

Mr Gerardo & Mr Francesco Saporito

Lorne House

Inspection report

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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

About the service

Lorne House is a residential care home providing personal and nursing care to eight people who have learning disabilities, at the time of the inspection. The service can support up to nine people.

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 large home split between two linked semi-detached houses. It was registered for the support of up to nine people. Eight people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

Lorne House applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

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

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.

People felt safe living at the home and safeguarding procedures were in place to protect them. Staff were recruited safely, and enough staff were on duty to provide safe care during our visit. Staff had the training and skills they needed to support people effectively.

Risks associated with people's care and support were assessed. Detailed risk management plans helped staff to manage and reduce risks. People were involved in planning and reviewing their care and support. Care plans contained detailed information and clearly reflected people's individual preferences for how they wished their care and support to be delivered.

People made every day decisions for themselves and took part in a range of social activities to maintain

their own personal interests. People received responsive and personalised care from staff who knew them well. Individuality and diversity were recognised. People's feedback was sought so any improvements or suggestions could be acted upon.

The provider and registered manager checked the quality of care provided and developed action plans to improve people's care.

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 (published 22 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lorne House on our website at www.cqc.org.uk.

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector on 6 August 2019.

Service and service type

Lorne 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.

The service had a manager registered with the Care Quality Commission. This means that they 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

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with two members of staff including the deputy manager and support worker. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two 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 reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe from harm and discrimination. One person told us, "It's alright living here, I'm fine. The staff are very nice they look after you."
- The provider had safeguarding policies in place for staff to access and follow should they be required
- Staff understood the provider's systems for recording and escalating any concerns they had. Staff felt certain the management team would act upon any concerns raised. The deputy manager understood the need to notify the local authority and the Care Quality Commission [CQC] where appropriate.

Assessing risk, safety monitoring and management

- People were encouraged and supported to take positive risks to support their well-being and independence. Where people needed, staff supported them to maintain their safety to manage those risks.
- People's identified risk had been recorded and documented such as the associated risks with any physical needs. This included where people required assistance with mobility equipment, we saw staff had received instruction to use it safely.

Staffing and recruitment

- We saw people had access to staff when needed and staff told us there were enough staff to support people safely. Staffing levels were decided in accordance with people's needs.
- Staff recruitment records showed checks such as the Disclosure and Barring Service [DBS] were completed on staff before they worked with people in the home to assure the provider of their suitability to work there.

The DBS is a national service that keeps records of criminal convictions. Systems were in place to ensure staff completed these checks before commencing work at the home.

Using medicines safely

- People received support to take their medicines. Systems were in place to monitor people's medicines and check staff were competent to support people correctly.

Preventing and controlling infection

- The home environment was clean, and staff understood and practiced infection control techniques. Staff told us they had access to equipment such as gloves and aprons.

Learning lessons when things go wrong

- The registered manager monitored people's care and ensured where care could be improved, information was shared with staff to support this.

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 Good. At this inspection this key question has now remained the same. 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

- Before people came to live at the home a detailed assessment had been completed to ensure the provider could meet their needs.
- Staff had received training in equality and diversity so understood how to support people with a variety of diverse needs, including the protected characteristics under the Equality Act [2010].

Staff support: induction, training, skills and experience

- People living at the home benefitted from having a stable staff team who had worked at the home for many years, so were very knowledgeable about their support needs. All the people we spoke with were complimentary about the staff. One person told us "I like all the staff they are very kind here."
- All new staff completed the provider's induction programme to help them settle into their new roles, as part of which they completed initial training and worked alongside ('shadowed') more experienced staff. The provider's induction training incorporated the requirements of the care certificate. The care certificate is a set of minimum standards that should be covered in the induction of all new care staff.
- Staff received support which promoted their professional development and assessed their competencies. All the staff told us they were given the opportunity to identify any additional training they needed during their supervisions [one to one meetings] and they could discuss any issues and concerns. The deputy manager told us, "We get a lot of training, the registered manager makes sure everyone is up-to date."

