Mr Gerardo & Mr Francesco Saporito

Lorne 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

Overall summary

The inspection took place on 30 December 2014 and was unannounced.

The home provides accommodation for a maximum of 9 people requiring support with Dementia, physical disabilities and sensory impairments. There were 9 people living at the home when we visited and 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 and associated Regulations about how the service is run. The Provider of this home was also the registered manager.

People were positive about the care they received and about the staff who looked after them.

People told us that they felt that felt safe. Staff were able to tell us about how they kept people safe. During our inspection we observed that staff were available to meet people's care and social needs. People received their medicines as prescribed and at the correct time and medications were safely administered and stored.

Summary of findings

We saw that privacy and dignity were respected.

The provider acted in accordance with the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS). The provisions of the MCA are used to protect people who might not be able to make informed decisions on their own about the care or treatment they receive.

We found that people's health care needs were assessed, and care planned and delivered to meet those needs. People had access to other healthcare professionals that provided treatment, advice and guidance to support their health needs and families told us that they felt that further help was sought when needed.

People were supported to eat and drink enough to keep them healthy. People had access to a range of snacks and drinks during the day and had choices at mealtimes. Where people had special dietary requirements we saw that these were provided for.

Staff were provided with training that was continually updated. The registered manager told us that all staff training was regularly reviewed and regular checks were made to ensure that everyone received the right training.

People and staff told us that they would raise concerns with senior staff, the registered manager or the provider and were confident that any concerns would be dealt with. The provider was regularly met with the manager to discuss the service and ways to improve it.

The manager and care staff received regular training which helped them look after the people they cared for. The manager undertook regular checks to ensure that the quality of the care could be monitored and improvements made where required.

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.

People felt safe and staff clearly understood what was required to keep people safe.

There was sufficient staff on duty to care for people as well as spend quality time with them. There was also a good mix of staff with different complementary skills working together.

Adequate risk and reporting systems were in place and staff managed medicines effectively.

Good

Is the service effective?
The service was effective.

People's needs were assessed and care plans written in detail so that staff had the guidance they needed to support people's individual needs appropriately.

Staff were trained in the Mental Capacity Act 2005 and decisions were made in people's best interests.

Staff received training to help them carry out their roles effectively.

People were provided with a healthy diet and were provided with a choice of nutritious food.

Good

Is the service caring?
The service was caring.

People told us that they felt well cared for and staff told us how much they enjoyed working there and caring for people.

Staff understood the meaning of caring with dignity and respect as well as involving people as much as possible in the decision making about their care.

Good

Is the service responsive?
The service was responsive.

People received care that was appropriate for their care needs. Care plans were robust and reflected the individual care needed.

Complaints and compliments were collated, analysed and lessons learnt were incorporated to improve systems within the home.

Good

Is the service well-led?
The service was well led.

The manager was visible and accessible by people and staff. Staff also responded positively to the manager. Staff demonstrated their knowledge of the people they cared for as well as what was expected of them to care for people.

Systems were also in place to ensure that all aspects of care were regularly monitored and that appropriate steps were taken to mitigate risks as well as manage people's health and care requirements.

Good

Lorne House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 30 December 2014 and was unannounced. One inspector carried out this inspection.

Before our inspection we looked at the notifications that the provider had sent us. Notifications are reports that the provider is required to send to us to inform us about incidents that have happened at the service, such as an accident or a serious injury.

During the inspection, we spoke with six people who lived at the home. We also spoke with three care staff, the provider and the registered manager.

We observed care and used the Short Observational 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 looked at four records about people's care, staff duty rosters, complaint files, questionnaires, communication with families and audits about how the home was monitored.

Is the service safe?

Our findings

People we spoke to where clear that they felt safe. One person when asked whether he felt safe replied, "I feel safe….I'm not frightened of anything." When we asked other people if they felt safe, they would say "Yes".

