

## Lomack-Health Company Limited

# Lomack Lodge

### Inspection report

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Bedford  
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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 

#### Overall summary

Lomack Lodge is registered to provide accommodation and support for up to seven people with learning disabilities and complex needs. On the day of our visit, there were four people living in the service. The service is located in the suburbs of Bedford, close to local amenities.

Our inspection took place on 23 June 2015 and was unannounced. At the last inspection in May 2014, the provider was meeting the regulations we looked at.

The service 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.

People felt safe and were protected from the risk of harm by staff who knew how to respond to allegations of abuse.

People had risk assessments which identified hazards they may face and provided guidance to staff on how to manage any risk of harm.

# Summary of findings

The service had a recruitment process, which ensured that suitable staff were employed to look after people safely.

There was enough qualified and experienced staff on duty, to meet people's needs safely.

There were suitable arrangements for the storage and management of medicines.

Staff received appropriate support and training to perform their roles and responsibilities. They were provided with on-going training to update their skills and knowledge.

Staff understood the systems in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People were provided with a balanced diet and adequate amount of food and drinks of their choice.

People were supported to see healthcare professionals in order to ensure their general health was well maintained.

People were looked after by staff that were caring, compassionate and promoted their privacy and dignity.

Staff were knowledgeable about how to meet people's needs and understood how people preferred to be supported.

People's care plans were based upon their individual needs and wishes. Care plans contained detailed information on people's health needs, preferences and personal history.

There were effective systems in place for responding to complaints and people and their relatives were made aware of the complaints processes.

Quality assurance systems were in place and were used to obtain feedback, monitor service performance and manage risks.

# Summary of findings

## 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 was safe.

Staff understood the systems and processes to follow if they had any concerns in relation to people's safety and welfare.

There were risk managements plans in place to promote people's safety

Staff rotas were organised to ensure people received support which met their needs. Safe recruitment procedures were in place.

There were systems in place to ensure people's medicines were managed safely

Good



### Is the service effective?

The service was effective.

People were supported by staff that had the knowledge and skills to undertake their roles and responsibilities.

People's consent to care and support was sought in line with current legislation.

People were provided with adequate amounts of food and drink to maintain a balanced diet.

People were supported by staff to maintain good health and to access healthcare services when required.

Good



### Is the service caring?

The service was caring.

Staff supported people to develop positive and caring relationships.

People were supported by staff to express their views and be involved in making decisions about their care and support needs.

Staff supported people to promote their privacy and dignity.

Good



### Is the service responsive?

The service was responsive.

People received care and support from staff that was personalised and responsive to their needs.

People participated in a wide variety of activities, many of which were tailored to individual needs.

The service had a complaints process and people were encouraged to raise concerns.

Good



### Is the service well-led?

The service was well led.

The leadership at the service was visible which inspired staff to provide a quality service to people.

People lived at a service that promoted a positive, open and inclusive culture.

Good



# Summary of findings

There were effective systems in place for monitoring the quality of the service, to ensure people received the support they needed to meet their care needs.

# Lomack Lodge

## Detailed findings

### Background to this inspection

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

This inspection took place on 23 June 2015 and was unannounced. The inspection was undertaken by one inspector.

We checked the information we held about the service and the provider and saw that no recent concerns had been raised. We had received information about events that the

provider was required to inform us about by law, for example, where safeguarding referrals had been made to the local authority to investigate and for incidents of serious injuries or events that stop the service.

During our inspection we observed how the staff interacted with people who used the service. We also observed how people were supported during individual tasks and activities.

We spoke with one person who used the service to gain their views about the quality of the service provided and observed a further two people. We also spoke with the registered manager and two care staff.

We reviewed the care records of four people who used the service, to see if their records were up to date, and reflected their needs. We also looked at other records relating to the management of the service, including quality audit records.

# Is the service safe?

## Our findings

People felt safe and said that staff protected them from harm. One person said, “They keep me safe, I’m alright here.” Other people in the service were not able to communicate with us due to their complex needs, but we observed from their body language that they felt comfortable in the presence of staff.

