Mr Christopher David Green

Lunesdale House

Inspection report

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Date of inspection visit: 31 March and 7 April
Date of publication: 22/06/2015

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

Overall summary

This unannounced inspection took place over two days on 31 March and 7 April 2015. During our previous inspection visits on 23 September and 15 October 2014 we found the service was not meeting all the regulations we looked at.

This was because the registered provider had not responded appropriately when there was an allegation of abuse made and had not informed the Care Quality Commission (CQC) of the allegation as required by regulation. We also found that people living in the home could not be sure that staff had always and consistently received training relevant to their roles or that there was an effective system being used to assess and monitor the quality of service provision. At the last pharmacist inspection on 10 October 2015 we had found that there were not appropriate arrangements in place to manage and monitor medicines safely.

We made compliance actions and asked the registered provider to tell us how they were going to make the improvements required. The registered provider wrote to us and gave us an action plan saying how and by what date they would make the service improvements. They told us they planned to improve records and storage of medicines. They also planned to review processes for the

Summary of findings

administration of medicines to ensure that people received them at the correct time in relation to food and to stop the practice of "potting up" medicines before administration.

At this inspection 31 March and 7 April 2015 we found that the registered provider had made all the improvements they had said they would and that were needed to meet the requirements of the compliance actions from the previous visits.

Lunesdale House is a residential care home providing accommodation and personal care for up to 19 older people. All the accommodation for the people living there is in single bedrooms with ensuite facilities. There is car parking to the front of the home and well-kept gardens for people living there to use. At the time of the inspection there were19 people living in the home.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

We found that there were sufficient staff to provide support and to people to meet individual's personal care needs. Staff had received training relevant to their roles and were supported and supervised by the registered manager and the care manager. The home had effective systems when new staff were recruited and all staff had appropriate security checks before starting work.

We found that people living at Lunesdale House were able to see their friends and families as they wanted. There were no restrictions on when people could visit them. We could see that people made day to day choices about their lives in the home and were able to follow their own faiths and beliefs.

The premises and equipment were being well maintained for the people living there. People's needs had been assessed and care plans developed to meet those needs. Staff had liaised with other healthcare professionals to make sure specialist advice was available to people for the care and treatment they needed. Medicines were being administered and recorded appropriately and were being kept safely.

Care records contained assessments of people's individual needs and preferences as well as information about the way people would like to be cared for if their health deteriorated. The service had policies in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

The registered provider for the home had established systems in place to oversee the quality of the services it provided. They had employed a consultant to assist the service with establishing and maintaining an effective quality assurance and monitoring system.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service is safe.

Good

People were being protected against the risks associated with use and management of medicines. Medicines were administered and recorded correctly and were kept safely.

Staff had received training on safeguarding people from abuse and what action to take if they were concerned about a person's safety or wellbeing.

Staff had been recruited safely with appropriate pre-employment checks. There were sufficient staff to provide the support people needed, at the time they required it.

Is the service effective?
The service is effective.

Good

Care staff working in the home had received training and supervision to make sure they were competent to provide the support people needed.

The management and staff worked well with other agencies and services and people received the support they needed to maintain their health.

People's rights were protected because the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards were followed when decisions were made on their behalf.

People had a choice of meals, drinks and snacks.

Is the service caring?
The service is caring.

Good

People told us that they were well cared for and we saw that the staff were respectful, friendly and treated people in a kind and compassionate way.

People had their independence promoted and their privacy and dignity was protected. The staff took time to speak with people and gave them the time to express themselves.

Staff demonstrated good knowledge about the people they were supporting, for example detailed information on their backgrounds, their likes and dislikes.

Care plans contained information about people's care and treatment wishes should their condition deteriorate.

Is the service responsive?
The service is responsive.

Good

People made choices about their daily lives in the home and were provided with a range of organised activities if they wanted to take part.

Support was provided to people to follow their own interests and faiths and to maintain relationships with friends and relatives and local community contact.

Summary of findings

There was a system in place to receive and handle complaints or concerns raised.

Is the service well-led?

Good

The home is being well-led.

Quality monitoring systems were in place to monitor the services provided and action was taken when it was identified that improvements were required. Staff told us they felt supported and listened to by the registered manager.

Maintenance checks were being done regularly by staff and records had been kept and we could see that any repairs or faults had been highlighted and acted upon.

A system of quality assurance of audits was in operation to monitor care planning, medication management and service provision.

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 was planned to check 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.

