

Cornwall Council

Lowena

Inspection report

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Ratings

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

Summary of findings

Overall summary

Lowena is a short break service run by Cornwall Council. It provides personal care to people with a learning disability and autistic people. The service provides single room accommodation for up to five people at any one time. The length of stay is up to four nights. The service also responds to temporary emergency placements when necessary.

The service was a purpose-built single storey building in its own grounds. The service is a large, bigger than most domestic style properties and larger than current best practice guidance. However, this had been responded to by reducing the living areas. This meant the environment was more inclusive for people using the respite service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it. This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

The Right support:

The model of care and setting maximised people's choice, control and independence. The service was close to the centre of town and there was good access to the local community and amenities.

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

People were supported by enough staff on duty who had been trained to do their jobs properly. People received their medicines in a safe way. People were protected from abuse and neglect. People's care plans and risk assessments were clear and up to date.

Right Care

There was a strong person-centred culture within the staff team. Support plans had been developed for people, to understand the reasons for their behaviour, and provide guidance for staff to ensure consistent approaches were used when supporting people.

Staff knew people well and demonstrated an understanding of people's individual care, behavioural and communication needs. This helped ensure people's views were heard and their diverse needs met.

People could communicate with staff. Staff understood their individual communication needs and were consistent in their approach and response. Care plans informed staff of any specific ways to best

communicate with people.

The staff team had the appropriate levels of knowledge and skills to support people and responded to their individual needs and choices.

Right culture

People were supported by staff where the ethos, values, and attitudes of management and care staff ensured people led confident, inclusive and empowered lives. Staff created an environment that inspired people to understand and achieve their goals and ambitions.

People led lives that reflected their personalities and preferences because of the ethos, values, attitudes and behaviours of the management and staff.

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

At the previous inspection in January 2020 records did not demonstrate the service had information in a format which would support people with a learning disability or autism, to understand and enable them to communicate effectively. At this inspection we found action had been taken.

People had care plans in a format which supported their understanding of information. There were hospital passports to support people if a hospital admission was required.

At the previous inspection care plans were disorganised and information was difficult to follow. At this inspection, care plans had been reviewed. Information was in order and easily accessible. Staff told us the care plans were much clearer and easy to follow.

Care and behaviour support plans were accurate and kept under regular review, with the involvement of the person their family and external professionals if necessary. They provided staff with comprehensive guidance to ensure people's needs were met.

Risks were identified and staff had clear instructions to help them support people to reduce the risk of avoidable harm.

At the previous inspection we found the systems in place to demonstrate quality and safety was managed effectively, were not being carried out robustly to provide an accurate oversight of the service. At this inspection we found improvement in all areas. Senior staff had delegated tasks and responsibilities to carry out auditing and follow up on any issues. There was good oversight by the area manager.

Cleaning and infection control procedures had been updated in line with COVID-19 guidance to help protect people, visitors and staff from the risk of infection. Government guidance about COVID-19 testing for people, staff and visitors was being followed.

People's relatives and staff told us management were approachable and they listened to them when they had any concerns or ideas. All feedback was used to make continuous improvements to the service. They told us, " We have always felt that [person's name] is well monitored in the safe keeping of Lowena staff" and "As parents of a severely disabled child, we consider ourselves incredibly fortunate to have the support of Lowena both for [person's name] and ourselves".

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

Why we inspected

We undertook this inspection to review previous breaches of regulations found at the last inspection.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our safe findings below.

Lowena

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One Inspector carried out the inspection.

Service and service type

Lowena is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because the service provides respite care and support and people are often out. We needed to make sure relevant staff were available and records were accessible.

Inspection activity started on 09 March 2022 and ended on 15 March 2022. We visited the office location on

10 March.

What we did before inspection

We reviewed information we had received about the service.

We did not receive a provider information return as we had not requested it. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make.

During the inspection

People using the respite service at the time of the office visit had limited verbal communication. We spent time observing their interactions between themselves and with supporting staff.

We spoke with six members of staff including the area manager, registered manager and team leader.

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

After the inspection

We received two emails from relatives, and one from a social care professional. All were complimentary about the service. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Local safeguarding procedures were well understood by managers and the staff team. Where concern had been identified that may impact on people's wellbeing these had been identified and appropriately reported.
- Staff knew how to report and escalate any safeguarding concerns. Safeguarding processes and concerns were discussed at regular staff meetings.
- The registered manager had appropriately used multi agency safeguarding procedures when they had a safeguarding concern.
- Staff understood their responsibility to identify and report concerns of abuse. Staff knew how to whistle-blow and how to raise concerns outside of the provider. Whistleblowing is the process of speaking out about poor practice.

