

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

Lorne House provides accommodation, personal and nursing care for up to nine people with learning disabilities. There were nine people living at the home at the time of the inspection. At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

There was a registered manager in post. 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 told us they felt safe around the staff who they knew and felt comfortable with. People were familiar with the staff who had supported them for a number of years. Staff understood people's health and the risks to their health. Staff understood how to keep people safe and protect them from harm. The registered manager also understood her responsibility in ensuring people were protected from harm. People received the support they needed by staff who had gone through recruitment processes so that it was safe for them to work at the home. People were supported by staff to take their medicines regularly.

People were supported by staff that had access to training and supervision. Staff understood the importance of obtaining a person's consent. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People had access to choices in the meals and drinks they were offered and had access to a number of healthcare professionals.

People liked and valued the care staff who they regarded as their friends. Staff understood how to care and support people in a way that was individual to them. Staff understood people's methods of communication and what it meant to maintain each person's independence.

People's care was reviewed and updated regularly and reflected people's changing care needs and preferences. People were offered the opportunity to participate in activities and told us they liked and looked forward to doing different things. People understood how to complain but instead preferred to speak with the registered manager and talk about issues affecting their care.

The registered manager was well liked within the home by people and staff. People felt the registered manager was accessible and willing to listen to them. Staff described an open team environment where staff were involved in reviewing and updating people's care. The registered manager was supported by the registered provider in ensuring people received the care they expected.

Further information is in the detailed findings below

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 remains Good.

People felt safe and that staff understood how to keep them healthy and safe from harm. Staff knew about people's health needs and were able to recognise people's needs and respond to them. People were supported to take their medicines regularly.

Is the service effective?

Good ●

The service remains Good.

People were supported by staff that had access to training and supervision and who understood the importance of obtaining a person's consent. People's ability to make decisions was understood by staff. People had access to a variety of health care professionals and made choices to support a healthy lifestyle.

Is the service caring?

Good ●

The service remains Good.

People liked and felt cared for by staff who understood their individual needs. Staff cared for people in a way that made them feel respected and able to maintain their independence.

Is the service responsive?

Good ●

The service remains Good.

People received care that was individual to their needs and reflected their interests. People understood how to complain and share their thoughts about the service.

Is the service well-led?

Good ●

The service remains Good.

People's care and support was reviewed and updated based on

people's changing circumstances. People and staff valued the support they were given and were positive about the registered manager.

Lorne 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 checked 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 comprehensive inspection took place on 10 January 2017 and was completed by one inspector. The inspection was an unannounced inspection. We reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. The inspection considered information that was shared from the local authority.

We observed how staff supported people throughout the day. As part of our observations 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.

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 spoke with four people, two care staff, the registered manager, the registered provider and the local GP.

We reviewed three care records, the comments folder, three applications to deprive someone of their liberty, recruitments processes, minutes of staff and relatives meetings, as well as monthly checks the registered manager completed.

Is the service safe?

Our findings

People told us they felt safe at the home because they regarded the staff as their friends. One person told us, "The staff are very good here." People responded warmly to seeing staff and appeared pleased to be in the company of staff. Staff had received training and understood how to protect people from harm. Staff were able to explain confidently what it meant to protect people from harm. The registered manager understood her obligations for safeguarding people and understood she could speak with the local authority if concerned about people they were supporting.

Risks to people's health were understood by staff as well as the action they needed to take. For example, where people lived with seizures, staff understood what action to take as well as how the seizure may present itself. Staff told us information was also contained within care plans for staff to refer to. We reviewed three care plans and saw that information was available for staff to refer to and that these had been updated regularly.

People told us staff helped them whenever they needed support. We saw people had access to staff throughout the day. We saw that staff remained in close proximity of people. Where people required the support of staff to go shopping, people received this support. We also saw that staff were patient with people and when people called out to staff for help, staff immediately responded. Staff understood the support people needed and ensured they had the appropriate help if more than one staff member was needed.

A number of staff had worked at the service for a lengthy period of time. We reviewed the registered provider's process for recruiting staff to work at the home. There was a system in place so that staff recruited had the necessary pre-employment checks to ensure they could work with people at the home. We saw that references has been sought and that staff had completed Disclosure and Barring Service (DBS) checks before commencing work. The DBS is a national service that keeps records of criminal convictions. Staff we spoke with also described the same process to us and confirmed they completed the necessary checks before commencing work at the home.

People were supported to take their medicines. We saw people receive their medicines and staff calmly explained the purpose of the medicines to people before they received them. Staff were knowledgeable about people's medicines and their preferences for taking them. For example, one person was supported to take their own medicines, as that was their preference. The medicines were stored in a locked cupboard and unused medicines were recorded and disposed of appropriately. Stocks of medicines were also kept so that people had access to medicines when required.

Is the service effective?

