

# Lorne House Residential Home Trust Limited

# Lorne House

## Inspection report

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Date of inspection visit: 19 and 21 January 2015  
Date of publication: 05/03/2015

## Ratings

### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

## Overall summary

We inspected Lorne House on 19 and 21 January 2015. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

Lorne House is a care home providing support for up to 14 people who have a learning disability. One of the facilities is a bedsit on the top floor, which has a small domestic kitchen next to it. The care home was set up by a group of parents who had children with learning disabilities and this group formed the charity that now operates the home.

The home had a registered manager in place and they have been in post for over five years. 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.

Staff had received Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards training but were unclear about the requirements of the Act. We found that

# Summary of findings

there was no information to show whether relatives had become Court of Protection approved deputies, or if they had enacted power of attorney for care and welfare or finance or if they were appointees for the person's finance. No records were in place to show that staff completed capacity assessments where appropriate and made 'best interest' decisions. We found that people we spoke with were able to discuss a range of decisions they made but did need support with understanding some complex information. We found that other people had difficulty making decisions; were under constant supervision; and prevented from going anywhere on their own. Staff did not know whether people were subject to DoLS authorisations, which are needed if people lack capacity to make decisions and these types of restrictions are made. We found that the registered manager was being guided by the supervisory body and was waiting for them to determine if 13 people needed DoLS authorisations. They recognised that further action was needed to ensure the staff understood how to apply the requirements of the MCA.

We saw that assessments were completed, which identified people's health and support needs as well as any risks to people who used the service and others. These assessments were used to create support plans for people to follow whilst they used the service. The people we spoke with discussed their support plans and how they had worked with staff to create them. We found that staff needed to ensure these were updated and altered as people's needs changed. At times staff were not recording the review of people's needs that they had completed. Staff were able to discuss in-depth the support each person needed and how they worked with people.

People living at the home required staff to provide support to manage their day-to-day care needs; to develop impulse control; as well as to manage their behaviour and reactions to their emotional experiences. We found that the manager had taken appropriate steps to ensure, that when people became anxious staff found out what would reduce this distress and provided a consistent response.

Three of the people we met were very able to tell us their experiences of the service. They were complementary about the staff and found that home met their needs. People told us that the registered manager was

approachable and sorted out problems they had around living in a group. People told us that they made their own choices and decisions, which were respected by staff but they found staff provided really helpful advice.

The other people we met had difficulty discussing abstract ideas, such as their views on whether the support provided at the home was appropriate but were able to share their views about day-to-day life at the home. People told us they liked living at the home and that the staff were kind and helped them a lot. We saw there were systems and processes in place to protect people from the risk of harm.

We observed that staff had developed very positive relationships with the people who used the service. We saw that where people experienced high levels of anxiety staff were able to discreetly reduce the impact on the individual and those people around them. Interactions between people and staff that were jovial and supportive. Staff were kind and respectful; we saw that they were aware of how to respect people's privacy and dignity.

People told us they were offered plenty to eat and assisted to select healthy food and drinks which helped to ensure that their nutritional needs were met. We saw that each individual's preference was catered for and people were supported to manage their weight and nutritional needs.

We saw that people living at Lorne House were supported to maintain good health and learn about how to be healthy whilst using the service.

Effective recruitment and selection procedures were in place and we saw that appropriate checks had been undertaken before staff began work. The checks included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Staff had received a range of training, which covered mandatory courses such as fire safety, infection control, food hygiene as well as condition specific training such as working with people who experienced learning disabilities and specific physical health conditions. We found that the staff had the skills and knowledge to provide support to the people who used the service. People and the staff we spoke with told us that there were enough staff on duty to meet people's needs. We saw that the number of staff on duty varied throughout the day to reflect how many people were in. This was

# Summary of findings

reflected in the rotas but at least two care staff covered the service during the day, with this going up to three at times and there was a waking night staff and one of the team leaders slept at the home. Also throughout the week day there was the registered manager, an administrator, the cook, the driver and the housekeeper.

We reviewed the systems for the management of medicines and found that people received their medicines safely.

We saw that the provider had a system in place for dealing with people's concerns and complaints. People we spoke with told us that they knew how to complain and felt confident that staff would respond and take action to support them. People we spoke with did not raise any complaints or concerns about the service.

