

Lomack-Health Company Limited

Lomack Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Lomack Lodge is a residential care home providing personal care for three people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People were safe, and relatives felt reassured and confident that their family members are in a safe and caring environment. Staff knew how to keep people safe from avoidable harm and abuse. They gave people their medicines safely and followed good infection prevention and control procedures.

Staff had undertaken training and received support from the registered manager to ensure they could do the job well.

People liked the staff that cared for them. People received kind and compassionate care and staff respected people's privacy, dignity and independence. People were involved in all decisions about their care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider had systems in place to effectively monitor and bring about improvements in the service. Concerns were followed up to make sure action was taken to rectify the issue. People and their relatives were asked their view of the service and changes were made to any areas they were not happy with.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was Good (published 23 March 2018). Since this rating was awarded the service has moved premises. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Lomack Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was undertaken by two inspectors.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the provider 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us

understand the experiences of people who could not talk with us. The people we observed at Lomack Lodge were unable to speak to us due to their complex needs. We spoke with two relatives of people living in the service and three members of staff including the registered manager.

We looked at a range of records. This included three support plans, medicine records, two staff recruitment records and records relating to the management of the service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at Lomack Lodge. We could see from people's body language and interactions with staff, that they were happy living there. Relatives told us that they felt their family members were safe.
- The provider had systems in place to protect people from abuse and avoidable harm. Staff received safeguarding training during their induction and received updated training yearly from the provider. Staff were aware of the provider's policy and knew where they could find external contact details to report concerns.

Assessing risk, safety monitoring and management

- Staff had completed detailed risk assessments which they updated regularly. Staff supported people to take positive risks. They assessed these carefully, planning the support each person needed and recording this in people's risk assessments and care plans.
- People had personal emergency evacuation plans in their care plan, advising emergency services to support people to safety.

Staffing and recruitment

- The provider had a recruitment process to ensure that staff were suitable to work in Lomack Lodge. Records showed, and staff told us, the process had involved Disclosure and Barring Service (DBS) record check and previous employment checks.
- There were enough staff to support all the needs of people using the service. Staff and relatives were satisfied there were enough staff to carry out personal care duties, housekeeping and support people to do what they wanted to do. The registered manager showed us that staffing was arranged depending on the needs of the people and the service.

Using medicines safely

- Staff managed medicines safely and gave people their medicines as the prescriber intended. Staff had received further training for the administration of some medicines by specialist nurses.
- The provider carried out regular audits to ensure that medicines were stored and administered safely.

Preventing and controlling infection

- The provider had systems in place to ensure that staff practices prevented and controlled infection. Staff had received infection control and food hygiene training.
- Staff showed us the colour coordinated systems in place to prevent and control infection and were confident in their knowledge and practice.

- Staff were using personal protective equipment appropriately in the kitchen and when supporting people.

Learning lessons when things go wrong

- Accidents and incidents were recorded, and appropriate actions taken as a result. Trends were analysed, and action plans put in place to minimise the likelihood of the same incident occurring.

For example, the registered manager told us that due to an increase in a person falling in their bedroom, they had changed the flooring to carpet to prevent further falls.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and reviewed regularly with the input of staff, relatives and professionals involved in the person's care. With the information gathered, care plans and risk assessments were updated to ensure that staff had the information they needed to support people effectively.
- Staff used NICE guidelines (national institute for Health and Care Excellence) to ensure that they were working within best practice guidance.
- The service had recently moved into a new building which was designed to support the needs of the people living there. The service understood and respected the choice a person made to not sleep in a bed overnight and had provided an appropriate alternative to meet this need.

Staff support: induction, training, skills and experience

- Staff told us, and records showed, that staff received both supervision and competency checks to support them to carry out their role effectively. Staff also told us they received an annual appraisal from the registered manager.
- All new staff completed an induction training programme, and staff were supported to keep their training up to date. Staff told us they had opportunities for professional development, and one member of staff was currently completing a team leader qualification.

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

- Staff told us that they plan the menu for the week ahead ensuring that each meal is a balanced diet. Meals were planned with the knowledge of what people's likes and dislikes were. Staff told us that if people decide that they don't want the meal on the menu then they supported them to choose an alternative. Relatives told us the food staff had prepared "always smelt very nice."
- We saw staff offering drinks to people throughout the inspection, and people communicating to staff that they would like a drink. Staff were aware and followed the risk assessments in place to inform them if people needed prompting to drink or if equipment was needed to support people to eat and drink.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager told us that they had received training from external professionals tailored to the specific need of the people they were supporting, including epilepsy medication training.
- Staff support people to attend GP and hospital appointments. A relative told us that they had always been informed of appointment dates in advance so that they could also attend with their family member.

