Lomack-Health Company Limited

Lomack Lodge

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

This inspection took place on 7 February 2018. It was announced, we gave very short notice to make sure there would be a staff member present when we visited.

Lomack Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Lomack Lodge accommodates up to seven people in one two storey residential building. At the time of our inspection there were three people using the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Why the service is rated Good.

There was a registered manager at the service. 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.

Staff knew how to respond to possible harm and how to reduce risks to people. Lessons were learnt about accidents and incidents and these were shared with staff members to ensure changes were made to staff practise or the environment, to reduce further occurrences. There were enough staff who had been recruited properly to make sure they were suitable to work with people. Medicines were stored and administered safely. Regular cleaning made sure that infection control was maintained.

People were cared for by staff who had received the appropriate training and had the skills and support to carry out their roles. People received a choice of meals, which they liked, and staff supported them to eat and drink. They were referred to health care professionals as needed and staff followed the advice professionals gave them. Adaptations were made to ensure people were safe and able to move around their home as independently as possible. Staff members understood and complied with the principles of the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were caring, kind and treated people with respect. People were listened to and were involved in their

care and what they did on a day to day basis. People's right to privacy was maintained by the actions and care given by staff members.

People's personal and health care needs were met and care records provided staff with clear, detailed guidance in how to do this. There were activities for people to do and take part in and people were able to spend time with their peers. A complaints system was in place and there was information in alternative formats so people knew who to speak with if they had concerns. An end of life policy was being developed to support people and staff.

Staff worked well together and felt supported by the management team, which promoted a culture for staff to provide person centred care. The provider's monitoring process looked at systems throughout the service, identified issues and staff took the appropriate action to resolve these. People's views were sought and changes made if this was needed.

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 was safe.

Staff assessed risks and acted to protect people from harm. Staff knew what actions to take if they had concerns about people's safety.

There were enough staff available to meet people's care needs. Checks for new staff members were undertaken before they started work to ensure they were safe to work within care.

Staff received training and competency checks to make sure they were safe to help people with their medicines.

Infection control practices were in place and staff followed these to maintain a clean, hygienic home.

Effective systems were in place to learn lessons from accidents/ incidents and reduce risks to people.

Is the service effective?

Good

The service was effective.

Systems were in place to make sure people's care and support was provided in line with good practice guidance.

Staff members received enough training to provide people with the care they required.

People were supported to prepare meals and drinks as independently as possible.

Information was available to support people if they moved services. Staff worked with health care professionals to ensure people's health care needs were met.

Adaptations to the building were made so that people could be as independent as possible.

Staff supported people to continue making decisions for themselves.

Is the service caring?

Good

The service was caring.

Staff members developed good relationships with people using the service and their relatives, which ensured people received the care they needed in the way they preferred.

Staff supported people to be as independent as possible.

Staff treated people with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People had their individual care needs properly planned for and staff were knowledgeable about the care people required to meet all aspects of their needs.

People had information if they wished to complain and there were procedures to investigate and respond to these.

People's end of life needs were supported by staff who had appropriate guidance and information.

Is the service well-led?

Good

The service was well led.

Staff members and the registered manager worked well with each other so that people received a good service.

Good leadership was in place and the home was well run.

The quality and safety of the care provided was regularly monitored to drive improvement.

People's views were obtained about changes to their home and what they would like to happen.

Staff contacted other organisations appropriately to report issues and provide joined-up care to people.

Lomack Lodge

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 7 February 2018 and was announced. We gave the service less than 24 hours' notice of the inspection visit because we needed to be sure that they would be in.

The inspection was carried out by one inspector.

As part of the inspection, we reviewed the information available to us about the service, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. Before this 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.

During our inspection, we visited the service and observed how staff supported and interacted with people. We spoke with one member of care staff, the registered manager and the quality assurance manager. We checked three people's care records and medicines administration records (MARs).

Good

Is the service safe?

Our findings

Staff knew how to protect people from harm, they told us they had received training, they understood what to look for and who to report to. One member of staff explained that they would use different methods, such as picture cards, to tell people about keeping safe. In the Provider Information Return sent before our visit the provider told us there were processes in place to protect people from abuse or harm, and these contributed to people's safety. Information was available for staff, with contact numbers for the local authority safeguarding team, should they need to make a referral out of normal working hours. The registered manager told us that safeguarding was discussed with staff in meetings and individual supervisions.

Records were securely stored in an area that provided staff with the opportunity to view them in private. The registered manager was aware of their responsibility to report issues relating to safeguarding to the local authority and the CQC. They completed an investigation to identify whether additional actions could further reduce the risk of reoccurrence. Information received before our inspection showed that they reported incidents as required, and staff had taken appropriate action to protect people and reduce risks to them.

