

Families First (North East)

Lorne House

Inspection report

66 Yarm Road
Stockton-on-tees
TS18 3PQ

Tel: 01642344653

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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 ●

Summary of findings

Overall summary

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 assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Lorne House is a residential care home providing personal care to 11 at the time of the inspection. The service can support up to 13.

People's experience of using this service and what we found

Right Support

The service supported people to have the maximum possible choice, control and independence be independent and they had control over their own lives. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People were supported by staff to pursue their interests. People had a choice about their living environment and were able to personalise their rooms.

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.

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Right Culture

People and those important to them, including advocates, were involved in planning their care. People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs.

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

Rating at last inspection

This service was registered with us on 31 December 2019 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Recommendations

We recommend the provider reviews the processes in place for the administration of topical medicines such as creams and lotions.

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.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Lorne House

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector, a medicines inspector 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.

Service and service type

Lorne House 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. Lorne House 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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

Not everyone who lived at Lorne House was able to talk to us but we spoke or spent time with eight people who used the service and also spoke with six relatives about their experience of the care provided.

We spoke with eight members of staff including the nominated individual, registered manager, deputy manager, kitchen staff and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records and medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Staff managed and administered people's medicines safely. Medicines administration records assured us people were receiving their medicines as prescribed.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles. One relative told us, "Staff are talking us through the process of reducing [family member's] medication and we can see the real [person's name] starting to come out. They are becoming cheeky and funny again now as the medicine is having less effects."
- Processes to manage topical medicines were not always robust. Whilst the service did have guidance for staff on where to apply creams and lotions, no topical administration records were in place.

We recommend the provider reviews the processes in place for topical medicine administration in line with current best practice.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The registered manager worked well with other agencies to do so. One relative told us, "[Family member] is definitely safe there, everything including the staff interactions give me that impression."
- Staff had training on how to recognise and report abuse and they knew how to apply it. One member of staff told us, "I would report any concerns immediately. That's what we're here for, to keep people safe."
- People and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk. Regular fire drills meant staff were prepared in case of an emergency. One member of staff told us, "We do fire drills often so we all know what to do."

Staffing and recruitment

- The numbers and skills of staff matched the needs of people using the service.
- Staff recruitment and induction training promoted safety. Staff knew how to take into account people's individual needs, wishes and goals.
- Every person's record contained a clear one-page profile with essential information and dos and don'ts to ensure that new or temporary staff could see quickly how best to support them.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The service supported visits for people living in the home in line with current guidance.

Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents. There were very few incident or accidents, but staff knew how to recognise and report any concerns.
- The provider managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff completed a comprehensive assessment of each person's physical and mental health either on admission or soon after.
- Support plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.
- Support plans promoted strategies to enhance independence and demonstrated evidence of planning and consideration of the longer-term aspirations of each person.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training. The management team checked staff's competency to ensure they understood and applied training and best practice.
- Staff could describe how their training and personal development related to the people they supported. One member of staff told us, "I can't fault the training. We have a few people here who have early dementia and I have made sure I have training for this. If there is any extra training you want to do you only have to ask."
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. One member of staff told us, "Supervisions and appraisals are very in depth. If you have any concerns or issues that's when you can discuss them. Sometimes you just need someone to talk to and you always feel valued and listened to."

Supporting people to eat and drink enough to maintain a balanced diet

- People received support to eat and drink enough to maintain a balanced diet.
- People could have a drink or snack at any time and they were given guidance from staff about healthy eating.
- Mealtimes were flexible to meet people's needs and to avoid them rushing meals.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had health passports which were used by health and social care professionals to support them in the way they needed.
- People were supported to attend annual health checks, screening and primary care services. One relative told us, "The care home sort out appointments to dentists and opticians and assist [family member] to get there."

- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. One member of staff told us, "If someone is off colour I alert the team leader who will review them, take their temperature and call out a doctor if needed."

Adapting service, design, decoration to meet people's needs

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs.
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home.

