

Mr & Mrs I Tappin

Lovat House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Summary of findings

Overall summary

This inspection took place on 6 June 2016 and was unannounced. Lovat House is a residential care home for older people some of whom may have some degree of dementia. It can provide accommodation and personal care for up to twenty six people at any one time. On the day of the inspection twenty two people were using the service.

At the time of the inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider completed some recruitment checks on potential members of staff. We have made a recommendation about recruitment processes. Maintenance and checks of the property and equipment were carried out promptly. Checks on fire alarms and emergency lighting had been completed in accordance with the provider's policy and manufacturer's instructions.

There was a system to ensure people received their medicines safely and appropriately. The quality of the service was monitored by the registered manager through gaining regular feedback from people and their representatives and auditing of the service. The provider had plans in place to deal with emergencies that may arise.

People who use the service were able to give their views about the service. Relatives, community professionals and commissioners told us they were very happy with the service they received from Lovat House and felt that people were safe using the service. The service had systems in place to manage risks to both people and staff. Staff had good awareness of how to keep people safe by reporting concerns promptly through procedures they understood well. Information and guidance was available for them to use if they had any concerns.

People were treated with kindness, dignity and respect. They were involved in decisions about their care as far as they were able and relatives/representatives told us they had been asked for their views on the service. People's care and support needs were reviewed regularly. The registered manager ensured that up to date information was communicated promptly to staff through regular meetings.

Staff felt very well supported by the registered manager and assistant manager and said they were listened to if they raised concerns and action was taken without delay. We found an open culture in the service and staff were comfortable to approach the registered manager for advice and guidance.

Staff understood their responsibilities in relation to gaining consent before providing support and care. People's right to make decisions was protected. New staff received an induction and training in core topics.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service is safe.

Recruitment procedures required reviewing and updating. A recommendation was made.

Testing of fire equipment was carried out in accordance with policy and essential maintenance of the property was completed promptly.

There were risk assessments for the property and equipment in place.

There were sufficient suitably skilled and experienced staff to meet people's needs. Individual risks were assessed and monitored regularly and medicines were managed safely.

Staff demonstrated a good knowledge of safeguarding procedures and reporting requirements. The provider had plans in place to manage emergencies.

Is the service effective?

Good 

The service is effective.

People were supported by staff who received relevant training and updates to enable them to meet their needs. Staff met regularly with their line manager and each other for support and to discuss any concerns.

People's right to make decisions about their care was protected by staff who understood their responsibilities in relation to gaining consent and mental capacity.

People were supported to be healthy and have enough to eat and drink in order to maintain a balanced diet.

Is the service caring?

Good 

The service is caring.

We observed and we were told that people were treated with

kindness and respect. People were encouraged and supported to maintain their independence as far as possible.

People's privacy and dignity were maintained and people were involved in their care. Staff knew people's individual needs and preferences well.

Is the service responsive?

Good ●

The service is responsive.

People's needs were assessed regularly. They and their relatives, where appropriate were involved in planning their care.

People were offered choices and their decision was respected. People were supported in ways which took account of their wishes and preferences.

Information on how to make a complaint or raise a concern was readily available.

Is the service well-led?

Good ●

The service is well-led.

There was an open and inclusive culture in the service. People responded well to the registered manager and management team. Staff and relatives told us they found the registered manager approachable and said she listened to them.

The quality of the service was monitored. Staff had opportunities to say how the service could be improved and raise concerns if necessary.

People had opportunities to maintain links with the community.

Lovat House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

The inspection was carried out by one inspector on 6 June 2016. The inspection was unannounced and was a routine comprehensive inspection.

Before the inspection we contacted eleven health and social care professionals including local authority care commissioners to obtain feedback from them about the service. We received four responses. We checked notifications we had received. Notifications are sent to the Care Quality Commission by the service to inform us of important events that relate to the service.

During the inspection we spoke with eight members of staff, including the registered manager, assistant manager and five care workers. We also spoke with the cook and a visiting social worker and district nurse. We were able to obtain feedback from people who used the service and spoke with four people in private. We spoke with one relative about the quality of the service that was provided for their family member. We observed staff supporting people throughout the course of the day.