Staff assessed individual risks to people and kept updated records to show how they had reduced the risks. They told us they were aware of people's individual risks and our observations showed that they put the actions into place. Risk assessments contained clear information and detail to show how risks had been reduced. These included everyday risks, such as for showering or bathing, and for less likely risks, such as for a missing person or the risks in the event of a fire from paraffin-based lotions. Assessments were also available to advise and guide staff on the risk to each person in the event of a fire and how they should be assisted to evacuate the building if needed.

We found that environmental checks in such areas as fire safety and equipment used by people had also been completed. Staff completed fire safety checks on a daily, weekly or monthly basis as required. Staff also completed checks to vehicles used by people for transport. Vehicles also received servicing and MOT to ensure people were able to continue to use the vehicle safely.

There were enough staff to care for people. One staff member explained that there were always two staff members available and this allowed them to provide people with support to complete personal care, to go out and to do what they wanted when they were at home. They went on to tell us that the registered manager tried as much as possible to use staff working between Lomack Lodge and another home, rather than agency staff. This helped ensure that these staff knew people's care needs and were familiar with how they wanted to be cared for.

There were systems in place to determine staffing numbers. This was based partly on the number of hours the local authority funded for people, and partly on their assessed dependency level. This allowed for two staff members at all times, plus an additional staff member at some other times. During our visit we saw that staff members were available for people when they were needed. They worked in a calm way; we saw that one person was supported to make themselves a drink and another person was supported to move

between different areas of the home. People were able to eat lunch at a time that suited them and staff were able to spend time talking with people while they were relaxing.

People who needed support with their medicines received this from staff who were competent to provide this. Staff members told us about the training they had received to be able to give medicines. This included training in giving medicines by alternative routes and emergency medicines for people who had epilepsy. Each person was given their medicines at the time prescribed for them. Medicines were stored securely in a lockable room.

Records to show that medicines were administered were completed appropriately. We saw that medicines had been recorded as given and that this information tallied with medicines remaining in stock. Information, such as identification, specific instructions, allergies and contact details for each person's GP and pharmacy, was also available. This made sure that it was clear who the specific medicines were prescribed for. There were instructions and guidance for medicines that required specific consideration for when or how they were given, or in regard to the effects these may have. This information was clear and detailed, and also described other actions that staff should take, such as monitoring a person following the medicine administration.

We looked at the cleanliness of the home and how staff reduced the risk of cross infection. We saw that the home was clean and there were no offensive odours. We saw that staff used personal protective equipment, such as aprons and gloves. There was also different cleaning equipment for different areas in the home. Training records showed that staff had received food hygiene and infection control training. This showed us that processes were in place to reduce the risk of infection and cross contamination.

We found that there was enough information in accident and incident records and an analysis of this information had been completed. The analysis showed that one person in particular had fallen quite a few times, which had caused bruising on some occasions. The quality assurance manager told us that they identified from the monitoring that the person had more difficulty in one part of the home. Staff made an occupational therapy referral, which recommended adaptations to provide the person with support while walking.

Good

Is the service effective?

Our findings

We saw that people living at the home had varying levels of cognitive ability and that staff worked effectively to manage all of their needs. People were provided with the level of support appropriate to their needs. Staff worked with health and social care professionals who visited people to provide current, up to date guidance and advice about meeting people's care and support needs. We saw this advice was available and used by staff to promote people's health and well-being.

Staff told us that they received enough training to give them the skills to carry out their roles. One staff member told us how they had completed training in supervision to support their more senior role. They went on to describe how they were able to complete training that provided them with national qualifications. They also commented that they would be able to ask for additional training if they felt the need. Staff training records show that staff members had received training and when updates were next due. Our observations showed that staff assisted people appropriately. We were therefore satisfied that staff members followed the training they had received.

Staff members said that they received support from the registered manager in the form of group and individual meetings regularly. One staff member explained, "It means I can raise issues and I get feedback if I need to improve on anything. It is good." We saw that meeting dates had been arranged for the future, which meant that staff could prepare for any discussions they wished to have.

We observed that refreshments were available throughout the day and people were offered drinks when they returned from being out. Staff talked about meals that were available with people and showed them what was available so that they could choose what they would like. We saw one staff member do this and then support the person with encouragement to eat slowly. When the person had finished eating the main course they were offered dessert. We saw that people were properly supported with eating and drinking. Although none of the people living at the home were identified as at risk of not eating enough, staff completed risk assessments and care plans to plan how best to support people in this area.

Staff told us that they worked with health and social care professionals that people had been referred to. 'Hospital passports' (a document with details about the person) were completed to help staff in other health or care settings support the person in the way they wanted. The registered manager told us that staff were able to contact a specialist learning disability health facility if a person needed support. Records showed us that health professionals from this facility had developed a strategy to desensitise one person to equipment that might be used at an outpatient appointment. As staff had worked with the person, they had become increasingly used to some equipment, which had allowed health professionals to record the results of tests that they had not previously be able to perform.

