Crocus Care Ltd

Lorna House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 12 December 2017. The inspection was unannounced which meant that the staff and provider did not know that we would be visiting.

At our last inspection of this service in May 2015, we awarded an overall rating of Good.

At this inspection we found the service remained good.

Lorna House 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. Lorna House is an elegant two storey Victorian residence set in a residential area in Torquay. The service is a residential care home service providing accommodation for up to 24 people, some of whom are living with dementia. There were 22 people living at the home at the time of our inspection.

The home had a registered manager. 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.

Why the service is rated Good:

People told us they felt safe at the home and with the staff who supported them, one person said "Yes I feel safe here, they're very good and very caring." There were systems in place to keep people safe. Staff were aware of safeguarding processes and how to raise concerns if they felt people were at risk of abuse or poor practice.

Medicines were safely managed and procedures were in place to ensure people received their medicines as prescribed. We discussed the storage of medicines which were prescribed for people at the end of their life to keep them comfortable. The Registered manager took action to ensure these were stored safely.

People were supported by staff who had the required recruitment checks in place. Staff received an induction and had received training and developed skills and knowledge to meet people's needs. There were adequate staffing levels to meet people's needs. The registered manager had recognised people's dependency needs had increased and had raised the staff level to meet their needs.

People received person centred care. Staff knew people well, understood their needs and cared for them as individuals. They were familiar with people's history and backgrounds and supported them fairly and without bias.

People were relaxed and comfortable with staff that supported them. Staff were discreet when supporting people with personal care, respected people's choices and acted in accordance with the person's wishes. Staff relationships with people were caring and supportive. They delivered care that was kind and compassionate. People said staff treated them with dignity and respect at all times in a caring and compassionate way.

The registered manager was putting in place a new care plan format. They were in the process of rewriting everybody's care plans. The new care plans were personalised and guided staff how to meet people's needs. We have made a recommendation about people being given access to information in a format that was accessible to them.

People were referred promptly to health care services when required and received on-going healthcare support. The healthcare professional was positive about the quality of care provided at the home and the commitment of the whole team to provide a good service.

People's views and suggestions were taken into account to improve the service. Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them. People knew how to make a complaint if necessary. They said if they had a concern or complaint they would feel happy to raise it with the registered manager. There had been no complaints received at the service since our last inspection. The registered manager attended all handovers while at the service so they were aware of any concerns.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Staff demonstrated an understanding of their responsibilities in relation to the Mental Capacity Act (MCA) 2005. Where people lacked capacity, mental capacity assessments were completed and best interest decisions made in line with the MCA.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. They had made appropriate applications for people they had assessed that required to be deprived of their liberty to the local authority DoLS team.

People were supported to follow their interests and take part in social activities. A program of activities was available for people to attend as they chose.

People were supported to eat and drink enough and maintain a balanced diet. People and relatives gave us mixed feedback about the food at the service. The registered manager said they had a new cook and were working with them to revise the menu.

The provider had a range of quality monitoring systems in place which were used to continually review and improve the service.

The premises were well managed to keep people safe. The home was clean and homely with a welcoming atmosphere. Arrangements were in place to ensure the environment was kept clean and safe with audits being completed on all aspects of the building and equipment. There were emergency plans in place to protect people in the event of a fire or emergency.

The laundry room at the service was very small. We discussed how soiled laundry was kept away for clean

laundry to stop cross contamination. The registered manager said they would review the laundry process with staff. The provider said they would also review the system with the registered manager.

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? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Lorna House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 12 December 2017. The inspection was unannounced and was carried out by an adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience on this inspection had experience of working with and supporting older people.

We reviewed the information we held about the home. This included previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern. We also used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make

We met and observed the majority of the people who lived at the service and received feedback from five people who stay at the service. Not everyone was able to verbally share with us their experiences of life at the home. This was because of their dementia/complex needs. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with two relatives to ask their views about the service.

We spoke to eight staff, including the registered manager, senior care worker, care workers, housekeeping staff and the maintenance person.

We reviewed information about people's care and how the service was managed. These included three people's care records and five people's medicine records, along with other records relating to the management of the service. These included staff training, support and three employment records, quality assurance audits and minutes of residents and team meetings. We also contacted five health and social care

professionals and commissioners of the service for their views. We received a response from one health and social care professional.

