

## Lonnen Health Care Limited

# Lonnen Grove

### Inspection report

Kimberworth Road  
Rotherham  
South Yorkshire  
S64 8PT

Date of inspection visit: 28 May and 3 June 2015  
Date of publication: 09/07/2015

#### 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

The inspection was unannounced, and was carried out over two days; 28 May and 3 June 2015. The home was previously inspected in November 2013, where no breaches of legal requirements were identified.

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.

Lonnen Grove 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.

At the time of the inspection, the service 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 and associated Regulations about how the service is run.

During the inspection people told us, or indicated, that they were very happy with the home, and staff we spoke

# Summary of findings

with and observed understood people's needs and preferences well. When we observed care taking place, staff demonstrated that they ensured people made their own decisions and ensured people were offered choices.

We found that staff received a good level of training, and further training was scheduled to take place in the coming months. The home placed a great deal of emphasis on risk management and independence, and staff spoke with knowledge about how to balance managing risk with promoting independence.

Throughout the inspection we saw that staff showed people using the service a high degree of respect and took steps to maintain their privacy and dignity.

The provider had taken appropriate steps to ensure that, where people lacked the mental capacity to make decisions about their care and welfare, the correct legal procedures were followed to protect the person's rights.

The provider had effective systems in place to ensure people's safety. This included staff's knowledge about safeguarding, and up to date and thorough risk assessments.

# 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. Staff were knowledgeable about how to keep people safe from the risks of harm or abuse, and were well trained in relation to this. Medicines were stored and handled safely.

Where people were at risk of injuring themselves or others, staff had the training and understanding which enabled them to address this. Recruitment procedures and audit procedures were sufficiently robust to ensure people's safety.

Good



### Is the service effective?

The service was effective. Senior staff within the home understood the Mental Capacity Act and the procedures to follow should someone lack the capacity to give consent.

Meals were designed to ensure people received nutritious food which promoted good health but also reflected their preferences. Mealtimes were observed to be comfortable and pleasant experiences for people

Good



### Is the service caring?

The service was caring. We found that staff spoke to people with warmth and respect, and day to day procedures within the home took into account people's privacy and dignity.

Staff had a very good knowledge of people's needs and preferences, and understood each person's individual personalities well.

Good



### Is the service responsive?

The service was responsive. There were arrangements in place to regularly review people's needs and preferences, so that their care could be appropriately tailored.

There was a complaints system in place, and the provider ensured that people were aware of the arrangements for making complaints should they wish to.

Good



### Is the service well-led?

The service was well led. The home's manager understood the responsibilities of their role, and they were supported by a team of qualified nursing staff. The management team were accessible and were familiar to people living at the home. The provider had a thorough system in place for monitoring the quality of service people received.

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was unannounced, which meant that the home's management, staff and people using the service did not know the inspection was going to take place. The inspection visit was carried out over two days; 28 May and 3 June 2015. The inspection was carried out by an adult social care inspector.

During the inspection we spoke with six staff, the home's manager and four people who were using the service at the time of the inspection. We also checked the personal records of three of the six people who were using the service at the time of the inspection. We checked records relating to the management of the home, team meeting minutes, training records, medication records, surveys of

people using the service and their relatives, staff records and records of quality and monitoring audits carried out by the home's manager and members of the provider's senior management team.

We observed care taking place in the home, and observed staff undertaking various activities, including providing medical care, supporting people to make decisions about day to day activities and discussing future plans. Two of the people using the service showed the inspector around the home. In addition to this, we undertook a Short Observation Framework for Inspection (SOFI) SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also checked independent websites where members of the public had shared their views about the service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR) This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was returned prior to the inspection. We also reviewed records we hold about the provider and the location, including notifications that the provider had submitted to us, as required by law, to tell us about certain incidents within the home.

# Is the service safe?

## Our findings

We spoke with two people using the service using the service about whether they felt the home was safe. They both said that they felt safe at the home. One person we spoke with told us they always felt that staff kept them safe. One staff member told us about how they had helped one person using the service understand risk and safety, and the registered manager told us that this person kept copies of their own risk assessments as it helped them understand how they kept safe.

During the two days of the inspection we observed that there were staff on duty in sufficient numbers in order to keep people safe. The registered manager said that staffing numbers were regularly reviewed to ensure that they could meet people's fluctuating needs, and that they had the flexibility to add to staffing numbers when needed. Whenever we saw someone ask for help or support, staff were very quickly available to assist.