Staff understood how to respond to allegations or incidents of abuse and were aware of how to report issues. One staff member said, “I would never leave anything, if I was worried then I would report it. We have a duty to keep people safe.” Another staff member told us, “I would go straight to the manager if I had any concerns.” Staff were aware that they could also raise concerns with the local authority or Care Quality Commission (CQC) if required. Records showed that safeguarding concerns had been recorded within care plans and referred to the local authority for investigation when required. Safeguarding policies were displayed at the service and were accessible to people, staff and their relatives. The registered manager and staff worked hard to ensure that there were effective systems in place to keep people safe.

We spoke with staff about how they kept people safe, and enabled positive risk taking for people, whilst involving them in any discussions that took place. One staff member told us that the staff team worked hard to enable people to make decisions, even if they were small ones. For those people who could not verbally communicate, staff said that they used appropriate means of non verbal communication to ensure that people were supported to maintain independence. Staff confirmed that it was important to have robust risk assessments for people because it helped to keep them safe, both within the home and in the wider community.

Risk assessments had been developed in areas including moving and handling needs and the risks associated with poor nutrition and hydration. These were personalised and we were able to see that people had been involved in the development of the risk assessment. Risk assessments considered the most effective ways to minimize risks and were up to date and reflective of people’s needs. They helped staff to determine the support that people needed if they had a sudden change of condition or experienced an increased risk.

Staff knew they should always report an accident, no matter how small, so that correct action could be taken. The registered manager understood the importance of the monitoring of accidents and incidents within the home and maintained an oversight of every accident that occurred. Learning from incidents and accidents was discussed and shared with staff through communication books and staff supervisions. We found that correct action had been taken by staff and appropriate documentation completed where accidents and incidents had occurred.

Staff confirmed that the numbers of staff on duty ensured that people received safe and effective care. One staff member said, “Yes there are enough of us, mornings are busier than afternoons but we get things done.” We observed that staff responded promptly to people’s needs and spent time encouraging them to take part in things they enjoyed. People had support in line with their care plans, both in the home, and when out in the community. Staffing levels were reviewed regularly and adjusted when people’s needs changed. The registered manager was not included within the numbers of staff on duty, but was very much ‘hands on’ so that they remained aware of people’s needs and could monitor for any changes, whilst providing on-going support for staff.

Staff underwent a robust recruitment process before they commenced employment. We found that the provider carried out thorough staff recruitment checks, such as obtaining references from previous employers and verifying people’s identity and right to work. Necessary vetting checks had been carried out through the Government Home Office and Disclosure and Barring Service (DBS.) One member of staff said, “They made sure everything was right before I started here.” Staff records included completion of an application form, a formal interview, two valid references, personal identity checks and a DBS check. We were told that plans were in place for all staff files to be kept on site, rather than at head office. Staff recruitment was managed safely and effectively.

People were supported by staff to take their medicines safely. One person said, “Yes, they give me my tablets.” We observed that people received their medicines on time and were given them to take when they attended day centres. Staff told us that they had been trained in the safe handling of medicines. This ensured that people received their medicines as prescribed. We saw evidence that people’s

## Is the service safe?

medicines had been reviewed by the GP on a regular basis. Medicines were stored safely and securely, and records showed staff were administering medicines to people as prescribed.

# Is the service effective?

## Our findings

Staff had the appropriate skills and knowledge to meet people's assessed needs and support them to have a good quality of life. We observed that staff used their knowledge to good effect in supporting and encouraging people during our inspection. For example, in reducing excess levels of anxiety for one person, which meant that they could carry on their daily routine with no issue.

People had their needs met by staff that were competent and able to carry out their roles and responsibilities.

New staff completed an induction and worked alongside a more experienced staff member, until their practice was assessed as competent. Staff explained that this was beneficial in giving them experience of the work they would go on to do and helped them to understand people's needs and to get to know them before they began to work independently. One staff member said, "Yes, it's been good, I got to shadow someone and spend time observing, reading care plans until I felt confident." All new staff received induction training, which included training on health and safety, fire safety, moving and handling and safeguarding, along with relevant training to ensure that they could meet people's assessed needs.

Staff told us they were well training and received training to keep them up to date. A staff member said, "We get the training that we need, it all helps us to do our jobs." Staff received ongoing training in a variety of subjects that included manual handling, and safeguarding adults and also more specific training in relation to epilepsy and learning disabilities. Staff told us, "If we see training that we think would help then we are supported to do that as well." Staff confirmed that the training offered by the service was useful in ensuring that they were equipped with the skills and knowledge necessary to provide care for the people they supported.