All staff we spoke with told us how they would respond to allegations or incidents of abuse. One staff member said, "I would report it (to either the manager or the deputy manager)". Staff could demonstrate their understanding of safeguarding and whistleblowing. Staff told us that they were confident to report any suspicions they might have about possible abuse of people who lived at the home. They also stated that they could approach external organisations for help such as the Local Authority and the CQC. This demonstrated to us that the provider had a system in place to manage the risk of potential abuse and to keep people safe.

During our observations we noted that staff had a good understanding of people's individual risks. For example, during lunch time a couple of people had difficulty chewing and so staff were on hand to ensure that people received support when necessary. Also, staff were aware that one person could get quite agitated if too much help was offered and staff kept a distance whilst observing their behaviour.

Plans were in place that ensured staff had information to keep people safe. Where a risk had been identified, care records detailed how to minimise or manage the risk. For example, care records examined contained a number of peoples risk audits such as regular weights, falls audits and other appropriate information relating to their specific care. One person's file contained information relating to their Epilepsy and how to manage it. Staff could also tell us about specific risks relating to people. One staff member said, "the first thing I do when I come on shift is to read the care plan." This demonstrated that once risks had been recorded, staff kept up to date with people's changing care needs. The registered manager also told us that she tried to involve staff with as many aspects of care as possible, in order to fully understand the people living there; she said "I encourage staff to do everything".

The registered manager reviewed the number of staff needed to meet the needs of the people who lived at the home and this was also discussed regularly with the provider, who responded accordingly by increasing the staff numbers if required. Many of the people living at the service and staff working there had been a long time and there was therefore a very stable care team in place.

During our inspection, a medication round was observed. The safe storage and disposal of medications was also examined. The Medical Administration Records (MAR) had been completed correctly to show when people had received the medicines. The provider had systems in place for the appropriate storage and disposal of medicines and staff competency for administering medicines were also regularly reviewed. The pharmacy that the provider used completed an audit twice a year and no issues had been identified

Is the service effective?

Our findings

We spoke with staff and they told us that they felt supported in their role and had regular meetings with their supervisor. One said "Without doubt, I feel supported." Another staff member described access to the training as "We get plenty of training. She [the registered manger] encourages us to do lots of training." Staff also told us that they felt supported during the induction process and that they were always able to call upon other team members to clarify anything they were unsure about. For example, one staff member said, "We all get on really well."

People walked around the home freely and were not restricted in any way, and they were supported when needed. We looked at how the Mental Capacity Act (2005) had been implemented. This is a law that provides a system of assessment and decision making to protect people who do not have capacity to give their consent. We also looked at DoLS (Deprivation of Liberty) which aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.

All staff we spoke with told us they were aware of a person's right to choose or refuse care. They told us they would refer any issues about people's choice or restrictions to the registered manager or senior care staff on duty and capacity assessments were noted from care plans. One person had been supported by an Independent Mental Capacity Advocate (IMCA) to make a decision about their care and treatment. An IMCA supports people not able to make their own decisions and acts in the person's best interests. There was evidence of the person's family being consulted on decisions, despite living overseas. The manager had recognised that the family was limited in the input they could offer regarding the person and it would therefore more appropriate to use an advocate.

People told us they enjoyed the food and were always offered a choice at meal times. One person told us, "I like the meals. I like the sausage and mash and fish and chips." Another person said, "I'm a fussy eater and I like the food here." People were involved with the menu planning and registered manager told us that people contributed suggestions for meals. People chose where they sat and told us how they had chosen the cups they were drinking from, following a recent outing when they had used similar beakers and subsequently decided to buy the same ones. For people with limited communication skills, people were also able to make a decision by looking at the choice of food presented on a plate closer to mealtimes.

The information about each person's food preferences had been recorded for staff to refer to. Staff told us about the food people liked, disliked and any specialised diets. This matched the information in the care files we looked at and what people told us. For example, one person required food that was easy to manage due to having problems with chewing. The person was offered the same choices as everyone else. We saw this person received their choice at lunchtime but it was offered in a manner to include the person. For example, the food was cut up into smaller portions to enable the person to manage the food himself.

