needed. The staff were trained in how to protect people from the risk of abuse and were aware of their responsibility to report any concerns about a person's safety so that action could be taken.

People made choices about their lives and risks to their safety had been identified and managed.

Medicines were handled safely and people were protected from the risk of the unsafe use of medication.

Good



### Is the service effective?

The service was effective.

People were supported to lead active lives in the home and local community and to enjoy a good quality of life.

The staff were well trained and had the skills and knowledge to provide the support people needed.

People's rights were respected because the Mental Capacity Act 2005 Code of Practice was followed and there were no restrictions on their choices or liberties.

Good



### Is the service caring?

The service was caring.

The staff treated people kindly and provided support promptly if people were anxious or distressed.

People were supported in a way that promoted their welfare and wellbeing.

People made choices about their lives and their independence and dignity were protected.

Good



### Is the service responsive?

The service was responsive.

The staff knew the people they were supporting and how they wanted their care to be provided.

People maintained contact with their friends and families and the relationships that were important to them were respected.

The registered provider had a clear complaints procedure. People were confident that they would receive any support that they needed from the staff in the home, if they had to make a complaint.

Good



### Is the service well-led?

The service was well-led.

The atmosphere in the home was open and inclusive. The focus of the service was on providing high quality, individualised care which respected each person's rights.

Good



# Summary of findings

There was a registered manager employed. People knew the registered manager and said that the home was well-managed.

The registered provider used formal and informal methods to gather the experiences of people who lived in the home and used their feedback to develop the service.

# Lowther Park (Adult Care 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 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.

This inspection took place on 16 January 2015. We gave the registered manager 24 hours' notice because the location was a small care home for adults who are often out during the day and we needed to be sure that someone would be in when we visited.

The inspection was carried out by one Adult Social Care inspector. During our inspection we spoke with all of the seven people who lived in the home and with the three staff who were on duty. We observed care and support in communal areas and looked at the care records for three people. We also looked at records that related to how the home was managed. The registered manager was not present in the home during our inspection visit. We spoke with them by telephone after our inspection at the service.

Before the inspection we looked at the information we held about the service and contacted local social work teams for their views of the home.

# Is the service safe?

## Our findings

People who could speak with us told us that they felt safe living in this home. They told us that they liked and trusted the staff who supported them and said they would speak to a member of staff if they felt unsafe or anxious. One person said, "I like the staff, they look after us and I can speak to them if I'm not happy".

Some people were not easily able to tell us their views. We saw that they looked comfortable and relaxed in the home and with the staff who were supporting them.

All the staff we spoke with told us that they had completed training in how to recognise and report abuse. One staff member told us, "We have thorough training in safeguarding, we all know how to recognise and report abuse." All the staff told us that they would not tolerate any form of abuse and said that, if they had any concerns, they would report these immediately to the registered manager or to a senior person in the organisation. People who lived in the home were protected against the risk of abuse because the staff employed understood their responsibility to ensure people were protected from harm.

We saw that risks to people's safety had been assessed and measures had been put in place to reduce the identified risk while supporting individuals to live as independently as possible. Some people enjoyed following activities on their own in the local community. One person told us that the staff had guided them in how to ensure their own safety while they were following activities of their choice away from the home.

The registered provider had plans in place to deal with foreseeable emergencies in the home. Emergency plans were in place including the action to be taken in the event of a fire. We saw that people who lived in the home had been given guidance on what they needed to do if there was a fire in the home. This guidance was available in pictorial format to make it easier for people to understand.

Two people had chosen to assist the staff by checking that fire fighting equipment was in place and suitable to be used. One person told us that they checked the fire extinguishers and told the staff if these were damaged or not in the right place. The staff and people who lived in the home knew the actions to take if there was a fire. This helped to ensure people were protected.

People told us that there were enough staff to provide the support they required when they needed it. During our inspection there were three staff working in the home. One member of staff supported a person to follow an activity they enjoyed in the community and two staff remained at Lowther Park to support the other people in the home. We saw that there were enough staff to provide people with the support they needed and to ensure their safety.

The registered provider used safe systems when new staff were employed. All new staff had to provide proof of their identity and have a Disclosure and Barring Service check to show that they had no criminal convictions which made them unsuitable to work in a care service. New staff had to provide evidence of their previous employment and good character before they were offered employment in the home. This meant people could be confident that the staff who worked in the home had been checked to make sure they were suitable to work there. One member of staff confirmed that all these checks had been carried out before they were employed at Lowther Park.

