The Oaklea Trust

Lowther Park (Adult Care Home)

Inspection report

The Oaklea Trust
42 Lowther Park
Kendal
Cumbria
LA9 6RS

Tel: 01539731159
Website: www.oakleatrust.co.uk

Date of inspection visit:
25 August 2017
31 August 2017

Date of publication:
16 November 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out this announced inspection on 25 and 31 August 2017. Our last inspection of the home was carried out in January 2015. At that inspection we rated the service as Good.

Lowther Park (Adult Care Home), (Lowther Park), provides personal care and accommodation for up to seven adults who have a learning disability. The accommodation is provided in two semi-detached houses which have been adapted and turned into one property. The home is arranged as two areas with four people living in one side of the premises and three people living in the other side of the home.

The home is in a residential area of Kendal in south Cumbria. People have their own bedrooms which are on the ground and first floors of the home. There are suitable shared facilities including toilets and bathrooms, sitting rooms, kitchens and dining areas.

There was a registered manager employed in the home. A registered manager is a person who has registered with the Care Quality Commission 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 2008 and associated Regulations about how the service is run.

People who could share their views told us they liked living at Lowther Park and said they felt safe there. They told us they liked the staff who worked in the home and we saw people were comfortable and relaxed around the staff on duty. The staff treated people in a kind and friendly way.

Before we carried out our inspection the registered manager had notified us of an incident which was being investigated under local safeguarding procedures. We did not investigate this incident, but we looked at how the service protected people from harm.

Records we looked at showed there had been number of incidents which had caused people who lived in the home to experience distress or anxiety. There had also been occasions when staff members had needed to intervene to prevent people experiencing harm or distress. The registered manager had identified that staffing levels needed to be increased to ensure the safety of people who lived at Lowther Park. The registered manager had raised this with the registered provider and they were in the process of recruiting additional staff to increase staffing levels. Existing members of staff were working extra hours to provide additional support. However, we found there were times when it was not possible for the staff team to work additional hours and when there were not sufficient staff available to ensure the safety of people who lived in the home.

We found that there were times when there were not enough staff working in the home to ensure people were safe living there. This was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The staff in the home had shared concerns about staffing levels with the registered manager of the service. Although the registered manager had shared these concerns with the registered provider, action had not been taken promptly in response to the concerns raised by the staff. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We shared our concerns about staffing levels with the registered manager of the home. They immediately contacted the registered provider and were supported to increase staffing levels without further delay.

The staff on duty in the home knew people well and knew how people communicated their wishes. We saw that people made choices about their lives and the decisions they made were respected.

People received the support they required to maintain good health. Medicines were handled safely and people received their medicines as they needed. The staff in the home took prompt action to obtain medical advice when a person showed signs of ill health. People were supported to access appropriate health services as they required.

The staff were trained and competent to provide people's care. Systems were in place to identify when training needed to be repeated to ensure staff knowledge and skills were up to date.

People were included in planning and preparing their meals and drinks and were provided with meals and drinks that they enjoyed.

The principles of the Mental Capacity Act 2005 were followed and people's rights were protected. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were included in planning and agreeing to the care they received. The staff knew people well and knew how people expressed their wishes.

People were asked for their views and included in decisions about how the service was developed. The registered manager carried out checks on the service and took action where further improvements were required.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to staffing levels and how the provider listened to and acted on concerns raised by the staff employed in the home. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

There were not always enough staff working in the home to ensure people were safe. This issue was addressed when we shared our concern with the registered manager of the home.

Medicines were handled safely and people received their medicines as they needed.

Safe systems were used when new staff were employed to check they were suitable to work in the home.

Is the service effective?

Good

The service was effective.

People made choices about their lives and the decisions they made were respected.

People were included in planning and preparing their meals and drinks and enjoyed the meals provided.

The principles of Mental Capacity Act (2005) were followed and people's rights were protected.

People were supported to access appropriate health care services as they needed.

Is the service caring?

Good

The service was caring.

The staff in the home knew people well and supported people to make choices about their lives and care.

People were supported to carry out tasks themselves and their independence was promoted.

People had access to independent services that could support

them to express their wishes.

Is the service responsive?

Good

The service was responsive.

People were included in decisions about their support.

People were supported to maintain relationships that were important to them.

The registered provider had a procedure for receiving and managing complaints about the service.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Although the staff in the home were given opportunities to share their views of the service, action was not taken promptly in response to concerns they had raised.

People who lived in the home knew the registered manager.

People who lived in the home were asked for their views about the service.