We reviewed the care plans and associated records for three people receiving a service. We examined a sample of other records relating to the management of the service including staff training, health and safety, complaints, surveys and various monitoring and audit tools. We looked at the recruitment records for the most recently employed care staff member.

Is the service safe?

Our findings

People who used the service told us they felt safe. One relative told us they felt confident their family member was safe when using the service. They said, "Staff are well managed and very caring and thoughtful. I have no doubt (my family member) is kept safe." A local authority representative told us, "I am totally confident that the clients are safe and secure within these premises."

People were protected from the risks of abuse. Staff had received safeguarding training and knew how to recognise the signs of abuse and what actions to take if they felt people were at risk. Details of who to contact with safeguarding concerns were readily available to all staff. Staff were aware of the company's whistle blowing procedure and knew how to use it if the need arose. Staff were confident they would be taken seriously if they raised concerns with the management. We saw from the service's safeguarding records that any allegations were taken seriously. Incidents were reported to the local authority safeguarding team and also notified to the Care Quality Commission (CQC) as required. The records contained details of actions taken by the service as well as the outcomes of any investigations.

Risk assessments were carried out and reviewed regularly for each person. The risk assessments aimed to keep people safe whilst supporting them to maintain their independence as far as possible. We saw that the recorded information was quite brief but staff told us there was sufficient information for them to keep people safe. They were personalised to a degree and fed into people's support plans to ensure support was provided in a safe manner.

Detailed written risk assessments relating to the health and safety of the service and the premises were not located during the inspection but were provided following the visit. We saw that there were controls such as radiator covers and regular checks were carried out to test the safety of such things as water temperature, legionella, gas appliances and electrical equipment. The fire detection system and the fire extinguishers had been tested in accordance with manufacturer's guidance and as recommended in health and safety policies. We saw that a fire authority inspection had taken place in April 2015 which had found that the service was broadly compliant. The report recommended a review of the fire risk assessment for the premises. An up to date fire risk assessment for the buildings was in place. Walk through fire drills were conducted twice each year and were arranged at different times of the day to ensure that all staff and people living in the home experienced evacuation procedures in a range of circumstances. A food safety inspection was undertaken by the environmental health department in March 2015. A maximum five stars was awarded as a result of the inspection.

Recruitment practices helped to ensure people were supported by staff who were of appropriate character. We looked at the recruitment records for the last appointed staff member. The service had recruited only one member of staff in the last six years. Disclosure and Barring Service (DBS) checks were completed to ensure that prospective employees did not have a criminal conviction that prevented them from working with vulnerable adults. References from previous employers were obtained to check on behaviour and past performance in other employment. However, these had been verbal only because the person had previously been an employee of Lovat House. We were provided with a written employer's reference following the

inspection.

We recommend that the service seek advice and guidance from a reputable source, about their recruitment processes and supporting documentation. We received information from the service following the visit that they had obtained advice from a local Care Homes Association in respect of their recruitment processes. In addition, a new application form had been designed which was being reviewed by a legal representative before it was implemented.

Staffing levels were dependent upon the needs of individuals being supported at any given time and were flexible. The current ratio was for deployment of at least four members of care staff during the mornings and three care staff for afternoon shifts. Some permanent staff worked long day shifts, however, this was voluntary. The manager was able to use additional staff if the needs of people changed through illness or when particular events had been arranged. There was a minimum of two staff members awake at night. Any gaps in the rota were covered by staff working additional hours, however, absences through sickness were low in number. The staffing levels ensured people's needs were met promptly in line with their support plans. One health care professional told us, "They seem to retain their staff and I have never seen any agency staff used."

People's medicines were stored and administered safely and staff had received training in the safe management of medicines. Staff who were involved in medicines management had their practical competency tested. The provider had a clear medicines policy and procedure. Medicines were stored in a locked cabinet located adjacent to the communal lounge. Each person had been assessed to ensure the support they required with their medicines was individual to them. Medication records were detailed and provided information on how each person liked or needed their medicine to be administered. Each person's medicines file contained a recent photograph of them. The registered manager conducted a monthly audit of the medication arrangements. There had been no medicines errors since the last inspection.

