Lonnen Health Care Limited

Lonnen Grove

Inspection report

Kimberworth Road
Rotherham
South Yorkshire
S61 1AJ

Tel: 01709565822

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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

This inspection took place on 11 September 2017 and was unannounced. This means prior to the inspection people were not aware we were inspecting the service on that day.

Lonnen Grove is a six bed nursing home, providing care to adults with learning disabilities and other support needs. At the time of the inspection there were six people living at the home. The home is located in Rotherham, South Yorkshire. It is in its own grounds in a quiet, residential area, but close to public transport links and the town centre.

The home had a registered manager. 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.

Our last inspection at Lonnen Grove took place on 28 May and 3 June 2015. The home was rated as Good. At this inspection we found the service remained Good.

We received positive feedback from people who used the service and their relatives. People we spoke with told us they felt safe and relatives also said the home provided safe care.

Staff employed at the home had been recruited in a way that helped to keep people safe because thorough checks were completed prior to them being offered a post.

Staff and people who used the service were mutually respectful. People were seen enjoying the company of staff and staff spoke with people in a polite and caring way. We saw staff advising and supporting people in a way that maintained their privacy and dignity.

Staff said communication in the home was very good and they felt able to talk to the managers' and make suggestions. There were meetings for people who used the service, relatives and staff where they could share ideas and good practice.

There was a strong and visible person centred culture at the home. Staff described working as one big team and being committed to providing care and support to people that was centred on their individual needs.

The environment was welcoming and inclusive. There were systems in place to continuously assess and monitor the quality of the service, with a strong emphasis on promoting and sustaining improvements.

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.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Lonnen Grove

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 11 September 2017 and was unannounced. The inspection team consisted of one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to our inspection visit we reviewed the information included in the PIR, together with information we held about the home.

We also contacted commissioners of the service, the local authority safeguarding team, Healthwatch (Rotherham) and other stakeholders for any relevant information they held about Lonnen Grove. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We received feedback from Rotherham local authority contracting and commissioning officers, the local authority safeguarding team and one social worker.

During the visit we spoke with all six people who used the service, two relatives, the registered manager, the operations manager, one registered nurse, three care workers and one domestic assistant. We also looked at three care plans, three staff files and records associated with the monitoring of the service.

Good

Is the service safe?

Our findings

We spoke with all six people who used the service. They all told us they felt safe living at Lonnen Grove. One person said, "I feel safe because there is a lock on the door and they [staff] don't let anyone in." Another person said, "I love [registered manager]. I like the way she acts towards me. She sticks up for me. I can talk to [registered manager] if I'm upset, she listens and this makes me feel safe."

People were safe because systems were in place to reduce the risk of harm and potential abuse. All staff had received up to date safeguarding training and had a good understanding of the procedures to follow if they had any concerns. Care plans and risk assessments were in place which provided guidance to staff so that care and support was provided to people in a consistent and positive way.

Relatives told us there were always staff around and the staff were very good. On the day of the inspection there was the registered manager, one registered nurse, three care workers, one domestic assistant and an administrator on duty. The registered manager told us there was usually four care workers on each day but one person had called in sick and they had been unable to replace them. Staff spoken with and rotas seen confirmed there were usually four care workers on throughout the day and two on throughout the night. We observed staff were visible around the home at all times. We observed all staff and the registered manager spending quality time with individuals in the lounges, the kitchen and bedrooms.

Staff spoken with told us they had completed training in safeguarding people and whistleblowing. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. Staff said they would always report any concerns to the registered manager and they felt confident the registered manager would listen to them, take them seriously and take appropriate action to help keep people safe.

All six people who used the service were prescribed medicines. Five people were supported by staff and one person self-administered their medicines. We saw medicines were administered to people at the correct time and intervals. Medicines were administered either prior to meals or after meals depending on their instructions. The Medication Administration Record (MAR) showed all medicines had been signed for at the time of administration. Where someone hadn't taken their medicine there was a code to explain the reason for this. MAR charts had a photograph of each person and showed if anyone had any allergies.

We saw self-administered medicines were kept in the person's room, safely locked away. The person had an agreement with the staff to tell them when they had taken their medicines and staff also carried out a check of the medicines each week to ensure they were being taken correctly.

Where medicines were prescribed to be taken on a PRN (when required) basis there was a protocol in place to assist in staff decision-making about when it would be used. There was also a medicine administration agreement form which detailed discussions with the person and any relevant healthcare professionals about the best way for the person to receive their medicines safely. Each person also had a home remedy authorisation form which detailed which 'over the counter' remedies could be given, the dosage to be given

and this was signed by the GP.

