

Lomack-Health Company Limited

Lomack Healthcare

Inspection report

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Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

Lomack Healthcare provides personal care to people who have a learning disability, in their own homes. At the time of our inspection, care was provided to three people who lived together in one house and another two people who lived together in another house.

The inspection took place on 7, 8 and 9 September 2015.

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 our previous inspection in June 2013, we found the provider was meeting all the standards that were assessed.

People were protected from abuse. Staff were knowledgeable about the risks of abuse and knew how to respond appropriately to any concerns to keep people safe.

Summary of findings

Systems were in place to ensure that people's safety was effectively managed. Risks had been assessed and were detailed clearly within people's care plans. Staff used these to assist people to remain as independent as possible

There were sufficient numbers of staff employed to meet people's assessed needs and provide a flexible service. Staff were only employed after the provider carried out robust pre-employment checks.

Systems were in place to ensure that medicines were administered and handled safely.

Staff received an appropriate induction and on-going training. They were knowledgeable about their roles and responsibilities and had the skills and experience required to support people with their care needs.

We found people's rights to make decisions about their care were respected. Where people did not have the mental capacity to make decisions, processes were in place to protect them from unlawful restriction and decision making.

People's nutritional needs had been assessed and they were supported to make choices about their food and drink.

People were supported to attend health appointments when required and to see health and social care professionals as and when required.

Staff treated people with kindness, respect and compassion and cared for them according to their individual needs. People received care from staff that respected their views and maintained their privacy and dignity.

Care plans were detailed and provided staff with sufficient guidance to provide consistent care. People and their relatives were involved in making decisions about their care. Staff had a good understanding of people's needs and preferences

Staff supported and encouraged people to develop and maintain hobbies, interests and relationships.

People and their relatives were encouraged to express their views on the service and provide feedback both formally and informally.

People knew how to make a complaint if they needed to, and were confident that the service would listen to them. The registered manager investigated and responded to people's complaints in accordance with the provider's complaints procedure.

We found that a system of audits, and reviews were used to good effect in monitoring performance and managing risks.

The service benefitted from good leadership and staff were positive in their desire to provide good quality care for people. The registered manager demonstrated a clear vision and set of values based on person centred care and independence.

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?

This service was safe.

People were protected from abuse and avoidable harm by staff that understood the risks and were aware of the actions to take to report concerns.

There was sufficient staff available to ensure people's individual needs were safely met.

Effective recruitment practices were followed.

Safe systems were in place for the management, administration and storage of medicines.

Good



Is the service effective?

This service was effective.

People received care from staff that were trained and well supported.

Staff were aware of the requirements of the Mental Capacity Act 2005.

People's health and nutritional needs were met effectively.

People were supported to engage with healthcare professionals to ensure that their health and wellbeing was maintained.

Good



Is the service caring?

This service was caring.

People received support from staff that were kind, caring and respectful and listened to them.

Staff were knowledgeable about people's needs, preferences and personal circumstances.

People were treated with respect and dignity.

People and their relatives had the opportunity to comment on the service provided and were involved in the care planning process.

Good



Is the service responsive?

This service was responsive.

People's needs were assessed before they began using the service and care was planned in response to their needs.

People were supported to develop and maintain hobbies, interests and relationships.

The service had a complaints policy which outlined how formal complaints were to be dealt with. Complaints and concerns were discussed with staff to identify lessons learned and improve the service.

Good



Is the service well-led?

This service was well led.

Good



Summary of findings

The registered manager had looked to develop the service over the next twelve months.

Systems were in place to ensure the service learnt from events such as accidents and incidents, whistleblowing and investigations.

The quality assurance and governance systems used were effective and were used to drive and sustain improvement.

Lomack Healthcare

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.

This inspection took place on 7, 8 and 9 September 2015 and was announced. We gave notice of the inspection to ensure that staff were available and people were at home.

The inspection was undertaken by one inspector.

We checked the information we held about the service and the provider. We saw that no recent concerns had been raised and found that we had received information about events that the provider was required to inform us about by law, for example, where safeguarding referrals had been made to the local authority to investigate and for incidents of serious injuries or events that stop the service.

During our inspection, we observed how the staff interacted with the people who used the service and how people were supported during individual tasks and activities.

We spoke with two people. Due to their complex needs, they were not able to verbalise their needs effectively, so we also observed their interactions with care staff. To ensure we received robust feedback about the service provision, we spoke with one healthcare professional and a relative of a person using the service.

We also spoke with the compliance manager, four care staff and two members of the office staff.

