

Lorne House Residential Home Trust Limited

Lorne House

Inspection report

66 Yarm Road
Stockton On Tees
Cleveland
TS18 3PQ

Tel: 01642617070

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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

About the service

Lorne House is a residential care home providing personal and nursing care to 13 adults with a learning disability and/or physical disability at the time of the inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties registered for the support of up to 14 people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People's medicines were ordered, stored and disposed of safely. Medicine records were completed correctly. People were encouraged to take positive risks and risk assessments were in place to minimise the risk of avoidable harm.

People were supported by well trained staff. Staff supported people to eat and drink enough to keep them healthy. When people required access to health care this was arranged to ensure the best outcome for the person's wellbeing. The service was decorated in a homely way that met the needs of the people living there.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Care was delivered with dignity and respect. People told us they liked the staff who supported them and were happy with the care and support they received.

People's support plans contained detailed information to ensure their individual needs and preferences had been considered. They were reviewed regularly to reflect any changes. We have made a recommendation about end of life care planning.

People were involved in a variety of activities that reflected their own hobbies and interests. There was a procedure in place for addressing complaints and this was correctly followed.

An effective system of checks and audits was in place. People and staff were regularly consulted about the quality of the service.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 12 July 2018) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations and had improved to good in all the key questions.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Lorne House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an inspection manager.

Service and service type

Lorne House 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. Many people who used the service, due to their complex needs could not make their views known verbally, therefore we observed people throughout the day, to see how they reacted to staff and their surroundings. We spoke with seven members of staff including the registered manager, deputy manager, senior support workers, support workers and the chef.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We reviewed documents sent by the registered manager to show what actions had been taken in response to initial feedback. We spoke with two relatives over the telephone to ask for their thoughts on the care provided to their family members.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to ensure medicines were administered as prescribed. Stock was not managed correctly and some medicines were still being administered but were past their expiry date. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 12.

- A much more detailed system for checking medicines had been introduced following our last inspection and was working well.
- People were receiving their medicines as prescribed. Medicines were stored correctly and stock was checked regularly.
- Guidance was in place for staff about how and when to administer medicine prescribed to be given 'when required.' However, staff did not always record why these medicines had been given or whether they had been effective. We discussed this during feedback and the registered manager said they would remind staff to keep full and accurate records.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 12.

- People had individual risk assessments in place. These provided staff with information about the best way to minimise avoidable risk.
- Checks were carried out to ensure people lived in a safe environment. For example, hot water temperatures were monitored and gas and electrical safety tests were done. Issues with hot water temperatures were not always addressed immediately and we discussed this with the registered manager. Action was taken straight away to ensure water temperatures were adjusted and we were assured any problems in the future would be addressed without delay.

- Fire equipment was checked and regular fire drills were taking place. However, there had not been a fire drill that simulated night time conditions. We highlighted the importance of this to the registered manager who contacted the local fire service for advice on this immediately. After the inspection we were sent an update on the changes that had been made to improve fire drills.

Systems and processes to safeguard people from the risk of abuse

- Staff had been trained in how to protect people from abuse and were aware of how to report any concerns. One member of staff told us, "I have never seen anything I thought was a problem, but I know I could speak to my team leader or the manager. If I still had a problem I know I could go higher."
- The registered manager understood their responsibilities with regards to safeguarding people. Referrals were made to the local authority safeguarding team where appropriate.

Staffing and recruitment

- There was a robust recruitment system in place and checks were done to ensure suitable staff were employed to support people.
- There were plenty of staff available to meet people's needs, including supporting them to go out if they wished to.

Preventing and controlling infection

- The building was kept clean and tidy. This included people's rooms and communal areas such as lounges and dining room.
- Staff had access to items such as gloves and aprons to help prevent the spread of infection and they used them appropriately.

Learning lessons when things go wrong

- The management team recorded and monitored accidents and incidents. Steps were taken to reduce future risk in response to incidents. For example, referrals were made to the falls team if people were falling regularly and needed more support.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Detailed pre-admission assessments were completed before anyone new moved in. Further assessments were completed after the person moved in. This meant the registered manager could ensure the service was able to meet each person's care needs.
- People and their relatives were involved in the creation of support plans which provided staff with all the guidance and information they needed to meet people's needs. These were written and reviewed in line with current guidance and best practice.

Staff support: induction, training, skills and experience

- Staff had received relevant training to meet the needs of the people they supported.
- New staff followed an induction programme that provided them with all of the necessary skills to provide appropriate care and support to people.
- Staff were supported in their role and received regular supervisions. A supervision is a one to one meeting between a member of staff and their line manager. One member of staff told us, "My team leader is great. I feel confident to raise any concerns I might have in my supervisions."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to keep them healthy. The cook kept a detailed record of people's dietary needs and meals were prepared in line with this.
- People's weights were monitored to minimise the risk of malnutrition. If people needed to increase their calorie intake to stay healthy the kitchen staff knew ways to increase the calorie content of food.
- People were supported to make choices from a varied menu using a picture library the chef had created for this purpose. People had the option to eat their meals in a quiet area away from the dining room if they preferred.