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

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

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

- Capacity assessments were completed to assess if people were able to make specific decisions independently.
- Any restrictive practices were regularly reviewed to ensure they remained the least restrictive option and were proportionate and necessary.
- Staff had received specific training which had led to staff understanding the requirements of the Mental Capacity Act 2005.
- In conjunction with people's families and advocates staff had supported people to understand the pandemic, the reasons for COVID restrictions.
- Staff worked within the principles of the MCA and sought people's consent before providing them with personal care and assistance.

- Best interest meetings were organised when it was necessary for others to make decisions on people's behalf. These involved staff, external healthcare professionals and relatives.

Assessing risk, safety monitoring and management

- People had detailed risk assessments and associated support plans. These had been reviewed and changes were recorded to ensure the plans reflected their current needs. These included information about risks associated with people managing their emotions and behaviour, personal care, eating and drinking safely, medicines and doing things they enjoyed in their community.
- Risks were managed in a way that did not restrict people's freedom and right to independence.
- People were supported to try new experiences while any related risks were identified, and action taken to help reduce the risks.
- The service worked closely with other health and social care professionals in order to adapt and change the way people were supported if issues arose.

Staffing and recruitment

- Due to the COVID-19 pandemic there have been changes affecting the service. There was a period when it was felt it was unsafe to continue as a respite service. Since it reopened a review of the service had taken place, and to maintain safety numbers had been reduced to a maximum of five. Two staff members told us this was a positive approach as people had more one to one time. The service was calm, and people appeared more relaxed.
- Due to changes in the provider organisation there were some staff vacancies, currently being advertised, although this had not affected staffing levels.
- The inspection in January 2020 looked at recruitment and found the systems were safe. At this inspection no further staff had been recruited therefore the judgement remained the same.

Using medicines safely

- Medicines and medicine systems were safe.
- People brought their medicines with them for short respite stays. There were safe systems in place to record these medicines and store them securely and safely.
- Staff were competent in the safe management and administration of medicines. Staff completed relevant records following good practice.

Preventing and controlling infection

The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keep premises clean and hygienic.

- They ensured people coming to stay for short respite care and support had negative COVID-19 tests.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service promoted safety through the layout of the premises and staff's hygiene practices.
- The service made sure that if infection outbreaks occurred they could be effectively managed.
- The service's infection prevention and control policy was up to date.
- The service followed shielding and social distancing rules.
- The service tested for infection in people using the service and staff.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Learning lessons when things go wrong

- Accidents and incidents were recorded and investigated. If appropriate, measures were put in place to reduce the chance of any reoccurrence. Staff recorded any incidents to ensure learning could be supported. They also discussed any incidents and accidents to support each other and improve the support they provided to people.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs

At the last inspection we found systems to support effective communication were not in place to ensure people have choice and control and to meet their needs and preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

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

- At the previous inspection we found communication records did not support people to express their needs and understand information written about them and to support them. At this inspection improvements had been made. People's communication needs were identified, recorded and highlighted in care plans. Some people using the respite service were either non-verbal or had limited verbal communication. Some were supported using a signing method called Makaton. There were also communication cards on some people's care plans. Staff were trained and well versed in the use of various communication methods. Also, any adaptations to the standard signs individual people used.
- The service identified people's information and communication needs by assessing them. These needs were shared appropriately with others.
- Hospital passports had been developed for each person, to share with hospital staff, to help ensure their communication needs would be known if they needed to go to hospital.
- Information was provided for people in an understandable format. For example, adapted care plans, easy read information and the use of pictures, symbols and social stories. Communication preferences and styles were recorded in care plans and clear direction about what support was required to meet a person's communication needs. We observed people and staff communicating effectively together during the inspection.

Planning personalised care

- People's care plans included information about their needs, routines and preferences. Staff followed care plans to deliver care and support which was individualised to each person's needs.
- Care plans were reviewed and updated regularly. This meant staff had information which reflected

people's current needs. People and their relatives were involved in the development and reviews of care plans.

- There was good communication within the staff team and staff shared information appropriately, about people's needs, at shift handovers.
- People were supported by staff who told us they loved working at Lowena. Two staff were long standing members of the staff team. They told us, "It's very rewarding. We've been here years" and "Yes there have been lots of changes but we understand why. Things do change."

