

Lomack-Health Company Limited

Lomack House

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 ●

Summary of findings

Overall summary

This inspection took place on 13 September 2018. It was announced, we gave very short notice to make sure there would be a staff member present when we visited. Lomack House is a care home for up to nine people with learning difficulties. It is a two storey building. There were seven people living at the home at the time of this visit.

Lomack House 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 care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager at the service. 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.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Staff knew how to keep people safe, how to respond to possible harm and how to reduce risks to people. There were enough staff who had been recruited properly to make sure they were suitable to work with people. Medicines were stored and administered safely. Regular cleaning made sure that infection control was maintained. Lessons were learnt about accidents and incidents and these were shared with staff members to ensure changes were made to staff practise or the environment, to reduce further occurrences.

People were cared for by staff who had received the appropriate training and had the skills and support to carry out their roles. People received a choice of meals, which they liked, and staff supported them to eat and drink. They were referred to health care professionals as needed and staff followed the advice professionals gave them. Adaptations were made to ensure people were safe and able to move around their home as independently as possible. Staff members understood and complied with the principles of the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were caring, kind and treated people with respect. People were listened to and were involved in their care and what they did on a day to day basis. People's right to privacy was maintained by the actions and care given by staff members.

People's personal and health care needs were met and care records provided staff with clear, detailed guidance in how to do this. They were able to take part in social events and spend time with their peers. A complaints system was in place and there was information in alternative formats so people knew who to speak with if they had concerns. An end of life policy was being developed to support people and staff.

Staff worked well together and felt supported by the management team, which promoted a culture for staff to provide person centred care. The provider's monitoring process looked at systems throughout the service, identified issues and staff took the appropriate action to resolve these. People's views were sought and changes made if this was needed.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Lomack 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.

This comprehensive (planned) inspection took place on 13 September 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location was a small care home for younger adults who are often out during the day. We needed to be sure that they would be in.

The inspection was carried out by one inspector.

As part of the inspection, we reviewed the information available to us about the service, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law.

During our inspection, we spoke with two people using the service. We also spoke with two members of care staff, the quality assurance and compliance manager, and the registered manager. We checked three people's care records and medicines administration records (MARs). We checked records relating to how the service is run and monitored, such as audits, accidents and incidents forms, staff recruitment, training and health and safety records.

Is the service safe?

Our findings

The service continued to safeguard people from harm. People told us that they felt they were safe living at the home. One person said, "Yes, I feel safe, they [staff] are always here." Staff knew how to protect people from harm, they told us they had received training, they understood what to look for and who to report to. The registered manager was aware of their responsibility to report issues relating to safeguarding to the local authority and the CQC.

The service remained good at managing risks to people's health, safety and welfare. Staff assessed and regularly reviewed individual risks to people and kept updated records to show how the risks had been reduced. They told us they were aware of people's individual risks and our conversation showed that they took the appropriate action to minimise these. Risk assessments contained information to guide staff on how to minimise risks and protect people from harm. Environmental checks in such areas as fire safety and equipment used by people had also been completed.

People told us there were enough staff available and there was always staff available to support them. Staff members also told us that there were enough staff, which allowed them to spend time with people and support them both in and out of the home. There was a system in place to ensure staffing numbers were at the level indicated by people's needs.

A robust recruitment practice was followed. Required checks were carried out to ensure potential new staff were suitable for the role. Staff members confirmed and records showed that identity, police and Disclosure and Barring (DBS) checks were completed before they started working at the service. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

The service remained good at managing people's medicines. People told us that they received their medicines when these were needed and that staff members helped them with this. People who needed support with their medicines received this from staff who had received training. The quality assurance manager told us that staff members' competency was checked to make sure their knowledge and skills were up to date. Records to show that medicines were administered were completed appropriately and were stored securely. Staff had appropriate guidance for medicines in general and for people who received medicines on an 'as required' basis.

A staff member told us that they had enough personal protective equipment (PPE) and cleaning equipment available. A cleaning schedule was in place, which all staff completed to ensure the home was clean.

We saw that incidents and accidents were responded to appropriately at an individual level and a brief analysis had been completed to ensure recurring issues, such as falls, were identified. The quality manager explained they had identified that accident and incident records required more detail for fuller analysis to be possible. Together with the registered manager, they had developed guidance for staff in completing these forms and shared this across the organisation.

Is the service effective?

Our findings

People's needs were fully assessed prior to receiving care and support from the service. Needs assessments were completed with information from health or social care professionals, where this was indicated. Staff worked with health and social care professionals who visited people to provide current, up to date information and advice about meeting people's care and support needs. They had supported one person in this way during their preparation for moving to the home and took into account information from health professionals. People were consulted about how best to meet their needs and a self assessment of the home's working systems showed where improvements could be made.

Staff continued to have the skills, knowledge and experience to deliver effective care and support. Staff confirmed they had received updated training and this, with individual supervision, provided them with the support to carry out their roles. Staff training records showed that staff members had received training in mandatory subject areas relevant to their role such as first aid, health and safety, and moving and handling. Supervision was completed six times a year and staff told us they could ask for additional sessions if they needed to discuss their work any further.

The service remained good at providing and supporting people to eat and drink. People told us that they had enough to eat and drink, one person said, "I can have what I want to eat." We saw that there was clear and detailed guidance for staff who helped people who were unable to eat and drink independently. Staff monitored people at risk of not eating or drinking enough and took action to reduce this. This included obtaining advice from health care professionals such as dieticians or speech and language therapists.

Staff at the service worked closely with other organisations to ensure that the best possible quality of service was provided. 'Hospital passports' (a document with details about the person) were completed to help staff in other health or care settings support the person in the way they wanted. The registered manager told us that staff were able to contact a specialist learning disability health facility if a person needed support.