People told us that they received their medicines when they needed them. We looked at how medicines were stored and handled in the home. We saw that medication was stored securely to prevent it being misused and good procedures were used to ensure people had the medicines they needed at the time that they needed them. All the staff who handled medication had received training to ensure they could do this safely. People received their medicines in a safe way and as they had been prescribed by their doctor, this helped to ensure that they maintained good health.

# Is the service effective?

## Our findings

People who could speak with us told us that the staff in the home knew the support they needed and provided this at the time they needed it. We asked people if they thought that the staff had the skills and knowledge to provide the care they required. They told us that they thought the staff did and one person told us, “She, [the senior care worker], knows what she is doing”. Another person said, “The staff know me really well, they know if I’m getting upset and how to help me to feel better”.

All the staff we spoke with told us that they received a range of training to ensure that they had the skills to provide the support people required. They told us that all new staff had to complete thorough induction training before they started working in the home. They said they completed further training while working in the home and were not able to carry out specialist tasks, such as handling medication, until they had completed appropriate training. The staff told us that the training they received gave them the skills and knowledge to provide the support people required. One staff member told us, “I worked in care before coming here, but I still had to do loads of training to make sure I had the right skills for this home”.

All the staff said they felt well supported by the registered manager and senior care staff. One person said, “If the [registered] manager isn’t here there’s always a senior, [senior care worker], the seniors are really good and we know we can always call the manager if we’re concerned about anything”. The staff told us that had formal supervision meetings with the registered manager where their practice was discussed and where they could raise any concerns.

People told us that they made choices about all aspects of their daily lives such as the activities they followed, the meals they had and how and where they spent their time. We observed that people made choices throughout our inspection. Some people chose to sit in the communal areas watching a television programme that they had chosen and other people spent time in their own rooms listening to music. People told us that they helped to plan a menu each week and showed us where the meals that they had chosen were on the menu. We saw one person

assisting a member of staff to prepare the evening meal. We saw that the member of staff on duty gave people choices about the meal including what vegetables they wanted to accompany their dinner and whether or not they wanted bread and butter.

One person told us that they were trying to maintain a balanced diet and said that the staff in the home were helping them to make healthy choices. We saw cards which showed healthy combinations of foods. The person told us they used the cards to plan and make their own lunch to take to an activity that they attended away from the home.

People told us that they led very active lives, attending activities of their choice. We saw that some people attended activities together because they had the same interests and other people were supported to attend activities either on their own or with the support of one member of staff. The focus of the service was on treating each person as an individual, promoting their independence and ensuring their support centred on their needs and wishes.

We saw that people were asked for their agreement before any care was provided. One person needed support from staff with the administration of a medicated cream. A staff member asked the person if they agreed to have the cream applied and, when they did so, went with them to their own room to apply the cream.

The manager of the home was knowledgeable about the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards, (DoLS). The focus of the home was on promoting individuals’ rights and independence and no one in the home had any restrictions on their right to make their own choices.

People told us that the staff in the home supported them to attend health care appointments as they needed. During our inspection one person felt unwell. We saw that they told this to a member of staff and that the staff member contacted their doctor on their behalf. The member of staff ensured the individual was fully included in the discussion with the doctor and was informed of the advice the doctor had given. People maintained good health because they were supported to access health care services as they needed.

# Is the service caring?

## Our findings

People who could speak with us told us that they liked living at Lowther Park and said the staff in the home were “nice”. We asked people if the staff treated them kindly and everyone we spoke with confirmed this.

We saw that the staff were respectful but friendly with people in the home. They knew how individuals communicated their needs and how they expressed their choices. Throughout our inspection we saw that people were given choices about their care in a way that they could understand. For example, we observed the evening meal being prepared and saw that the staff asked people what they would like to eat and also showed them the various choices to assist them to understand and to make a decision about their meal. We saw that the staff gave people the time and support they needed to communicate their wishes.

The staff in the home showed that they knew how to support people to promote their independence. We saw that people were encouraged to carry out tasks for themselves as far as they were able to. People gave us examples of how their skills and independence had increased since moving to the home. One person told us that they were able to follow activities in the community on their own, as their skills for independent living had increased since moving to the home.

People who lived in the home told us the staff knew them well and knew what was important to them in their lives. One person had a routine that they liked to follow after they had eaten their evening meal. We saw that the staff knew their preferred routine but still asked them what they wanted to do after they had eaten. When they confirmed that they wanted to follow their usual routine the staff member supported them to do so.

The staff protected people’s privacy and dignity. People were asked in a discreet way if they wanted to use the toilet and the staff made sure that the doors to toilets and bathrooms were closed when people were using them. One person became anxious during the inspection, we saw that the staff member noticed this and took the person to a private area so they could discuss their concerns away from other people in the home. The staff member provided support promptly to reduce the person’s anxiety and in a discreet way which ensured their confidentiality and privacy.

