

Crocus Care Ltd

Lorna 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

This inspection took place on 11th May 2015.

The inspection was unannounced.

Lorna House is a residential care home service providing accommodation for up to 24 people, some of whom are living with dementia.

The home has a registered manager . A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law.

People were cared for by staff that were skilled, trained and supported in their role. There were enough staff on duty throughout the 24 hour period to meet the people's

needs. It was clear from our observations and discussions that staff knew people well. People told us they were happy living at Lorna House with one saying ' I couldn't be better looked after anywhere'.

The registered manager set the standards the staff were expected to meet. She was available to hear the views of the people (and their families) and to support the staff in their work. Any problems or issues were investigated and dealt with swiftly. We saw care plans were based on people's health and social care needs, and that their views were taken into account. We saw that all risks, or potential risks , to people had been assessed and clear plans formulated to minimise risk to individuals.

Summary of findings

Staff understood people's vulnerability and how to protect them from abuse, harm or injury. Staff had a good understanding of safeguarding procedures and how to report any incidents or concerns. Staff also had a good knowledge of the Deprivation of Liberty Safeguards (under the Mental Capacity Act). Further to the Supreme Court Judgement in March 2014 all residential care homes have to consider if the care they are providing may be considered to be depriving any of the individuals in their care of their liberty(for example, if people are not free to leave the care setting) If this is the case, the care provider has to ask the local authority to undertake 'Best Interest' assessments on the people using the service.

We saw that people were treated as individuals with respect, care and kindness. People were supported to pursue activities of their choice and to maintain links outside of the home. People's care was delivered in a way that respected their individual needs and preferences, with staff using clear care plans. The registered manager had developed quality assurance methods and there was

a clear complaints procedure. This ensured that people and their families could feed back any issues that arose. One relative said "If ever there is an issue we know it will get dealt with".

We saw that medicines were managed to ensure people received their medications in a timely and safe way. People had access to a GP of their choice and some received support from other community health professionals like District Nurses or Community Psychiatric Nurses.

People received a nutritious diet with plenty of choice.

Staff recruitment procedures at Lorna House were robust. This protected people from unsuitable persons being employed to provide their care. Staff told us they felt well supported by the manager who they described as being approachable and knowledgeable.

The home was well presented and very clean , with no offensive odours.

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 were protected from abuse and discrimination. The staff had a clear understanding of their responsibilities to the people in their care and understood the legislation that is in place for peoples' protection.

The staff recruitment programme was robust, ensuring that the staff employed were suitably skilled and experienced, Checks were appropriately undertaken to check that the prospective staff member was of suitable character to work in social care.

Sufficient staff were on duty to ensure that appropriate care was given in a planned and timely way.

Risk assessments had been undertaken and potential or actual risks reduced or eliminated.

Good



Is the service effective?

Is the service effective?

The service was effective.

Staff had a good understanding of the Mental Capacity Act 2005 and their responsibilities under that legislation. They understood issues of consent to care and treatment, and were skilled at supporting people to be as independent as possible.

The staff team were knowledgeable and had benefitted from ongoing training and updates. They received regular supervision.

People received effective care and support to promote their health and wellbeing. People were referred appropriately to GP's and district nursing services in a timely manner.

Medicines were stored and administered safely.

People received an adequate and nutritious diet which took into account their individual tastes and dietary requirements.

Good



Is the service caring?

The service was caring.

People who used the service were supported by staff who had caring and trusting relationships with them.

Staff understood peoples' care needs and treated them with courtesy and with respect for their dignity.

Care was delivered based on personalised care plans, with people (and /or their representatives) fully involved in decisions about their care.

Good



Is the service responsive?

The service was responsive to peoples' individual needs.

Good



Summary of findings

Peoples' care needs were assessed and written care plans were produced reflecting how best to meet those needs. These plans were reviewed regularly.

The home had a broad base of activities that reflected peoples interests.

Lorna House has a clear complaints procedure.

Is the service well-led?

The service was well led.

The registered manager was available to listen to the views of people using the service and their representatives.

The staff reported that they always felt able to approach the registered manager or owner if they had queries or needed support in their work.

The registered manager monitored the quality and safety of the service through a series of audits and from gaining feedback from the people who lived there.

Good



Lorna 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 was 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 11th May 2015 and was unannounced. The inspection team comprised one adult social care inspector.