Adapting service, design, decoration to meet people's needs

- There were a number of different communal areas around the service where people could spend time watching television or relaxing quietly. An alternative dining area had been created so that people who preferred a quiet mealtime could eat in a pleasant area away from the busier main dining room.
- People had their own rooms that had each been decorated to suit people's tastes and preferences.
- Although the building was large it had been decorated in a homely way that gave it the feel of a family living environment.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- People were supported with their healthcare needs. Staff ensured people attended appointments when needed to maintain their health and wellbeing.
- Care plans documented people's medical and healthcare needs.
- Staff communicated effectively with each other to benefit people. For example, handover meetings and records were used to share information. This meant staff knew when changes occurred that might affect people's care and support needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- DoLS were in place where required and the registered manager kept records of when the authorisations needed to be renewed. Where conditions had been added to an authorisation, these were being correctly followed.
- Staff understood the basic principles of the MCA and had received training in this area.
- People were supported to make their own decisions wherever possible.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were happy at Lorne House. One person said, "The staff are nice." Another person told us, "I'm happy. I like it here."
- Those people who couldn't communicate with us verbally appeared to be happy. They were smiling and relaxed around staff.
- People's relatives made very positive comments about the staff. One relative said, "Staff are so patient and kind. There is really nothing I can think of they could do better, they couldn't improve on anything."

Supporting people to express their views and be involved in making decisions about their care

- People had access to independent advocates if necessary. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.
- People were involved in day to day decisions about their care. One person told us they picked their own clothes each day with the help of staff.
- Relatives told us staff involved them and their family members in decisions about their care. They were invited to reviews at the service.
- One relative told us, "[My family member's] key worker is fantastic, her knowledge is amazing. She really understands [my family member] and the issues that impact on them."

Respecting and promoting people's privacy, dignity and independence

- People were supported to be independent wherever possible. One person showed us their room and the sink where they washed their hands and face and did their hair.
- We observed staff speaking to people with respect and asking permission before going into anyone's room.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Support plans included detailed information about each person and how they wished staff to support them.
- Staff knew the people they supported very well and treated each person as an individual.
- People were given choices throughout the day in respect of their care needs, food and drinks and social activities.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were given information in a way they could understand and support plans described the level of support they required with their communication needs.
- Staff tailored the way they communicated to best meet each person's needs. One person used Makaton, a type of sign language, and staff were enrolled on training sessions to ensure they had all the necessary skills to communicate with this person using Makaton.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People followed their own hobbies and interests. We were invited into people's rooms and saw they reflected individual preferences, for example one person was a keen music fan and had a good collection of CDs.
- People also engaged in a variety of activities outside of the service. Most people attended day services on a regular basis. One person showed us the certificate they had received for completing a Makaton training session.
- Visitors were welcomed into the service and people were supported to maintain contact with friends and family.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place. There was an easy-read complaints procedure so people using the service had access to this information in a format they could easily understand.
- There had been one complaint received since our last inspection and this had been appropriately acted upon and recorded.

End of life care and support

- There was nobody receiving end of life care at the time of our inspection. People did not have end of life care plans in place. People's preferences had not been discussed to ensure their wishes were known to staff before they reached this stage of life and relatives had not been consulted. Following the inspection, we were sent evidence of the research being done to ensure appropriate plans were put in place.
- Staff had completed online end of life training.

We recommend the service consults current guidance to ensure appropriate end of life care planning is in place.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives were very satisfied with the service that was provided by staff at Lorne House. One relative told us, "Lorne House is the best of the best, absolutely superb. The manager and deputy are very organised and very professional."
- Staff were passionate about their job and felt part of a strong staff team. One member of staff told us, "Lorne House to me is my second home. My heart is here and it's like an extended family."
- Staff felt supported by senior staff and the management team. One member of staff told us, "[Registered manager] will always listen and give you advice if you need it."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a good understanding of the duty of candour. This is where we ask providers and managers to be open, honest and transparent about their service. The registered manager assisted us throughout the inspection, listened to the advice given and quickly acted upon any issues raised.
- Any incidents were appropriately reported to the local authority and families kept informed.

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

- The registered manager and deputy manager monitored the quality of the service to make sure they delivered a high standard of care. They carried out regular audits which included an inspection of the premises and a review of records. An action plan was put in place for any identified issues.
- The provider was meeting the conditions of their registration. They understood the requirements to submit certain information to the Commission and did so in a timely manner.

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

- There were regular staff meetings and staff found these a useful way of keeping up to date with what was happening in the home and bringing up any suggestions.
- The registered manager told us they had previously tried to have family meetings but very few relatives had attended. They continue to make an effort to involve family members, they are always invited to people's annual reviews and were also invited to the provider's AGM meeting.
- Relatives told us they felt there was good communication from the service. They were kept well informed

of how their family members were and they were contacted whenever there was an issue.

- Surveys were carried out with staff, people using the service and relatives. The results of these were analysed and used to make improvements where necessary.

Continuous learning and improving care; Working in partnership with others

- The local authority had recently carried out a quality assurance assessment. The registered manager told us this had been very informative and useful. They were working on the action plan from this visit and feedback we received from the local authority was positive.
- Staff and the management team worked in partnership with other professionals and agencies, such as GPs, other health care professionals, and people's clubs and day centres. This was to ensure that people received joined-up care and support.
- One relative told us, "[Family member's] social worker told us this was the right place for them and they were right. Lorne House have been brilliant in the way they have co-ordinated his care needs."