Lowther Park (Adult Care Home)

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 inspection took place on 25 and 31 August 2017. We gave the provider notice of our visit to the service on 25 August 2017 because the location was a care home for younger adults who are often out during the day and we needed to be sure that someone would be in.

The inspection was carried out by one adult social care 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. The Expert by Experience had experience of caring for people who have a learning disability.

There were seven people living in the home when we carried out our inspection. During our visit on 25 August 2017 we spoke with all seven of the people who lived in the home. Some people had complex needs and could not easily share their views with us. We observed how staff interacted with people and looked at the care records for four people. We also spoke with five members of the care staff who were working in the home.

The registered manager was not present at our inspection on 25 August 2017. We arranged to visit the home on 31 August 2017 to speak with the registered manager and to look at records relating to how people were protected from harm, staff training records and records related to how the home was managed.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service, including the information in the

PIR, before we visited the home. We also contacted local health and social care commissioning teams to obtain their views of the home.

Requires Improvement

Is the service safe?

Our findings

People who could speak with us told us they liked living at Lowther Park and said they felt safe there.

People who lived in the home were included in assessing and ensuring the safety of the service. Two people had been included in staff recruitment processes to assess if applicants for employment were suitable to work in the home. One person was included in assessing the fire safety systems and another person worked with a staff member to check that aspects of the service were safe.

We saw that people who lived in the home were comfortable with the staff who were working there. People approached the staff in a confident manner and showed no signs of anxiety around any of the staff on duty during the inspection.

Before we carried out our inspection the registered manager of the home had informed us of an incident which was being investigated under local safeguarding procedures. We did not investigate this issue during our inspection but we looked at how the service protected people from harm.

At our visit to the home on 25 August 2017 three of staff we spoke with told us there were times when there were not sufficient staff working in the home. The staff told us that, due to an increase in one person's needs, they were not confident that they were able to maintain people's safety in the home. We spoke with another staff member who told us there were times when they found it challenging working in the home due to the increased needs of a person whose behaviour could challenge the service.

At our visit to the service on 31 August 2017 we looked at the records around incidents that had occurred in the home. We saw there had been a previous incident where one person had been subject to behaviour that caused them distress. The records we saw also showed that there had been occasions where a staff member had needed to intervene to prevent the actions of one person causing distress or harm to other people who lived in the home.

We discussed this with the registered manager. She was aware that there had been incidents where people who lived in the home had been subject to experiences that caused them distress. The registered manager had identified that there were times an additional staff member was needed in the home to ensure people were safe.

The registered manager had raised her concerns with the registered provider and they had agreed for an additional staff member to be on duty when needed in the home.

At the time of our visits to the home, members of the established staff team were working additional hours to increase the staffing levels. There were times when the established staff team could not work additional hours and staffing levels were not sufficient to ensure people who lived in the home would be safe. The registered provider was in the process of recruiting additional staff however, at the times of our visits the recruitment process was ongoing and the required additional staff had not yet been employed. The

registered manager told us that, although she had shared her concern regarding additional staff being needed in the home with the registered provider, there were a number of shifts that had not been covered.

This was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because there were not always enough staff employed in the home.

We discussed our concerns regarding staffing levels with the registered manager of the home. She immediately contacted the registered provider and was supported to increase staffing levels without further delay. After we shared our concerns regarding the safety of people living in the home the registered manager and registered provider took action to protect people.

Each person who lived in the home had detailed care records which guided staff on how to maintain their safety. We saw thorough risk assessments had been completed to identify hazards to people's safety and how these were to be reduced or managed. During our inspection we saw that the staff on duty knew the actions to take to protect people from harm.

Medicines were handled safely and people received their medicines as they required. Medicines were stored securely and there were accurate records of the medicines staff had given to people. The staff had received training in how to manage medicines safely and checks had been carried out on their competence to do so. The medicines held and medication administration records were checked regularly to ensure people had received their medicines as they needed. People who were able to do so managed and administered their own medicines. There were systems in place to check they had taken their medicines and were able to manage them safely.

Safe systems were followed when new staff were employed. All new staff had to provide evidence of their conduct in previous employment working with people who could be vulnerable because of their circumstances. The staff were also checked against Disclosure and Barring Service records to ensure they had not been barred from working in a care service. A staff member who had been employed in the months before our inspection confirmed that they had been subjected to rigorous checks before being employed to work in the home. People could be confident that the staff employed in the home had been checked to ensure they were suitable to work there.

The registered manager had taken advice from appropriately qualified and competent persons to ensure the premises were safe for people to live in. The accommodation and equipment had been checked to ensure they were safe for people to use. The registered manager had also taken advice from the local fire safety officer to ensure people would be safe in the event of a fire.