We found that the building was very clean and well-maintained. Appropriate checks of the building and

maintenance systems were undertaken to ensure health and safety. We found that all relevant infection control procedures were followed by the staff at the home. We saw that audits of infection control practices were completed.

The provider had developed a range of systems to monitor and improve the quality of the service provided. We saw that the manager had implemented these and used them to review the service.

We found the provider was breaching two of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These related to adhering to the requirements of the MCA and maintenance of the records keeping. You can see what action we took at the back of the full version of this report.

# 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.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Staff were able to recognise signs of potential abuse. Staff reported any concerns regarding the safety of people to the registered manager.

Appropriate systems were in place for the management and administration of medicines.

Appropriate checks of the building and maintenance systems were undertaken, which ensured people's health and safety was protected.

Good



### Is the service effective?

The service was effective but improvements were needed.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through training.

People's needs were assessed and care plans were produced identifying how to support needed to be provided. These plans were tailored to meet each individual requirements but needed to be reviewed on a regular basis.

Staff needed to improve their understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and how to apply the legislation.

People were provided with a choice of nutritious food, which they choose at weekly meetings. People were supported to maintain good health and had access to healthcare professionals and services.

Requires Improvement



### Is the service caring?

This service was caring.

People told us that they liked living at the home. We saw that the staff were very caring and discreetly supported people to deal with all aspects of their daily lives.

We saw that staff constantly engaged people in conversations and these were tailored to ensure each individual's communication needs were taken into consideration.

People were treated with respect and their independence, privacy and dignity were promoted.

Good



### Is the service responsive?

The service was responsive.

Good



# Summary of findings

People, who were able, were involved in a wide range of everyday activities. People were encouraged and supported to develop their skills.

Staff had a comprehensive understanding of people's communication style and readily interpreted non-verbal cues.

The people we spoke with were aware of how to make a complaint or raise a concern. They told us they had no concerns but were confident if they did these would be thoroughly looked into and reviewed in a timely way.

## Is the service well-led?

The service was well led.

The registered manager was effective at ensuring staff delivered a good service. We found that the registered manager was very conscientious. They reviewed all aspects of the service and took action to make any necessary changes.

Staff told us they found the registered manager to be very supportive and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

Systems were in place to monitor and improve the quality of the service provided. Staff told us that the home had an open, inclusive and positive culture.

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

An adult social care inspector completed this unannounced inspection of Lorne House on 19 and 21 January 2015. Before the inspection we reviewed all the information we held about the home.

During the inspection we met and spoke with five people who used the service. We also spoke with the registered manager, two team leaders, two care staff, the cook, an administrator, the driver and the housekeeper.

We spent time with people in the communal areas and observed how staff interacted and supported individuals. We observed the meal time experience and how staff engaged with people during activities. We looked at five people's care records, four recruitment records and the staff training records, as well as records relating to the management of the service. We looked around the home including (with people's permission) bedrooms, bathrooms and the communal areas.

# Is the service safe?

## Our findings

We asked people who used the service what they thought about the home and staff. People told us that they were extremely pleased to be living at the home. People told us that they found the home provided a safe environment and explained how staff supported them to deal with conflict and learn new skills. People told us about the relationships they had formed with other people at the home and the holidays they went on as well as what day-to-day life was like in the home.

People said, “The staff are lovely and really helped me to work out how to get on with people.” And, “I love it here, we go on holiday and I go out to college.” And, “The manager is great. One of the people can be rude and we just tell him and he sorts it out.”

The staff we spoke with all were aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicions that may occur. Staff told us the registered manager would respond appropriately to any concerns. Staff told us that they had received safeguarding training at induction and on an annual basis. We saw that all the staff had completed safeguarding training in 2014. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. The home had safeguarding and whistleblowing policies and these had been reviewed in November 2014.

We saw that staff had received a range of training designed to equip them with the skills to deal with all types of incident including medical emergencies. We found that a qualified first aider was on duty throughout the 24 hour period.

We saw that the water temperature of showers, baths and hand wash basins in communal areas were taken and recorded on a regular basis to make sure that they were within safe limits. We saw records to confirm that regular checks of the fire alarm were carried out to ensure that it was in safe working order. We confirmed that checks of the building and equipment were carried out to ensure people's health and safety was protected. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, fire

extinguishers and portable appliance testing (PAT). This showed that the provider had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises.