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

- People were supported to access activities within and outside the service. People had restarted some activities following the lifting of lockdown restrictions.
- The focus on respite support had changed and been reviewed during the COVID-19 pandemic. Some people had chosen not to return to day centres. This meant they had more options and choice's when they stayed at Lowena. For example, one person chose to remain in bed in the morning and have breakfast in bed. They had told staff they had never done that before. During the inspection the two people staying for respite wanted to go out for lunch. Staff supported them to do this. When they returned, they expressed how they had enjoyed it. The manager told us, "It has been life changing for some of the guests."
- Staff were committed to supporting people to live as full a life as possible by helping people to fulfil their wishes and aspirations. A staff member told us, "It's all about giving people every opportunity to do things they want to do." A relative said, "[Person's name] loves to spend time in Lowena and has recently enjoyed an outing to town for lunch and participating in cake-baking".
- Support plans recorded information about people's interests, past hobbies and what they enjoyed doing with their time.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how complaints would be responded to and the time scale. There was an easy read version available.
- There was evidence the service responded to concerns raised and of action taken to resolve the concerns/complaints.
- Staff sought people's views of the service and identified any themes or trends.

End of life care and support

The service did not provide end of life care and support.

Is the service well-led?

Our findings

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

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

Continuous learning and improving care

At the inspection of January 2019, we found governance systems were not effective. At the inspection of January 2020, we found improvements had been made but not enough to meet the breach of Regulation 17 of the Health and Social Care Act 2008(Regulated activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At the last inspection not enough had been done to ensure audits, patterns, trends and quality assurance systems were effective. Where issues had been identified in care plans they had not been acted upon in a timely way. At this inspection we found improvements had been made. Governance systems had been reviewed. There was now a system to identify patterns and trends. The area manager had good oversight of audits and communication. Responsibility and accountability in the management team had improved. The registered manager told us, "There have been a lot of changes, but the system now is much better. Line of responsibility and communication has improved."
- The impact of COVID-19 on the service had led to an overview of the respite service and how it might improve. This had resulted in the reduction of numbers of people using the service at any one time. There was more choice and flexibility in the service. People were using the service throughout the day, whereas previously it opened after day care support. A relative told us, "The fact that [person's name] is able to receive day care at Lowena during the week as part of his stay, has been a blessing at this present time".
- The registered manager and provider were keen to ensure a culture of continuous learning and improvement and kept up to date with developments in practice through working with local health and social care professionals.
- Systems used to assess and monitor the service provided were continuously evaluated and improved. This helped to ensure the provider had a comprehensive overview of the service and knew where improvements could be made.

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

- There was a positive and person-centred culture throughout the service. People received care and support tailored to their needs and preferences.
- The management and staff teams were pro-active and consistent in helping people to work towards achieving personalised outcomes.

- We observed that staff had good relationships with people, and they were treated well. Staff were committed to providing the best possible care and support for people and achieving positive outcomes for them.
- The provider's policies were regularly reviewed and updated to ensure they reflected best practice and the service's current procedures.

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

- The management team understood their regulatory requirements and responsibilities. This included acting on the duty of candour when needed.
- The registered manager and members of the staff team engaged with the inspection process. They acted promptly on the feedback provided and supplied all information requested.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service had an experienced registered manager who demonstrated a good knowledge of their regulatory responsibilities. They were supported in their role by the area manager and senior support staff.
- The registered manager and members of the management team completed a range of quality assurance checks and audits, which they used to monitor the quality of care people received. Their checks and audits identified where improvements were required and they put plans in place to implement them.
- The provider was aware of, and adhered to, their legal responsibilities. They had notified the Care Quality Commission of any significant incidents and operated within any conditions of registration they were subject to.

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

- There had been some gaps in quality assurance processes. However, the service had recommenced seeking the views and opinions of people using the service, families, staff and professionals. A relative told us "Lowena's communication with us is superb either by phone or in [person's name] communication book".
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity.

Working in partnership with others

- The service worked collaboratively with professional's and commissioners to ensure people's needs were met. For example, where a person's epilepsy seizures had increased, they worked closely with the parents and health professionals for guidance. A relative told us, "[Person's name] has recently started having seizures, the first one during a stay at Lowena. Lowena's handling of this very distressing situation was first class and they have continued to communicate with both us and the epilepsy nurse to guide us through what is a completely unknown territory for us".
- A professional working with the service told us staff had "gone over and above" to ensure a smooth transition for a person being supported by Lowena and needing to move to a permanent placement. They told us, "It [Lowena] came across as a very well-run establishment with friendly helpful staff".
- People's care records detailed the involvement of appropriate professionals to ensure the best outcomes for people. This included health and social care professionals and their input was reflected in care plans.