Staff felt well supported by the registered manager. One said, "I love my meetings with the manager, they are really useful." Staff received supervisions and said they found them invaluable, in order to identify and address their developmental needs and also discuss concerns about people. Where appropriate, action was taken in supervisions to address performance issues either through disciplinary action or performance monitoring if required.

People confirmed that consent was obtained regarding decisions relating to their care and support. One person said, "They always ask." Staff told us that they obtained people's consent before assisting them with care and we observed this in practice. For example, staff asked if they could help with personal care or if people had finished with breakfast, before encouraging people to clean up.

The registered manager was able to explain how they had made decisions in line with the Mental Capacity Act (MCA) 2005. They had a good understanding of the MCA and described how they supported people to make decisions that were in their best interests. We saw examples of where people's capacity had been assessed, for example in relation to finances, and found that appropriate documentation was in place. The registered manager also told us that they were in the process of reviewing mental capacity assessments for all people. Staff had completed training on the MCA and Deprivation of Liberty Safeguards (DoLS) and were able to tell us the action they would take if a person's capacity to make decisions changed. The registered manager was in the process of making DoLS applications for appropriate people, to the local authority.

People were regularly offered food and drinks. One person said, "Yes, I like the food here." Staff understood that that it was important to ensure that people received adequate nutritional intake and we observed regular offering of fluids during our inspection. People were supported to eat snacks if they wanted them, although records confirmed that they ensured that people were supported to maintain a healthy dietary intake. Menus were planned in advance but were not rigid, so that people could have a choice if they did not want what was on offer.

People received on-going support from healthcare professionals in line with their needs. Staff supported people to attend required appointments when needed and were swift to act when people's care needs changed. Staff were well supported by external healthcare professionals who they called upon when people required more specialist support. We saw from records that a variety of external healthcare professionals provided support with meeting people's assessed needs, and that visits to and from health care professionals were recorded.



# Is the service caring?

## Our findings

People were happy with the care and support provided and felt that staff were very caring. One person said, “Yes, they all look after me.” We observed that those people with complex needs were relaxed in the company of staff, and frequently smiled when they saw them. People told us that staff responded swiftly and always made sure that care was person centred, according to their needs. Positive and caring relationships were developed with people who used the service.

There was a homely atmosphere in the service and it was apparent that people considered it to be their home. On arrival one person was keen to say ‘hello’ and was pleased to welcome us into the service. People appeared relaxed and had the freedom to do what they pleased and go where they wanted to within the service. Support was provided in a kind and calm way and people were trusting of staff. Throughout our inspection we heard laughing and singing taking place. The registered manager said, “We are a happy home, there is always lots of noise and singing. We all get along together really well.” Our observations demonstrated that staff had very positive relationships with the people they supported.

During our inspection we saw that people and staff went to the registered manager to ask for help and advice. People were listened to and their opinions valued. The registered manager demonstrated they treated people with respect and understood their individual needs and preferences and made sure care was person centred.

The registered manager told us they involved people and where appropriate, their relatives, in planning and reviewing their care. Records confirmed this and we found that both people and their relatives had been involved in making decisions about care and were supported to express their views about the delivery of care. Staff consulted with and involved people with their daily living activities. Feedback was given to the registered manager and staff so that the service could be improved.

Staff members told us they were happy in their roles and worked hard to ensure that people received the care they needed. One said, “We want the best for people. They do get good care.” Our observations throughout the day demonstrated that staff provided the people who used the service with kind and compassionate care.

People were treated with dignity and respect. It was evident in the way that staff communicated with people, that they were respected. Staff had a clear understanding of the role they played to make sure people’s privacy and dignity was respected. They knocked on people’s doors before entering their bedrooms and always gave support in a private area. We observed this happening in practice. We found that the service had clear policies in place for staff to access, regarding respecting people and treating them with dignity.

Relatives were welcomed to be involved in the care of people and act on their behalf when appropriate. The registered manager also told us that access to advocacy services was available for people should this be required.

# Is the service responsive?

## Our findings

The registered manager however confirmed that any new admission would be reviewed before an agreement for placement was made, to ensure that the service could meet their needs. They told us that this helped to determine how people should be cared for. We found that an assessment of people's needs had been carried out before they came to stay in the service. Information obtained from the pre-admission assessment and reports from other professionals had been used to develop each person's care plan. This helped staff to ensure that people received care and support which took account of their wishes and preferences.