Before the inspection we reviewed the information CQC hold about the home which included incident notifications they had sent us. A notification is information about important events which the service is required to tell us about by law.

We spoke to eight people using the service, three family members, five members of staff and the registered manager.

We observed the interactions between the people and the staff throughout the day and reviewed documents in the home. These included peoples' care records, quality assurance systems, accident and incident reports, staffing rotas and records, and records relating to the administration of medication.

We used the Short Observational Framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not easily tell us about their care.

Is the service safe?

Our findings

People told us they felt safe at Lorna House.

People said they felt there were always enough staff on duty to meet their needs. Staff rotas showed that typically there were between three and five carers on duty during the day, supported by the manager alongside the cook and the cleaner. We saw that call bells were answered promptly and that care was delivered in an unhurried fashion, with lots of conversation and laughter. The registered manager regularly reviewed the staffing numbers against the level of peoples dependency to ensure there were sufficient staff to meet those needs.

One person told us 'the staff are brilliant, always on hand when you need them' with another saying 'it's like a hotel here, you want for nothing'.

People's medicines were managed safely and we saw that people received both regular and 'as required' medication in a timely way. The home used a monitored dosage system supplied by a local chemist who also audited the medicines (last audit June 2014). Each person had their own medicine chart complete with a photograph to ensure the right medicine was given to the right person.

New prescriptions were faxed to the chemist who then delivered the medicine. Two staff then signed for receipt of medicine and checked dosages/ timings against the prescription. This ensured that the correct doses were given at the right time. One person was receiving a medicine with a variable daily dose and we saw that two people checked this each day to ensure correct prescription instructions were followed.

Staff confirmed that they had received training and regular updates in medicines administration. The home also kept a file with the drug details of each of the medicine in use and the side effects and contraindications of that medicine. This enabled staff to research the medicine they were dispensing and become aware of any side effects .

People were protected from the risk of abuse. We used a tool called SOFI (Situational Observational Framework) to observe interactions between people and staff and it was clear from this that people felt safe with the staff. One said ' I would always say if I was unhappy with something, and I

know they (the staff) would sort it out. A family member said ' If I thought something was wrong I would always let the staff or manager know' and added ' I am able to question staff if I don't understand something'.

Staff demonstrated good knowledge of different types of abuse and how they would recognise the signs. Staff indicated that they would initially inform the manager or deputy, and were aware that they could also report to the local safeguarding authority or the police. Staff confirmed they had received safeguarding training, and the home had a clear safeguarding policy. There had been no safeguarding alerts since our last inspection.

We saw that the people living at Lorna House were protected by robust recruitment procedures to ensure that only suitable people were employed. All staff had been interviewed and references obtained. Staff had all had the necessary police checks before commencing employment.

Procedures were in place to protect people in the event of an emergency. We saw that each person had their own personal evacuation plan in the event of fire. All staff had received fire safety training, which they undertook six monthly. There was a training session booked on the day we visited. We saw that fire exits were clearly marked, as were extinguishers. There were easily accessible first aid boxes around the home.

Each person had a risk assessment covering the risks to them from the environment, moving and handling issues, leaving the building, medication and skin integrity.

Staff had been provided with, and were using, personal protective equipment, such as gloves and aprons. This meant that people were protected from the risk of cross infection.

We noted that equipment such as stand-aids and hoists were clean, well maintained, and had been serviced at regular intervals to ensure the safety of the people using them.

Equipment was stored appropriately, fire exits and extinguishers were clearly signposted, and fire doors were shut. All the radiators had guards over them to prevent people from possible burns. We saw that the home was up to date with the servicing of the stair lift, hoists, slings and

Is the service safe?

P.A.T testing. The home had appropriate gas safety certification. The home had been tested for legionella in September 2014, and was compliant with the standards required by this test.

Is the service effective?

Our findings

The service was effective.

People received effective care and support from an experienced staff group who had the skills and knowledge to meet their needs. One person told us 'they (the staff) really know what they're doing'. One person's daughter told us 'they go the extra mile to understand what they need to do'.

Staff had a good understanding of people's care needs. For example, we saw staff speaking slowly and clearly to a person with hearing impairment. We saw staff patiently explaining what they were about to do to a person with memory loss, providing that person with reassurance. Staff always asked people for their consent before carrying out any care, and would return later if someone declined their help. This demonstrated the staff were respecting people's choices and understood issues of consent to care.