Good

Is the service effective?

Our findings

People who could share their views with us told us they liked the staff who worked in the home. We asked people if the staff were good at their jobs and they told us that the staff were.

We saw that the staff understood how to support people and had the skills and knowledge to provide people's care.

The staff we spoke with told us that they had received training to meet the needs of people who lived in the home. This was confirmed by the training records we looked at. These showed that staff had completed a range of training including protecting people from abuse, safe handling of medicines and respecting people's rights. The registered manager had arranged for staff to receive additional training to support people with more complex needs. One staff member told us they thought the training in one aspect of supporting an individual had not been sufficient, however no other staff raised this concern.

A staff member who had recently joined the care team told us they had been given training and support before working as an active member of the staff team. They told us this had included observing experienced staff as they supported people to give them guidance on how to provide people's care.

Systems were in place to monitor the training that staff had completed and to identify when this needed to be repeated. This ensured the staff kept their skills and knowledge up to date.

Throughout our inspection we saw that the staff gave people choices about their lives and knew how people communicated their choices and wishes. People were assumed to be able to make decisions about their daily lives and were supported to do so. We saw that people were asked if they agreed to support being provided and the staff only assisted a person with their consent. This helped to protect people's rights.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager and the staff employed in the home were knowledgeable about the MCA and DoLS and how these applied to people who lived in the home. They understood their responsibility to protect the rights of the people who lived at Lowther Park. Where the registered manager had assessed that an

individual needed to be deprived of their liberty, in order to ensure their safety, they had made an appropriate application to the local authority for authorisation.

People who could speak with us told us they enjoyed the meals and drinks provided in the home. People were encouraged to make drinks for themselves and to assist the staff in preparing their meals as they wished. We observed people assisting to prepare the evening meal during our first visit to the home. One person told us they enjoyed helping the staff to prepare meals.

People who could speak with us told us they were included in planning the meals in the home. We saw that the staff knew people's preferences and people enjoyed the meal provided during our inspection.

People told us the staff in the home supported them to access health care service as they required. The records we looked at showed that people were supported by a range of health care services. These included local GPs and dentists and specialist services such the learning disability nursing team and psychiatric services.

During our inspection a staff member identified that a person was unwell. We observed that the staff on duty took prompt action to access medical advice and assistance for the individual. People were provided with the support they needed to access appropriate health care services and to maintain their health.

Good

Is the service caring?

Our findings

We asked people who lived in the home if the staff treated people in a kind and caring way. People who could share their views said the staff were kind and told us they liked the staff who worked in the home. One person told us the staff were "nice" and said, "I like them [staff]." Another person said, "They [staff] are my friends."

We saw that people enjoyed talking to and spending time with the staff. We saw and heard a lot of laughter shared between people who lived in the home and the staff on duty. The staff gave people their time and asked them about the activities they had attended during the day.

Throughout our inspection we saw that the staff treated people with kindness and in a friendly and respectful way. We saw that the staff identified if a person was anxious and provided support promptly and patiently.

We saw that the staff knew people well and gave them choices about their lives in a way that they could understand. The staff knew what was important to people and supported individuals to carry out activities that helped to maintain their wellbeing.

People's privacy and dignity were respected. The staff spoke to people in a respectful way and asked discretely if they required support with their personal care. Where people required personal care this was provided in the person's own room or bathroom. This helped to ensure people's privacy.

People were supported to maintain their independence. The staff knew the tasks people could carry out themselves and those areas of their support where they required assistance. We saw people were given the time they required to carry out tasks themselves. Where people required prompting or guidance to assist them to carry out tasks, the staff ensured this was provided.

People who wished to worked with the staff carrying out tasks such as helping to prepare the evening meal. People who could do so safely also prepared their own drinks.

The registered manager had identified that some people's needs were changing and that they would benefit from additional signs in the home to assist them to find their way round. They had placed pictorial signs in appropriate areas within the home to support people to locate their own rooms. This helped to support individuals' independence as their needs changed.

The registered manager was knowledgeable about local advocacy groups that could be contacted if a person required. Advocates are people who are independent of the home who can support people to make important decisions and to express their wishes. The records we looked at showed that one person had been supported by an advocate to share their views. Another person who lived in the home was a member of the local advocacy group. People were supported to access independent support to express their wishes.

Good

Is the service responsive?

Our findings

People who could speak with us told us they were involved in making decisions about the support they received. People told us, and we saw, that the staff asked what assistance they wanted and provided this promptly.