We looked at three people's care records to see if their records were accurate, up to date and reflective of their current needs. We looked at further records relating to the management of the service, including quality audits, meeting minutes and staff training and recruitment records.

Is the service safe?

Our findings

People felt safe with the staff that supported them and had no concerns about the way in which they were treated. When we asked one person if they felt safe, they smiled and said, “Yes.” A relative told us, “It’s such a relief for me knowing that [family member] is there, knowing he is looked after and safe and supported. The staff worry about [family member] and care for his safety.” We observed that people were relaxed in the presence of staff and wanted to be in close proximity, which indicated that they felt safe and secure.

Staff exhibited an understanding of the signs they would look for, and could explain the action they would take if they thought someone was at risk of abuse. They were confident that any allegations would be fully investigated by the registered manager. One member of staff said, “I would have no doubts at all about reporting anything.” Another staff member told us, “I would go straight to the team leader or manager if I had any concerns at all.” Where required, staff told us they would escalate concerns to external bodies; including the local authority safeguarding team, the police and the Care Quality Commission (CQC).

Staff had attended training on protecting people from abuse, and the staff training records we reviewed confirmed this. They also had access to information on reporting abuse. We saw that the registered manager had taken appropriate action in response to safeguarding concerns and investigations.

Risk assessments were considered an important part of keeping people safe. Staff told us that they were completed to reduce the risk of harm occurring to people, whilst promoting their independence. We found that risk assessments had been completed for people in areas including epilepsy, nutritional requirements and accessing the community. Alongside these we also found more general environmental assessments. The information within these documents was current and had been reviewed regularly, particularly when people’s needs had changed. Where risks had been identified, staff were aware of the actions to be taken to minimise further risks.

Staff were aware of the process for reporting accidents and incidents and we found examples of completed accident

forms, with associated body maps when this was appropriate. Records were reviewed and where action was required to reduce the risk of recurrence, this had been taken.

The compliance manager told us that they had considered ways of planning for emergencies and were in the process of reviewing contingency plans. Personal evacuation plans were being reviewed to ensure that all people and staff knew what to do in an emergency situation.

There was a suitable recruitment and selection process in place, which ensured staff were checked before they began working with people who used the service. Staff had been through a robust recruitment process before they started work at the service. One staff member discussed with us the importance of using safe recruitment processes and informed us of the recruitment checks that would be completed before staff commenced employment. They said, “We want to have the right people here, so we take the time to get it right.” Records were well organised and staff had completed application forms which included a full employment history. Staff files included evidence of Disclosure and Barring Service clearance (DBS) checks, proof of identity and two employment references.

Staff considered that there were enough of them on duty to ensure people received the right care. One member of staff told us, “Staffing is ok; there are enough of us to make sure people get the care they need.” Another staff member said, “Yes, I do think there are enough of us, we get our rotas regularly and there is consistency.” Staffing levels were flexible to accommodate busy periods or cover sickness, and were reviewed regularly and adjusted when people’s needs changed. The rotas that we reviewed confirmed this. We found that there were sufficient numbers of staff available to keep people safe.

People were supported safely with their medication. The level of support people required with medicines varied, some required minimal prompting, and others more support and full administration. Staff told us that medication was important and they worked hard to make sure it was administered correctly. Records confirmed that staff had received the required training to ensure they administered medication safely.

Staff told us they always signed the medication administration records (MAR) after giving medication. We looked at three Medication Administration Records (MAR)

Is the service safe?

and noted that there were no gaps or omissions. The correct codes had been used when medication had not

been administered, and the reasons were recorded on the reverse of the MAR. People received their medicines when they should and were kept safe, and protected by the safe administration of medicines.

Is the service effective?

Our findings

Relatives and professionals made positive comments about the care and support provided by staff. They felt that people's needs were met and that staff were well trained and competent. One relative said, "The care is of a good standard, we had meetings before [family member] moved in and that helped to ensure that the right care was given." Staff were knowledgeable about people's specific needs and preferences and how to meet them.

Staff told us they had received an induction and that this was beneficial in giving them some experience of the work they would go on to do. One staff member said, "I thought it was good. I had time to read people's care plans and spend time shadowing. It really helped me." New staff received induction training, which included health and safety, fire safety, moving and handling and safeguarding, along with further relevant training to ensure that they could meet people's assessed needs. We were told that induction training was being reviewed to bring it in line with the Care Certificate that had been introduced in April 2015. This would ensure that new staff were provided with the basic skills and knowledge they would need to provide good quality care.