This was an unannounced inspection that took place over two days 31 March and 7 April 2015 and was carried out by two adult social care inspectors and a pharmacist inspector. At our inspection on 31 March we focused on speaking with people who lived in the home and their visitors, speaking with staff and observing how people were cared for. The pharmacy inspector carried out a detailed inspection of medicine management, storage, administration and disposal. As part of the inspection we also looked at records, medicines and care plans relating to the use of medicines. The inspectors returned to the home on 7 April 2015 to look at staff records and records related to the running of the service. We also gathered further evidence around care plans to make sure they were complete and reflected people's needs and preferences.

Before the inspection visit we gathered information from a number of sources and reviewed the information we held about the home. We looked at the information received about the service and concerns and complaints that had been raised with us about the service. We looked at the information we held about notifications sent to us about incidents affecting the service and people living there. We looked at the information we held on safeguarding referrals and investigations.

During the visits we spoke in private to seven people who lived in Lunesdale House and other people within communal areas as we went around the home. We spoke with two relatives who were visiting the home. We spoke with the staff on duty during the inspection and spent time with the registered manager and head of care.

We looked at the care and support plans for seven of the people who there and had spoken with us to help us track how their care was being planned and delivered. We examined staff rosters, the training plans and training records, staff recruitment files and the quality monitoring and assurance systems in use.

Good

Is the service safe?

Our findings

Everyone we spoke with who lived at Lunesdale House spoke very positively about their life in the home and told us that they felt they were safe and well cared for living at the home.

People living there told us, "I do feel safe being here, there is always someone about when I want them. I know here that if I want help I will get it". Another person told us, "I always feel safe, I trust the staff here and we all rub along. I get on well with the owner and they have always helped me when I needed it". Another person told us "I thank God every morning that I am here, it's such a relief to know I have all I need here, safe and cosy, and reassuring to be so well looked after.

Relatives who visited the home told us that they did not have any concerns about the safety or welfare of their relatives. We were told that they could always talk to the registered manager or head of care at any time. A relative told us, "For me it's so good to know [relative] is so happy here, is settled and well cared for".

People living there and relatives told us there were "always" staff available when they needed them. We were told "Staff are very good, very helpful and know what they are about". There was a stable staff team working in the home that were able to tell us about the needs and personal preferences of the people they were supporting.

At the last pharmacy inspection on 10 October 2014 we had found that there were not appropriate arrangements in place to manage and monitor medicines safely. During this pharmacy inspection on 31 March 2015 we checked the provider's progress towards making improvements in medicines management. We found that the registered provider had significantly improved the way medicines were handled to help ensure the safety of the people living there.

Staff who administered medicines had been assessed as competent to administer medicines. We saw that care workers who handled medicines had received updated medicines training following the last inspection. The registered provider told us how they planned to introduce a competency assessment framework to check that care workers followed safe practices when giving medicines

Medicines were safely administered. We found that the provider had introduced arrangements to ensure that medicines that needed to be given before meals were given correctly. We observed a care worker preparing and giving medicines to residents and found that this was done carefully. People were able to look after and take their own medicines if they wanted to and were able to and this promoted independence. Assessments were in place to make sure that this was done safely.

Appropriate arrangements were in place in relation to the recording of medicines and accurate records were kept of the quantity of medicines kept in the home. Charts and body maps were used for the recording of the application of creams by care workers and clearly showed where and how they were to be used so that people received correct treatment. There were no medicines liable to misuse, called Controlled Drugs, being stored at the time of the inspection.

We could see that there were sufficient care staff available to help people as they wanted. There were also domestic and cooking staff on duty to support care provision. The head of care was now largely office based so that they could implement improvements to systems in the home and maintain quality monitoring. An activities person was also in the home leading an exercise session.

We found that the home was clean and tidy and was being well maintained. There were records of monthly maintenance checks on fire alarms, fire extinguishers and emergency lighting and records indicated that fire drills and training took place.

There were contingency plans in place to manage foreseeable emergencies and how to support people if the home needed to be evacuated. This helped to make sure that people were safe living in the home. There were risk assessments in place that identified actual and potential risks and the control measures in place to minimise them.

There was a system in place for recording accidents and incidents that occurred in the home and the registered manager had notified CQC of incidents where required to do so under regulation. The registered provider had systems in place to make sure people living there were protected from abuse and avoidable harm. Staff told us and records confirmed they had received training on this to help them in their work.

Good

Is the service safe?

We saw safe recruitment procedures were in place to help ensure staff were suitable for their roles. This included all the required employment background checks and references. We saw that equal opportunities monitoring was done during staff recruitment.

Good

Is the service effective?

