

Lorne House Residential Home Trust Limited

Lorne House

Inspection report

66 Yarm Road
Stockton On Tees
Cleveland
TS18 3PQ

Tel: 01642617070

Date of inspection visit:
14 March 2017
15 March 2017

Date of publication:
10 May 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 14 March 2017 and was unannounced. This meant the provider and staff did not know we would be visiting. We carried out a further announced visit to the home on 15 March 2017 to complete the inspection.

At our previous comprehensive inspection in January 2015, we identified two breaches of regulations relating to consent and the maintenance of records. We rated the service as 'Good.' We carried out a follow up inspection in July 2015 to check that improvements had been made. We found that the provider was now meeting the regulations however improvements were still required. We made a recommendation that the provider should integrate the Mental Capacity Act 2005 into the service's assessment, care planning and recording systems.

Lorne House provides personal care and accommodation for up to 14 people with learning disabilities. There were 13 people living at the home at the time of our inspection.

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.

People told us they felt safe at the service and relatives confirmed this. We found the provider had not passed one safeguarding allegation to the local authority's safeguarding adults team in line with their policies and procedures. Instead, they had dealt with the concerns raised through their complaints procedure and had carried out their own investigation. We passed this information to the local authority's safeguarding team.

Checks and tests were carried out to ensure the safety of the premises. There was an ongoing refurbishment programme in place. Most of the bathrooms had been refitted and the laundry room was being extended. A recent environmental health inspection had been carried out following an anonymous concern. Minor issues had been identified and the service had kept its five star [highest] food hygiene rating.

We looked at the management of medicines. There were some omissions and inconsistencies with the recording of medicines. We have made a recommendation about this.

People did not raise any concerns about staffing levels. Some relatives and staff told us however, that more staff were required. The provider was reviewing staffing levels and was going to implement a suitable tool to assess staffing levels.

Recruitment checks were carried out to ensure that applicants were suitable to work with vulnerable people. This included obtaining written references and a Disclosure and Barring Service check [DBS]. We saw that

training was carried out in safe working practices. Staff were also working towards a training programme to meet the specific needs of people who lived at the home.

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. Information about people's capacity and DoLS authorisations was included in their care files. We noted however, that records did not always demonstrate how staff followed the requirements of the MCA. We have made a recommendation about this.

People told us they enjoyed the meals at the home. Several staff however, raised concerns about the standard of meals at the home and said there was an over reliance on processed meals. We read people's food records and noted that certain meals were repeated on a regular basis such as hot dogs and chips, quiche and chips and fish fingers.

People had access to a range of healthcare services to ensure their health needs were met.

People and relatives told us that staff were caring. We saw positive interactions between people and staff. People's privacy and dignity was promoted.

Care plans were person centred and documented the care and support which needed to be provided. We found that improvements were required with regards to promoting people's independence and participation in a range of daily activities. We have made a recommendation about this.

The service had their own seven seated vehicle which was used to take people out into the local community and to their day centres. People undertook various activities such as attending football matches, shopping trips and various outings to nearby villages and towns. People were also supported to go on holiday.

There was a complaints procedure in place. There was one ongoing complaint. None of the people or relatives with whom we spoke during the inspection raised any complaints. Meetings and surveys were carried out to obtain people's opinions. It was not clear however, whether these were always effective at obtaining some people's feedback.

Monthly board meetings were carried out to review and monitor the service. During the inspection however, we identified some areas for improvement and made recommendations relating to a number of areas such as medicines management, MCA and promoting people's independence in a range of daily activities. Most of these had not been highlighted by the provider's monitoring system.

Some staff told us that there had been issues with staff dynamics, team work and morale although this was improving. During our visit we saw positive interactions between all members of the staff team.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

People told us they felt safe. One safeguarding allegation had not been passed to the local authority's safeguarding in line with the service's policies and procedures.

We received mixed opinions about whether sufficient staff were deployed. The manager told us they were currently reviewing staffing levels.

There were some omissions and inconsistencies with the recording of medicines.

Recruitment checks were carried out to ensure that staff were suitable to work with vulnerable people.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Further improvements were required to ensure there was documentary evidence to demonstrate how the requirements of the MCA were met.

Staff told us they felt well supported and training was available. A supervision and appraisal system was in place.

People told us they enjoyed the meals. Some staff raised concerns about the standard of some of the meals. We found there was a reliance on ready-made meals and processed food.

