

Mr Christopher David Green

Lunesdale House

Inspection report

Hale
Milnthorpe
Cumbria
LA7 7BN

Tel: 01539563293

Date of inspection visit:
17 April 2018

Date of publication:
07 June 2018

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 comprehensive inspection took place on 11 April 2018 and was unannounced. At our last focused inspection of the service in March 2016 we found a breach of Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because records did not accurately reflect people's moving and handling needs.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question score to at least good. At this inspection we found that the provider had completed those actions and we found the service was meeting the fundamental standards of quality and safety.

Lunesdale House is registered to provide accommodation and care for up to 19 people. On the day of this inspection the home was fully occupied. The service is situated near the small town of Milnthorpe.

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. In this service the registered provider is also the registered manager.

Records for managing risks during moving and handling had improved since our last inspection. However some staff we spoke with were not always clear about what actions they would take if someone fell and required lifting from the floor.

Medicines were being administered and kept safely. We have made a recommendation that the provider ensures that the records for administration of variable dose medications identifies the quantities given.

There were sufficient numbers of suitable staff to meet people's needs. Staff training was ongoing and people had received sufficient training to safely support and care for people. Staff were supported by the registered and care manager through regular staff meetings, supervision and appraisals.

We saw that the service worked with a variety of external agencies and health professionals to provide appropriate care and support to meet people's physical and emotional health needs.

Where safeguarding concerns or incidents had occurred these had been reported by the registered manager to the appropriate authorities and we could see records of the actions that had been taken by the home to protect people.

When employing fit and proper persons the recruitment process had included all of the required checks of suitability.

People's rights were protected. The registered manager was knowledgeable about their responsibilities under the Mental Capacity Act 2005. People were only deprived of their liberty if this had been authorised by the appropriate body or where applications had been made to do so.

Hazards to people's safety had been identified and managed. People were supported to access activities that were made available to them and pastimes of their choice.

People's dignity and privacy were actively promoted by the staff supporting them.

People were treated with respect and their relatives made very positive comments about the staff team who supported them.

Auditing and quality monitoring systems were in place that allowed the service to demonstrate effectively the safety and quality of the provision.

The focus of the service was on promoting people's rights. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Some incidents requiring notifications to be made to CQC had not been done. The failure to notify us of matters of concern as outlined in the registration regulations is a breach of the provider's condition of registration and this matter is being dealt with outside of the inspection process.

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 was safe and the rating for this domain improved to Good.

Prescribed medicines were managed safely and stored safely.

People were kept safe and well cared for.

There were enough staff to meet people's needs.

Records had improved to manage the risks associated with moving and handling.

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

Lunesdale 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.

Lunesdale 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.

This inspection took place on 17 April 2018 and was unannounced. The inspection team consisted of two adult social care inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before we carried out our inspection we looked at information we held about the service. We also looked at the information we held about the service and information from the local commissioners. We also looked at any statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We also looked at the Provider Information Return (PIR) we had asked the provider to submit to us prior to the inspection. This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with the registered manager, care manager and assistant manager. Along with eight people who used the service, three relatives and or visitors, four staff including ancillary staff. We observed how staff supported people who used the service and looked at the care records and medication records for eight people living at the home.

We looked at the staff files for four new staff that had been employed. These included details of recruitment, induction, training and personal development. We were given copies of the training records for the whole team. We also looked at records of maintenance and repair, the fire safety records, food safety records and

quality monitoring documents.

Is the service safe?

Our findings

Our findings

At the last inspection we found a breach Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because records relating to the moving and handling needs of people were not always completed. At this inspection we found that suitable care plans, risk assessments and records were now in place.

All of the people we spoke with told us they felt safe living at Lunesdale House. One person told us, "We are well looked after. Staff treat me well." Another person said, "Staff keep an eye on me here, makes me feel safe." A relative told us, "There's usually enough staff. They are there if you need them."

We looked at medicines management in the home. The medicine administration records (MARs) had photographs and information on people's allergies. This helped reduce the risk of medicines being given to the wrong person or to someone with an allergy. Appropriate arrangements were in place in relation to the recording of medicines and records had been signed when medicines were given out. We counted six medicines, compared them against the records, and found all the medicines tallied.

