

PAKS Trust

Lupin 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?	Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right Support, Right Care, Right Culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Lupin House is a small residential care home providing accommodation and personal care to up to four people. Lupin House is situated in the suburbs of Nuneaton town and is a short walk away from local amenities. The service provides support to autistic people and people with a learning disability. At the time of our inspection there were four people using the service.

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

The service was able to demonstrate how they were meeting the underpinning principles of Right Support, Right Care, Right Culture. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Support

The model of care and setting maximised people's choice and control. People lived the lives they wanted to live and had regular opportunities to pursue social interests and be part of their local community. Staff encouraged people to engage in meaningful activities within the home and promoted people's independence.

Right Care

Staff promoted people's dignity, privacy and human rights. People were involved in decisions about their care and empowered to make decisions about support they received. Staff used a variety of communication methods to support people to make every day decisions.

Right Culture

The home had a person-centred culture which empowered people to achieve their goals and fulfil their aspirations. Systems were effective in identifying and ensuring people live the life they wanted. Leaders promoted a culture where staff promoted people's best interests.

People were safeguarded from the risk of abuse and told us they felt safe. There were enough staff to provide safe, compassionate and person-centred care. Risks to people's physical health and emotional wellbeing were identified, assessed and managed safely and medicines were managed safely. People told us they received high quality care from staff who cared about their wellbeing.

However, systems and processes did not always identify where improvements were needed with record keeping.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 22 July 2022 and this is the first inspection.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right Support Right Care Right Culture.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Lupin House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector carried out the inspection.

Service and service type

Lupin House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Lupin House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service such as Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people and three relatives about their experience of the care provided. We spoke with six members of staff including two support workers, the registered manager, deputy manager, compliance manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records and two people's medicine records. We looked at a staff file in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were also reviewed. We also spoke with a healthcare professional who was involved in a person's care.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse and told us they felt safe. Comments included, "I feel nice and safe. The staff are nice to me" and, "I am safe here. I feel protected."
- Staff received training and understood their responsibility to safeguard people from the risk of abuse. One staff member told us, "Safeguarding is all about keeping residents safe and happy. We know people so we would spot any changes that might be a concern. If we were to see anything, we don't agree with we would take it to [deputy manager] and [registered manager]."
- The registered manager understood their safeguarding responsibilities and had made safeguarding referrals to external professionals when necessary.

Staffing and recruitment

- There were enough staff to provide safe, compassionate and person-centred care. One staff member commented, "The staffing levels are ideal."
- The staff rota was flexible to ensure staff numbers and skills met the varying needs of the people living at the home. For example, on the day of our visit an extra member of staff had been allocated to the rota to support a person to attend a hospital appointment and there was always a driver when needed.
- Staff were recruited safely and included a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Assessing risk, safety monitoring and management

- Risks to people's physical health and emotional wellbeing were identified, assessed and managed safely. Staff knew people well and knew how to keep people safe. A healthcare professional commented, "[Person] isn't presenting half as many (distressed) behaviours as they were in a previous setting."
- Some people living at Lupin House had complex conditions which required careful care planning to minimise the likelihood of distress. Most people had a detailed 'Positive Behaviour Support' care plan which focussed on understanding the person and how to respond proactively to the person's needs to increase their quality of life.
- However, one person did not have a necessary 'Positive Behaviour Support' care plan which meant staff may not respond to this person's needs consistently. Despite this, staff knew how to support this person and the registered manager implemented this following our visit.
- Environmental risks had been identified and assessed. Each person had a detailed Personal Emergency Evacuation Plan (PEEP) which detailed how to support the person in a fire emergency and regular building safety checks were completed.

Learning lessons when things go wrong

- Staff understood their responsibility to report and record accidents or incidents. The registered manager reviewed these to identify patterns and trends to prevent re-occurrence.
- When people expressed distress through their behaviour, staff were proactive in understanding the cause of this distress to identify where changes could be made to develop more effective strategies to increase people's quality of life.

Using medicines safely

- People received their medicines as prescribed. Medicines were ordered, stored, administered and disposed of safely.
- However, the provider had recently introduced an electronic medication recording system which had not been fully embedded at the time of our visit. We found discrepancies in the recording of one person's medicines stock. The registered manager took immediate action to investigate these discrepancies during our visit. Appropriate action was taken to reduce the chance of reoccurrence.
- The home worked within the principles of STOMP (stopping over-medication of people with a learning disability, autism or both). The registered manager ensured people's medicines were regularly reviewed with prescribers. Medicines were reduced where appropriate which ensured people's behaviour was not controlled by excessive and inappropriate use of medicines.
- Some people needed medicines on an 'as required' (PRN) basis. Before these medicines were administered, the electronic system reminded staff under what circumstances these medicines could be given to people to ensure these were being given in line with the prescriber's instructions.