Good

Is the service safe?

Our findings

People felt safe living at the home. People and visitors were happy the service was safe. Comments included when asked, "I am really pleased that I am here, they're very helpful and when I press the bell they come within seconds", "Yes I feel safe here, they're very good and very caring" and "Yes I do feel very safe, certainly better than being at home."

There were sufficient staff to meet people's needs. Our observations and discussions with people and visitors showed there were sufficient numbers of staff on duty to keep people safe. Staff were very busy at times and had time to meet people's individual needs. During our visits call bells were answered in a timely way. The provider also provided a day care provision during the week at the home with up to six people using the service. The staff schedule showed during the morning there was four or five staff on duty. The staff level was usually four but increased to five staff when the day care service operated to support people using the day service. In the afternoon there were four care workers. At night there was an awake care worker and a care worker who slept in who could be called upon if required. There were also housekeepers, a laundry assistant, a cook, kitchen assistants and a maintenance person. They also interacted with people while undertaking their roles and assisted as required. The registered manager said they had recently increased the staff level as people's needs had increased. They confirmed they had a full team of staff with no staff vacancies at the service.

The service followed safe recruitment practices. Staff files included application forms, records of employment history and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults.

People were protected against the risks of potential abuse. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff had undertaken training in safeguarding vulnerable adults. They had a clear understanding of what abuse was and how to report any concerns both internally and externally to outside agencies. Staff were confident any concerns would be addressed by the registered manager. The registered manager understood their responsibilities to inform the local authority safeguarding team and submit notifications to CQC in line with regulations.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Staff recorded accidents and incidents and the actions they had taken. The registered manager reviewed all accidents and incidents to ensure appropriate action had been taken.

People were protected because risks for each person were identified and managed. Risk assessments had been completed for mobility, skin integrity and nutritional status. Staff were proactive in reducing risks by anticipating people's needs and intervening when they saw any potential risks. People were protected against hazards such as falls, slips and trips. A falls assessment had been completed and action taken to minimise potential incidents. This included ensuring people's environments were free from clutter and safe footwear was being used.

Peoples' medicines were managed and administered safely. Staff recorded medicines they administered, including topical creams they had applied, on people's medicine administration records (MARs). All staff administering medicines had received medicine training.

Medicines were managed and given to people as prescribed and disposed of safely. Medicine administration records (MAR) were accurately completed and there was a current photograph of the person and information about any known adverse reactions to medicines. There were no protocols in place to guide staff when it was appropriate to use 'when required' medicines which is good practice. We discussed this with the registered manager who said they would discuss implementing them with the pharmacist.

Medicines were held in medicine trollies which were secured safely to the wall. We discussed the storage of medicines which were prescribed for people at the end of their life to keep them comfortable. The Registered manager took action to ensure all medicines were stored safely and arranged for the pharmacist providing medicines at the service to undertake a review.

People were kept safe from the risk of emergencies in the home. Personal emergency evacuation plans (PEEPs) had been completed. These took into account the person's physical ability and the support they required in the event of an emergency. A fire risk assessment had been completed in September 2017 and recommendations followed.

The environment was safe and secure for people who used the service and staff. A maintenance person oversaw the maintenance at the service. They took responsibility for checking water temperatures, window and fire checks. During the inspection they were in the process of upgrading the window restrictors at the home following instruction from the provider. External contractors undertook regular servicing and testing of moving and handling equipment, electrical and stair lift maintenance. Fire checks and drills were carried out and regular testing of fire and electrical equipment. Staff were able to record repairs and faulty equipment in a maintenance log and these were dealt with and signed off by the maintenance person.

The home was clean throughout without any odours present and had a pleasant homely atmosphere. Staff had access to appropriate cleaning materials and to personal protective equipment (PPE) such as gloves and aprons. Staff had access to hand washing facilities and used gloves and aprons appropriately. There was a designated staff member to undertake laundry duties each day of the week. The laundry was very small and it was difficult to establish how soiled laundry was kept separate from clean laundry. We discussed this with the registered manager and they said they would speak with staff to remind them of the importance of keeping laundry separate and would also discuss with the provider if any changes could be made. Following the inspection we received an email from the provider to confirm they would review the design of the laundry facilities with the registered manager.

Good

Is the service effective?