People had access to a range of healthcare services.

Is the service caring?

Good ●

The service was caring.

People and relatives told us staff were caring. We saw positive interactions between people and staff. People's privacy and dignity was promoted.

We found improvements were required with regards to promoting people's independence and participation in a range of daily activities.

People and relatives were involved in people's care and treatment.

Is the service responsive?

Good ●

The service was responsive.

Care plans were in place which detailed the individual care and support to be provided to people.

People's social needs were met. The provider had their own seven seated vehicle and people were supported to access day centres and the local community.

There was a complaints procedure in place. Feedback systems were used to obtain people's views. It was not always clear however, whether these were effective at obtaining some people's feedback.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

During our inspection, we identified some areas for improvement which had not been highlighted by the provider's monitoring system.

Some staff told us that there had been issues with staff dynamics, team work and morale although this was improving. During our visit we saw positive interactions between all members of the staff team.

Lorne House

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.

The inspection was unannounced and carried out by one inspector on the 14 March 2017. A further announced visit was carried out on 15 March to complete the inspection.

Prior to our inspection, we checked all the information which we had received about the service including notifications which the provider had sent us. We also contacted the local authority's safeguarding and contracts and commissioning teams and Healthwatch, addressing the five questions and what improvements they plan to make.

We approached most people who lived at the home. We spoke with seven people. Following our inspection, we contacted five relatives by phone to find out their views.

The manager completed a provider information return (PIR). A PIR is a form which asks the provider to give some key information about their service; how it is of the service. Three of the relatives were members of the board.

We spoke with the nominated individual, manager, administrator, clerk, three team leaders, four care staff, the cook and housekeeper. We also spoke with one member of night staff so we could ascertain how care and support was carried out at night.

We examined three people's care plans and checked staff recruitment and training files. We also viewed records relating to the management of the service such as audits and minutes of meetings.

Following our inspection, we conferred with a community nurse, a care manager, a speech and language therapist and a physiotherapist.

Is the service safe?

Our findings

People told us they felt safe at the home. This was confirmed by relatives. One relative said, "She's definitely safe, she comes home every other weekend and she is always fine to go back [to Lorne House] again, she goes straight in."

Prior to our inspection, we received information of concern regarding one person's care and treatment from both the provider and their relative. The provider had not passed this information to the local authority's safeguarding team in line with their safeguarding policies and procedures. Instead, they had dealt with the concerns raised through their complaints procedure and had carried out their own investigation. We passed this information to the local authority's safeguarding team. We cannot report on this at the time of the inspection. We will however, monitor the outcome of the safeguarding investigation.

We spoke with staff who told us that they had not witnessed anything which concerned them and felt able to raise any concerns with the manager. There were two ongoing safeguarding investigations. These did not relate to staff practices at the home.

We checked staffing levels at the service. People did not raise any concerns about staffing levels. Some relatives and staff told us however, that more staff were required both during the day and night. There was one waking and one 'sleep in' staff member who would wake if assistance was required.

On the days of our inspection, people accessed the local community and attended day centres. We saw that staff carried out their duties in a calm unhurried manner.

We asked staff about the inclusion of people in everyday living skills. Some staff told they would like to involve people more, but explained that this was not always possible due to staffing levels. One relative told us, "We did help them [people] prepare for independent living – it worked well, but that's dropped off because of the staffing shortages."

We read the provider's PIR which stated, "Consider developing a dependency based tool to ensure that there are always enough competent staff on duty with the right mix of skills to ensure that our practice is as safe and that they can respond to unforeseen events." The manager told us that they were reviewing staffing levels and were looking into the use of a suitable tool.

Following our inspection, the manager told us that they were going to recruit another support worker for 36 hours a week and a deputy manager who would support him with the management of the service.

We spent time checking the premises. Checks and tests had been carried out to ensure the premises were safe, such as electrical, gas and water safety tests.

There was an ongoing refurbishment plan in place. The laundry was being updated and extended to meet health and safety requirements. Most of the bathrooms had been refurbished; however, there was paint

peeling off in one of the bathrooms we visited. The manager told us that this bathroom was next to be refurbished. A recent environmental health inspection had been carried out because of an anonymous concern. There were minor areas to address. Some of the melamine coating on the kitchen cabinets was damaged. The manager told us that they were getting a new kitchen. The service had maintained its five star [highest] hygiene rating.