Our findings

People we spoke with who lived in the home told us that they made decisions about their daily lives in the home and said the staff supporting them respected the choices they made. People told us the care staff who supported them knew them well. One person told us, "They [staff] all know what I can't do myself and need doing for me. They listen and take on board what it is I want". Another person told us, "They're a good set of staff; they know what's needed and what to do".

At our last inspection of the home on 23 September 2014 we found that people living in the home could not be sure that staff had always had consistently received training relevant to their roles. It had not been possible to assess if essential mandatory training was up to date. During this inspection on 31 March 2015 we checked the provider's progress towards making improvements in the training provision and recording.

We found that the registered provider had significantly improved the planning and recording of all staff training and support. There were records of all the completed training staff had done and what training had been planned for staff across the year to help maintain consistent standards of staff training to meet the needs of people living in the home.

Staff had been given access to regular supervision to discuss their practice and any areas for development and annual appraisals of their work. This helped to ensure that staff had support to carry out their roles safely and effectively and have their performance monitored. Staff we spoke with demonstrated an awareness of the MCA code of practice. Records confirmed that staff had received training on this topic

We observed people at the lunch time meal and saw that it was calm and pleasant with staff and people chatting. People who preferred to eat in their bedrooms were supported to do so. People told us that they enjoyed their meals, that the food provided was "excellent" and "very good" and that they always had a choice of meals. One person told us, Food is very good, we always have a choice and they ask us each day. Another person said, "If I don't eat something they [staff] want to know why and if it was all right. It's never just take it or leave it". We were told by people about having "an aperitif" before their meals and that "It helps my appetite" also that "There are plenty of non-alcoholic drinks as well".

All of the care plans we looked at contained a nutritional assessment and a regular check on people's weight for changes. Where the home had concerns about a person's nutrition they had involved appropriate professionals to help make sure people received the correct diet. There was also information on specific dietary needs such as diabetic diets and soft and pureed meals. This information was recorded in the care plans.

We could see in people's care plans that there was effective working with other health care professionals and support agencies such as the district nurses, mental health teams, the Care Home Education Support Service (CHESS) and social services. The care plans and records that we looked at showed that people were being seen by appropriate professionals to meet their physical and mental health needs.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA). The Mental Capacity Act (MCA) and DoLS provide legal safeguards for people who may be unable to make decisions about their care. We saw that people who had capacity to make decisions about their care and treatment had been supported to do so.

We looked at how decisions had been made around treatment choices and 'do not attempt cardio pulmonary resuscitation (DNACPR) where people might not have capacity to make this decision. The records in place showed that the principles of the Mental Capacity Act 2005 Code of Practice were used when assessing an individual's ability to make a particular decision. Records were kept of discussions with people and families around care decisions.

Good

Is the service caring?

Our findings

The people who lived in the home we spoke with had praise for the care provided by the staff. We were told "Coming here has been a good move; I won't be moving again, it's very good". One person told us "It's a super place, I am lucky to be here really. I would recommend it to anyone". Another person said, I have been very, very happy here from the first week. I have been in other places but this one is excellent, the staff are cheerful and kind and there are no long faces, really homely and good care". We were told "I am spoilt here, they [staff] have made it my home, that's a lovely feeling". We were also told "The owner is very good to us, he has a good sense of humour and is kind hearted".

Another person told us "They [staff] help to keep me as independent as I can be, I know that it's not always possible to do for myself but they know what I need help with and I just tell them how I like things done". A visiting relative told us "It's more like a hotel than a care home [relative] is waited on hand and foot".

As we spent time in different communal areas of the home we saw that the staff engaged positively with people and we saw people enjoyed talking with the staff and were at ease with them. The staff called people by their preferred names as stated in their care plans.

People living there told us that staff knew their preferences and "Always ask me what I want doing, what I want to wear". We saw that staff had made sure people were appropriately dressed, with their jewellery and make up on if that was what they had wanted. We saw that when assisting people with their mobility staff made sure that people's clothing was arranged properly to promote their dignity. This helped to maintain their dignity and individuality.

We saw that staff knocked on the doors to private areas before entering and ensured doors to bedrooms and toilets were closed when people were receiving personal care. One person told us "I do think my privacy is respected, they [staff] knock and ask permission to come into my room. No one takes any liberties here".

Bedrooms we saw had been personalised with people's own belongings, such as photographs and ornaments to help people to feel at home. All bedrooms at the home were for single occupancy. This meant that people were able to spend time in private if they wished to. People told us they could have visitors when it suited them and go out with them as they wanted. Relatives we spoke with told us they were "Made very welcome".