Ensuring consent to care and treatment in line with law 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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider ensured staff worked within the principles of the MCA. Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making. Detailed records were kept to evidence this.
- Staff empowered people to make their own decisions about their care and support wherever possible. One relative told us, "[Family member] does make choices, if they don't want to do something they won't. They are no shrinking violet."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. We observed positive interactions between staff and the people they supported. People told us they were happy at Lorne House and they liked the staff who supported them. There was a relaxed and homely atmosphere and lots of smiling faces.
- Staff were calm, focussed and attentive to people's emotions and support needs such as sensory sensitivities. One member of staff told us, "I feel really proud of the job I do; I love the feeling I get from doing a job that helps people."

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to express their views using their preferred method of communication.
- Staff took the time to understand people's individual communication styles and develop a rapport with them.
- People were enabled to make choices for themselves and staff ensured they had the information they needed. One member of staff told us, "People are always given a choice. We will never tell them 'you're doing this or that.' That is the wrong way to do things. We will give people two or three choices and ask what they would like."
- Staff supported people to maintain links with those that are important to them.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence. A relative told us, "[Family member] can Hoover their own room, staff collect the laundry but it is returned for them to put away themselves. They are showering daily. They are turning into a better [person's name]."
- Staff shared information about activities in the local community and encouraged people to try these. A relative told us, "[Family member] goes to the pictures and has been on a train. They had never done that before and they have been on a train six times now. They go for fish and chips, down to the beach. They are really having a lot more time out than they ever did at home."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Support focused on people's quality of life outcomes and people's outcomes were regularly monitored and adapted as a person went through their life. One relative told us, "I think [care] is tailored to [my family member's] changing needs because as they are getting older there are other aspects of ageing that come into consideration and the staff team there are on top of things."
- Staff used person-centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations. One relative told us, "The staff know [my family member] well, they know what they like and dislike."
- Staff spoke knowledgeably about the people they supported and how they tailored the level of support to individual's needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had individual communication plans that detailed effective and preferred methods of communication.
- Staff ensured people had access to information in formats they could understand.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something. One member of staff told us, "You get to know from people's body language and facial expressions if they are happy, sad or upset."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in their chosen social and leisure interests on a regular basis. One relative told us, "[My family member] goes out for a game of pool and a half of shandy. They are meeting people. They go to a disco and shopping down the town."
- Staff provided person-centred support with self-care and everyday living skills to people. One relative told us, "[Family member] helps to lay out the breakfast things, they are used to tidying up and helping the staff, they have a friend in the kitchen staff."
- People were able to stay in regular contact with friends and family. Staff supported people to visit family members and visitors were also welcomed into the home. People were also supported to stay in touch via

telephone or video calls. One relative told us, "I speak to [family member] on the phone every week and they come to visit me."

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. One relative told us, "I would go straight to the manager or deputy, I have a good relationship with them, I email them from time to time."
- The registered manager treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them.

End of life care and support

- At the time of the inspection there was no one receiving end of life care.
- Staff had received end of life training. Should they be required to provide people with end of life care they told us they would work closely with people's relatives and healthcare professionals to ensure each person received the appropriate care.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Governance processes had not identified all risks. All care plans were electronic, however, the service had suffered a system failure resulting in care plans not being readily available. The business continuity plan included action to be taken in the event of IT failure but did not include the back up of care plans in this. Risk was mitigated because of how well staff knew the people they supported without having to refer to documentation and detailed handovers were done between shifts. The business continuity plan was updated immediately to avoid a similar situation in the future.
- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs/oversight of the services they managed.
- Staff delivered good quality support consistently.

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

- The provider and registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. Staff morale was very positive. One member of staff told us, "Working at Lorne House ticks every box. Working with people who live here and helping them with their daily life is very rewarding."
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say.
- Staff felt able to raise concerns with managers without fear of what might happen as a result. One member of staff told us, "[Registered manager] is very approachable. I know I can talk to them about anything and they always make me feel better."

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 apologised to people, and those important to them, when things went wrong
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

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

- People, and those important to them, worked with managers and staff to develop and improve the service. One relative told us, "If I suggested something then I feel they would take it on board and make

changes if they could."

- Staff encouraged people to be involved in the development of the service.
- The provider sought feedback from people and those important to them and used the feedback to develop the service.

Continuous learning and improving care

- The provider invested sufficiently in the service, embracing change and delivering improvements.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.

Working in partnership with others

- The provider had a good relationship with external professionals and stakeholders. The registered manager felt well supported by the local authority and worked closely with the social work team, district nurses and other health professionals involved in people's care.