

Lannock Manor Mental Health Limited

Lannock Manor

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

Lannock Manor is a small residential care home registered to provide accommodation and personal care without nursing. The service accommodates up to 10 adults with mental health needs in one building. There were seven people using the service at the time of this inspection.

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

People felt safe and were protected from avoidable harm by a staff team trained to recognise and report any concerns. Staff reviewed their practise when things went wrong to learn lessons and adapt their practise. Risks to people's health and safety were identified and safely managed. People received their medicines at the right times, and these were managed safely. People lived in a clean, hygienic environment.

People were supported by sufficient numbers of staff. Staff were employed following appropriate references and disclosure and barring checks being carried out.

Staff were supported to develop their skills and worked well together. Staff worked with external care professionals to ensure people received the care and support they needed.

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 involved in making decisions about their care and support. Staff supported people to express their views and consulted them about their care.

The management team and staff were caring and supported people in a person-centred way. Staff were friendly, and treated people with respect. People's were supported and encouraged to engage in meaningful activities that supported their personal interests. People felt able to raise concerns to the management team when they wanted.

The provider and registered manager understood their role and legal responsibilities. The provider and registered manager's vision and ethos for the service was now fully understood and embraced by the staff team. Regular audits and quality monitoring helped drive forward improvements in the service. The registered manager and staff were approachable. Team morale was positive and staff were proud to work for the service.

Rating at last inspection and update

The last rating for this service was requires improvement (published 08 March 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service 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.

Lannock Manor

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.

Inspection team

One inspector carried out this inspection.

Service and service type

Lannock Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 reviewed information we had received about the service since registration. We sought feedback from the local authority and professionals who work with the service. 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 took all this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with five staff, the provider, the registered manager and a visiting health professional.

We reviewed a range of records. These included two people's care records, staff training records and a variety of records relating to the management of the service. We reviewed two staff recruitment files.

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; Learning lessons when things go wrong

- People continued to feel safe living in the home. One person said, "I feel safe, there's no problems it's a good place to live."
- Staff knew what to do if they saw anything of concern or if people were at risk of harm. Staff knew how to raise their concerns and were able to confidentially 'Whistle blow' if they needed to.
- The management team understood their responsibilities regarding safeguarding and where concerns had been raised, they were managed appropriately. Incidents had been reviewed and investigated appropriately.
- Staff were able to review incidents and potential safeguarding concerns through discussions with the senior staff and management. This enabled staff to review practise and consider whether they could have responded in a different way. Lessons learned were discussed as part of regular meetings, handovers or supervision.

Assessing risk, safety monitoring and management

- Risks relating to peoples care and support had been assessed and actions to mitigate the risk were in place. Staff demonstrated to us through discussion a good awareness of risks to people's health and wellbeing.
- Staff understood how to support people with behaviours which may challenge in a positive and respectful way. A person described to us how staff supported them in a friendly way when they were struggling.
- Staff carried out regular health and safety checks to ensure premises and equipment were safe. Systems were in place to ensure people and staff were safe in the event of an emergency such as, a fire. Further safety checks included water and electrical wiring. People had plans in place for staff to follow in case of an emergency.

Staffing and recruitment

- The service had enough staff to keep people safe and meet their needs. One person said, ""Staff are good, there are enough of them to help me when I need them."
- Staff felt the staffing levels were sufficient. There had been a number of changes to staffing over the previous 12 months that staff felt were positive. One staff member said, "It's a good place to work, the staff who work here now want to be here. We have enough staff on shift and can cover when someone can't come in. I think it's been good."
- The provider encouraged people to be involved in the recruitment process and speak with potential staff. One person said, "[Provider] wants to know what we think of new staff so we get to check them out and see if they're any good." This helped to ensure staff employed would be able to work as part of a team with the people they were to support.

- Appropriate pre-employment checks had been carried out on new members of staff to ensure they were suitable to work at the service.

Using medicines safely

- People were supported to take their medicines in a safe way and as the prescriber intended. One person said, "There are no problems with the medicines I get given mine at the same time."
- Staff had received training to administer medicines and had their competency regularly checked. The provider ensured that staff also knew what each person's medicine was for, and the side effects of each so people could be safely observed.
- People were continually assessed to determine when they would be able to manage their own medicines in preparation for independent living.
- Staff regularly carried out medicine audits twice daily to identify early if mistakes occurred and learn from any errors.

Preventing and controlling infection

- The service was clean, and staff were trained in how to prevent the spread of infection. Policies were in place to mitigate the risks of people contracting a nationwide virus.
- Sufficient equipment was available for staff to keep the service clean and manage the spread of infections.

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 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

- The provider and registered manager assessed each person before providing care to ensure they could meet each person's needs.
- People's diverse needs were assessed and included any preferences in relation to culture, religion and diet.
- The registered manager worked with health professionals developing people's support and kept their professional knowledge up to date. This helped to ensure that support delivered was in line with good practice and current guidance.