Staff told us they had access to a regular training programme which was very useful in helping them keep up to date. One staff member told us, "Training has improved; they are making sure we keep it up to date." Another staff member told us, "We get lots of training, it really does help." Staff told us they had annual refresher training to update their skills and knowledge; this included safeguarding, medication, infection control and manual handling. We spoke with office staff and were told that staff were encouraged to complete further qualifications, such as Qualification Credit Framework (QCF) Level 2 and 3. It was hoped that in time, the range of training that was offered to staff, could be increased. Training records we looked at confirmed that staff had received appropriate training to meet people's assessed needs.

Staff told us they enjoyed their work and were well supported. They told us that supervision was now more regular and that if they had any problems or questions between supervisions, they could go to the registered

manager and other senior members of staff, who they said were very supportive and always accessible to them. Records showed that regular staff meetings and supervisions took place.

The relative and health professional that we spoke with told us that staff asked people for their consent before providing care and support. A relative said, "They work together with people, make sure they are happy before starting anything." Records confirmed, that people's consent was obtained about decisions regarding how they lived their lives and the care and support provided. We observed that staff asked people if they were happy to do something, before attempting it so as to gain their consent

Staff and the registered manager had received Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training. Further training was also being considered with the local authority so that relevant staff could gain a more in depth knowledge of the subject. We found that mental capacity assessments had been completed where appropriate, and the decisions documented within people's records. Therefore the rights of people who could not make decisions for themselves had been protected.

Where people required assistance with eating and drinking, their care plans provided guidance to staff about their likes and dislikes. Where people required a special diet, this was clearly recorded and relevant information provided. We found that people were provided with a balanced diet and had access to food, fluids and snacks throughout the day. Staff told us they had received training on food hygiene and nutrition and enjoyed helping people have meals of their choice. They said they tried to encourage people to eat healthily and we saw that people were enabled to have a variety of meal options.

Staff were available to support people to access healthcare appointments when needed. We were told that they liaised with health and social care professionals involved in people's care if their health or support needs changed. The healthcare professional we spoke with was keen to tell us that the service always acted upon the advice that was given and were vigilant in monitoring for any changes within people's conditions. Where people had seen health professionals and the advice had an impact upon the care package, care had been reviewed to ensure that it met people's assessed needs.

Is the service caring?

Our findings

People and their relatives confirmed that staff were kind and caring and told us they were happy with the care and support they received. When we asked one person if they liked staff, they gave a huge smile and said, “Yes.” A relative told us, “They are really very good, I have no worries about anything. They almost care too much, it’s amazing. Staff have worked wonders with [family member] and he keeps grinning. He is so happy and keeps saying he has a home.”

We observed that people received care from staff that showed genuine compassion for the people they supported. People received continuity of care and were supported to build up positive and meaningful relationships. The relatives and health professionals that we spoke with were positive about the service they received. One relative told us, “I cannot praise them enough; there are not enough words to say what I want to. They have made such a difference to [family member]. They listen and all work together.”

We observed that staff spoke with people in a caring and respectful manner. They used preferred names and demonstrated a sympathetic attitude towards people, spending time talking with them about things that were important to them. Staff spoke with a great deal of affection and warmth about their work and how much they enjoyed supporting people. One said, “We want to make sure they have the best.”

People were offered choices and staff said that they worked hard to ensure that these were based upon people’s preferences. Throughout our inspection we observed people and the way in which staff offered and provided care and saw that this was always done sensitively. People were consistently offered choice based on what was important to them; for example, in the colour of the clothing they wore. Staff were seen to support people in a way that people wanted, whilst respecting their

independence. One example we observed included staff giving people time to complete their conversations, listening to what they had to say and responding with empathy and concern.

Staff told us they tried hard to ensure that people had a good quality of life. We saw that records detailed that people’s life histories were used to form the basis for their care plans and daily routines were based. For example, if a person liked films or outdoor activities, then this was what they were supported with. Staff members were well motivated and very passionate about their work; this was evident from our conversations with them. They told us they worked hard to make sure that people felt valued and cared for.

People had individual care plans which included guidance and information about what their preferences and wishes were. We saw that people or their relatives had confirmed their agreement to the care plan when they started receiving care and support. We found that staff were knowledgeable about people’s preferences. For example, when people liked to be woken up or when they needed help to attend certain activities and hobbies they liked. This meant that staff were able to use the information in people’s care plans to meet people’s needs in the way the person wanted.

People were provided with information as required so that they could access local advocacy services when necessary. Staff confirmed that the level of family support was significant for all of the people who used the service, but that should an alternative be required, then this could be accessed.