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

- The service is a small house in a residential area and has no noticeable features on the outside that it is a care home. Relatives told us they were very happy with the new house.
- Each person had their own bedroom which was clean and decorated to a good standard. There was a bathroom and toilet on both floors which people could access easily.
- People could access the garden directly from the kitchen. The garden was a safe area, and we saw that people liked spending quiet time in the garden on their own.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to attend external health appointments. The registered manager and staff were supported by healthcare professionals and had regular input from SALT (speech and language therapy), nursing and physiotherapy.
- Relatives told us that the staff supported people to access healthcare, and one told us, "They are always very quick off the ball with contacting the GP."
- The registered manager told us that she had recently arranged for staff training in "oral care for people with learning disabilities," following advice from their dentist.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA

- People were supported by staff who had a good understanding of the principles of MCA and DoLS. They knew how to support people to continue making decisions and who to go to if the person was unable to do so.
- Applications had been made to the Court of Protection to deprive people of their liberty and staff respected the outcome of these applications.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives made positive comments about the care and support people received at Lomack Lodge and commented how happy people are when they are with staff. This was because staff treated people with kindness and compassion.
- Staff respected and promoted people's diverse needs and preferences. The care plans had a section 'all about me' which is a personal profile including likes and dislikes, culture and religion.
- We saw staff interacting with people, playing games and completing puzzles. Staff ensured that people were included in the task, and supported people to join in. Staff offered constant praise and made the activities fun which we could clearly see from people's reactions and involvement.
- Staff interacted with people appropriately, they were kind and gentle which ensured the atmosphere in the service remained calm. Staff were observed using hand over hand support to guide people to complete the task or activity and were always at the same eye level when speaking to people.

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

- Staff told us people were given choices in all decisions about their daily care and can refuse or make it clear to staff if they are not happy. People's decisions and choices are respected by staff. Staff told us that by "understanding the individual and how they communicate will tell you if they do not want to do something or would prefer something else. For example, if it is a hot day and we suggest to the person they may like to wear shorts, they will clearly tell us if they don't want to."
- Staff told us that one person had a community advocate to support them in making decisions about moving to a new house. An advocate is an independent person who helps people make choices about what is right for them.
- If people were not able to make decisions about their care, it was recorded in their care plans if relatives or friends were to be involved in these decisions.

Respecting and promoting people's privacy, dignity and independence

- Staff fully respected and promoted people's privacy and dignity. Personal care was offered discreetly and carried out in private.
- People's confidentiality was maintained because records were kept out of sight and held securely.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had a fully person-centred support plan, which detailed their preferences about the way they wanted to receive care and support.
- Staff had a detailed knowledge and understanding of each person and their care and support needs. One member of staff told us that the care plans had all the information they needed in them to know the person and what is important to them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff communicated with each person in the way that the person understood best. The care plans included clear information on how to communicate with that person. For example, using verbal, pictures and objects of reference to ensure that the person is supported to understand.
- Some documents were available in an easy-read format, including parts of the care plan informing staff of what was important to the person. Each person had an easy-read picture timetable telling them and staff what activities they would be doing during the week.

Supporting people to develop and maintain relationships to avoid social isolation;

- Each person had their own person-centred weekly timetable with daily activities. People had the opportunity to access day services and activities including horse riding. Staff told us that one person did not like attending any of the day services or activities available, instead, staff supported them to access the community regularly, including visiting the local pub.
- The registered manager told us that staff supported people to maintain relationships with their families, including remembering important dates and occasions. One family requested that their relative attend a close family funeral, so staff attended with them and supported them throughout the day.

Improving care quality in response to complaints or concerns

- Relatives told us that they would know who to complain to and would feel happy to do so if there was a need. No complaints had been received by the service in the last 12 months.
- People and relatives had access to the providers complaints procedure. This was available in an easy read format to support people living at the service.

End of life care and support

- No one using the service was receiving end of life care.
- Relatives told us they had recently been involved in making decisions with the provider regarding end of life care for their relative. These decisions were in people's care plans and in an easy-read format to support people's understanding.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was committed to developing a person-centred culture within the service. Our observations of people and feedback from their relatives told us people were happy with the care they received at Lomack Lodge. One relative told us, "The home is very good, when they [person] have their problems the staff do the best they can."
- Staff understood their responsibilities to ensure people received the care they needed. When people's needs changed this was discussed in monthly team meetings.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager complied with legal requirements for duty of candour, the previous inspection rating was displayed, and they sent notifications to us when required to do so.
- Relatives told us that the staff communicated well and were confident they were kept well informed.

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

- The service was well run. Staff understood their roles and responsibilities and worked well as a team.
- The registered manager demonstrated good leadership and managed the service well and was supported by the provider and a quality assurance manager. Staff told us they felt supported by the manager, and that they could approach the quality assurance manager for support in the registered managers absence.
- Records of incidents and accidents were analysed to find trends or themes. Processes were in place to identify solutions from the themes identified.
- Audits were completed on a wide range of processes within the home. Action plans showed who was responsible for the actions and when they had been completed. The service had a dedicated quality assurance manager who is responsible for audits and competency processes.

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

- People had strong links with the local community. They used local facilities such as shops, cafes and the local pub.
- The registered manager told us that the local community were consulted with before the move to the new house. Although there had been concerns raised, the registered manager felt that these had been resolved

since the move and commented on how pleasant and friendly the neighbours were to people living in the service.

- Relatives told us that they were sent out questionnaires and asked for feedback about the service. In the PIR the provider told us that the annual service user and relatives feedback informs them of what is important to people and what improvements were needed. This information was analysed and fed back to people and their relatives. The provider told us that they had received some positive feedback from the questionnaires.

Working in partnership with others

- Information available to us before this inspection showed us that the staff worked in partnership with other organisations, such as the Local Authority. Feedback from the local authority informed us they, "Find the manager to be approachable and transparent."

- The registered manager told us that they worked closely with external health care professionals. Professionals had developed guidelines for working with people which staff followed.

- Staff told us that they accessed support from colleagues and managers from the other provider services. There had also been opportunities to meet up with the other services for events and occasions which both service users and staff had enjoyed.