People's care plans contained information that demonstrated their health care needs were met. For example, people were weighed monthly or more frequently if required. Some people required their food and fluid intake to be monitored, we saw examples of this within care records. This meant that staff had recorded and monitored information to ensure people's nutritional needs were met. People had access to dental treatment, the optician and a dietician.

Is the service caring?

Our findings

All the people that we spoke with said they liked living there. People told us they liked the staff and received the care they needed. One person said, "I feel happy here", whilst another told us, "I like it here." One person also said, "I get on very well with staff. ...they look after me". One person told us that if she required comfort, "I'd go to the carers if I felt frightened."

During our inspection we noted that people were very mobile and were freely coming and going as they pleased. People at Lorne House also benefit from caring for a number of pets, who they treated as their own and were able to share in the caring of them. For example, one person said of the cat, "I love him and he loves me." People got on very well with each other and with staff. One person, said, "We're all friends here."

There was a very stable workforce within the home, with most staff having worked there for several years or more. This enabled staff to have a very thorough and detailed understanding of peoples care needs as well understanding their families' concerns. For example, staff could tell us when and how each person kept in touch with their families. Staff were also able to tell us about how they cared for people who were not able to verbally communicate. For example, one staff member described how they knew if one person was happy and what choices they liked by looking at their facial expressions and listening to their verbal responses. Also, despite different activities happening in different rooms, staff were observed regularly checking on people and ensuring they were alright.

People told us about ways in which they were supported to maintain dignity and respect. One person said, "I like to pick my own clothes." Whilst another told us, "I like being on my own. I like my reading." During our inspection we observed one person being supporting to walk, despite it being quite challenging. Staff appreciated that the person wanted to walk unaided and would keep a respectable distance away whilst observing to ensure that the person did not fall. One person told us that she liked to visit church, and how staff supported her to attend.

People were addressed by their name or by a name preferred by them. Staff clearly explained what dignity and respect meant. They were able to give us examples such as knocking before entering bedrooms as well as telling us about specific ways in how to respond to people. For example, one person was hard of hearing, so staff were observed speaking to the person in close proximity and allowing their lips to be clearly seen so they could be understood. Staff were aware of the person's hearing problem and we saw staff were sensitive to the issue and attempted to draw attention away from the problem by being clear in their communication with the person. We also saw staff reassuring and comforting people by touching their arm or engaging them in conversation. Staff were quick to respond and support people in respectful way when appropriate. For example, one person said, "I like doing jigsaws". Staff were observed assisting that person with the jigsaw puzzle and engaging in conversation about the jigsaw and the completed pattern. One person was not able to communicate verbally but it was clear that staff used a number of methods to communicate. For example, presenting options to pick from at activity times. For example, the person was presented with colouring in sheets as well as a jigsaw to select from.

People were involved with decisions about their care. They were able to tell us about how they had been involved in redecorating and furnishing their room. Other people, who attended a local day centre, told us that they enjoyed going there because "They're all friends there."

Is the service responsive?

Our findings

We observed that people had their needs and requests met by staff who responded appropriately. For example, staff supported people with their mobility or responded to other requests. One person told us, “We go to bed when we want and we get up when we want.” People told us and we observed that they got do the things they enjoyed and reflected their interests. For example, one person was supported to attend a place of worship and said, “I like to go to coffee mornings there.” Another person told us, “I like to go and feed the ducks.” People told us about the different activities they were individually involved with such as attending a day centre or going to a local shopping centre. One popular suggestion made by people was to have regular meals out, which had been organised.

People were involved in the planning of their care at the time of admission through discussions with the manager, staff and family members. These discussions covered a wide variety of aspects of their care ranging from likes and dislikes about food to preferences for clothes. Care plans were then accustomed to meet that person’s care needs. For example, one person liked to stay up late in their room watching TV and consequently chose to wake up later, and this was reflected in the care plan.