Staff explained how they ensured people’s privacy and dignity was respected. This was by closing doors and using towels to cover people up when providing personal care. Staff understood the importance of maintaining people’s privacy and dignity in their own home and worked hard to promote people’s independence, privacy and dignity whilst providing care and to protect people’s confidentiality.

Is the service responsive?

Our findings

Staff told us that pre admission assessments of people's needs were carried out prior to a package of care being commenced. The compliance manager told us that assessments were undertaken by the local authority which detailed peoples' past medical histories, their likes and dislikes, preferred routines and any care needs that they required support with. This information was then built on by the registered manager, prior to someone's admission so that they could establish if the person's needs could be met and so that suitable care could be delivered. People and their relatives told us they were consulted and were able to tell the service what their needs were and how they wanted them to be met.

Relative's told us that staff promoted people's independence and encouraged them to have their say about how the service operated and how their care was provided. For example, about their preferences for their daily routine or the activities they wished to do. One relative said, "They have given [family member] a new lease of life. They support and encourage. It's great."

Through our conversations with staff, we found that they were knowledgeable about the people they supported and were aware of their preferences and interests, as well as their health and support needs. They understood the support each person required to meet their assessed needs, because of the regular updates they received from

senior staff. Any changes in people's needs were passed on to staff through phone calls, handovers and supervisions. This enabled them to provide an individual service that was reflective of people's current needs.

Staff told us that they encouraged people to participate in activities they enjoyed. We found that each person had an individual activity schedule but this was not rigid and could be deviated from if people wished to do other activities. On the day of our inspection, some people were at a day centre and others were being supported to enjoy activities of their choice; for example, shopping for personal items or swimming. It was evident that people were protected from the risk of social isolation because staff supported them to engage in activities.

People and their relatives were aware of the formal complaints procedure and knew how to make a complaint, if they needed to. They told us that they would tell a member of staff if they had anything to complain about and were confident the service would listen to them if they had to make a formal complaint.

We looked at the complaints file and saw the registered manager had dealt with complaints in a timely manner and in line with the provider policy. A system was in place to analyse the trends and patterns of complaints, so the provider could learn lessons and act to prevent similar complaints from occurring in the future. There was an effective complaints system in place that enabled improvements to be made.

Is the service well-led?

Our findings

The service had a registered manager in post and it was evident that they offered support and advice to staff which was relevant to their roles. We found that they were flexible in approach and willing to work with staff when required, as this ensured they had a good awareness of people's needs and staff abilities.

We found that the registered manager was supported by a team of care staff, a compliance manager and office administration staff. Staff said that the management structure within the service had improved recently and made them feel more supported. It promoted a positive feeling as they gave on-going advice and support and ensured that staff knew what was expected of them.

This encouraged an open and transparent culture for staff to work in and meant that staff were fully aware of their roles and responsibilities. None of the staff we spoke with had any issues or concerns about how the service was being run and were positive describing ways in which they hoped to improve the delivery of care. We found that staff were motivated, and well trained to meet the needs of people using the service.

The compliance manager told us that incidents were recorded, monitored and investigated appropriately and action was taken to reduce the risk of further incidents. It was clear that the care staff were aware of all accidents and incidents that occurred and had assured themselves that no further action needed to be taken. We found that all possible action had been taken to ensure people had medical attention if needed and to review risk factors to minimise the risk of reoccurrence. Information CQC held also showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way.

People who used the service and their relatives told us they had been asked for feedback on their experience of care delivery and any ways in which improvements could be made. They told us that this took place in the form of care reviews and relative meetings. We found that the provider analysed the results to identify any possible improvements that could be made to the service.

We asked the compliance manager and office staff how they assessed and monitored the quality of the service provided within the service. We saw records of the last annual satisfaction survey for people who used the service and their relatives. These records showed very positive responses and meant that the service worked well, whilst listening to people's feedback.

The compliance manager told us that they wanted to provide good quality care and it was evident they and the registered manager were continually working to improve the service provided and to ensure that the people who lived at the home were content with the care they received. In order to ensure that this took place, we saw that they worked closely with staff, working in cooperation to achieve good quality care.

The provider had systems in place to monitor the quality of the care provided and undertook their own compliance monitoring audits. We saw that a variety of audits were carried out on areas which included health and safety, infection control, catering and medication. We found that there were action plans in place to address any areas for improvement. We saw the findings from the visits were written up in a report and areas identified for improvement during the visits were recorded. This meant that the service continued to review matters in order to improve the quality of service being provided.