Each person had a Personal Emergency Evacuation Plans (PEEP) that was up to date. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. We saw that personal protective equipment (PPE) was available around the home and staff explained to us about when they needed to use protective equipment. We spoke with the housekeeper who told us they were able to get all the equipment they needed and we saw they had access to all the necessary control of hazardous substances to health (COSHH) information. COSHH details what is contained in cleaning products and how to use them safely.

We reviewed five people's care records and saw that staff had assessed risks to each person's safety and records of these assessments had been regularly reviewed. Risk assessments had been personalised to each individual and covered areas such as eating, managing emotions and behaviour and going out independently. This ensured staff had all the guidance they needed to help people to remain safe whilst using the service. Staff we spoke with discussed why measures were in place. For instance, we heard how staff assessed people's mood to identify what may cause them to become distressed, identified triggers, the measures they put in place to reduce any distress and keep people safe when using the service.

The four staff files we looked at showed us that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS), which checks if people have been convicted of an offence or barred from working with vulnerable adults, were carried out before staff started work at the home.

Through our observations and discussions with people and staff members, we found there were enough staff with the right experience and training to meet the needs of the people who used the service. The records we reviewed such as the rotas and training files confirmed this was the case. We saw that during the day the number of people in the home varied and this was reflected in the rotas but at least two care staff covered the service during the day. During

## Is the service safe?

the weekdays a variety of other staff were also on duty in the home such as the registered manager, cook, administrators, the driver and the housekeeper. Overnight there was a waking night staff and the team leader who provided sleep-in cover.

We found that there were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were securely maintained to allow continuity of treatment. We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly. Arrangements were in place for the safe and secure storage of people's medicines.

Senior staff were responsible for the administration of medicines to people who used the service and had been trained to safely undertake this task. We spoke with people who told us that they got their medicines when they needed them.

We found that information was available in both the medicine folder and people's care records, which informed staff about each person's protocol for their 'as required' medicine. We saw that this written guidance assisted staff to make sure the medicines were given appropriately and in a consistent way.

We saw that there was a system of regular audit checks of medication administration records and regular checks of stock. This meant that there was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed.



# Is the service effective?

## Our findings

The staff we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. However, staff were very unclear about what action they needed to take to ensure the requirements of the MCA were followed. Staff could not tell us whether anyone at the home was subject to a Deprivation of Liberty Safeguard (DoLS) authorisation. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. The registered manager told us that no DoLS authorisations were in place but they were working with the local authority to ensure that 13 were obtained. It was unclear why 13 were needed as a number of people we spoke with could make decisions about the care they received. Care homes can only apply for DoLS authorisations if it has been found that a person lacks the capacity to make decisions and they cannot agree to their liberty being restricted.

No capacity assessments had been undertaken and no 'best interest' decisions were recorded yet staff imposed restrictions on every aspect of some people's lives. Thus some people were not allowed to leave the home on their own and were under constant supervision. Staff did not recognise that without the appropriate authorisations in place this type of supervision was not lawful. The registered manager was aware that they and the staff needed more support to fully understand the principles of the MCA and how to make 'best interest' decisions.

This was a breach of Regulation 18 (Consent), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

From our review of the care records we saw that assessments and support plans had been developed but these had not updated when people's needs changed. We saw that lots of information was recorded in the daily records but staff did not appear to use this to assist them to evaluate whether the support plans remained appropriate. We found that staff had a very good understanding of people's needs and had altered the way they worked but the care records did not reflect the actions they took.

This was a breach of Regulation 20 (Records), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We spoke with people who used the service about the home. People were able to share their views about day-to-day life at the home. People told us they liked living at the home; the staff were good and kind; and they felt the staff cared about by them.

We confirmed from our review of staff records and discussions that the staff were suitably qualified and experienced to fulfil the requirements of their posts. Staff we spoke with told us they received training that was relevant to their role. They told us that they completed mandatory training and condition specific training such as working with people who had difficulty communicating, advanced food hygiene and various conditions such as epilepsy. Staff told us their training was up to date, which we confirmed from our review of records. This included: fire, nutrition, infection control, first aid, medicines administration, and food hygiene. We also found that the provider completed regular refresher training for these courses.