One staff member raised a concern regarding hand hygiene and said staff were not always following good practice guidelines. Infection control audits and checks were not carried out. Following our inspection, the manager told us that he had devised a health and safety and infection control audit to ensure all areas of infection control and hand hygiene were audited.

We checked the management of medicines. People and relatives raised no concerns about medicines management. One relative said, "When he comes home, I get a box [of topical medicine] and a diagram to say where the cream goes. They are very efficient."

Medicines were stored in the team leaders' office. Two staff were involved in the administration of medicines. We looked at medicines administration records and found some inconsistencies and omissions in the recording of medicines. The number of tablets administered for variable dose medicines were not always recorded and full instructions on the dose and frequency of medicines was not always documented. In addition, handwritten entries were not double signed to ensure their accuracy. The manager told us that he had obtained a medicines audit proforma and was going to implement this audit to monitor medicines management. He explained their local pharmacy carried out an audit twice yearly at the home.

We recommend the provider references and follows national best practice guidance in relation to the recording of medicines.

Risk assessments were in place which had been identified through the assessment and care planning process. We read one person's care plan and noted that equipment was required to assist with moving and handling. We spoke with staff about how they assisted this individual to the shower room which was directly next door to their room. Some staff transferred the person using a shower chair. We noted that a risk assessment in relation to this transfer had not been completed to ensure the person's safety. The manager told us that this would be addressed.

We examined staff recruitment. One staff member who had recently started work at the home told us, "I waited aged for my DBS. I couldn't set foot through the door until that was back. The recruitment was very thorough."

Checks were carried out to ensure that applicants were suitable to work with vulnerable people. This included obtaining two written references including one reference from the applicant's previous employer and a Disclosure and Barring Service check [DBS] to help ensure that staff were suitable to work with vulnerable people. We noted that written references were not dated to demonstrate that these had been received prior to the staff member starting work at the home. Following our inspection the manager told us that dates had now been added to the reference forms.

Is the service effective?

Our findings

People and relatives told us that staff effectively met their needs. Comments included, "I have never found him lacking in anything, the staff are capable" and "Yes, although I don't know what training they've done, they seem to know what they're doing."

Staff told us that training was provided. They said training had improved since the appointment of the new manager. One member of staff said, "I've never had so many certificates."

The manager provided us with information to demonstrate that staff had undertaken training in safe working practices. Staff were also working towards a training programme to meet the specific needs of people who lived at the home such as autism, epilepsy, diabetes, mental health awareness and learning disabilities. The manager told us, "All the training we do is face to face training. I'm not a fan of e-learning; some of it [e-learning] is guess work and guessing the answers. We could do e-learning immediately and tick the box, but I think it's important for staff to do proper face to face training."

Induction training was carried out. One member of staff who had recently started work at the service said, "I had three days induction and had a lot of supernumerary shifts. I felt really well supported."

Staff supervision sessions were carried out and an annual appraisal was undertaken. Supervision and appraisals are used to review staff performance and identify any training or support requirements.

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. The application procedures for this in care homes and hospitals are 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 were being met. The manager had assessed whether people's plan of care amounted to a deprivation and had submitted DoLS applications to the local authority in line with legal requirements. 12 people had a DoLS authorisation in place.

Information about people's capacity and DoLS authorisations was included in their care files. We noted however, that records did not always demonstrate how staff followed the requirements of the MCA. In addition, the correct procedures had not been followed in relation to cardio pulmonary resuscitation [CPR] decision making for one individual. The manager told us that this would be addressed immediately.

We recommend that records evidence that care and treatment is always sought in line with the Mental Capacity Act 2005.

We checked how people's dietary needs were met. People told us that they enjoyed the meals at the home. Comments included, "The food is nice" and "Yes I like the food."

Several staff raised concerns about the standard of meals at the home and said there was an over reliance on processed meals. Comments included, "The food is high in calories, it's all out of a packet" and "It's repetitive...I think hot dogs are really fattening." We read people's food records and noted that certain meals were repeated on a frequent basis such as hot dogs and chips, quiche and chips and fish fingers. We looked in the freezer and saw evidence of ready meals. Staff explained that some people took these to their day centres. One relative told us, "I don't like processed food; it would be nice to have more home cooked meals." We noted that only three staff had completed training in "Nutritional wellbeing." The cook had not yet completed this training. The manager told us that this was being addressed and he would look into the concerns raised about the meals.