Our findings

People's needs were consistently met by staff who had the right competencies, knowledge and qualifications. Staff had received appropriate training and had the experience, skills and attitudes to support the complexities of people living at the service. People received care and support from staff that received training and support on how to undertake their role safely and effectively. The mandatory training staff completed included, first aid, fire safety, manual handling, food hygiene, infection control, safeguarding vulnerable adults and dementia awareness. The provider ran courses every two weeks at the home with a planned schedule already in place for 2018. Other homes in the group shared training sessions.

Staff underwent an induction which gave them the skills to carry out their roles and responsibilities effectively. New staff completed shadow shifts working alongside experienced staff as part of their induction to familiarise themselves with the homes routines and people's needs. One staff member said, "They did my DBS (Disclosure and Barring Service -criminal records check) and shadowing for three weeks." Another said, "Did shadowing shifts until the manager was sure I was confident in myself."

New care workers who had no care qualifications were supported by the registered manager to complete the 'Care Certificate' programme which had been introduced in April 2015 as national training in best practice.

People were supported by staff who had supervisions/appraisals (one to one meetings). The registered manager said they did these meetings every six months. Staff told us supervisions enabled them to discuss core development training needs, career development, health and safety and job satisfaction and any concerns they had. Staff told us they had been supported by the registered manager. One staff said, "Very good, very understanding, always there if we need to speak to her."

The 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. Where people lacked the mental capacity to make decisions the registered manager and staff followed the principles of the MCA. Best interest decisions had been made involving relatives, staff and other health and social care professionals as appropriate. Staff were able to tell us about the role of an advocate and were clear if someone did not have family or friends to support them they knew the service was there.

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. We found people who lacked mental capacity to make particular decisions were protected.

The Care Quality Commission (CQC) monitors the operation of DoLS and we found the home was meeting these requirements. The registered manager was aware of their responsibilities in relation to DoLS and was aware of how to make an application if they needed to restrict a person's liberties. Staff had received training on the MCA and they demonstrated an understanding of people's right to make their own decisions. One care worker commented, "A right to make a decision even if it isn't a good one."

People's rooms were personalised with their personal possessions, photographs and furniture. The registered manager said they had recognised the numbers on people's doors were quite small. They were in discussions with staff and people about ways of personalising people's doors with things of interest. The provider had recorded in the provider information return (PIR), "Clients are encouraged to personalise their rooms with mementos of their life and they are encouraged to bring their own furniture. Clients equipment e.g. wheelchairs are checked for safety."

The home had a spacious lounge, a dining room and a conservatory which led out into the garden. All areas were festively decorated with Christmas decorations. People chose not to use the conservatory and mainly congregated in the large television lounge. The registered manager explained that two new communal toilets had been installed next to the lounge since the last inspection. This was because they had recognised people did not always want to go back to their room to use their ensuite toilet. An ensuite bathroom was being converted into a wet room. This was because the person whose room it was liked to have a shower and this was on the ground floor and quite a distance. The registered manager said they were planning in 2018 to have raised beds in the garden so people could grow vegetables.

The staff were all aware of people's dietary needs and preferences. Staff told us they had all the information they needed and were aware of people's individual needs. People's needs and preferences were recorded in their care plans. There were two main meal choices each lunch time with alternatives available if people chose. People had mixed views about the food at the service. Most said they enjoyed the food with a couple who said the food was monotonous and boring. Comments included, "Oh yes it's quite good, they come round and ask what would you like", "The food is monotonous, it's the same thing every day and always potatoes, potatoes, and carrots, I've got to the stage I don't want to go to the dining room anymore", "There is usually two choices" and "I can get some snack before they go if I do" The registered manager explained that they had a new cook who they were working with to put in place a new menu. They said people would be involved with the new menu planning to ensure their preferences were considered. Refreshments were available throughout the day and there were jugs of juice in people's rooms. We observed a lunchtime meal in the dining room. Most people were enjoying their lunch with refreshments of their choosing. Others chose to have their meals in their rooms or the lounge.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. For example, one person had a hearing difficulty. Arrangements had been made for them to also have an audiology clinic.

Good

Is the service caring?

Our findings

People and relatives were very positive about the quality of care at the home and the caring attitude of the staff. Comments included, "It's lovely, I know most of them by now, the staff are very good, they're all nice people", "I know she's being well looked after", "I prefer to stay here, the staff are very protective of me, they like to see me well and happy, they've got to know me", "It's brilliant here, Mum's already familiar with the home because she used to come for, the day, overall they're very caring" and "Oh yes very very polite, they're all very nice, there is no trouble at all."