We found that the majority of the staff had worked at Lorne House for over three years but saw that staff had completed an induction when they were recruited. This had included reviewing the service's policies and procedures and shadowing more experienced staff.

Staff we spoke with during the inspection told us the registered manager was extremely supportive and they had routinely received supervision sessions, which they found were informative and helpful. The registered manager told us that they and the senior staff carried out supervision with all staff on a bi-monthly basis. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. Records were in place to confirm that supervision had taken place. We found that all of the staff had an annual appraisal.

We spoke with the cook and looked at the home's menu plan. The menus provided a varied selection of meals and we heard that the cook worked closely with the people who used the service to ensure the menu catered for their likes. We saw that other alternatives were available at each meal

## Is the service effective?

time such as a jacket potatoes, soup or salad. The registered manager and cook were able to tell us about particular individuals, how they catered for them, and how they made sure people were eating healthy balanced diets.

The registered manager informed us that all people who used the service had undergone nutritional screening to identify if they were malnourished, at risk of malnutrition or obesity. We saw records to confirm that this was the case. Staff confirmed this was the case and told us about

instances when they had asked the GP to refer people to a dietician. We found that all of the people had weights within normal ranges and the registered manager had a system in place for routinely monitoring people's weight.

People said, "The meals are really good and we get plenty to eat." Another person said, "The cook does a good job and the food is always lovely."

Staff and the people we spoke with told us they knew what was on the menu but could ask for something else if they wanted.

# Is the service caring?

## Our findings

All the people we spoke with said they were very happy with the care and support provided at the home. They told us staff were helpful and kind.

People said, “I like the staff.” And, “The staff are really kind and nice.”

People told us that they had lived at the home a long time. Staff told us about the admissions procedure and how they ensured people were involved in making the decision around who was to live at the home and who worked at the home. We heard that prior to people coming to stay, people had been given the option to come for visits to help make an informed decision about whether they wanted to move in. Staff told us that they completed full assessments so that they could ensure the home was a suitable placement for the person.

We reviewed the care records and found that each person had a detailed assessment, which highlighted their needs. The assessment could be seen to have led to a range of support plans being developed. People told us they had been involved in making decisions about their care and support and developing their support plans.

During the inspection we spent time with people in the communal lounge area and dining room. We saw that staff treated people with dignity and respect. Staff were attentive, showed compassion, were patient and interacted well with people. We saw that when people became anxious staff intervened in very supportive ways. We found staff sensitively and discreetly deployed these measures, which reduced it becoming evident to others that someone was becoming upset.

The registered manager and staff that we spoke with showed genuine concern for people’s wellbeing. It was evident from discussion that all staff knew people very well, including their personal history, preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs.

Throughout our visit we observed staff and people who used the service engaged in general conversation and friendly banter. From our discussions with people and observations we found that there was a very relaxed atmosphere and staff were caring. We saw that staff gave explanations in a way that people easily understood. This demonstrated that people were treated with dignity and respect.

Staff we spoke with during the inspection demonstrated a good understanding of the meaning of dignity and how this encompassed all of the care for a person. We found the staff team was committed to delivering a service that had compassion and respect for people.

The environment was well-designed and supported people's privacy and dignity. All bedrooms were personalised. Staff we spoke with during the inspection demonstrated a good understanding of the meaning of dignity and how this encompassed all of the care for a person. We found the staff team was committed to delivering a service that had compassion and respect for people.

# Is the service responsive?

## Our findings

People told us that they were involved in a wide range of activities both inside and outside the home. We heard about the college courses people had completed, how they went to various activities in the local area, on holiday and had formed close relationships with people at the home. People told us how the staff supported them to go out and about in the community and one person told us that the staff had helped them to learn how to travel home on the bus from college. The driver would organise their time around ensuring people got to their planned activities. People said, “The staff make sure we get to do the things we want to do.” Staff told us that they plan the time around what people ask to do and we saw that this happened.

People with a variety of needs used Lorne House. People may need support to manage their personal care needs as well as their emotional responses to everyday activities and stress. We saw that the staff were effective at supporting people to manage their impulse control and emotions. We saw that staff intervened and deescalated situations as people became anxious and before it caused a major issue for the person.