Each person who lived in the home had a care plan that included information about the support they needed and their preferences about their lives. People who could speak with us told us they had been included in developing their individual care plans.

We looked at the care records for four people. We saw that the care records gave detailed information for staff about the support people needed, their preferences about their support and how they communicated their choices.

The staff we asked told us the detailed care records gave them good information and ensured they knew how to support individuals and people's preferences about their lives and support.

We saw that the care records were reviewed regularly and updated promptly if the support a person required changed. This meant the staff had accurate and up to date guidance about how to care for people. From observing people in the home we saw that the care records gave staff good information about individuals and how to provide their support.

One person's needs had changed and their care needed to be reviewed to ensure the staff in the home knew how to support them. We saw that the registered manager had contacted local specialist services to visit the home to speak to the staff and people who lived there. The specialist services had provided advice about how the staff and other people in the home could support the individual in response to their changing needs.

People were supported to maintain relationships that were important to them. The staff knew the relationships that mattered to people and talked to them about their friends and families. We saw that this supported people's wellbeing.

People who could speak with us told us they followed a range of activities that they enjoyed in the home and in the local community. One person told us they liked to attend a local gym and said the staff supported them to follow this activity. We also saw that the staff knew the activities people liked to enjoy in the home and ensured these were provided.

The registered provider had a procedure for receiving and responding to complaints. The provider's website included information about how people could complain about the service provided. This meant that people who lived in the home, their friends and relatives could find information about how to raise a concern if they needed to.

Requires Improvement

Is the service well-led?

Our findings

People who lived at Lowther Park said it was "a good place to live" and told us, "I love it here". We asked people who could speak with us if they knew the registered manager of the home. One person said, "I know [registered manager], she's nice". Another person said, "I like [registered manager]".

The registered manager of the home had identified that, due to a person's needs changing, staffing levels in the home needed to be increased. When we carried out our inspection the registered provider was in the process of recruiting new staff but the additional staff required had not been employed. Members of the established staff team were working additional hours, where possible, to increase the staffing levels where possible.

During our visit to the home on 25 August 2017 four of the staff we spoke with told us staff morale was low. The staff told us that they were asked to work additional hours to try to ensure staffing levels in the home were sufficient. They told us that this was leading to them feeling tired and experiencing low morale.

Three of the staff told us that there were times when there were not sufficient staff working in the home to ensure people were safe. The staff told us they had raised this concern with the registered manager of the home. The staff we spoke with were aware that the registered provider was in the process of recruiting additional staff but said they felt this should have been started earlier, when they first raised concerns.

Although the registered provider was in the process of recruiting additional staff there were times that the staff team could not work additional shifts and there were not sufficient staff in the home. The registered provider had not ensured there were always sufficient staff on duty. They had not responded promptly to concerns raised by the staff employed in the home.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the registered provider had not acted promptly in response to feedback from staff to improve the safety of the service.

During our visit to the home on 31 August 2017 we raised our concern regarding staffing levels with the registered manager and immediate action was taken to increase staffing levels in the home.

People were asked for their views about the service. Meetings had been held with people to decide about activities they wanted to follow and to discuss improvements to the property including choosing new kitchen fittings. People were also asked for their views at meetings to review their care. We also saw that during our visit the staff on duty gave people a choice of meal, asked how people wanted to spend their time and asked people if they were happy with the support provided.

The registered manager carried out checks each month to assess the safety of the service provided. These included checking how medicines were managed, checks on the safety of the premises and checks to ensure people would be safe in the event of a fire. Where improvements were in the registered manager's

control she had ensured action was taken. She had sought advice from appropriate services for guidance on how to support one person and had taken advice from the local fire officer to ensure people would be safe in the event of a fire. Where improvements were out of the registered manager's control they had passed these to appropriate bodies. Required improvements to the premises had been passed to the landlord for action and we saw improvements that had been made including to the bathroom, replacement windows and new kitchen fittings. The registered manager had also identified a need for additional staff and had passed this to the registered provider.

Providers of health and social care services are required to inform the Care Quality Commission, (CQC), of important events that happen in their services. These include any serious injuries to a person and applications to deprive a person of their liberty. The registered manager of the home had informed us of significant events as required. This meant we could check that appropriate action had been taken.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance How the regulation was not being met: The registered provider had not acted promptly in response to feedback from staff to improve the safety of the service. Regulation 17 (1) (2) (e).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing How the regulation was not being met: The registered provider had not ensured that there were always sufficient staff available to maintain people's safety. Regulation 18 (1).