Staff treated people with dignity and respect when helping them with daily living tasks. We observed care workers supporting people using the stair lift. They were very kind in their approach did not rush the people and throughout reassured them. Staff said they maintained people's privacy and dignity when assisting with intimate care. While we were with one person a staff member knocked on the bedroom door before entering and waited to gain consent before entering. Staff gave examples of how they maintained people's dignity and respect. One care worker commented, "I keep people covered up, let them make choices. I ask them what they would like."

Staff treated people with kindness and compassion in everything they did. They were familiar with people's history and backgrounds and supported them fairly and without bias. Throughout our visits staff were smiling, patient and respectful in their manner. They greeted people with affection and by their preferred name, sometimes this was a nick name and people responded positively. The atmosphere at the home was calm and homely. During lunch staff were responsive to people's needs. They offered assistance where required and ensured people had everything they needed.

Staff involved people in their care and supported them to make daily choices. For example, people chose the activities they liked to take part in and where they wanted to sleep and spend their day. A person commented, "They know me, I don't want to go downstairs, they've agreed I don't have to, so everything's fine." A relative commented, "They told me that she prefers to sleep at night on her reclining chair in her room. I asked her why and she said it's my choice."

Staff described ways in which they tried to encourage people's independence such as dressing themselves with minimum support. Staff said they knew people's preferred routines, such as who liked to get up early and who liked to stay in bed. One care worker said, "I show respect for the residents, give them independence but ensure they are secure and safe."

People's relatives and friends were able to visit without being unnecessarily restricted. Visitors were made to feel welcome when they came to the home. People had developed small friendship groups and were seen interacting, joking and chatting with each other throughout our visit.

Good

Is the service responsive?

Our findings

People and relatives gave us feedback about how the service was good at meeting people's individual needs. It was also evident from speaking with the registered manager and staff that people mattered at the service, they spoke with pride about the people they cared for and wanting to make it a lovely place to stay.

Wherever possible a pre admission assessment of needs was completed prior to the person coming to the service. People and their families were included in the admission process to the home and were asked their views and how they wanted to be supported. This information was used to develop care plans. The provider had recorded in the provider information return (PIR), "Our comprehensive pre-admission assessment affords us to gain an insight into residents past history and gain knowledge which could be beneficial in their care. Personal fact files can be found on their files, these are completed with their families present or some residents choose to spend some time on a one to one basis with a carer." It was evident staff were familiar with people's history and backgrounds and supported them fairly and without bias.

People's care plans included information on how people's communication needs could be supported. However information at the home had not been provided to people in differing formats if they had a communication difficulty.

We recommend the service consider how information could be made available to people to support assisted communication where they may benefit from this.

Staff communicated with people effectively, taking into account each person's communication methods. One person had a hearing difficulty. The person's care plan advised staff how to support the person. This included, ensuring they were aware of how to approach the person and being at eye level.

People's care records included personal information and identified the relevant people involved in people's care, such as their GP, optician and chiropodist. Care plans gave information about people's health and social care needs and showed that staff had involved other health and social care professionals when necessary. The registered manager explained that they were in the process of implementing new care plans and information was being transferred to the new format. This meant that information was in several files and sometimes difficult to find. Since the inspection the registered manager has confirmed all care plans have been transferred and are reflective of people's needs. People and their families were given the opportunity to be involved in reviewing their care plans. Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored.

There was no one receiving 'end of life' care at the time of our visit. However it was evident that staff had taken action for one person when they had been very unwell and frail. They had consulted with the person's family and GP to ensure they were informed. Medicines had been put place should the person require them for pain management. However this person's health had improved and these had not been required. People had Treatment Escalation Plans (TEP) in place that recorded people's wishes regarding resuscitation in the

event of a collapse.

People were able to choose what activities they took part in and suggest other activities they would like to do. In the main entrance there was a calendar of events people could take part in, with an activity each day with numerous external entertainers visiting. The December calendar included a Christmas meal and a visit to the local theatre. The service operated a shop where people could buy toiletries between 9am and midday every day. On the day of our visit the booked entertainer had cancelled, so staff arranged a quiz and people were enjoying colouring books. People were positive about the activities available. A visitor said, "There's lots of wonderful activities planned over Christmas, we had a singer yesterday, she was very good."