We found that information was available for people in the home to inform and support their choices. This included information about the registered providers, the services offered and about support agencies such as advocacy services that people could use if they wanted. 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.

The head of care and care staff we spoke with understood the importance of providing good care at the end of a person's life. Care plans contained information about people's care and treatment wishes should their condition deteriorate. We saw from records that staff had received training on privacy and dignity and person centred care.

Good

Is the service responsive?

Our findings

All of the people that we spoke with told us that routines in the home were flexible to meet their needs and choices about their lives. They told us they chose where to spend their time, where to see their visitors and how they wanted their care to be provided. People told us the staff in the home listened to them and respected the choices and decisions they made. One person told us "I have nothing to worry about here. I have no complaints about anything". Another said "I have never needed to make a proper complaint I just have a chat with [head of care], she's very good and understanding".

The service had a complaints procedure that was available and displayed in the home. There was a system in place for logging any complaints received but there had not been any since our last inspection.

People living there told us about activities in the home and some said they enjoyed the monthly holy communion. People were also supported to go outside the home for recreation or attend church. They told us that they did not have to take part in anything they did not want to. We were told "I am not expected to do anything I don't want to". Some people told us they liked to spend time in their own rooms as well doing what interested them, listening to music, doing crossword puzzles, reading and this was respected. We were told there had been some "excellent "musical entertainments and that staff "always" told them what was planned.

Relatives who were visiting told us that they had "Never had any concerns" about the safety or welfare of their relatives and also "We are encouraged to make our views known". They were aware of there being a formal complaints procedure and said they would be "confident" speaking to the head of care or registered manager of the service if they had any concerns. One relative told us "We do not have any concerns over (relative) care but would feel comfortable if we had to complain".

We looked at the care plans in place for people living there and for seven people in detail after speaking with them. We saw that a significant amount of work had recently been completed to improve the care plans in use to involve people in planning and make them more person centred. This was to help make sure the plans were 'working documents' and that people continued to receive care and support that met their preferences and reflected their needs.

People's health and support needs were clear in their care plans and personal information that was aimed at reducing their risk of becoming socially isolated. We could see that people's families had been involved in gathering background information and life stories. Staff had a good understanding of people's backgrounds and lives and this helped them to support them socially and be aware of things that might cause them anxiety. We also found that people had been involved in planning their preferred care routines.

Good

Is the service well-led?

Our findings

Everyone we spoke with living at Lunesdale House told us that they felt that this was a "good" service and was "well run". One person told us, "It's a good place to live, it's very well run. I think it's probably one of the best really". Another said, "The owner has very high standards". People we spoke with said they spoke with the registered manager and head of care "everyday".

At our last inspection of the home on 23 September 2014 we found that the registered provider was not regularly assessing and monitoring the quality of the services provided in a systematic and verifiable way. During this inspection on 31 March 2015 we checked the provider's progress towards making improvements. We saw that there was a quality monitoring process in place and being used to undertake quality assurance audits within the service.

The registered provider had employed the consultant to assist the service with establishing and maintaining an effective quality assurance and monitoring system. This was to help the registered provider and head of care to consistently monitor the quality of the services people received. It was also to help them identify, monitor and manage risk to people living and working at Lunesdale house effectively. This demonstrated good practice as the registered provider had sought professional advice about how make the improvements needed to promote a safer and more effective service.

We saw that were clear organisational action plans in place for the improvements required from the last inspection. These showed how audit processes were in place for monitoring throughout the year. A full review of policies and procedures was underway to make sure they were in line with current legislation and good practice. We saw that the care plans had been thoroughly reviewed and rewritten to establish a more person centred system.

We saw that audits of medicines handling were being done to identify concerns in order to protect people from harm. Staff training plans and personnel files had been audited to make sure they were up to date. We saw that there had been health and safety audits and environmental checks and accident audits were to be implemented as part of the quality monitoring plan. Maintenance checks were being done regularly by staff and records had been kept and we could see that any repairs or faults had been highlighted and acted upon.

We saw that the service was on target to achieve its action plans for overall service monitoring and this indicated a commitment to promoting a culture of continuous improvement in the home.

The home had a registered manager in place as required by their registration with the Care Quality Commission (CQC). All the staff we spoke with told us that they felt supported in their work by the registered manager and head of care. They said that staff met regularly staff to discuss practices and share ideas. Staff told us that the registered manager and head of care were "always available" and "very approachable".

We saw during our inspection that the registered manager and head of care were accessible and spending time with the people who lived in the home and engaging in a positive and open way with them. The head of care was very knowledgeable about the people living there and their individual preferences.