People's care plans showed that they had access to the advice and treatment of a range of health care professionals. These plans provided enough information needed to support each person with their health needs. They included detailed descriptions of the input health professionals had in arranging appointments and assessing the effects people's health had on them. For one person this meant arrangements were made

for support so that they could receive a physical examination. For another person, health professionals provided guidance to staff at the home regarding adaptations that would reduce risks to the person when walking.

The home is a two storey residential house. Our observations and conversations with staff showed that people were able to access all areas of the home if they wished. Few adaptations had been required for people living at the home, although work was in progress to provide additional hand rails for one person.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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 service was good at ensuring people were able to make their own decisions. Staff showed us that they had a good understanding of the MCA and worked within its principles when providing people with care. They told us that people had the right to make their own decisions as much as possible and they presumed people were able to do this unless assessed as otherwise. We saw that people were able to spend time where they wanted. One person spent time in communal areas with staff, while another person went out for a short drive in the car. We saw that staff made sure people were happy where they were and regularly checked if the person wanted to be somewhere else or do something else.

Staff completed mental capacity assessments and could access guidance to show the help people needed to make sure they were able to continue making decisions. DoLS authorisations had also been applied for where people had their movement restricted. One application had been granted by the local authority, while others were still under consideration. Staff had complied with the requirements of the MCA.

Good

Is the service caring?

Our findings

We saw that staff were kind and thoughtful in the way they spoke with and approached people. They put people at ease and we saw that staff achieved this by considering their actions first. They faced people, spoke directly towards them and when people were sitting at a different level, staff lowered themselves so they were not standing above the person. In turn, we saw that people usually responded to this attention in a positive way.

We found that staff knew people well and that they were able to anticipate people's needs because of this. They knew what people would do, although they continued to make sure people were able to make their own decisions. People were able to get up when they wanted, eat what they wanted and use the communal space in the home as they wished.

Staff told us that they involved people as much as possible in their care and provided them with as much choice as the person was able to cope with. They did this by using different methods, such as picture cards or by using gestures, to tell or show people what they could do or have. We saw that staff members told people what they were going to do before doing it, which meant that people were not suddenly surprised. They were able to indicate if they were not happy for staff to continue, for example by their body movements. Staff also knew people well and for those people who were less able to verbally tell staff what they needed or wanted this support had a positive effect. We saw that staff watched people's movements and offered closed questions so that the person could quickly indicate what they wanted. Staff described the circumstances under which they would ask people if they wanted support. We saw that staff had enough time to spend with people.

Staff told us that one person had an advocate. Advocates are people who are independent of the service and who support people to make and communicate their wishes. The staff member told us that staff also acted as advocates for people at times. For example, when people attended hospital outpatient clinics with health professionals who did not know the person well, staff would advise if the person was becoming distressed or did not want a procedure.

Staff respected people's right to privacy and to be treated respectfully. This was evident in the way both the registered manager and staff spoke and interacted with people. We saw this in practice when people were helped from one area of the home to another. Staff checked to make sure people's clothing was straight and suggested quietly to people when and if they needed to have personal care. We overheard a staff member directing a person to the toilet by giving them specific step-by-step directions but never actually saying the name of the room. The staff member left the person for a short time in private and knocked on the door when they returned. This made sure the person was able to go to the toilet without other people knowing what they were doing.

Staff members received training in key areas that supported people's right to respect and dignity. This included specific training in 'equality and diversity'. A staff member told us that although no-one living at the home had a preference regarding the gender of their support staff, they tried as much as possible to provide

the same gender staff for personal care. We saw that care records were written in a way that advised staff to consider people's right to privacy and dignity whenever they provided care and support.

People could have visitors whenever they wished, although staff told us that people did not have regular visitors. Staff respected people's confidentiality by keeping records about them safely stored away, where they were not on display for people coming into the home.

Good

Is the service responsive?

Our findings

Staff had a good knowledge of people's needs and could clearly explain how they provided support that was individual to each person. Staff were able to explain people's preferences, such as those relating to health and social care needs, personal care preferences and leisure pastimes. They told us that they discussed people's care with them by using picture cards and assessing people's reaction to these to determine how they felt and whether they needed to make changes.

We looked at people's care plans and other associated records. Staff member told us that they felt records were written in enough detail and gave them the guidance needed to support people appropriately.

All support plans contained details about people's life history, their likes and dislikes, what was important to each person and how staff should support them. They were written in detail, which provided clear guidance for staff members care practice. Information was also available that described what people's movements and verbal sounds may be interpreted as meaning. This enabled staff who may not know people as well to have some understanding of what each person was telling them or experiencing.