Staff clearly knew the people well and understood how they liked their care to be given. One staff member said 'we always try to understand what it must be like to receive care and aim to always respect people's wishes' and 'we always try to get people to do as much for themselves as they can'.

Staff had received training to support them to meet people's needs. This included training in health and safety, fire safety, moving and transferring, infection control, protection of vulnerable adults, and first aid. A training matrix was used to identify when training or refresher training was due. Most of the staff had NVQ qualifications in health and social care. New staff underwent an induction period working alongside experienced members of staff.

People said they were supported to receive a balanced diet. The registered manager worked with the cook to plan menus, and there were drinks and snacks available throughout the day. People's care plans identified if they had particular likes or dislikes in food. Four people had special dietary considerations and these were listed in the kitchen with provision made to accommodate them. Records showed that the registered manager had sought specialist advice from the local dietitians about meeting

dietary needs. This was reflected both in the care plan and on the kitchen noticeboard. This ensured staff had the information to provide adequate food and fluid intake to people.

Staff received regular supervision sessions from the registered manager, with each one receiving a yearly appraisal to reflect on their practice and identify any training needs. Staff felt well supported by the registered manager who they described as 'always there to help' and 'very approachable'. Clear records of supervision sessions were kept in staff file.

In our discussions with them, staff showed clear understanding of the Mental Capacity Act 2005 (MCA). This Act ensures that people who are unable to make decisions for themselves have their legal rights protected. It provides a legal framework to assess people's capacity to make certain decisions, at a certain time. If people are assessed as not being able to make a decision because they lack capacity, a 'Best Interest' decision is made. This process involves assessment by professionals (for example a GP or a social worker) in consultation with the person's family or representatives. We saw that this process had been followed for one person whose health had deteriorated requiring hospital admission.

The Mental Capacity Act includes the Deprivation of Liberty Safeguards (DOLS) to ensure people are not having their freedom of movement unnecessarily restricted. At the time of our inspection there were no people living at Lorna House subject to a DOLS authorisation. The home manager was aware of the process of referral to the local authority should it become necessary. Lorna House did not have a locked door policy, so that people could come and go as they pleased.

People were supported to maintain good health, for example with support in ensuring a balanced diet and help to remain as physically active as possible.

People had access to local health care services. The home had records of GP and other health professional's visits. Staff told us if they had any concerns about people they would always seek professional advice, describing good links with GP surgery's and the local older person's mental health team.

Is the service caring?

Our findings

People and their visitors told us staff were very good and caring. We saw positive interactions between people and the staff, with lots of friendly banter and staff making time to talk individually to people. People told us they were always spoken to politely and with respect. One said 'this is a nice, happy place to be' and another 'they always make sure I'm ok'. A member of the community health team said 'the home work hard to make sure all they do is the best they can'.

Peoples families were positive, one person saying 'my precious mum is cared for and content; there can be no improvement on that'.

We saw that people were asked before any care was undertaken. On one occasion when care was declined a staff member said 'that's ok, I'll come back and check with you later on'. This was one example that showed us that peoples' choices were respected. Care plans also detailed the times that people liked to get up and retire and staff told us this was adhered to as far as possible.

People were offered assistance in a discreet way, for example at lunch we saw staff quietly ask if people wanted help to cut up their food. A spoon was offered instead of a knife and fork so that one person could feed themselves without assistance.

Not everyone was able to express their views verbally about their experiences. We saw that for these people interactions with the staff were good, with lots of eye contact and smiles. Staff would touch people on the hand

or shoulder to gain and keep their attention. Our observations showed that people were relaxed with the staff. Staff told us they spent time getting to know the people in their care and this included getting to know their life histories, likes and dislikes from family and friends. One staff member said 'we try to find out what makes people tick, especially those that can't talk to us'. At lunch we saw staff showing people the choice of food available and asking them what they would prefer.

Professionals and peoples' families had been kept up to date and consulted about any changes to care. Staff and peoples families confirmed that where people couldn't make decisions about their care it was fully discussed to try to ensure that the persons needs and wishes were respected.

Staff were aware when peoples behaviour indicated they wanted something, for example when one person became agitated staff discreetly assisted them to the toilet, after which they became settled and content again.