We found that some people who lived in the home had not had protocols completed for receiving some 'as required' pain relieving medicines. This oversight had not been identified during the medicines audit. We raised this with the deputy manager who agreed to include this check in their audit to improve consistency in practice.

We noted that some medicines prescribed had variable doses. We recommend that the provider ensures that the records for administration of variable dose medications actually identifies the quantities that are given.

People who lived in the home were able to look after and take their own medicines if they wanted and were able to and this promoted independence. Assessments were in place to make sure that this was safe.

During this inspection staff we spoke confirmed they had received training in safeguarding of vulnerable adults and had a good understanding of how to protect people from harm. They understood their responsibilities to report any safeguarding concerns to the relevant authorities.

We looked at records of the accidents and incidents that had occurred. We saw that where necessary appropriate treatment had been sought and actions had been taken to prevent reoccurrence and that any lessons that had been learned had been recorded.

Records we looked at relating to any risks associated with people's care and treatment were current and accurate. Each care record had detailed information about the risks associated with people's care and how staff should support the person to minimise the risks. These included all risks associated with the event of an emergency such as a fire.

We saw that there were sufficient numbers of suitable staff to meet people's needs and promote their safety. Staff we spoke with told us they felt that staffing levels were sufficient. We were told by a relative, "In our experience there has always been sufficient staff".

We looked at four personnel files and saw that the necessary checks on employment had been completed. References had been sought and we noted that they were usually from the most recent previous employer in accordance with the homes recruitment policy. Disclosure and Barring Service (DBS) checks had been conducted. The Disclosure and Barring Service allows providers to check if prospective employees have had any convictions, so they can make a decision about employing or not employing the individual.

The premises we visited were well maintained and decorated. Maintenance checks were being done regularly and we could see that any repairs or faults had been highlighted and acted upon.

Is the service effective?

Our findings

People had been asked about meal preferences and we saw that meals prepared catered for a variety of preferences and dietary needs. People we spoke with told us the food served was good. One person said, "The food is very good, I've even put weight on." Another person said, "I get to choose when and where I eat my food." Two people described the food served as 'superb'.

We saw that people had nutritional assessments completed to identify their needs and any risks they had when eating. Where necessary people had been referred to their GP or to a dietician.

We looked at the staff training records which showed what training had been done and what was required. We saw that staff had completed induction training when they started working and had received regular updates on important aspects of their work.

However when we asked staff about managing people who might fall we received some mixed responses about how that would be managed. We discussed this with the registered manager, care and assistant managers and that some staff may require further training. We also discussed with them that support with moving and handling assessments could be obtained from the community occupational therapist.

We saw that staff received support via supervision. This was a one-to-one support meeting between individual staff and the managers to review their role and responsibilities.

We saw from people's records that there was effective working with other health care professionals and support agencies such as local GPs, dentist, community nurses, mental health teams and social services. People were supported in managing their health and wellbeing needs by appropriate referrals being made to external services.

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.

Most people living at Lunesdale House did not have any memory issues. However where necessary best interest meetings were held to assist people who were not always able to make difficult decisions for themselves and where relevant independent advocacy could be arranged. We saw that people and their relatives had been involved, consulted with and had agreed with the level of care and treatment provided. We also saw that consent to care and treatment in the care records had been signed by people with the appropriate legal authority. This meant that people's rights were protected.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the

Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that where people were being deprived the appropriate authorisations were in place or had been applied for.

Is the service caring?

Our findings

We saw that the interactions between staff and people living in the home demonstrated respect and an understanding of people's needs. Staff treated people with genuine affection, care and concern. A relative told us, "Can't fault the place, it feels like a country hotel." A person living at Lunesdale House said, "Its brilliant here I love it, staff are great." Another person told us, "I'm very well looked after. I'm very content here, it's wonderful."

We observed staff knock before entering people's rooms. The staff took appropriate actions to maintain people's privacy and dignity.

We saw that people's care records were written in a positive way and included information about the tasks that they could carry out themselves as well as detailing the level of support they required. This helped people to maintain their skills and independence. Care records showed that care planning was centred on people's individual views and preferences. People and their families were encouraged to talk with staff about the person's life. This helped the staff to know the things that mattered to individuals as well as the care they needed.