We found that staff received annual training in the safeguarding of vulnerable adults. Records showed that this training included teaching staff to recognise the signs of abuse, and what action they should take if they suspected someone was being abused. There was information available throughout the home to inform staff, people using the service and their relatives about safeguarding procedures and what action to take if they suspected abuse. This included an easy read guide for people using the service called "Let's Keep Safe."

Other training had been undertaken to promote safety in the home, including health and safety training and infection control training. People using the service had undertaken training in food hygiene so that they could handle food safely.

We checked three people's care plans, to look at whether there were assessments in place in relation to any risks they may be vulnerable to, or any that they may present. Each care plan we checked contained up to date risk assessments which were highly detailed, and set out all the steps staff should take to ensure people's safety. We spoke with three members of staff about how specific people were kept safe. The staff could describe in detail what they needed to do to ensure people were safe and protected from harm or injury to themselves or others.

We checked the systems in place for monitoring and reviewing safeguarding concerns, accidents, incidents and injuries. We saw that a member of the provider's senior management team carried out a regular audit of the home, and part of this audit included checking safeguarding, accidents and incidents. The frequency and outcome of such incidents was reviewed by the provider, and individual incidents were followed up by senior management to check the outcome. The home's manager also maintained a central file of safeguarding, where any incidents were monitored and records kept of referrals to the local authority and notifications to the Care Quality Commission. We cross checked this with information submitted to the Commission by the provider, and saw that all notifiable incidents had been alerted to CQC, as required by law.

Recruitment procedures at the home had been designed to ensure that people were kept safe. Policy records we checked showed that all staff had to undergo a Disclosure and Barring (DBS) check before commencing work. The DBS check helps employers make safer recruitment decisions in preventing unsuitable people from working with children or vulnerable adults. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable adults. In addition to a DBS check, all staff provided a checkable work history and three references. We checked the paperwork for one, newly recruited, staff member. We saw that they hadn't yet commenced work as the provider was waiting for the staff member's DBS record to be provided.

There were appropriate arrangements in place to ensure that people's medicines were safely managed, and our observations showed that these arrangements were adhered to. Medication was securely stored, with additional storage for controlled drugs, which the law says should be stored with additional security. We checked records of medication administration and saw that these were appropriately kept. There were systems in place for stock checking medication, and for keeping records of medication which had been destroyed or returned to the pharmacy. We noted that liquid medication had dates on the bottle showing when they were opened, and medication administration records had photographs of each medication item to aid staff in ensuring the correct medication was administered.

## Is the service safe?

Medication was only handled by members of staff who were qualified nurses. This included checking stock, signing for the receipt of medication, overseeing the disposal of any unneeded medication and administering medication to people.

There were up to date policies and procedures relating to the handling, storage, acquisition, disposal and administration of medicines. These were available to staff and had been signed by all relevant staff to confirm that

they understood the appropriate procedures. People's care records contained details of the medication they were prescribed, any side effects, and how they should be supported in relation to medication. Where people were prescribed medication to be taken on an "as required" basis, there were details in their files about when this should be used. This included descriptions of behaviours, gestures and other idiosyncratic signs that the person may use to display that they might require this medication.

# Is the service effective?

## Our findings

We asked two people using the service about the food available in the home. They were both positive about the food available to them. One person said to us: “There’s always choice, we make sure it’s different every day.” The home had a system in place meaning that each person using the service had a day per week where they chose the day’s main meal, including shopping for the ingredients and helping to cook it. One person told us about what happened when it was their day to choose, and indicated that they enjoyed this process. There was a regular food forum, where people using the service contributed suggestions and gave feedback about their food preferences.

We checked three people’s care records to look at information about their dietary needs and food preferences. Each file contained up to date details, including screening and monitoring records to prevent or manage the risk of poor diets or malnutrition. Where people needed external input from healthcare professionals in relation to their diet or the risk of malnutrition, appropriate referrals had been made and professional guidance was being followed.

We asked the home’s manager about the arrangements for people who do not have capacity to consent. They had a good knowledge of The Mental Capacity Act 2005 (MCA) and its impact on people using the service. The Mental Capacity Act 2005 sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. We checked one person’s file and saw that they did not have the capacity to consent

to some aspects of their care and support. Their file showed that this had been formally assessed, and decisions had been made in the person’s best interest, in accordance with the Mental Capacity Act 2005.

We also asked the home’s manager about whether anyone was deprived of their liberty at the home. They told us that they had recently made applications to deprive a person of their liberty (DoLS) in respect of some of the people living at the home, in accordance with recently issued guidance. The manager had a good understanding of this process.

