

# Cornwall Council

# Lowena

## Inspection report

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## Ratings

Overall rating for this service	Requires Improvement ●
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Is the service effective?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Lowena is a short break service run by Cornwall Council for adults with learning disabilities. The service provides single room accommodation for up to 25 adults with a learning disability, physical disability and people living on the autistic spectrum, who need assistance with personal care.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a purpose-built single storey building in its own grounds. Occupancy levels vary on a day to day basis due to it being a respite service.

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

Governance systems had improved. Quality audits were now reflecting a true account of the environment and the impact on people using the service. However, more time was needed to ensure these systems were embedded in the governance of the service.

The environment had improved. The heating system had been reviewed so that heating was regulated throughout the service. This inspection was undertaken during the summer period therefore no heating was being used. Records showed daily audit checks of people's room temperatures were being taken so they were being monitored.

Maintenance of the premises had improved. This included decoration in people's rooms and the standard of mattresses and bedding. These had been replaced and more appropriate bedding to ensure comfort for people using the service.

All rooms including lounge areas had been decorated. Additional furniture, wall art, soft furnishings and decorative items were in place meaning rooms were more homely and inviting.

Where damage to a bathroom wall had been identified action had been taken to repair and decorate.

A recommendation made by the fire service in July 2018 had been addressed.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Communication between staff at night had been improved by providing 'walkie talkie' radio sets.

Senior management oversight was more effective. The operational manager was ensuring audits were accurate. Service records were visually checked as well as observing the environment. Any issues were reported on and fed back to senior managers for action.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update: The last rating for this service was requires improvement (published 14 February 2019) and there were breaches of regulation. During the inspection of the service in January 2019 we found the service had not addressed a previous breach of regulation regarding maintenance of the premises. This meant there were repeat breaches demonstrating ineffective management systems.

We imposed a condition on the registration of Lowena which required the provider service to provide CQC with a monthly audit reports on how they were addressing the failings highlighted in previous inspections .The provider sent the commission monthly actions taking place to show what they were doing and by when. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. This report only covers our findings in relation to the Key Questions Effective and Well-led which contain those requirements.

Why we inspected: We carried out an announced comprehensive inspection of this service on 9 January 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the inadequate maintenance of the premises and quality assurance processes.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those Key Questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service remains requires improvement as there needs to be more evidence of sustainability in governance. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lowena on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Follow up: We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

# Lowena

## 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 Care Act 2014.

#### Inspection team

This inspection was carried out by one adult social care inspector.

#### Service and service type

Lowena 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.

The service had a manager who was in the process of registering with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because people and staff were not always available during the day due to it providing a respite service. We needed to be sure that the provider or manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed the last inspection report and feedback we had received from other interested parties. We used all this information to plan our inspection.

During the inspection-

We spoke with the area manager, manager, senior support worker and a support worker. We reviewed maintenance records, audits, fire systems records, minutes of meetings and observed the internal and external areas of the service. There were no people using the service at the time of the inspection.

After the inspection –

We spoke with two staff members and two people who used the service by telephone.

# 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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At the last inspection we found people who use service and others were not protected against the risks associated with unsuitable premises because of inadequate maintenance. This was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made in relation to premises and equipment.

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

- Due to the time of year this inspection was undertaken it was not possible to check whether rooms were cold as found in the previous inspection in January 2019. However, records showed the heating system had been serviced and found to be functional. Staff had been instructed to close windows to people's rooms earlier in the day in cold weather to ensure the room temperature could be assured. All rooms had thermometers and daily checks were taking place. The service had reviewed all maintenance systems and decorated the service throughout.
- All bedrooms had been decorated. There were new curtains and soft furnishings. Wall art was in all rooms. People told us this had made a big difference to them. Staff said, "Love it, it looks amazing" and "Makes you feel good. So lovely to work in and makes us feel we want to make more of an effort." One person told us they liked the colours of the walls, and soft furnishings. Where necessary mattresses had been replaced so they were comfortable to use. Bedding had been replaced in all rooms. It was found to be of good quality to ensure comfort.
- Bathrooms had been decorated. The service had reviewed the effectiveness of bathroom equipment and were in the process of arranging to remove a bath which was not operational to be replaced by a wet room. In addition, they were in the process of ordering a bath/shower trolley to support people with mobility issues to have a choice of bathing. This meant it was more suitable to people's needs.
- Lounge areas had new furniture, soft furnishings and flooring had been replaced. People told us, "Love the colour schemes and the choices of furniture. So much more modern." There were no portable heaters being used which would suggest heating was not consistent. Where we had found damage to walls in some rooms they had been repaired and decorated.
- Overhead lighting in people's rooms were operating. Room checks ensured any failures were identified quickly and addressed. At the previous inspection we found a malodorous in one room. Laminate flooring had replaced the carpet which reduced the risk of malodours. Woodwork had been painted in all rooms where we had found damage during the previous inspection.
- At the previous inspection we found a garden area had not been maintained due to the cancellation of

gardening contracts. At this inspection we found the area around the service had been maintained. The manager told us it was difficult to engage contractors however they used different ones to ensure the area around the service was maintained. There were still a group of volunteers who planted areas of the service with flowers and supported people who were interested to manage them.

- A fire recommendation to replace a fire seal on a door to the flat, had been completed. This meant it could be used at night. However, the manager told us this flat was only being used in the day by one person as it was not suitable for any other persons needs at the present time. The area manager told us the future use of this area was still being considered.

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

- People's needs were assessed before they started using the service to help ensure their expectations could be met.
- An assessment of each person's needs was undertaken and was reviewed and updated regularly as their needs changed.
- The service used evidence based assessment tools to identify people care needs. For example, in relation to skin care, and nutritional needs.