Plans for the care of more individual needs, such as for communication, were written in detail. These provided clear guidance regarding how people conveyed what they wanted. For example, one person's support plan provided a detailed description of how the person did this by describing their interaction with a health professional. This gave examples of how to assess when the person did not want to do something and how to ask them to do something. We saw that staff followed the support plan guidance and included gestures to emphasise what they were asking verbally. This plan provided a unique way of describing this person's communication needs that would give new staff a clear understanding of what they needed to do.

We also saw that there was clear information for staff about the what staff should do and what happened if a person had a seizure. The support plan went on to explain what medicines staff should give and when, what happened after the seizure and when to call for medical or emergency help. Staff we spoke with had a very good understanding of people's needs in this area. We saw the care plans were reviewed on a regular basis and staff recorded seizure events in detail. This provided clear information to assess whether any changes to the support given by staff was needed. Daily records provided evidence to show people had received care and support in line with their support plan.

People had access to a variety of activities that staff supported them to take part in. Staff recorded each person's routines and activities in a support plan and also completed these in picture format for people who could read this. Most people visited day services regularly throughout the week and staff had also listed what each person liked to do in their spare time. We saw that people went swimming and on a variety of walks, they took part in pamper sessions, such as foot spas and visited another local care service to use their sensory room. There were staff members constantly present in communal areas of the home and this helped people to do what they wanted and choose where to spend their time.

Staff confirmed they knew what action to take should someone in their care want to make a complaint and

were confident the manager would deal with any given situation in an appropriate manner. There were copies of the home's complaints procedures in the dining room and staff were able to produce an easy read version. We saw that no complaints had been made.

People did not have their end of life wishes recorded as part of their support plans as they were all quite young. However, the quality assurance manager had started to develop a policy and procedure for staff, so that they could address this and obtain information about people's wishes in a sensitive way.

Good

Is the service well-led?

Our findings

There was a registered manager in post, who was available for our visit to Lomack Lodge. 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.

The registered manager was supported by a quality assurance manager, senior care staff and care staff. We saw that people and staff knew who the registered manager was due to the visible presence they had around the home. A staff member explained, "All of the management staff are approachable." We saw that staff liked working with people who lived at the home and that they had respect for the registered manager, who had taken action to make changes for the benefit of people.

Staff told us that they had a number of opportunities, such as regular staff meetings and handover meetings, to discuss the running of the home. One staff member told us how they had been supported to review and update risk assessments and support plans since working in a more senior staffing role. This had given them a great sense of achievement and ensured that detailed guidance was available for other staff. They went on to say, "Staff morale is good at the moment. It's a small team and we all get on." They were supported by senior staff and felt they could discuss any issues or concerns they had with them. Staff were further supported in supervision meetings, where they were able to discuss their performance.

A whistle blowing policy was available and staff told us they were confident that they could tell the registered manager something and it would be dealt with. This meant that the organisation was open in their expectation that staff should use this system if they felt this was necessary.

Community links had been established and one person started to visit another care service in the area to use their sensory room. This provided staff with an opportunity to get to know other care staff in the area and for people to visit and interact with their peers. People visited community services, such as local shops and the dentist and staff had received a 'Smile' award from the dental service for their support in encouraging people to use this service.

We saw that the views of people were obtained through group or individual meetings. The registered manager told us that a formal satisfaction survey had been completed by people and staff in 2017. These were looked at for any trends or themes and to see where improvements and learning could be made. Staff told us that their views were listened to and as a result, action had been taken to find alternative accommodation for people at the home. Staff had identified that the house echoed and noise reverberated off the walls.

The registered manager and quality assurance manager used various ways to monitor the quality of the service. These included audits of the different systems around the home, such as care records and infection control. The quality assurance manager had linked the audits to the relevant CQC standards and

regulations, so that they could ensure that they were also meeting these requirement. The audits identified issues and the action required to address them. A monthly report was developed from this, which was then shared with staff at the home and the owner of the home. In their most recent report they found little of concern.

The registered manager monitored accidents and incidents and we could see that staff took appropriate actions to reduce reoccurrences. Trends and themes of any safeguarding or accidents were looked at and then passed on to the owner. This allowed for an organisation wide analysis of information to see what lessons could be learnt. This shows that auditing and analysis systems were effective in identifying issues and taking the appropriate actions to resolve them.

During the inspection the registered manager told us that they were not aware of the CQC guidance of 'Registering the Right Support.' This is the CQC policy on the registration and variations to registration for providers supporting people with a learning disability. We provided the registered manager with a copy of this document and they confirmed that they would consider whether any changes were required.

Information available to us before this inspection showed that the staff worked in partnership with other organisations, such as the local authority safeguarding team. We saw that the registered manager contacted other organisations appropriately and in relation to safeguarding, investigated the issue and took action where this was required. We saw that information was shared with other agencies about people where their advice was required and in the best interests of the person.