The registered provider had good links with local advocacy services. An advocate is a person who is independent of the home and who supports a person to share their views and wishes. The staff in the home knew how they could support someone to contact the advocacy services if they needed independent support to make or communicate their own decisions about their lives.

We saw some people return to the home after taking part in activities in the local community. One person had a book that was used to ensure that information was shared between the home and

the staff at the activity. We saw that the support worker asked the person if they could read their book and only did so with their permission. They then used the information to ask the individual about their day and to explore if an incident at the activity had been resolved to the person’s satisfaction. During the exchange the staff member checked that the individual understood what was written in their book, this helped to ensure they knew what had been written about them and kept them informed of this.



# Is the service responsive?

## Our findings

People told us that they were included in making decisions about their lives in the home. They said they followed a range of activities of their choice in the home and in the local community. Everyone we spoke with told us that the staff in the home listened to them and supported them to make choices about their care and their lives.

People told us that they had been included in developing their own support plans and we saw that these were in appropriate formats to ensure individuals were able to read their own plans and to know what was written about them.

During our inspection one person went with a support worker to a local pub to play pool. They told us that they enjoyed this activity very much. Other people followed activities of their choice in the home. One person chose to go to their room to listen to music and told us that they enjoyed this. Another person chose to assist a staff member with preparing the evening meal and other people watched television in one of the communal areas. We asked the people who were watching the television if they had chosen the programmes that they were watching and they all agreed that they had.

We looked at the support plans for three people. We saw that thorough assessments had been carried out to identify the support each person required and also the tasks that they could manage on their own. The support plans had been reviewed regularly to ensure they contained accurate and up to date information. We saw that people had set

themselves goals of activities they wanted to follow or skills they wanted to learn. The records showed how people had been supported to plan each step they needed to complete in order to achieve their goals. People told us about their goals such as planning to attend a concert or arranging a holiday. One person told us that they had a named member of staff who was working with them to support them to achieve their goal.

People told us that they were able to maintain relationships that were important to them. One person told us that they liked to stay with their family at the weekend. They said the staff in the home supported them to do this as they chose. People told us they had friends at the activities they followed in the community. They said they also enjoyed meeting their friends at clubs they attended.

Everyone we spoke with told us that they were happy with the support they received and no one raised any concerns with us about the service. One person said, "The staff are brilliant, they help me if I am worried about anything". We asked people if they knew how they could tell staff if they were not happy about the support they received or about how they were treated in the home. Everyone we asked told us that they would speak to a member of staff if they wanted to complain. One person told us, "I'd tell [staff member], they would help me if I wasn't happy".

The staff on duty showed they knew the procedure people could use to make a formal complaint. They said they would be confident supporting people to make a formal complaint if they needed to do so.

# Is the service well-led?

## Our findings

People told us they made decisions about their lives including planning their own meals and choosing the furnishings and décor for their own rooms. People said they were asked for their views about the home and about the support they received. They said that there were group meetings in the home where they could say what they thought about the service and the support they received. One person told us that they had regular meetings with a named staff member to discuss their care and agree any changes to their support plan or goals. They said they were always asked for their views about the support they received at these meetings.

The registered provider also had a questionnaire that people were asked to complete to share their views of the home. We saw that the questionnaires had been discussed at one of the group meetings and people had been asked if they would like to complete one. We saw that people had agreed to do this. All of the completed questionnaires that we saw were positive about the service provided at Lowther Park. The registered provider used formal and informal methods to gather the experiences of people who lived in the home and used their feedback to develop the service.

The registered manager of the home carried out regular checks on all aspects of the service. We saw that they had a plan for the continuous improvement of the service. The improvement plan included the views of people who lived in the home about how they wanted the service to develop.

The atmosphere in the home was friendly and inclusive. The staff told us that the people who lived there were placed at the centre of how the service was provided. They said there was an emphasis on promoting people's choices and independence and this was confirmed by the interactions we observed between the staff and people who lived in the home.

All the staff we spoke with told us they thought the home was well managed. They told us that they felt well supported by the registered manager and senior support staff and said that they enjoyed working in the home. One member of staff told us, "I love my job, this is a good home, all the staff are here to provide good care to people".

All of the staff on duty told us that they were confident that people were well cared for in this home. They said they had never had any concerns about any other member of staff. The staff told us that they were encouraged to report any concerns and were confident that action would be taken if they did so. One staff member told us, "All the staff here are good, but we know we can speak to the senior support worker or to the [registered] manager if we had any concerns at all. But we all want to do a good job, I have no concerns, but I'd certainly speak up if I had, we all would".

Providers of health and social care are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.