During the inspection we spoke with staff who were extremely knowledgeable about the care and support that people received. We found that the staff made sure the home worked to meet the individual needs and goals of each person. We saw records to confirm that people had health checks and were accompanied by staff to hospital appointments. We saw that people were regularly seen by their clinicians and when concerns were raised staff made contact with relevant healthcare professionals. For instance one person’s behaviour had changed so the staff had contacted the GP and community nurses who assisted staff to design different approaches, which resolved the issues.

We saw that people had been supported to make decisions about going for annual health checks and any treatment

options. Some of the people disliked seeing medical professionals and staff had developed effective ways to enable individuals to become comfortable enough to have the checks they needed. This meant that people who used the service were supported to obtain the appropriate healthcare that they needed.

The registered manager discussed how they had worked with people who used the service to make sure the placement remained suitable. They discussed the action the team took when people’s needs changed to make sure they did everything they could to make sure the service still met people’s needs.

We confirmed that the people who used the service knew how to raise concerns and we saw that the people were confident to tell staff if they were not happy. We saw that the complaints procedure was written in both plain English and easy read versions. We looked at the complaint procedure and saw it informed people how and who to make a complaint to and gave people timescales for action. We saw that no formal complaints had been made in the last 12 months. The registered manager discussed with us the process they were to use for investigating complaints and who in the senior management team they needed to alert. They had a solid understanding of the procedure.

We spoke with people who used the service who told us that if they were unhappy they would not hesitate in speaking with the registered manager or staff. People told us that when they had raised concerns about the behaviour of other people at the home the registered manager had ensured this was discussed with the person and the problems were resolved.

People said, “I have never been unhappy with the staff.” And, “I have never had any complaints about the home but know staff would sort them out if I did.”

# Is the service well-led?

## Our findings

People who used the service were very complimentary about the registered manager, the staff and the home. From the information the people shared we gained the impression that they thought the home was well run and completely met their needs. We found that the registered manager was reflective and looked at how staff could tailor their practice to ensure the care delivered was person centred. We saw that the registered manager had supported staff to review their practices and constantly looked for improvements that they could make to the service.

Staff told us, “The manager is excellent and I think we are working well as a team. We all want the people to get the best possible care.”

The staff we spoke with described how the registered manager constantly looked to improve the service. They discussed how they as a team reflected on what went well and what did not and used this to make positive changes. Staff told us that the registered manager was very supportive and accessible. They found they were a great support and very fair. Staff told us they felt comfortable raising concerns with the registered manager. Staff told us they found that the manager valued their suggestions.

The home had a clear management structure in place and the home was overseen by members of the board. We found that the registered manager continuously strived to improve the home. They understood the principles of good quality assurance and used these principles to critically review the service. We found that the provider had comprehensive systems in place for monitoring the service, which the registered manager fully implemented. They completed weekly and monthly audits of all aspects of the service and took these audits seriously thus routinely

identified areas they could improve. The provider employed external staff to complete annual audits and the registered manager made sure the recommendations from these reviews were implemented. The provider monitored the service and supported the registered manager to implement change. For example an external review had identified the fire risk assessments needed to be updated and the board had supported the manager to complete this work.

Staff told us the morale was excellent and that they were kept informed about matters that affected the service. They told us that team meetings took place regularly and that were encouraged to share their views. The staff found that suggestions were warmly welcomed and used to assist them constantly review and improve the service.

The registered manager and staff had formed links with the people working at the local facilities individuals used and would regularly check that the activities were going as planned. If issues arose the staff worked in partnership with the other provider such as day centre staff to determine why this may have occurred and how it could be resolved. We found that the registered manager monitored these services to ensure they continued to meet people's needs.

We also heard from the people who used the service that their views about the home were regularly sought and they felt these were listened to and acted upon. People told us how the registered manager resident meetings and that they discussed what could be done differently. People said, “We are asked about the menus and make suggestions about what we want to eat. The cook always makes sure we get what we have asked for and she is happy to make different meals.” And, “The manager asks us if everything is working well and if we are not happy he looks into it and makes sure things change.”

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA 2008 (Regulated Activities) Regulations  
2010 Consent to care and treatment

**The provider failed to ensure staff adhered to the requirements of the Mental Capacity Act 2005.**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 20 HSCA 2008 (Regulated Activities) Regulations  
2010 Records

**The provider failed to ensure accurate records were maintained in respect of each person using the service and the management of the home.**