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

- People were encouraged to follow a healthy eating diet.
- People told us they liked the food and were given choices. Menus were in a pictorial format to assist people to make their choices. One person said, "The food is lovely, really nice."
- Staff were aware of people's dietary requirements and any food allergies.
- People's eating and drinking needs were monitored. When concerns had been raised healthcare, professionals had been consulted such as speech and language therapists

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

- People told us staff assisted them to access a variety of health professionals such as opticians, doctors and dentists, so they remained well. All visits were recorded in the person's individual health action plan. One person said, "If ever I'm feeling poorly they [staff] call in the doctor."

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

- The home environment and décor were furnished to people's tastes and people showed us their own personal possessions were displayed around the home.
- Where required the home environment had been adapted to assist people to maintain their independence for example a stair lift had been fitted so people could more easily access the first and second floors of the 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 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).

- We checked whether the service was working within the principles of the MCA, We saw restrictions on people's liberty had been authorised and conditions on such authorisations were being met.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. 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 said staff were kind to them. We saw positive interactions between staff and people they supported. People were confident and relaxed in their interactions with staff.

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

- People were fully involved in making decisions about their care and support. People had regular meetings with their key worker to discuss any changes they wanted to make to their care and support.
- People's personal goals were also recorded.
- Staff knew people well and knew their likes, dislikes and how they wanted to be supported.

Respecting and promoting people's privacy, dignity and independence

- Staff fully respected and promoted people's privacy and dignity. Personal care was offered discreetly and carried out in private
- Staff encouraged and supported people to do as much as they could for themselves. People were encouraged to help with household tasks and cooking meals where possible.
- The provider followed data protection law. Information about people was kept securely

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. 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

- People who lived at the home and relatives told us the personalised care and support provided considered their individual needs and wishes. A relative confirmed they were invited to reviews and updated if their loved ones needs changed. They said "Staff are busy but they always make time for us, they are very welcoming."
- People had individualised care plans that supported a person-centred approach. We saw there was clear guidance on how to meet people's individual needs; People's care files included information about their personal histories and what was important to them.
- Staff told us people's care plans were easily accessible to them, and they read and followed these.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's individual communication had been assessed and recorded, and staff were provided with guidance on how to promote effective communication.
- We saw examples of information having been given to people in a way they more easily understood. This included the use of a visual menu to help people choose amongst the available meal options and an easy read complaints procedure.

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 encouraged and supported to participate in social and recreational activities that reflected their known preferences and interests. One person told us, "The staff help me to go to the station to see the trains."

Improving care quality in response to complaints or concerns

- People told us they could raise any complaints or concerns directly with staff and management. We saw no complaints had been received in the last twelve months
- People had access to advocacy services should they want it.

End of life care and support

- The management of the service were not supporting anyone with end of life care at the time of the

inspection

- Staff had received specialist training in end of life care.
- Although people's preferences and choices regarding their end of life care, had been informally explored there was no formal recording in people's care plans. We discussed this with the deputy manager the benefits of incorporating people's end of life wishes into care plans. The deputy manager said this would be addressed as a priority and we will follow this up at our next inspection.

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 Good. At this inspection this key question remained the same. 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

- The management team promoted an open and inclusive culture in which people, their relatives, staff and community professionals were able to express their views about the care and support provided. For example, we saw from the minutes of staff meetings staff were given time to discuss any concerns or suggestions for improvements.
- People felt able to approach the management team with confidence they would be listened to.
- Staff we spoke with told us they enjoyed their work. One staff member told us, "I love my job, that's why I've been here for years."

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

- Staff understood their roles in providing personalised care for people living at the home.
- The provider had a duty of candour policy. The management team understood their responsibility to be open and honest with people and others in the event things went wrong with the care and support provided.
- The management team completed a range of quality audits to ensure they provided the best outcomes for people they supported.
- The registered manager and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager and provider had sought the opinions of people and their relatives using the service through customer satisfaction questionnaires. We saw all the responses received were positive.

Working in partnership with others

- The management team worked with, specialist healthcare services and local authority commissioners. This enabled people to access the right support when they needed it and we saw working collaboratively had provided staff with up to date professional guidance