The home’s manager described the systems in place for staff training. Some staff were trained to deliver training in house and there were plans to add to this with further training. We checked the provider’s training records and saw that staff had received training covering a wide aspect of their work, including meeting the needs of people with autism and learning disabilities, moving and handling, mental capacity, end of life care and managing violence and aggression. There was a clear system in place to ensure that staff’s training was monitored and the need for updated training was highlighted. The manager described her ability to add additional training to meet the needs of people using the service where their needs had changed.

We looked at the systems in place for ensuring people received effective care. We saw that additional support from external healthcare professionals was readily available. We saw in people’s care records that assistance had been sought from a range of external healthcare professionals, including behaviour specialists and psychologists, as required in accordance with each person’s needs. Where an external healthcare professional had been involved in someone’s care, relevant care plans and risk assessments took into account the healthcare professional’s guidance. Daily notes in each file we checked showed that this guidance was being followed.

# Is the service caring?

## Our findings

We asked three people using the service about their experience of the care and support they received. Their responses were all positive. One person told us they found the staff to be “nice, very nice” and another said: “I like them.” We checked an independent website where some people’s relatives had written reviews of the home. One had written: “[my relative] is very happy and content - I think it is excellent, the staff are first class.” Another had described their relative as “happy with the staff, who are very helpful.” All the reviews were positive.

We carried out a Short Observation Framework for Inspection (SOFI) SOFI is a specific way of observing care to help us understand the experience of people with whom we could not communicate well. Throughout the SOFI we found staff spoke with people respectfully and kindly, and that relationships between staff and people using the service were warm and friendly. Staff used strong communication skills to ensure that people with communication impairments could better understand them.

We looked at feedback the provider had received from questionnaires they had given to people using the service and their relatives. People had given positive feedback about their experience of receiving care in the home, and all the surveys completed stated that staff were caring and understood people’s needs.

During the inspection, we observed one person who preferred to stay in their room with the door closed. Staff we spoke with had a good understanding of this person’s needs and preferences, and ensured that care was provided in accordance with the way the person wished to be interacted with. Staff checked on the person’s wellbeing periodically, but respected their right to privacy and independence.

We checked three people’s care plans, and saw that risk assessments and care plans described how people should be supported so that their privacy and dignity was upheld. We cross checked this with daily notes, where staff had recorded how they had provided support. The daily notes showed that staff were providing care and support in accordance with the way set out in people’s care plans and risk assessments



# Is the service responsive?

## Our findings

Activities were plentiful in the home, and were provided flexibly and in accordance with people's preferences. There was an activities co-ordinator employed by the home, but we also observed other staff engaged in supporting people to undertake activities. Over the course of the inspection people were supported to go out shopping, listen to music, garden and go out for meals. Additionally, we observed that staff had time to sit and chat with people and participate in individual activities. The activities programme had been devised through regular planning meetings attended by people using the service, however, the programme was flexible and during the inspection we observed people making decisions about what they wanted to do that day.

People using the service told us that holidays and events were an important part of life in the home. Staff described the plans in place for forthcoming holidays they were supporting people to participate in. Each holiday was planned to meet people's personal preferences and needs, and staff spoke with knowledge about how each person preferred their holidays to be undertaken.

We checked care records belonging to three of the six people who were using the service at the time of the inspection. We found that care plans were highly detailed, setting out exactly how to support each person so that their individual needs were met. They told staff how to support

and care for people to ensure that they received care in the way they had been assessed. Care plans were regularly assessed to ensure that they continued to describe the way people should be supported, and reflect their changing needs.

Care records showed that people's care was formally reviewed regularly to ensure it met people's needs. People using the service, and their relatives, were involved in these reviews so that their views about care and support could be incorporated into people's care plans. Where people's needs changed this was assessed and monitored, and new support methods or care plans were implemented.

There was information about how to make complaints available in the communal area of the home, and a register of complaints was kept by the home's manager. We saw that when complaints had been received, they were investigated and responded to within the timescale set out in the provider's complaints policy. We saw that when people using the service and their relatives had completed questionnaires, they had confirmed that they knew how to make a complaint.

The provider carried out surveys of people using the service, their relatives and visiting professionals on an annual basis. We checked the findings of the most recent survey which showed that people held very positive views about the home. Where a minor, negative response had been provided, the provider had taken steps to address the issue immediately.

## Is the service well-led?

### Our findings

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.