People’s choice about their care and treatment was sought through a variety of ways. One person told us, “I like to pick my own clothes.” Another person told us “I like making bracelets” and was able to demonstrate the bracelets that had been made. This demonstrated that important choices regarding people’s care were given to people to decide. Throughout out inspection we observed people being supported and encouraged by staff to join in activities. For example, staff were able to sit and chat with residents and also to support them with activities. For example, some people chose to complete jigsaws, watch TV whilst others wanted to read horoscopes or magazines. One person who had had a fall was consulted and offered a bedroom on the ground floor. However, the person told us that they had wanted to remain in their room and a stair lift was installed instead to enable the person to stay in his room.

People told us that they knew how to raise concerns or complaints. They told us they would speak to the registered manager or that they could speak to a member of staff. For example, one person said, “I would speak to [the manager]. Although no written complaints had been received, the provider had used feedback from people and relatives to improve their individual care needs. We saw that regular questionnaires went out to people, staff and relatives. The results were also circulated through a staff meeting and through a newsletter for relatives.

We looked at four people’s records which had been kept under review and updated regularly to reflect people’s current care needs. The wishes of people, their personal history, the opinions of relatives and other health professionals had been recorded. Care records showed when other professional guidance had been sought. For example there were referrals to dentists, opticians, and podiatry.

Is the service well-led?

Our findings

People were supported by a consistent staff team that had worked at the service for a long period of time and who understood and instinctively responded to people's care needs. Staff we spoke with gave positive feedback on their working environment and the management within the home. Staff attempted to make people feel as comfortable as possible, for example, one staff member said, "It's a really nice place to work. It's quite homely here." All staff spoken to were very supportive of the provider, management and of each other and there was a strong sense of team working within the service.

People told us that they felt well cared for and we saw people interacted very positively with the registered manager and care staff. The registered manager told us they regarded themselves as part of the caring team. Staff had a clear understanding of each person's individual care and social needs. We observed throughout the day people engaging in light hearted chatter with the registered manager and staff about things that were important to them. People were relaxed and comfortable and knew each other well. For example, friendships had been formed between people so this influenced where and who people wanted to sit next to. However, we noted during our observation that people regarded themselves as "all friends". There was an open culture between people and staff. People spoke fondly of staff. For example, of one person said "I love [carer]".

All staff we spoke with told us that the provider and registered manager were both approachable, accessible and listened to them. Staff told us they felt able to tell management their views and opinions about the running of the service or any concerns they may have about people living there. They could do that either at staff meetings or speaking to the manager or provider directly and that their contributions to team meetings were valued. For example, one staff member told us about some of the suggestions for outings she had made. All staff noted that because the team was a very small team, who had worked together for a long time, there was a very open culture which meant that they could speak to one another about anything. Staff also spoke highly of the registered manager, for example one person said "I have a brilliant relationship with the manager." Another said, "I can approach her (registered manager) to speak about anything and she will listen to suggestions."

People had identified key workers who were responsible for their care and communicating with families. Systems were in place for the key worker to review and update care plans as well as ensure that concerns regarding the person were appropriately dealt with. For example, concerns about a person's change in health or requesting any personal items they may require, such as clothing.

We saw that there were a number of systems within the home that ensured that high quality care could be delivered. For example, staff training and competency was regularly audited to ensure standards were maintained. A monthly audit took place to review people's medicines, whether they had received the correct amount and which needed reordering. A monthly environmental audit also took place which included reviewing people's bedrooms, furniture and any equipment used.

During the inspection we were able to view questionnaires and emails used to keep relatives engaged and informed. We were also able to review a comments and compliments system. One of the comments noted was a relative living overseas, who appreciated the photos and frequent updates.

The registered manager told us about how they developed the service in order to improve quality. The registered manager attended the same training sessions as the staff to keep her knowledge up to date and also to ensure that the same consistent knowledge and practices were being applied between staff. The registered manager also told us that she benefited from attending sessions delivered by the West Midlands Care Association, in order to keep up to date with changes in legislation such as the Care Act 2014. As a small Provider, having key information shared with her, enabled the registered manager to use her time to manage the service. This demonstrated the registered manager's desire to continually learn to improve the quality of service that she led