Preventing and controlling infection

- The home was clean and tidy, and staff encouraged people to reduce the spread of infection.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Staff facilitated visiting in line with government guidance. There were no restrictions in place for visiting.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- An assessment was carried out before people moved to the home which involved relatives and other healthcare professionals involved in people's care. This enabled the registered manager to ensure they could meet people's individual needs and preferences.
- The registered manager recognised people's care needs may change in a new environment and ensured people's care was continually reviewed in line with best practice.

Staff support: induction, training, skills and experience

- Staff received an induction when they started working at the home. This included working alongside experienced members of staff to learn people's individual preferred routines and the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that form part of a robust induction programme.
- Records demonstrated staff were up to date with the provider's mandatory training. This included important topics such as safeguarding.
- Staff spoke positively about the training they received. One staff member told us, "The training is really good. It is really good quality."

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

- A varied and balanced diet was promoted. A monthly meeting was held where people looked through cookbooks and selected new meals they would like to try. Favoured meals were also planned into the menu. Records showed one person had requested lasagne which was on the menu the week after our visit.
- People were encouraged to make their own choices about what they ate and drank. One person told us, "They cook whatever I ask for. I can have a [favoured drink] when I want one."
- People could access food and drink when they wished. Where there were any specific considerations around people's diets, these were agreed with other healthcare professionals.

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

- People had access to healthcare services when they needed it. One relative told us, "They keep completely on top of [persons] health. For many years we have tried to get speech and language support for [person] but this company are the only ones who have been able to source one for [person] which is fantastic for them."
- Digital technology was used to ensure people received timely healthcare. This technology ensured

people's health was closely monitored for signs of deterioration. When any deterioration was identified, a healthcare professional would contact the home and complete an assessment. The registered manager told us, "I feel safe knowing I have instant access to medical care for the people who live here. It has been a real success and illnesses have been picked up quickly which has meant treatment started quickly. It takes pressure of the GP's."

- We received positive feedback from a healthcare professional who has regular contact with the home. They told us, "They [staff] have been very proactive in getting support from healthcare professionals."
- Staff supported people to attend to their oral hygiene and records detailed what support a person required.

Adapting service, design, decoration to meet people's needs

- People were involved in the design and decoration of the home. People had personalised their bedrooms to their individual tastes and spoke positively about their home. One person appeared proud to show us their bedroom and told us, "I love it here."

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- There was a clear focus on supporting people to make their own decisions and involving people in their own care. This ranged from everyday decisions such as how people liked their staff to complete their personal care, to decisions about their future.
- Staff understood their responsibility to empower people to make their own decisions. One staff member told us, "For me it is all about understanding what level a person's ability is to make choices. It is about giving people choices and helping them make decisions."
- The registered manager understood their responsibilities under the Act. Where people were potentially being deprived of their liberty, DoLS applications were made to the authorising body.
- However, whilst we were confident people were supported in accordance with the principles of MCA, records did not always support best practice. Some mental capacity assessments had not been completed where required. The registered manager agreed to complete these following our visit.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People told us they received high quality care from staff who cared about their wellbeing. Comments included, "Staff are nice to me. I love them I do. I put my arms around them, and I feel loved" and, "The staff are nice to me and help with what I ask them help with. I am cared about here."
- Relatives also confirmed people were treated well by kind and caring staff. One relative told us, "This place is amazing. The best thing about it is the fact we know, and [person] knows staff care. That is the thing that hit us the most." They went onto say, "Every member of staff is lovely. They all have so much patience."
- Staff were sensitive and compassionate towards people. One person started to talk about a recent bereavement in their family. Staff held the person's hand and sat and listened to them express their feelings whilst offering reassurance.
- Staff spoke about people with kindness and respect. One staff member told us, "I love working here with the lovely residents. I love being a part of making their lives better."

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

- There was an inclusive culture within the home where staff empowered people to make decisions about their care. Staff were regularly heard asking questions such as, "Can you show me which you prefer", and, "What would you like" to ensure people's views were heard.
- Where people found it difficult to make decisions, staff used a variety of methods to help them make their own choices. For example, one staff member encouraged a person into the kitchen and showed them two different meal options for their lunch. The person chose by touching the option they wanted whilst another person used a visual communication support tool.
- Records showed people expressed their views in regular meetings and these were listened to and acted on by staff.