The home generally experienced a low number of accidents and incidents. When appropriate, incidents were recorded by staff before being reviewed and investigated, if necessary, by the registered manager. These audits were conducted on a regular basis. Analysis of incidents was discussed with the staff team to identify actions to reduce them in the future and these were recorded as part of risk assessment reviews. The provider had an emergency contingency plan which included arrangements for alternative accommodation and procedures to follow in events such as fire, flooding, storms and loss of utilities.

There were clear infection control procedures in place. There were two dedicated cleaners who worked to a specified schedule. One person told us, "They are very meticulous about cleaning here."

Is the service effective?

Our findings

People received effective care and support from staff who were well trained and supported by the registered manager and provider. Staff knew people well and understood their needs and preferences. A relative told us, "The staff are wonderful, we are very impressed with the care". Staff sought people's consent before they supported them and discussed activities with them. A community health professional visiting the home during our visit told us, "Lovat House is homely and well-ordered and it smells nice."

Staff received an induction when they began work at the service. They also spent time working alongside experienced members of staff to gain the knowledge needed to support people effectively. Training was refreshed for staff regularly and further training was available to help them progress and develop.

Individual meetings were held between staff and their line manager on a quarterly basis. These meetings were used to discuss progress in the work of staff members; training and development opportunities and other matters relating to the provision of care for people using the service. During these meetings guidance was provided by the line manager in regard to work practices and opportunity was given to discuss any difficulties or concerns staff had. Staff told us that these meetings were useful and supportive. However, because the service was small considerable discussion and communication was undertaken on a daily basis. Annual appraisals were carried out to review and reflect on the previous year and discuss the future development of staff. We were told and observed that there was an open door to the registered manager. Staff spoke highly of the manager and the assistant manager together with the ethos in the home. They described a supportive atmosphere where members of the management team and more experienced colleagues could always be approached to seek advice and guidance.

Staff meetings were held approximately three times per year. These were designed to provide opportunities for staff to express their views and discuss ways to improve practice. The minutes of staff meetings showed discussions took place regarding individuals using the service, policies and procedures and maintenance of the property. In addition, there were opportunities for staff to contribute and express their views and ideas. Staff confirmed they attended staff meetings. They told us they felt listened to at the meetings and found them helpful.

People's rights under the Mental Capacity Act 2005 (MCA) were fully understood by the management and staff team. 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 the least restrictive option.

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 application procedures for this in care homes and hospitals are called Deprivation of Liberties Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive people of their liberty were being met. The registered manager had considered at length whether referrals were

relevant for each of the people living in the home. Four DoLS applications had been made and authorised.

All staff had received Mental Capacity Act 2005 and DoLS training. They were able to explain what a deprivation of liberty was and the action they would take if they were concerned that they had to deprive someone of their liberty. The registered manager had a good understanding of DoLS and knew the correct procedures to follow to ensure people's rights were protected.

Appropriate referrals were made to other health and well-being professionals such as GP's, healthcare consultants and district nurses. We spoke to a district nurse who was visiting the home and had been involved with the service for a number of years. They told us that referrals were always appropriate and that the manager and staff provided good support for health care needs and were clinically aware. People were supported to attend specialist appointments and regular check-ups such as annual health reviews, dentists and opticians appointments. Each person had a health and well-being section within their care plan. This included the history of people's health and current health needs. Records of health and well-being appointments, health referrals and the outcomes were kept. All information about people's health could be easily accessed, including in an emergency situation.

People were offered good quality food which met their identified individual needs. Nutritional needs were assessed and any specific requirements were included in their care plans. The support of a dietician was sought as required. People ate in their own rooms or within the communal dining area, as they chose. Staff did encourage individuals to participate in communal dining in order to prevent isolation. However, they were respectful of people's choices. Staff worked with people to ensure they had sufficient to eat and drink and according to their preferences. Each person's preferences, likes and dislikes were recorded in their care plan. There was a four weekly rolling menu plan which was reviewed every six months. People were supported to be involved with menu planning and individuals told us that the chef frequently asked for feedback about the food and meal plans. Staff recorded and monitored people's diet and nutritional intake where required.