Staff support: induction, training, skills and experience

- People said staff were well trained and effectively met their needs. One person said, "They know what they are doing, they do a good job really."
- New staff received training and induction into their roles. Staff then received additional training to meet people's specific care needs. For example, mental health training and breakaway training. Where people's needs changed management arranged training to meet those. For example, providing diabetes training due to a person's changing health needs. Competency assessments were routinely carried out to ensure staff practise was safe.
- Staff said they felt well supported by the management team and each other. A staff member said, "Supervision is great, it's a time to talk about how things are going, look at training, talk about the residents. I know if I raised anything in my supervision [registered manager?] would support me." We saw the provider had ensured opportunities were available for staff to progress. One staff member for example was supported to develop, with training, from a support worker to senior staff member.
- Champion roles were being developed for staff. These roles gave a staff member enhanced training to peer support their colleagues and act as a mentor in their specialised area. These were in areas such as safeguarding, mental health, nutrition and mental capacity.

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

- People were happy with the food provided and said there was enough. One person said, "Foods good, there's usually loads of it so I'm happy about that."
- Staff were aware of, and respected, people's dietary needs and preferences and supported people to make healthy choices. For example, staff were supporting one person to make healthy choices around their meal choices. They had supported the person to develop a weekly menu that provided a balanced diet and enabled them to manage their weight. This person appeared enthused when telling staff what they had purchased and the meals they would be cooking themselves. Staff were aware of people's health conditions

that were affected by their diet and health professional's guidance was followed.

- As part of developing people's independence some were able to move to 'Self catering.' This meant they managed their weekly shopping money, went shopping and cooked and prepared their meals.

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

- People's healthcare needs were met.
- Staff supported people to see healthcare professionals when they needed to or as their needs changed.
- Staff liaised appropriately with healthcare professionals, such as GPs and psychiatrists, and followed their care plan. This helped to ensure that people received effective care that maintained their health and emotional wellbeing. One visiting professional said, "If I give advice they do take it. They are caring and will always ring and let me know if there has been a problem. We have [Person] for example, such a change over the last year, they are growing and that is because the staff are helping them develop and working in partnership."

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were aware of how to obtain people's consent following the principles of the MCA.
- Where people lacked the mental capacity to make certain decisions and had appointed someone to act on their behalf, the registered manager saw the appropriate legal authorisations before allowing other people to make decisions on behalf of the person. Where DoLS were in place the registered manager followed the legal requirements of these.
- Staff ensured that people were involved in decisions about their care and knew what they needed to do to make sure decisions were taken in people's best interests.

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 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; Respecting and promoting people's privacy, dignity and independence

- People told us that staff treated them well and supported them when needed. One person said, "Staff are nice, they look after us and help me when I want them to."
- Staff supported people in a compassionate and understanding manner. We saw when staff interacted with people they did so in a respectful and dignified way. When people required support to maintain their dignity, staff quickly intervened and assisted the person sensitively.
- Staff told us they treated people as an individual and did not allow people's mental health needs to act as a barrier to people achieving their goals.
- The atmosphere in the service was friendly and inclusive. Plenty of discussions and laughter were heard with people supported in an inclusive environment. People enjoyed living at Lannock Manor. One person said, "I like it here, I don't want to ever leave."
- The ethos of the service was based around empowering people to be as independent as they could. Where able, people were then supported to move to independent living. Staff had embraced this ethos. One staff member said, "We come to work everyday to help them grow and support them to be as independent as possible. The goal is that they can live independently and that's what we aim to do."
- Staff prompted people's independence by encouraging them to do as much as they could for themselves. For example, washing and dressing, but also working with people to take their medicines as prescribed and eventually managing them themselves.

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

- People said staff supported them to make decisions and be involved in meaningful discussions about their options. They participated in regular reviews of their support and were asked their opinions. Where some people needed extra support to make decisions, staff had developed strategies to enable them to explain to people their options.
- Staff had formed meaningful relationships with people and engaged positively. We observed staff routinely offering people choices and listening to their response.
- People were able to attend regular residents' meetings. These included discussions about the way the home was run including the meals and activities available. Suggestions people made were acted upon. For example, day trips and excursions had been discussed and provided.

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 requires improvement. At this inspection this key question has improved to good. 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;

At our previous inspection we found that staff did not identify and deliver the support people needed to gain the skills necessary for them to move on into independent living.

- At this inspection we found improvements had been made. People told us staff supported them in a way that met their individual needs and preferences.
- People were aware of their support plans and were partners in developing their care. People understood that staff were supporting them with developing their living skills. One person said, "I know I will move on one day, they [staff] are helping me with it. I don't want to move now, but think that if I keep on going I will be able to live alone."
- Staff regularly consulted people in keyworker sessions. These sessions reviewed people's goals and support needs with a focus on developing their living skills. Staff were aware of how to provide person-centred care and were passionate when talking about this. They understood what was important to people and worked hard to meet their needs and preferences.
- Care records showed that staff sought support and advice from health professionals when people's needs changed. People were involved in decisions around their care and central to any discussions and choices made. Care records noted people's history, interests and pastimes which they could then use to prompt conversations and provide support.