We looked at people's weight monitoring records and noted there were no major concerns with people gaining weight excessively.

We spent time with people over the lunch and tea time meals. We saw that people were encouraged to be independent with their meals. One person required a soft textured diet which was provided.

We saw evidence staff had worked with various agencies and made sure people accessed other services in cases of emergency, or when people's needs had changed, for example consultants, GP's, community nurses, speech and language therapists and physiotherapists. One relative said, "Any health issues or worries they get it sorted." This meant that staff sought professional advice, to ensure that the individual needs of the people were being met, to maintain their health and wellbeing.

Is the service caring?

Our findings

People and relatives told us that staff were caring. Comments included, "The staff are nice," "I am happy," "[Name of staff member] is a nice lady," "This is my home," "Care has been good," "They are very caring and good at their job. It's home from home for [name of person]...He likes it there," "[Name of person] is extremely happy. The staff are friendly" and "The staff are very good, more like friends."

Staff spoke positively about the people they supported. Comments included, "I really care for them," "I get a lot of enjoyment working here" and "The residents are lovely, I am here for them."

Interactions between staff and people were patient, friendly, respectful and supportive. One person said, "Give me a hug [name of staff member];" the staff member happily obliged. The person then said, "I love that girl." One person showed us her watch which she had got for her birthday. She said, "[Name of staff member] bought me a watch for my birthday – she did."

There was a key worker system in place which the manager told us helped promote a rapport between people and staff. He said, "The role of the keyworker is more specific here, reviewing care plans and risk assessments, keeping in touch with relatives and making sure the communication is there. It's also about spending time with the residents and going on holiday and also personal shopping." One relative said, "The key workers all seem capable. They don't just know their own residents, they know everyone. There's always someone I can go to and talk to and the residents appreciate them."

We read people's care plans and noted these were person-centred. This is when care and support takes into account people's individual needs and preferences. "All about me" information was included. We read one person's care plan which stated under the title "What is important to me," "Having my personal possessions placed in a particular way." This meant staff had information available to help them deliver person-centred care.

We checked how staff supported people's independence. One person went out shopping independently. The person told us, "Oh yes, I can go out when I like." She also said, "I have a shower every morning. I have a shower by myself." We asked staff how they involved other people in day-to-day skills such as cooking. One staff member told us, "[Name of person] ironed a hankie the other day and she loved it, she was so excited."

There was a small kitchen located on the top floor. Some staff told us this kitchen was not used as much as it had been. They explained they used to support people with meal time preparations such as peeling vegetables.

We recommend the provider seeks advice and guidance from a reputable source, about promoting people's participation in a range of daily activities to ensure people are fully involved in all aspects of their lives and receive the right level of support.

People's privacy and dignity was promoted. Staff knocked on people's doors before they entered. People

also had their own keys to their bedrooms. One person said, "I keep my own keys...If I go out I lock it."

People and relatives told us they felt involved in people's care. Relatives said they received a monthly report about their family member's health and progress. One relative said, "If anything happens they tell me straight away. I also get a letter once a month about what he has been doing and if he has seen the doctor and what he has spent his money on, yes I feel involved."

At the time of our inspection no one accessed the services of an independent advocate, but we saw more informal means of advocacy through regular contact with families. This meant that people were supported by those who knew them best.

Is the service responsive?

Our findings

People and relatives told us that staff met people's needs responsively. Comments included, "Definitely responsive - they tell me immediately about any hospital or dentist visits and tell me about any appointments" and "They are brilliant."

We conferred with health and social care professionals about the responsiveness of staff. "I think they need to be more proactive in following guidance." We spoke with the manager about this feedback. He told us he had devised sheets for staff to sign when they had read specific guidance from health and social care professionals to demonstrate that staff were aware of any new guidance. Other comments from health and social care professionals included, "I found that staff listened to professional advice and took this on board" and "I have always found them to be very accommodating."

Each person had a care plan in place for their physical, social and emotional needs. These gave staff specific information about how people's needs were to be met. This meant that information was available to ensure staff could provide responsive care and support which met people's individual needs.

Monthly reviews of care plans were carried out. Staff signed to state that these were up to date. However, information about how specific care plans were meeting people's needs was not included in the review. The manager told us and records confirmed, that this information was incorporated into his monthly report which was discussed at the board meetings. He said he would now include individual summary reports in care plans to ensure this information was easily accessible to staff.