The chef prepared meals seven days per week. He advised that he was vigilant in providing freshly prepared foods wherever possible and this was supported by the provider. We saw records which confirmed that temperature checks were undertaken on fridges and freezers and food when delivered and after cooking. Records had been implemented within the kitchen detailing each person's preferences and whether they were on supplements or special diets.

The premises constituted a combination of an older property with various extensions that had been added. The majority of bedrooms had an en-suite fitted. People we spoke to were generally happy with their rooms. One person, whose room had patio doors leading to the garden, told us that they had the best bedroom in the house. We were told that when a room became available it was subject to complete refurbishment ready for the next occupant.

Is the service caring?

Our findings

On the day of the inspection we saw that people looked relaxed and calm. We observed positive interaction between people, the registered manager and supporting staff. People told us that they liked living in the service. People were supported by care staff who were committed to their well-being and were kind and patient. We saw that staff explained to people what they were doing and why and asked for their permission before they undertook any task. People responded to staff's gentle approach and were comfortable to communicate their feelings. We received feedback from a health care professional who told us, "They get to know their residents well and deliver a high standard of person centred care. Lovat House is a home I would happily see a relative of mine in."

Staff had detailed knowledge of the people using the service. They knew what people liked to do, the type of thing that may upset them or help them to feel content. They told us they were kept fully informed and up to date with any changes in people's support requirements. This was achieved through handover meetings, informal discussion with other team members and reading the communication book at the start of every shift. Feedback from staff about the service and care provided was very positive.

People were supported to maintain their independence as far as possible. Staff encouraged people to make choices and take part in activities such as music, singing and religious ceremonies. Individual care plans gave staff guidance on how to promote people's independence and choice. We observed some people going and returning from activities. Support was offered in a calm and patient manner. Staff always asked people for their opinion and offered choice and help when required. People were as involved in the care planning and review process as they were able to be and their involvement was recorded in daily notes. With people's consent their families or others, who could represent them were kept informed of how they were progressing. Families and representatives were invited to reviews of care if people wanted them to be there and if it was appropriate.

Staff maintained and promoted people's privacy and dignity at all times. Staff received training about understanding privacy and dignity issues and were able to describe what action they took to make sure that people were respected. They also told us how they encouraged people to maintain their own. One visiting health care professional provided written feedback which stated, "From my experience visiting Lovat House residents are always treated with respect and dignity."

People's diversity was respected as part of the strong culture of individualised care. Care plans gave detailed descriptions of the people supported. There had been input from families, historical information, and contributions of the staff team who knew them well with the involvement of people themselves. People were provided with activities, food and a lifestyle that respected their choices and preferences. Care plans included people's life choices and preferred occupational activities. Some people told us they liked to read or watch the television. While others told us they like to take a daily walk into Wokingham town centre. Without exception people told us that they were treated with kindness and respect.

Is the service responsive?

Our findings

The service offered people person centred care. Staff were trained and guided to provide person centred care and people's care plans were individualised and focussed on them. Information in support plans included people's daily routines, their preferences and how to support their emotional needs. It was clear if a person could do things independently or if they required support. The skills and training staff needed to offer the required support were noted and provided, as necessary.

Each person had their needs assessed using a specific tool to capture relevant information prior to moving into the home. The registered manager and assistant manager usually undertook the initial assessments but staff did say that they were sometimes involved in the visits to people's homes or hospital before they moved in. A formal review of the care provided was held once a year and if people's care needs changed. We were told that the home went to great lengths to provide person centred care. People's interests, hobbies and previous experiences were recorded as they became known. This helped to ensure that care was provided which was individual to each person. One community health professional told us that, "I believe the service does work in the best interest of the people they support." People were provided with a 'Welcome' booklet when they moved into the home which explained some of the procedures and what they could expect with regard to their care.