Respecting and promoting people's privacy, dignity and independence

- People received care from a consistent staff team who treated people with dignity and respect.
- Records supported people's independence by describing what people could do for themselves and when they needed guidance or full support from staff.
- People were encouraged to take an active role within the home to maintain their independence. This included, making their own drinks, setting the table for dinner and putting their clothes away. One staff member told us, "We encourage people within their capabilities. For example [person] might not be able to change their bedsheets but they can sit with us and do their pillowcase."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated 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

- People told us they received person centred care which met their needs and preferences. Comments included, "I like it here. My life is good. I like my records and I listen to these on my iPad. I also like doing the gardening. I have sorted the front and back garden" and, "I can do the things I like to do. There isn't anything I can't do."
- One relative told us, "[Person] does everything they want to. Staff are very good at that. [Person] loves music. They have just bought a keyboard which [person] and staff play. [Person] is out doing what they want all of the time and their confidence is growing."
- Staff respected people's right to want their care to be delivered in a way they preferred. One staff member told me, "[Person] likes things to be done in a certain way. I encourage them to tell me their preferences, so I know I am still supporting them in the way they like."
- Records were continually reviewed to ensure people's care met people's changing needs and preferences.
- One healthcare professional confirmed they were involved in regularly reviewing one person's care to ensure they were receiving person centred care. They told us, "They [staff] are passionate about supporting people in the right way."

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

- Records showed people had regular opportunities to pursue social interests within their local community. One person told us, "I go out to do my sewing. I enjoy that. That's my hobby."
- There was a commitment from staff to enrich people's lives through encouraging people to try new things. Records showed people were encouraged to have new experiences outside of their usual routines to visit places of interest and broaden their horizons.
- People were supported to maintain important relationships. One person told us, "I go out more than enough and see my family at weekends."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Records contained information about people's preferred methods of communication.
- Staff knew how people communicated and used a variety of methods to encourage people to communicate effectively. For example, one person had a visual daily planner where they used pictures to tell staff how they wanted to organise their day.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy but had not received any formal complaints since their registration. The compliance manager recognised some people might not want to complain formally and had developed a concern form for minor concerns to be logged and responded to.

End of life care and support

- Records showed people were supported to make decisions about their preferences for end of life care where this was appropriate.
- Staff had gone above and beyond to support a person through a recent family bereavement. Staff empowered this person to take a lead role in organising their family members funeral and had received positive comments from the funeral directors about how well this was managed.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. The service management and leadership of the home needed to make improvements to ensure their quality checks identified areas of improvement.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems and processes were in place to monitor and improve the quality of care provided and regular checks were completed to ensure people received high quality care.
- However, these checks had not always identified improvements needed with record keeping. For example, mental capacity assessments were not always completed when required and care plans were not always fully complete. In addition, medication checks had not identified the discrepancies found in the recording of one person's medicines records.
- We discussed these areas for improvement with the registered manager who began to take action following our visit.
- The provider had recently changed the management structure and had appointed a new compliance manager and compliance assistant who had started to implement secondary checks to improve the overall governance of the home. These checks required staff to sign off any outstanding actions which were then re-checked the following month to drive forward continuous improvements.
- The provider understood the principles of Right Support, Right Care, Right Culture and promoted person centred care through their organisational aims and values.
- The registered manager understood their regulatory responsibilities and had provided us (CQC) with notifications about important events and incidents that occurred in the service.
- The registered manager kept up to date with the latest good practice guidelines by attending local provider forums and being a member of the Skills for Care network (The strategic workforce development and planning body for adult social care in England).

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Overall, people and relatives told us Lupin House was managed well and confirmed they felt comfortable to speak to the manager when needed. Comments included, "I would speak to [Registered Manager] if I needed to. [Registered Manager] would listen and do something about it", and "[Nominated Individual] and [Registered Manager] look after me and make sure I am looked after."
- Staff spoke positively about the leadership at the home. One staff member told us, "I report to [Registered Manager] who is really good. She is very supportive and explains things in depth."

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

- The Registered Manager understood their responsibilities under duty of candour seriously and were open and honest when things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved in the general running of the home and the planning of their individual care packages. Each person had a monthly 'keyworker' meeting where they could talk to a member of staff about issues important to them. Feedback from these meetings were used to drive improvements.
- Relatives were listened to and were invited to attend regular care reviews and sent surveys to gain their feedback on the care provided.
- Staff were respected, and their opinions were valued. One staff member told us, "We are very involved in everything here. They [managers] always ask our opinion on the care plans

Working in partnership with others

- Staff worked with other healthcare professionals to promote people's health and wellbeing. One healthcare professional told us, "Overall I am very pleased. The manager and the staff listen. Whatever I have asked them to do, they have done."