

Parkcare Homes (No.2) Limited

Lammas Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Lammas Lodge is a residential care home providing personal care and accommodation for up to 7 people. The service provides support to people with a learning disability or autism. At the time of our inspection there were 7 people using the service.

People's experience of the service and what we found:

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessment and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

Whilst people had some restrictions in place to keep them safe from harm, these were lawful and in line with their assessed need. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff delivered care and support in line with people's needs and strengths. People received their medicines safely. Lessons had been learnt following incidents which decreased the risk of recurrence.

Right Care

Staff understood their responsibility to protect people from poor care, neglect, and abuse. Staff spoke affectionately and with understanding about the people they cared for. Individual risks were accurately assessed, and risk reduction measures were in place. People received caring support tailored to their individual needs.

Right Culture

Staff supported people to set realistic goals to live a more fulfilled life. Staff spoke about working at each person's own pace and ensuring the service was moulded to meet everyone's needs. Effective quality monitoring systems were in place to ensure the quality-of-care people received improved. The culture was open and honest. The registered manager and deputy manager displayed a passionate attitude and worked with, and acted on, feedback from partners.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (report published 01 January 2020).

Why we inspected

The inspection was prompted due to concerns received about the management and reporting of incidents. A decision was made for us to inspect and examine those risks.

We undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'All inspection reports and timeline' link for Lammas Lodge on our website at www.cqc.org.uk.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

Lammas Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 2 inspectors.

Service and service type

Lammas Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Lammas Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed the information we had received regarding the service and contacted the local authority for any information or concerns they had about the service.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and a relative about their experience of the care provided. We also spoke with the registered manager, deputy manager and 4 care staff. We reviewed a range of records relating to the management of the service, including incident management, improvement plans, and maintenance records. These included 2 people's care records, medicines records and 2 staff recruitment records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- The provider had a safeguarding process for staff to follow.
- Staff received training in safeguarding and demonstrated knowledge in how to protect people from the risk of abuse and neglect. For example, staff told us what they would report and who they would report concerns to, both internally and externally.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- Risk assessments relating to restrictions imposed on people's lives were particularly detailed. Specialist advice had been sought to ensure staff had the correct information to support people safely.
- People's individual risks were fully assessed. For example, we observed a person becoming distressed, this was associated with a health condition they lived with. Staff acted immediately to support and reassure the person. Care plans we reviewed detailed how staff should support the person to minimise and manage any distressing incidents.
- Risks relating to the environment were managed well. People's environments had been designed and adapted in line with their specific needs. Risk reduction measures were implemented, and the environment monitored. This meant people were protected from risks associated with their environment.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- The provider operated safe recruitment processes.
- People were supported by enough suitably trained staff to safely meet their needs. This included staff to provide 1-to-1 support to people when needed.
- People were supported by kind staff who knew them well. For example, staff we spoke with were able to describe in detail people's likes, dislikes, and interests. One member of staff told us, "It's so rewarding supporting [named individual] and seeing their development over the years and progression towards learning new skills to help [named individual] maintain their independence".

Using medicines safely

- People were supported to receive their medicines safely.
- Staff received training in medicines and had their competency assessed. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured people's medicines were administered in line with these principles. For example,

records we reviewed demonstrated the use of 'as needed' medicines, for when people experienced distress or anxiety, were used as a last resort.

- People had medicine care plans in place. These reflected any support needs; what medicines were prescribed for and how they liked to take them.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- All incidents were reviewed by the registered manager in a timely manner. This meant action was taken without delay, and people were protected from avoidable harm.
- The registered manager told us information was shared throughout the group, so all the provider's services could benefit from shared learning.

Is consent to care and treatment always sought in line with legislation and guidance?

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 MCA 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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.
- Staff worked with people and their loved ones to develop detailed care plans regarding social visits with family and friends. These records reflected each individual's preferences how staff should support them in the least restrictive way possible.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive and open culture at the service.
- The provider had systems to provide person-centred care that achieved good outcomes for people.
- Staff and relatives told us that people were always at the centre of the service and their needs were the most important aspect of the service. One staff member told us, "It's their [people who lived at the service] home, we [staff] should do what they want us to do to safely support them to live the lives they want."
- The management team were visible in the service, approachable and took an interest in what people and staff had to say. The registered manager and deputy manager told us they were in the process of relocating their office back into the main building to increase their visibility and oversight of the service.
- Staff felt well supported by the management team and said they felt able to raise concerns with them. Staff told us, "[Registered Manager and deputy manager] are really supportive, I can go to them whenever I have concerns or need something, and they always stop what they are doing to help me". Another staff member said, "They [registered manager and deputy manager] are always available to support us and will listen to any suggestions we make about improving the environment or care given."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- Staff told us they were well supported by the registered manager and deputy manager, who were frequently on site and providing care or available through a phone call. One staff member told us, "[Deputy manager] has been great and has showed me ways to build a relationship with [people living at the service]. They [deputy manager] have worked with me to help me understand what the best approach to use is for each person."
- The registered manager and deputy manager were motivated and determined to achieve the best possible outcomes for people. The registered manager had support from the provider and specialist care consultants. This meant they had the time and resources to develop the service.
- The provider had utilised their systems and processes in place to improve the quality of care provided. Audits in areas such as health and safety, infection control and dignity were completed. Action was taken following audits to improve the quality and safety of care.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- People and staff were involved in the running of the service and fully understood and considered people's protected characteristics.
- People living at the service were not always able to express their needs and feelings verbally. Staff had a good understanding of people's needs and were aware of characteristics or behaviours to indicate people's preferences. We observed staff using specialist communication techniques to help people decide what they would like to eat for lunch.
- The provider ensured feedback was sought from staff. Staff were encouraged to share their views in staff meetings and regular supervision sessions. Staff told us, "I have regular supervision, but I can always feedback anything I want outside of that."
- Staff meetings were held regularly with clear actions and outcomes documented.
- Staff received training in equality and diversity. Policies in place had been reviewed to include all protected characteristics.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under the duty of candour.
- Records we reviewed evidenced incidents and outcomes had been communicated to people and their relatives.
- The registered manager understood their regulatory responsibilities, including the need to inform the Care Quality Commission (CQC) of certain incidents affecting the service and the people who used it.

Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received.
- The registered manager told us they were always looking to develop care and improve things for people at the home. They kept themselves up to date with legislative changes and best practice guidelines through, amongst other things, regular updates from the provider and attending regular managers' meetings.

Working in partnership with others

- The provider worked in partnership with others.
- The service looked to work in partnership with a range of other health and social care services.
- Records showed there was regular contact with GPs, practice nurses and a range of other health professionals.