The service remained good at ensuring people had advice and treatment from health care professionals. One person told us that they were supported to visit their GP, while another person was visited by a health professional during our visit. They told us that staff responded quickly if people needed to be referred and they followed the health professional's advice when caring for the person. People's care records showed that they had access to the advice and treatment from a range of health care professionals. These plans provided enough information to support each person with their health needs.

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.

We checked whether the service was working within the principles of the MCA and whether these were being

met. Staff had received training in MCA and were able to demonstrate an understanding of this to us. Staff told us that there was a system in place to help people make decisions and written guidance about who could make the decision if the person couldn't. Records showed us that MCA assessments had been completed and where people were not able to make a decision, a best interest decision had been recorded. This showed that people would not have their freedom restricted in an unlawful manner.

Is the service caring?

Our findings

The service remained good at caring for people. People told us that staff were kind and caring. They were described as, "Very nice" by one person and another person told us, "I like them." They told us that staff members were kind and they were happy to be supported by them. Staff were kind and thoughtful in the way they spoke about people. They told us that they tried to put people at ease and speak with them as they would like to be spoken to.

We found that staff knew people well and that they were able to anticipate people's needs because of this. Their descriptions of people showed this and it also showed that staff members had a great deal of affection for the people they cared for.

People told us that they were aware of their care records and staff spoke with them frequently about how they wanted their care given. We saw during our visit that staff consulted one person about where they wanted the visiting chiropodist to see the person and they were able to choose the location for the visit.

Staff members received training in key areas that supported people's right to respect and dignity. Staff respected people's right to privacy and to be treated respectfully. This was evident in the way staff spoke about people and in their comments to us about how they would do this. They told us they knocked before entering people's rooms and made sure people were in a private space when giving personal care. We had also seen that people's privacy and dignity was considered when the registered manager told us about incidents involving people living at the home and how staff had dealt with situations.

We saw that care records were written in a way that advised staff to consider people's right to privacy and dignity whenever they provided care and support. For example, in advice about caring for specific needs around continence or personal care, staff were guided to make sure each person received this in the way they were comfortable with.

Is the service responsive?

Our findings

The service remained responsive to meeting people's needs. People told us that they had no concerns about their care and one person said, "They [staff] help me with everything." Staff had a good knowledge of people's needs and explained how they provided support that was individual to each person. Staff also knew people's preferences, such as those relating to support and care needs, or leisure and pastimes.

We looked at people's care and support plans and other associated records. These contained relevant details about their people's life and medical history, their likes and dislikes, what was important to each person and how staff should support them. One person told us how they spent their days and what they did to stay occupied. Plans were written in detail to guide staff members' care practice and additional care records were also completed. We saw the plans were reviewed on a regular basis to ensure they continued to meet people's required support and care needs. Daily records provided evidence to show people had received care and support in line with their support plan.

The service remained good at managing complaints. People told us they felt able to speak with a member of staff or the registered manager if they were worried about anything. Staff confirmed they knew what action to take should someone in their care want to make a complaint and were confident the registered manager would deal with any given situation in an appropriate manner. There were copies of the service's complaints procedures in Makaton (a sign and symbol communication tool) as well as written copies. We spoke with the registered manager about the most recent concern to be raised and found that appropriate actions had been taken.

The quality assurance manager had developed an end of life policy and procedure for staff. They discussed with the registered manager that the best way to speak with people or their relatives about this sensitive issue was during upcoming reviews of care. Therefore, information was not yet available in people's care records. The quality assurance manager told us that half of the staff had received training in this area. Additional training would be arranged on an as required basis with the local intensive support team as people using the service were young and care would be tailored for their specific needs.

Is the service well-led?

Our findings

The service had a clear vision and staff told us that helped them provide good quality care and support. They told us that communication between the registered manager and all levels of staff was good. There were opportunities, such as individual supervision meetings and staff meetings, to discuss the running of the service. Staff were supported by senior staff and felt they could discuss any issues or concerns they had or to discuss their performance. One staff member told us, "There's a positive culture here, the managers promote openness."

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. The registered manager was supported by the quality assurance manager and by senior care staff.

The views of people, their relatives and staff were obtained through questionnaires or through review meetings. People told us that they were asked often for their views about the care they received and how the home was running. The information was then collated and a summary of the findings made available. The survey results from 2017 questionnaires showed a high overall satisfaction rate. There were a few comments and suggestions for improvement, such as knowing who key workers were and staff changes. We saw that these had been addressed, for example, people told us they knew who their key workers were.

The service remained good at assessing and monitoring risks to people and the quality of the service. The registered manager used various ways to monitor the quality of the service. These included audits of the different systems around the home, such as care records and infection control. The quality assurance manager had linked the audits to the relevant CQC standards and regulations, so that they could ensure that they were also meeting these requirements. The audits identified issues and the action required to address them, such as where records had not been dated. A monthly report was developed from this, which was then shared with staff and the owner of the service.

During the inspection the quality assurance manager told us that the organisation was aware of the CQC guidance of 'Registering the Right Support.' This is the CQC policy on the registration and variations to registration for providers supporting people with a learning disability. The registered manager had signed up for 'The Driving Quality Code.' This code was developed following the Winterbourne review that identified abuse of people with learning disabilities at Winterbourne View. The government and many other organisations that support people with learning disabilities are taking action to make sure that this never happens again.

Information available to us before this inspection showed that the staff worked in partnership with other organisations, such as the local authority safeguarding team. We saw that the registered manager contacted other organisations appropriately and in relation to safeguarding, investigated the issue and took action where this was required. We saw that information was shared with other agencies about people where their

advice was required and in the best interests of the person.