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

At our previous inspection meaningful activity was limited and staff did not consider social inclusion and activity as part of their role.

- At this inspection, people were supported to pursue activities that followed their interests and supported their well-being. For example, one person with a strong interest in aviation had been taken to visit a historic plane museum. This had been a long-standing wish which staff supported them to achieve. They were visibly enthused when they told us about their day out. A second person was supported by the provider to renovate furniture as this gave them a sense of accomplishment and supported their well-being.
- Staff supported people to develop their relationships and were aware of when people became withdrawn and isolated. People were encouraged to form friendships within the service. One group of people regularly supported each other to attend local support groups, church services and social activities. People who had relatives visit told us this was important to them and staff supported them to maintain these relationships.

One health professional said, "For [Person] it has been a big step. They are engaging with the exercise program and groups at a local support group. They have then developed some nice friendships with two of the people. It's small steps but over the last year they are big achievements."

- Links with the community were in place and supported people to pursue hobbies and interests. People visited the local town, local pub and cafés. People were also able to attend college if they wanted. We saw plans were in place to support a person to attend college to develop their numeracy and literacy. Although the person was apprehensive, staff continued to encourage them. The provider was clearly excited and proud by the achievements they told us about and was clearly heavily involved in supporting people's social needs.

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 communication needs were considered as part of the assessment process. Although no-one required support with this at the time of our inspection, the registered manager was able to access information in alternative formats if needed.

Improving care quality in response to complaints or concerns

- People told us they were happy to raise complaints with the management team. One person said, "[Registered manager] is alright, if I'm not happy then I tell them and they sort it out."
- Systems were in place to manage and respond to complaints. No complaint had been received in the previous 12 months. However. The registered manager did not document when concerns or 'Grumbles' were received.

End of life care and support

- The service did not provide specialist end of life care at the time of inspection. However the provider and registered manager did acknowledge that people were growing older and may require this level of care.
- The registered manager organised training in end of life care for staff and was developing links with health professionals to support staff awareness.
- People's care plans did not contain any information about their end of life wishes or possible future care needs. The registered manager told us they would develop care plans around this when and where appropriate.

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 requires improvement. At this inspection this key question has improved to good. 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;

At our previous inspection the provider and manager's vision and ethos for the service was not yet fully understood and embraced by the staff team. This led to poor outcomes for people that was not consistently person centred. At this inspection we found improvements had been made.

- The service had developed a personalised approach which was driven by management and understood by people and staff. Independence was now a key ethos of the support provided. A member of staff said, "We are here to help them be the best they can be. [Registered manager] and [Provider] want the best for everyone here, we all work as a team. That's staff and residents."
- The development of the providers ethos had led to people now experiencing good outcomes. One person had moved to independent living, more people were being supported to do the same and people's quality of life have improved. One person said, "[Provider] has been brilliant, they are my friend and they really want me to be happy."
- There was a clear organisational structure with senior management having good oversight of the service.

Managers 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;

- Regular audits to check the quality of care were conducted. The registered manager and provider met regularly to discuss the findings to ensure any concerns were promptly addressed. A service development plan was in place that recorded these areas for improvement and was being further reviewed at the time of inspection. This was so the provider and registered manager could share and review this in team meetings with staff, people and relatives.
- The service development plan included areas around further training and development for staff, further development of care records, and reviewing incident management and reporting. The registered manager planned to implement electronic care planning and monitoring to further improve their oversight in the near future.
- Staff and people who used the service were very positive about the management and leadership. One staff member said, "[Registered manager] and [Provider] are there if we need support, are helpful and lead from the front. I love working here and am so thankful."
- Regular meetings were held with staff and people. One staff member said, "Staff meetings help a lot, they are not full of blame or arguing. If something happens, we talk and can learn. We work as a team and draw

from people's experiences to bond together and support each other."

- Staff understood what was expected of them each day, this was managed by communication with seniors and the registered manager.
- The registered manager understood their regulatory requirements. This included displaying their previous inspection rating.

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;

Continuous learning and improving care

- The registered manager recognised their legal duty to be transparent when incidents happened. This included investigating the event and informing the relevant people, such as family members and safeguarding teams.
- The ethos of the provider enabled open and honest discussions to occur when things happened. Staff confirmed this was the approach and were aware of how duty of candour applied.
- The provider had a clear vision for the improvements they wanted to make in the following two years, including moving the accidents and incidents on to the electronic system to allow for improved monitoring.
- The registered manager planned to attend external meetings and forums to learn from and share information with other care homes and service providers.

Working in partnership with others

- The registered manager ensured they worked in partnership with the local authority and safeguarding teams to keep people safe.
- Part of the registered managers development plan was to form links with local organisations, such as hospices and other care providers. They said they would further develop their links with a local training and support organisation to further develop and improve practise.