The provider had a written complaints policy and procedure. The procedure advised complainants if they were not happy with the outcome of their complaint to contact the Care Quality Commission (CQC). We discussed with the registered manager that it directed people to the CQC and this was incorrect as the CQC do not deal with individual complaints. The registered manager said they would amend the procedure to guide people to the appropriate external bodies, which they confirmed they had completed after the inspection.

People said they would feel happy to raise a concern and knew how to. One person said, "Everyone is very kind and pleasant, I've never had any problems at all with any of the staff." Complaints and concerns were taken seriously and used as an opportunity to improve the service. There had been no complaints received by the registered managers since our last inspection.

Good

Is the service well-led?

Our findings

People living at Lorna House, their relatives and staff were positive about the management of the service. People, visitors and staff comments included, "I talk to (registered manager) quite a lot, she's good at communicating and (names of care staff) are very good carers too", "I love it here, every day something going on. (Registered manager) is a lovely manager; very approachable and very nice", "The manager is very warm and friendly, lots of activities, very person centred", "The manager is very good…always saying about pathways of paperwork" and "Kind and brilliant with the residents, always comes up with good ideas."

Leadership at the home was very visible; the registered manager was in day to day charge supported by senior care workers. The registered manager had been working at the service for 14 years and demonstrated a strong ethos about people being at the heart of everything that happened at the home. They spoke about the service being the people's home and it being a privilege to be with them and involved in their care. Staff felt well supported and were consulted and involved in the home and were passionate about providing a good service. The provider visited the service regularly and took a very active role regarding the environment. They met with the registered manager to give support and discussed concerns and plans for the future. The registered manager met with other home managers within the group to address any common issues and share learning to ensure people were kept safe.

The staff had a clear understanding of their responsibilities and referred people appropriately to outside healthcare professionals when required. The registered manager and staff knew each person's needs and were knowledgeable about their families and health professionals involved in their care.

The provider's website said, "Our mission is to provide an environment full of warmth, interest, love, and security. Our highly trained staff are empathetic and compassionate, treating everyone who stays with us as an individual, and encouraging them to flourish and grow." This was demonstrated at the service with the environment being very homely with a lovely atmosphere.

There were accident and incident reporting systems in place at the service. The registered manager monitored and acted appropriately regarding untoward incidents. They checked the necessary action had been taken following each incident and looked to see if there were any patterns in regards to location or types of incident. Where they identified any concerns they took action to find ways so further incidents could be avoided.

People were empowered to contribute to improve the service. The registered manager said residents meetings were held at the home every four to five months. They said, "We bring them forward if we have new residents." The registered manager was very active in the home and spoke with most people each day. Surveys had been sent to people and visitors in January 2017. The responses had been positive and action taken on people's suggestions. For example, one person mentioned getting wet while waiting to be let in to the home and thought a canopy might be a benefit. This had been put in.

The provider had a quality monitoring system in place. This included regular medicine audits, equipment,

care records and environmental checks. The registered manager and maintenance person undertook regular walk arounds to undertake additional environmental checks.

Staff were actively involved in developing the service. The registered manager worked alongside staff and had an open door policy for staff to speak to them if needed. Full staff meetings were held annually and more regularly if required. Records of these meetings showed staff were able to express their views, ideas and concerns. The record of the last staff meeting included discussions about workload, record keeping, agency staff and ideas for improvement. The registered manager also met with senior care workers and night staff to keep them informed and ask their views.

Staff had a staff handover meeting at the changeover of each shift where key information about each person's care was shared any issues brought forward. The registered manager said they also attended handover each day they are at the service so they were aware of changes in people's needs and to check action was being taken. This was confirmed by a staff member who said, "The manager comes to handover to get an update of what is going on."

The service was inspected by an environmental health officer in June 2017 to assess food hygiene and safety. The service scored five with the highest rating being five, which confirmed good standards and record keeping in relation to food hygiene had been maintained.

The registered manager was meeting their legal obligations such as submitting statutory notifications when certain events, such as a death or injury to a person occurred. They notified the CQC as required and provided additional information promptly when requested. The provider had displayed the previous CQC inspection rating in the main entrance of the home and on the provider's website.