A robust recruitment and selection process was in place. Prior to being offered a post at the home people were required to provide references, proof of identity, complete a health declaration form, provide details of all their previous employment and complete a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home.

All the people that lived at Lonnen Grove and the two relatives spoken with said they were happy with the cleanliness of the home. One relative said, "The place is spotless. They are always getting new things like a new television and a new sofa." We saw recent refurbishment at the home was well thought out and of a good standard. One staff member told us, "We've themed the kitchen on 'Centre Parcs' because that's their [people who used the service] favourite place."

Good

Is the service effective?

Our findings

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 so that they can 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 the Deprivation of Liberty Safeguards (DoLS).

We saw the registered manager had applied for DoLS to be authorised for some people who used the service. The local authority had contacted the registered manager to explain there was a delay on authorisations but they would assess these as soon as possible. Staff confirmed they had received training in MCA and DoLS and those spoken with had a good understanding of this.

People who used the service and their relatives told us they received effective care from skilled and knowledgeable staff. We found staff had completed a full programme of induction and training. Staff had also either completed or were working towards gaining nationally recognised qualifications in care work.

We checked that staff were receiving supervision and appraisal at the frequency stipulated in the registered providers policy and procedure. We found they were. Staff told us they felt well supported by the registered manager and other senior staff. Their comments included, "We can approach the manager at any time. We don't have to wait for formal supervision" and "The manager is always there if you need her. She gets involved and does her share, I can't fault her."

Feedback from the people who lived at Lonnen Grove was very positive about the food. They all told us it was very good. The registered manager told us when she became the manager there was a weekly menu planner sent from head office. She said this did not work for people so they changed it. Now each person had a day where they decided what they wanted to cook for the evening meal. That person was supported to make a shopping list for all the ingredients and a member of the team went with them to the local supermarket to do the shopping. When they came back they were then supported to make the evening meal for everyone. If anyone didn't like the meal staff supported them to choose something else. People told us, "I enjoy cooking a chicken dinner for everyone" and "I have a day where I just cook for myself. But I enjoy shopping and cooking for everyone on a Tuesday."

People told us they could choose to eat where they wanted. One person told us, "I either eat in my room or in the lounge because I do not like too many people around me."

Staff told us people were encouraged to help themselves to items in the cupboard and the fridge for lunch or snacks throughout the day. We saw evidence of people helping themselves to hot and cold drinks and

sweet snacks. Staff said where a person was unable to do this independently a member of the team would take a choice of items to them so they could choose which they wanted.

People told us they chose how they would like their room to be decorated. We observed everyone's room was very individually decorated to their taste. One person had black and white stripes painted on their walls. The person told us, "This is because I support Newcastle United."

Good

Is the service caring?

Our findings

All of the relatives and staff spoken with said they would be happy for their family members to live at Lonnen Grove. Relatives told us, "I have peace of mind" and "The staff are all very good. They have peoples' best interest at heart." Staff said, "I would certainly recommend it, I would be more than happy for a friend or relative to be supported here."

Everyone without exception said staff treated them with dignity and respect. One person did say some staff didn't always knock before they went into their room but still felt they were respected. We passed this information to the registered manager who immediately went to see the person and told them they would raise this with staff at the next staff meeting. The person was happy with this.

Our observations during the inspection were that staff were very respectful when talking with people calling them by their preferred name. We also saw people being supported to move to a private area if they required any assistance with their personal care.

We saw staff provided a welcoming, homely environment for the people who lived there. We saw people were able to move freely around the home. Some people chose to be in their rooms and others were happy to sit with others in the communal areas. We saw one person going out of the home independently to the book makers to place a bet. Another person was supported by staff to attend their GP for the results of tests. We observed one person asking the registered manager to make an appointment to have their hair cut before they went on holiday the following week. The registered manager suggested that she assisted the person to call the hair salon themselves. These observations showed staff promoted people's right to remain independent.

We saw where a person's physical needs had changed staff had done everything possible to support the person to stay at the home for as long as they were able. This was done by working closely with other healthcare professionals and by providing the equipment they needed to be supported within the home.

The registered manager and staff had a strong commitment to supporting people and their relatives before and after death. We saw people had 'end of life' care plans in place and we saw next of kin had been involved and consulted with these where appropriate. These plans clearly stated how people wanted to be supported during the end stages of their life.

Good

Is the service responsive?

Our findings

People who used the service told us they were happy with the staff that supported them. During the inspection we observed good relationships between staff and the people who lived at Lonnen Grove. Staff clearly knew people well and were aware of their preferences, likes, dislikes and interests.

Our observations were that Lonnen Grove provided a very person centred support service. The people who lived there were encouraged to be part of the local community. Some people used the community services independently whilst others had the support of a care worker.