People were asked about their individual preferences and interests, and whether any improvements could be made to the delivery of care. Staff ensured they were content with the care they received, through regular key worker sessions with them, resident meetings and general conversations. They took time to talk with people about what they wanted and what their individual needs were. Staff and the registered manager understood people's needs well; they were all able to tell us about people's specific care needs. People's needs had been assessed with their interests at heart, and where appropriate involved relatives or advocates to ensure that care was individualised.

Staff told us that care plans enabled them to understand people's care needs and to deliver them appropriately. We looked at care plans for four people and saw they contained detailed information about people's health and social care needs. The plans were individualised and relevant to each person and were clearly set out and contained relevant information. There were sections on people's health needs, preferences, communication needs,

mobility and personal care needs. There was clear guidance for staff on how people liked their care to be given and detailed descriptions of people's daily routines. Plans were regularly reviewed and updated to reflect any changes in the care and support given. Staff and the registered manager told us that people's needs were reviewed and changes were reflected in their care records. When staff had concerns about a person's condition, staff told us that they would monitor them.

Staff kept daily progress notes about each person which enabled them to record what people had done and meant there was an easy way to monitor their health and well-being. We found that any changes were recorded and plans of care adjusted to make sure support was arranged in line with people's up to date needs and preferences.

People had access to a range of activities which suited their individual interests. People attended day centres during the week and had access to additional activities in the evenings and weekends. These included cinema visits, theatre trips, holidays and social clubs. One person enjoyed going for walks and to cafes and we observed that staff supported them to do this.

Staff supported people to raise concerns if they had any. People were aware of the formal complaints procedure in the home and told us they would tell a member of staff if they had anything to complain about. There was an effective complaints system in place that enabled improvements to be made and the registered manager responded appropriately to complaints. At the time of our inspection people told us they had nothing they needed to complain about. It was evident that action was taken to address issues raised and to learn lessons so that the level of service could be improved.

# Is the service well-led?

## Our findings

The service was well led by an established registered manager who had the support of a deputy manager and the wider staff team. Additional support was given by the provider and management within the wider organisation. Staff told us that the registered manager was really approachable and always there for both them, and people who used the service. One staff member said, “Oh yes, he is great, always there and helps out when we need it.” We observed staff asking questions of the registered manager during the day and being given constructive support.

The registered manager told us about recent changes to the management structure within the organisation and felt that these would help to bring about changes for the better. We were told that a new member of staff had started who would have responsibility for monitoring compliance and quality within the company. They felt that this would enhance the delivery of care and introduce elements of best practice to the service.

During our inspection we saw there was a positive, forward thinking and open culture within the home. Staff said that the staff team were close and worked well together, all having common goals, wanting the best quality care for people. We found that all staff made themselves accessible to people and each other, so that any issues could be dealt with promptly.

People and relatives were consulted regularly about the delivery of service. The registered manager told us that people and their family members received a satisfaction questionnaire to complete on a regular basis, which enabled them to give their feedback as to the quality of service they received and to make suggestions for improvement or change. Where comments had been made, action plans were developed so that improvements could be made.

People were also supported to have house meetings which enabled them to spend time with staff and express their views about the care and support they received.

Staff told us that meetings were held regularly and we saw the minutes for a recent meeting which covered individuals and any concerns about them, training and development and ideas in respect of service improvement. Staff confirmed that meetings were an opportunity to raise ideas. They believed their opinions were listened to and ideas and suggestions taken into account when planning people’s care and support. Staff felt able to challenge ideas when they did not agree with these.

Any accident or injury was documented so that appropriate action could be taken. Systems were in place for recording accidents and incidents and we found that these were linked to people’s individual care plans. There was a clear record of any incidents that had occurred and these were properly recorded and analysed to identify any patterns within the service.

Audits had been completed in areas such as infection prevention and control, medicines administration and fire safety and where action was required to be taken, it was to improve the service for people. Maintenance records confirmed that health and safety checks were carried out regularly to identify any areas for improvement. Where improvements were required, actions had been identified and completed to improve the quality of the care given. The provider worked hard to identify areas that they could improve upon so that they could drive forward service improvement for the benefit of the people who lived at the service. The service monitored the quality of people’s care and health and safety aspects of the home.