Everyone had their own room and we saw people were encouraged to have personal belongings and photographs in their rooms. People's privacy and dignity was respected and personal care was offered discreetly. Staff were aware of the need to maintain confidentiality and did not speak about people in front of others. Staff shared information in a respectful and compassionate way.

People could choose where to spend their time with some opting to use their own rooms rather than the communal areas.

Is the service responsive?

Our findings

The home was responsive.

People received care that had been planned specifically for them. Assessments were detailed and included people's specific medical needs alongside their personal histories and their preferences. Care plans were detailed giving care staff instructions on how to meet individual needs, for example some people had communication difficulties and their care plans detailed the best way of interacting with them.

The Registered Manager undertook initial assessments of people before they were admitted to Lorna House to ensure the home would be able to meet their needs. Care plans were then drawn up in consultation with the person, their family and /or any involved professionals.

If a person's needs changed, for example following hospital admission, care plans were reviewed and amended. Risk assessments were also updated, for example one person had had a number of falls in a short space of time. Their updated care plan detailed the advice that had been obtained from consulting with an orthopaedic specialist and a physiotherapist. Care plans were also routinely reviewed every month to quickly identify any changes.

The home had a broad range of activities on offer including coffee mornings, arts and crafts, bingo, a clothes party and

visiting entertainments. People had also been on trips outside of the home. There was a good selection of photographs on display of previous events including the Christmas party and a trip to Dartmoor. People and their visitors were asked to make suggestions for activities in questionnaires and meetings. The home hoped this would capture people's interests- both past and present. A notice board displayed the day, date, time of year and the weather for today. The day's menu was also displayed. The board detailed forthcoming events, including the next time the chiropodist and hairdresser would be visiting.

Visitors told us they felt welcome whatever time of day they visited.

The home had a residents charter of rights displayed in the hall way. The complaints procedure was also displayed here, alongside leaflets about how to get help if people were concerned about abuse or poor practice.

The registered manager kept copies of complaints and comments which were audited regularly. The file contained one complaint regarding the quality of the answerphone which had been resolved by the purchase of a new phone. Comments included 'we particularly like the effort which goes into celebrating special times of the year' and 'this is a home from home'.

Is the service well-led?

Our findings

The home was well led.

The people living at Lorna House and their visitors describe the home as 'a home from home' and 'definitely run with the people at the forefront of everything'. One added 'this is such a nice, happy environment'.

The people and the staff told us they felt able to share any concerns they had with the registered manager. In addition to the registered manager, there was a team of senior carers to offer on going advice and support to the other staff. One person said 'the manager is really approachable' with another one saying 'this is a very warm, friendly place'. One carer told us 'we have the resources here to do our job properly'.

Staff reported they could always get advice and help on any issues from the registered manager and felt that it was 'a good place to work'. They reported that whole team meetings were held each Tuesday and that the team was 'encouraged to share ideas' and 'problems always get sorted out'.

This meeting was used to affirm the responsibilities of each worker in open discussions which were minuted. Staff could refer to this file at any time. For example, we saw that recent team meeting minutes had identified issues with care plans for people returning from hospital and detailing what action should be taken and by whom. Other topics that had been discussed recently were training that needed to be planned, and maintenance issues.

Resident meetings and feedback surveys had taken place to identify any issues that residents wanted to raise, with details of actions that had been taken to remedy matters.

The registered manager had sought feedback from relatives of people who were unable to have input into resident meetings and questionnaires.

We saw that the home was in regular contact with the local primary and secondary health care teams. GP and District Nurse visits were logged. The home also had good links with social workers and the local Community Mental Health team who were regular visitors to the home, to take part in reviews of care or offer advice on particular problems.

The registered manager carried out regular audits of medication, equipment, resident's monies, rooms and laundry to ensure high standards were maintained. Monthly meetings were held with other home managers within the group to address any common issues and share learning to ensure people were kept safe.

We saw that all accidents and incidents were recorded and analysed. This helped the staff group identify any triggers to events and to consider action that needed to be taken to minimise the risk of the event happening again. We saw that the Registered Manager had informed the Care Quality Commission as required of notifiable incidents.

All of the records we were shown were clear, and well recorded. Any changes were noted, signed and dated by the staff member recording them, showing accountability.

This section is primarily information for the provider

Action we have told the provider to take

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

This section is primarily information for the provider

Enforcement actions

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