We saw evidence that key workers and people who lived at Lonnen Grove were matched if they had similar interests. For example a person who used the service and their keyworker had an interest in cars, boats and aircraft. We observed them spending time together talking about aircraft. The person who used the service told us, "I've just been on holiday to the Norfolk Broads on a narrow boat with [name of staff member]. The person showed us how they had caught the sun on their hands and told us staff had kept putting sun cream on them so they didn't get burned.

People told us about the varied range of activities they were supported to attend and partake in. Their comments included, "I go swimming on a Monday at the local swimming baths," "Last weekend a member of staff took me to Scampton air show and to the pub for tea on the way home. I've also been to Waddington Air Show and in December I'm going to a concert," "I go horse riding, shopping and ten pin bowling. Last week [name of care worker] took me to Rotherham museum" and "I'm going on holiday to Ingolmells next week. I'm having my hair cut and eyebrows done before I go. I've also been to a pop concert, Meadowhall and to a group called 'Speak Up' where I play Bingo. This is an advocacy group."

One relative told us, "The staff are brilliant they do a fantastic job. They have helped [name of family member] to articulate what they want to say. [Name] couldn't talk before they came here, if their mum could hear them speak now she would be so happy."

People at Lonnen Grove said they feel listened to by staff. One person said "The staff listen to me when I say I want to go swimming. I love swimming and I'm a good swimmer." We observed one person ask a staff member to assist with showering them at 11.30am. This was arranged in a timely manner.

Care plans seen confirmed people were assessed by the registered manager prior to being offered a place at the home. Following this initial assessment care plans were developed detailing the care, treatment and support needed to ensure personalised care was provided to people. Care plans ensured staff knew how to manage specific health conditions.

People who used the service told us they had been involved the discussions about their care plans. One person told us, "My care plan is locked away in the office but I can look at it anytime I want. I've not made any changes to the plan since I came to the home because I'm happy with the way it is."

Two relatives told us they were involved with the completing of their family members care plan when they were admitted into the home. They told us staff always asked them about making any changes to the plan and said staff were very good at communicating with them. One relative said, "They [staff] will always take us in to the office where it is confidential or they will phone us at home about things."

No one spoken with had felt the need to raise a complaint or concern but they all said they would feel confident to speak with either the registered manager or a member of staff in the event that they did. They also told us they had a copy of the complaints procedure, some of which was in picture form to make it easier for people to understand.

Good

Is the service well-led?

Our findings

The registered manager had been in post since February 2017. All the people who lived at Lonnen Grove and their relatives spoke highly of the staff and the registered manager. People that lived at Lonnen Grove said they knew who the registered manager was and spoke very fondly of her and her team. There was a family atmosphere in the home. People and relatives told us they could speak with the registered manager about anything and she would listen and advise them.

One healthcare professional told us, "There are a number of homes I visit in the South Yorkshire area and I feel Lonnen Grove is by far one of the better ones and very professional at what they do."

Staff told us the registered manager and other senior managers inspired confidence and led by example. Staff spoke consistently about the service being a good place to work. Their comments included, "The registered manager is perfect for this job. I really look forward to coming to work. It's like coming to see your friends in their home" and "The manager is absolutely brilliant. We all work together as a team and that includes the manager. She works with us."

The registered manager and registered provider continually sought feedback about the service through surveys, meetings and reviews, involving other professionals, relatives and people who used the service.

People who lived at Lonnen Grove and their relatives told us there were regular 'resident and relatives meetings'. One relative told us, "We attended a relatives meeting and there was a cake stall and drinks and biscuits on offer. The manager wanted to hear about anything we might be concerned about. I didn't have anything to say because we are more than happy about how [name of person using the service] is being cared for. The only thing we worry about is if they have to move again because they love it here and we are very happy they are here."

People who used the service, relatives, healthcare professionals and staff had been involved in a range of surveys to share their views on the quality of their experiences. In response the senior managers had produced an outcome to the surveys advising people of any action they would be taking in response to listening to them. People were also clear about who they could turn to if they were worried or had any concerns.

Regular audits and quality assurance checks were completed covering all aspects of the service, for example, care plans, medicines, complaints and health and safety. Documentation showed the management team took steps to learn from events such as accidents and incidents and put measures in place so that they were less likely to happen again. Our findings during the inspection showed the audits were effective in practice to maintain a good quality service.

Senior managers carried out regular monitoring visits to the service and identified areas for improvement with action plans that were signed off when completed.

The home had policies and procedures in place which covered all aspects of the service. The policies and procedures had been updated and reviewed as necessary, for example, when legislation changed. This meant any changes in current practices were reflected in the services policies. All policies were chronologically filed and electronically available and accessible to staff. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their induction and training programme.