Our findings

Staff we spoke with told us they were supported with regular supervision meetings and access to training. Staff told us they could access training to help support people. Two staff we spoke with told us they were shortly due to attend further training on the Mental Capacity Act.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager had made a number of applications to the local authority for authorisations and was awaiting their approval. Staff we spoke with understood the restrictions and how they affected people's care.

People told us they liked the food. One person told us, "The food is great – and I'm a fussy eater." People were supported to maintain a healthy balanced meal. People were supported by staff to go shopping for food and helped in the menu selection. People were given choices in the food and drinks they offered. Where people required support to make a decision, people were shown items to select from.

We spoke to people who told us they accessed a number of healthcare professionals. One person told us, "If I'm poorly I either go to see the GP or he comes here." The GP for the home told us instructions given to care staff were followed and that they did not have any concerns about the home. We also saw that people were supported to attend hospital appointments and the dentist and that instructions from healthcare professionals were incorporated into people's care. For example, where people required an adjustment to medication this had been completed for people. We also saw that where appropriate social workers and occupational therapists were involved in people's care so that they had access to the most appropriate care for their needs.

Is the service caring?

Our findings

People liked and looked to staff for reassurance. One person told us, "They're all my friends in here." We saw a number of examples when staff reassured people and people responded positively to this through hugs or staff touching people's arms. People living at the home had lived there for a number of years and many of the staff had also worked at the home throughout this time. Staff demonstrated an instinctive knowledge of people. Staff told us they could gauge from a person's behaviour if they were troubled or anxious. People told us they liked the staff and felt staff were more like friends.

People were involved in influencing their care. People were asked about their care and involved in making day to day decisions. We saw people choose where to sit, the activities they participated in and who they sat with. Where people wished to have some privacy and remain in their bedroom, staff respected this. People were supported to go shopping and pick items that were important to them. People we spoke with told us about the things they bought and how they were special to them.

Staff understood how each person chose to communicate. We saw that when people required sight of people's faces, staff ensured people could see them. People also bent in close and spoke to people clearly where they had difficulty hearing.

We saw people's privacy and dignity was respected. People were supported to express their sexuality in a manner of their choosing and staff were respectful of this. People were supported by staff to maintain important relationships to them through visits, email, photographs and telephone calls. Where people's circumstances changed, staff ensured they supported people. For example, a person experienced a personal loss and staff supported the person and ensured they were able to maintain other family links.

Staff also understood people's ability to mobilise. They understood how people needed support and where people wanted to remain independent, staff ensured they were able to access equipment to best support the person to remain independent.

Is the service responsive?

Our findings

People's care was routinely reviewed and updated to reflect any changes in their personal circumstances. One person told us they had recently had a small operation but that "The girls looked after me when I came out of hospital."

Where people's mobility, hearing and dietary needs changed they had been identified and incorporated into their care plans. For example, we saw that one person was sitting in a specially adjusted chair because they were unable to sit in another chair. We reviewed three care plans and saw that as people's needs changed, care plans were updated. For example, one person required more specialised equipment to aid their mobility and this had been sought and provided for the person. Changes in people's care needs were communicated to staff. Staff told us because they were a small team, it was easy for them to familiarise themselves with people's needs. They did this through speaking with the registered manager and reading the care plans.

People told us about their interests and about the support they received from staff to pursue their interests. Two people told us about their spiritual beliefs and how staff supported them to attend a place of worship. One person told us about they were supported to attend a day centre and how they enjoyed this because they valued the friendships they had made there.

People understood they could complain if they needed to but told us they preferred to instead speak with the registered manager. The registered manager had a complaints system in place and understood how to acknowledge and respond to complaints.

The registered manager had also sought to understand the views of people using the service through meetings with people and through easy to use questionnaires. One person told us, "[Registered manager] speaks to us about what we like and what we don't like." Questionnaire results demonstrated people were happy at the home and enjoyed living there.

Is the service well-led?

Our findings

There was a registered manager at 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 told us they liked the staff and the registered manager and that they could speak with them about issues important to them. One person told us, "I can talk to [Registered manager] about anything." The registered manager had been there a significant number of years and had built a relationship with people and their families over this time. People told us they spoke with the registered manager about any issue that was important to them.

Staff spoke positively about the home and about working at the home. One staff member told us, "I really like working with [Registered manager]." Staff told us the registered manager involved staff in making decisions about people's care because she understood that staff had a good understanding of people's needs. Staff described the registered manager as approachable and helpful.

The registered manager told us that she was keeping her knowledge up to date by attending a variety of courses and we saw confirmation of these during the inspection. She had also recently arranged for staff at the home to have a number of refresher courses that she was also attending so that knowledge across the home was consistent.

The registered manager described a supportive relationship with the registered provider. The registered provider discussed care at the home on a daily basis with the registered manager. The registered manager told us she felt supported and that all requests she made for items for people were always incorporated into people's care. For example, where people had needed specialist equipment or modifications to furniture. The registered manager accepted that as a small home, it was sometimes difficult to maintain her knowledge. However, the registered manager had already taken steps to ensure training was reviewed and staff booked on courses as appropriate.