Two people had a dementia related condition. Staff had helped them to complete their own life stories. We read one person's 'autobiography' which contained newspaper cuttings about the time they had got lost on the moors when they were young. "That was me" the person told us. "I was lost."

People and relatives told us that people's social needs were met. Comments included, "They take me out every day," "I don't get bored, it's very good. It's a nice place to live" and "I've been out to the charity shop and I got three purses." One relative said, "She has a better social life than me." Another relative said, "Staff try and encourage him, but often all he wants to do is listen to his music."

The service had their own seven seated vehicle which was used to take people out into the local community and to their day centres. People accessed the community on both days of our inspection. Some people went shopping, another person went out to play pool and others attended local day centres. We read minutes of 'residents' meetings' and care plans which documented the activities people had recently undertaken such as attending football matches, shopping trips and various outings to nearby villages and towns. People were also supported to go on holiday.

There was a complaints procedure in place. People and relatives we spoke with did not raise any complaints. There was one ongoing complaint which had also been sent to CQC.

'Residents' meetings' were carried out. Outings, birthdays, menus, holidays and health and safety were discussed. We reviewed the minutes from a recent meeting; one person wanted to go on a train; another said they would like to go on a cottage holiday. At the end of the meeting the team leader asked whether people had enjoyed the meeting. Comments included, "Thumbs up, good," "Smashing" and "All right and happy, yes."

Surveys were undertaken. The surveys were tick box in nature and pictures and photographs had been added to make the words easier to understand. It was not clear however, whether all people were able to understand the questions even with the pictures added. We noted staff assisted some people to complete the questionnaires. We asked the manager whether any independent and impartial support was available to assist people to complete the surveys. The manager told us that he would look into this.

Is the service well-led?

Our findings

Lorne House opened in 1994. The care home was set up by a group of parents who had children with learning disabilities and this group formed the charity that now operates the home. The service was overseen by members of the board. People and relatives were positive about the home. Comments included, "I can't fault it," "It's one of the best [care homes] in Stockton" and "Now they are good, I am going to put my name down to live there when I retire!"

There was a manager in post. He registered with CQC as a registered manager on 1 March 2016. People, relatives and staff were positive about him. Comments included, "The boss is very nice," "I am really impressed with [name of manager]. He knows and deals with people well," "He hasn't been there very long. He is helpful and always says if I have any problems to come and see me," "[Name of manager] is absolutely fantastic. I can't fault him and he has been very supportive" and "He listens."

Monthly board meetings were carried out to review and monitor the service. The manager completed a report prior to these meetings which covered areas such as people's care and support, finances, issues relating to staff and health and safety. One of the board members told us, "We do discuss a lot in the directors' meetings. We have just altered the laundry room to make sure it's bigger. Usually if things crop up we try and accommodate these and improve. We are getting a new kitchen. We've had the bathrooms updated - there is one more bathroom which is in the offing [going to be done]."

During the inspection however, we identified areas for improvement and made recommendations relating to a number of areas such as medicines management, MCA and people's involvement and participation in daily activities. Most of these had not been highlighted by the provider's monitoring system.

Following our inspection, the manager told us that he had devised or obtained audits relating to health and safety and infection control and also medicines management. He also explained that the appointment of a deputy manager would also assist with the monitoring of the service.

Some staff told us that there had been issues with staff dynamics, team work and morale although this was improving. One staff member said, "Sometimes there is negativity. We need to be professional for the residents" We read the minutes from the latest team meeting. The manager had stated that staff must "communicate more between each other rather than against each other." During our visit we saw positive interactions between all members of the staff team.

Relatives told us that they felt involved in the running of the service. Some of the relatives were also members of the board and attended board meetings. Relatives' surveys were carried out. We read one completed questionnaire which stated, "I believe [name of person] feels very safe and happy living with the residents in Lorne House. His needs are all catered for. Staff appear to be professional and very approachable...I am very satisfied with [name of person's] care especially since staff are staying longer so there is continuity of care now...The staff do a great job and deserve recognition for their efforts." We spoke with this relative who confirmed their review of the service.

The provider was reporting incidents to us in line with the requirements of the Care Quality Commission (Registration) Regulations 2009. We found however, that they were not displaying their CQC performance ratings at the home in line with legal requirements. We spoke with the manager about this issue, who addressed this immediately.