Most people had relatives who could support them if they needed assistance to express their wishes or to make important decisions about their lives. Where applicable independent advocacy could be arranged for those who needed assistance in expressing their wishes. An advocate is a person who is independent of the home and who can come into the home to support a person to share their views and wishes if they want support.

Staff had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of promoting each individual's uniqueness and there was an extremely sensitive and caring approach observed throughout our inspection visit. We saw support was provided for people in maintaining important relationships.

We saw that the staff gave people time and encouragement to carry out tasks themselves. We saw that, where appropriate, people drove their own car, used public transport or went for walks locally on their own. This helped to maintain people's independence

Is the service responsive?

Our findings

We saw people could engage independently in activities of their choice. We saw that people were supported in doing their own social activities in the local community or with visiting friends and relatives. One person told us, "There are activities here, I like to read so they get me things to read." A relative told us, "my relative is very happy looks so well. They made Easter cards the other day, exercises three times a week and do yoga." We noted that a number of people also preferred to spend time individually in their own rooms.

We looked at the care records for eight people living in the home. We saw that a full assessment of people's individual needs had been completed prior to admission to the home to determine whether or not they could provide people with the right level of support they required. Care plans recorded people's preferences and provided information about them and their family history. This meant that staff had knowledge of the person as an individual and could easily relate to them.

People told us they had been asked about their care needs and been involved in regular discussions and reviews. One person said, "They [staff] discuss my care with me." Staff we spoke with also told us, "Relatives are involved in care planning" and "Management review care plans each month."

The home had a complaints procedure and we saw that complaints had been managed in accordance with the home's procedures. People we spoke with were aware of who to speak with if they wanted to raise any concerns. One person told us, "No faults, I have no complaints." Another person told us, "If I wanted to make a complaint I'd speak to the care manager." The registered and care managers told us they preferred to deal with people's concerns as and when they arose.

We saw that people's treatment wishes, in consultation with their families, had been made clear in their records about what their end of life preferences were. The records we looked at contained information about the care people would like to receive at the end of their lives and who they would like to be involved in their care.

Since the last inspection we could see how responsive the registered provider had been in that improvements had been made to ensure the service was now compliant with the previous breaches of regulations that were found in the last inspection.

Is the service well-led?

Our findings

We found the service had a structured management team in place. The registered manager who is also the registered provider was also responsible for managing the maintenance of the premises. This meant the care manager and assistant manager were key people in the accountability for the day to day care delivered. We found both these managers were very knowledgeable and familiar with the needs of the people they supported.

People we spoke with were very complimentary about the management team. A relative commented, "There's an open door we are welcome at any time." Another person said, "The registered manager is amazing, he spends a lot of time with residents."

Staff we spoke with were also happy with how the home was managed. We were told, "I like working here it's a really good team and very friendly, it's like a family." Another staff member said, "The care manager is brilliant, any problems I go and discuss with her and the residents love her."

At our last inspection in March 2016 the service was rated as requiring improvement in the domain of Safe and we found a breach of regulation. At this inspection we found that the registered provider had taken appropriate actions and we found the service was now meeting the fundamental standards of quality and safety.

We saw that people and their relatives were regularly involved in consultation about the provision of the service and its quality. We saw that regular reviews of people's care needs were held with relevant others. This meant that people and or their representatives could make suggestions or comment about the service they received and environment they lived in

There was regular monitoring of accidents and incidents and these were reviewed by the registered manager to identify any patterns that needed to be addressed or lessons to be learnt.

Providers of health and social care services are required to inform us of significant events that happen such as serious injuries and allegations of abuse. Although we had been sent some notifications about these when they had occurred, during the inspection, we found three incidents that we had not been notified about. The failure to notify us of matters of concern as outlined in the registration regulations is a breach of the provider's condition of registration and this matter is being dealt with outside of the inspection process. Failure to notify us about the incidents was explained by the management team as a genuine mistake.

The quality and safety of the service was being monitored regularly. Where any actions had been required to improve things these had been noted and addressed by the registered provider.