Care plans were reviewed regularly by the manager and/or assistant manager with the person and took account of the daily notes written during the month and any changes in needs. Additional reviews took place if people's needs changed whether in the short or long term. We saw that there were a number of forms in use to record areas such as communication and behaviour. It was not clear whether these were relevant for particular individuals. One local authority representative told us, "The manager has informed me of changes to the clients within the home and has asked me for advice in possibly helping to find the best way forward."

We spoke to a visiting social worker who had referred a person from the community. She told us that the care provided at Lovat House had been extremely person centred and had been very helpful in ensuring that the person had moved into the service from his own home with as little anxiety as possible. The social worker described a recent situation where the person had been discharged from a hospital admission early due to the high level of support they received from the Lovat House staff.

People were offered a variety of activities and supported to participate in those they enjoyed. A range of activities was available to people using the service. These included bell ringing, music, board games and exercise, celebrations of religious festivals and people's birthdays. An activities co-ordinator visited the home approximately three times per week in order to conduct organised sessions. She maintained a record of group activities that were organised and detailed who was involved and how the activity was received. There was a regular hairdresser who visited the home and there was a dedicated area to provide this service. There were very occasional outings offered and people were supported to visit family and friends.

People, their families, friends or advocates were able to complain if they wanted to. The service's complaints

policy and procedure was produced in an easy read format. Staff were aware that some people were unable to make a formal complaint without assistance and were able to describe how people would let them know if they were not happy. The service had received ten complaints about the service during the previous nine months. It was noted that eight of these were from the same person. We saw that all complaints had been taken seriously and had been responded to and managed appropriately. One person told us, "I have no complaints at all. It's very easy going here."

Is the service well-led?

Our findings

Staff described the registered manager and the management team as, "Always approachable and very supportive." They told us that the registered manager made them feel valued and an important part of the staff team. They described the team as, "Excellent and supportive." They said they and the registered manager were committed to giving people the best possible care and experiences. Staff described the culture of the service as open and positive. A health care professional told us, "They are well led and supported by senior staff and the owner." A local authority representative told us, "The manager and her staff manage and care for the clients fantastically and the home is well run." And, "I must admit, from my opinion and speaking to my colleagues, we find Lovat House one of the better care homes in the area." One person told us that they thought the manager was, "Remarkable".

Staff were aware of their responsibilities and understood how they related to the wider team. Staff informed us the registered manager was always available to provide expert advice when required. Throughout the course of the inspection the manager was observed being approached by staff and people in a relaxed manner and they were responded to positively and with respect. Staff confirmed there was a good team spirit that encouraged staff to work well together for the benefit of people using the service.

The registered manager told us that the care provided was regarded as crucial to ensure that people's well-being was maintained and that their quality of life, choices and preferences were central to the approach of the service. People told us that they were well cared for and that staff were knowledgeable about their needs and interests.

The registered manager conducted a range of audits including medication and care related records. Monitoring of significant events such as accidents and incidents was undertaken periodically by the registered manager. This was in order to identify any trends or patterns so that action to prevent reoccurrence could be taken without delay.

The service worked closely with health and social care professionals to achieve the best care for the people they supported. They had strong links with the specialist district nursing health team, local authority commissioners and relatives. One community nurse manager told us, "The home always raise any concerns they have with the District Nursing Team in a prompt manner." Another member of the community health care team sent feedback, "The manager and her team contact the GP or the District Nurses if there are any concerns with the health needs of the residents."

People, staff and stakeholder views were collected and listened to. A formal system for capturing people's feedback and views was in place. We saw some of the comments from the most recent exercise which overall were very positive. One relative provided feedback which stated, "I am happy with the care provided at Lovat House and I feel lucky to have got a place here for my mum."

People's needs were accurately reflected in generally detailed and up-to-date records. They informed staff how to meet people's needs according to their preferences, choices and best interests. Records relating to

other aspects of the running of the home such as audit records and health and safety maintenance records were accurate and up-to-date.