Staff support: induction, training, skills and experience

- Since the previous inspection staff training needs had been reviewed and specific training bespoke for the service was being arranged. For example, health and safety specifically relevant to Lowena. Staff had attended recent training days and told us they thought training had improved. They said, "The training is much improved".
- Regular supervision sessions were arranged when staff were able to discuss any training needs as well as raising issues around working practices. Staff told us they were well supported.
- Before starting work at the service new employees completed an induction. Staff new to care were required to complete the Care Certificate. All new staff shadowed more experienced staff before starting to work unsupervised.

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

- At the previous inspection we found people were supported to improve their health through good nutrition. Staff encouraged people to eat a well-balanced diet and make healthy eating choices. At this inspection we observed there to be a range of fresh food ready for people using the service that day. People told us they liked the choice of meals when they stayed at the service.
- People told us they were often involved in meal planning, shopping and in some food preparation. For example, making snacks and baking.

Staff working with other agencies to provide consistent, effective, timely care

- The service had processes in place when working with other organisations and professionals so that produced effective outcomes for people.

Supporting people to live healthier lives, access healthcare services and support

- At the previous inspection we found people had their healthcare needs met, and staff worked closely with local health professionals. People we spoke with following this inspection told us they were supported where necessary to health appointments. Staff told us, they were regularly kept up to date with people's health needs.
- At the previous inspection we found people's healthcare needs were carefully monitored and discussed with the person or family members as part of the care planning process. At this inspection a staff member told us one person's health needs had recently changed and this was communicated to staff in order to



ensure they could support those changes.

#### 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 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.

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).

- At the previous inspection people's records included guidance for staff about their capacity to make decisions. The staff we spoke with told us there had been no changes to the guidance in individual records.
- Some people who used the service lacked capacity to make decisions about their care and support. Staff were aware of what this meant for the people they supported and how to respond.

# 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 the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant the service management and leadership was not yet consistent.

Although leaders were striving to improve the delivery of high-quality, person-centred care more time was required to ensure the changes recently made were embedded and sustained.

At our last inspection the provider had failed to ensure robust quality assurance processes. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made to meet the regulations. However, there was still no manager registered with the Commission which is a requirement of the provider's registration. The manager was in the process of submitting an application. There was a need to demonstrate sustainability in governance systems.

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

- During the inspection of the service in January 2019 we found the service had not addressed a previous breach of regulation regarding maintenance of the premises. This meant there were repeat breaches demonstrating ineffective management systems. We imposed a condition on the registration of Lowena which required the provider to provide CQC with monthly audit reports on how they were addressing the failings highlighted in previous inspections. The condition will remain in place to ensure sustainability until we have enough evidence and confidence to remove the condition.
- CQC have received regular audits and action plans from Lowena. They showed improvements in the areas of concern. The most recent action plan received in June 2019 showed the majority of actions had been completed. For example, "All bedding and new curtains were now in place" and "All new furniture now in place." Governance systems were in place to improve auditing and oversight of the service.
- Feedback at the inspection in January 2019 raised the issue of communication between staff on duty at night time. Action had been taken to review this and there were now 'walkie talkies' for night staff so communication was improved.
- In June 2019 surveys had been sent to all stakeholders of the service asking their views on all aspect of the care, support and management. At the time of this inspection some had been returned but it was too early to make any judgements. People we spoke with told us things had improved in the environment.

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

- The service had reviewed and implemented a range of quality monitoring arrangements appropriate to the size of the service. For example, health and safety, environmental checks and daily checks. There was a maintenance log for faults and these included actions taken and dates, so this could be audited more effectively.
- There was evidence of clear lines of responsibility and accountability in the service. The manager, management team and staff were experienced, knowledgeable and familiar with the needs of people they supported.
- A new manager was in post at Lowena. We found the area manager and service manager, had taken a robust approach to reviewing the service's operational systems. By doing this there were now more effective systems in place to support monitor the quality and safety of the service. For example, reporting processes meant responses were more robust by ensuring they were audited and shared with senior managers if necessary.
- Policies and procedures were reviewed and updated to ensure they reflected current good practice guidance. For example, environmental audits and health and safety audits.

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

- People, staff and visitors were encouraged to raise any issues with the manager. We were told by staff,
- Staff told us they felt very engaged in what went on in the service and had enjoyed being part of the refurbishment programme. They said, "We all worked together to get things right. Some of us decorated and we all enjoyed choosing furniture, picture and colours. Guests enjoyed being part of it as well."

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

- People were consulted and involved in day to day decisions about the running of the service. For example, what activities they would like to do both in the service and the community. If they would like to be involved in domestic tasks and what they would like in the garden area for the summer, such as colours and vegetables. People we spoke with after the inspection confirmed they were involved in discussions about activities and the garden. One person told us they enjoyed helping in the garden especially planting vegetables.
- Staff meetings were held regularly. These were an opportunity for staff to discuss working practices and any concerns. One member of staff told us; "We all feel very engaged with what's going on but some still unsure about the restructuring" and "[Managers name] is very good at sharing what she can with us and we can go to the office whenever we need to."

Continuous learning and improving care. Working in partnership with others

- The area manager and service manager had taken time to improve the training provided to staff. At the last inspection we found that some staff required updates. At this inspection we found progress had been made on the number of training updates that were required for staff.
- The area manager and service manager had focused on the action plan submitted to CQC. Many of the outstanding actions, which had been found to have lapsed at the last inspection, had been addressed.
- Care records held details of external healthcare professionals visiting people living at the service as needed.