

Lorne House Residential Home Trust Limited

Lorne House

Inspection report

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Ratings

Is the service effective?

Requires improvement



Overall summary

We carried out a new approach comprehensive on 19 and 21 January 2015. At that time we gave the service an overall rating of 'Good'. However, we also identified two breaches of regulation and required that the provider make improvements under the key question 'Is the service effective?' We identified a breach of Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010: Consent to care and treatment, where we found that the provider failed to ensure staff adhered to the requirements of the Mental Capacity Act 2005 [This corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014]. We also identified a breach of Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010: Records, where we found that the provider had failed to ensure accurate records were maintained in respect of each person using the service and the management of the home [This corresponds to Regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014]. After our inspection the registered provider sent us an action plan, telling us what they were going to do to make the required improvements.

We carried out this focused inspection on 30 July 2015, to check that the registered provider had taken action and made the required improvements. The visit was unannounced so the registered provider and staff did not know we would be visiting. During this visit we only looked at information relating to the previously identified breaches of regulation, relating to the implementation of the Mental Capacity Act (MCA) 2005, Deprivation of Liberty Safeguards and care records. The inspection team consisted of one adult social care inspector.

Lorne House is a care home providing support for up to 14 people who have a learning disability. It is located on a main road in Stockton on Tees, close to local amenities and the town centre. The care home was set up by a group of parents who had children with learning disabilities and this group formed the charity that now operates the home.

The service had a registered manager in place, who had been in post for over five years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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 registered provider had implemented a new assessment tool, which considered people's capacity and decision making abilities and how staff could support people to make decisions. Where people had been assessed as lacking capacity to make decisions about their care and welfare and were subject to constant care and supervision, the service had applied for, and been granted, authorisations under the Deprivation of Liberty Safeguards. Relevant paperwork had been completed and was in place in relation to the authorisation process. However, relevant information about people's capacity, decision making abilities and DoLS still needed to become a more integral part of the service's every day care planning processes.

Senior staff had completed further training on the MCA and DoLS, with further training for other staff planned in the near future. Staff we spoke with had an understanding of the principles of the MCA and knew that some people at the service had DoLS authorisations in place. However, staff knowledge about the purpose of DoLS could still be improved.

At the time of our visit we had not received formal notifications about the DoLS authorisations that had been granted. This is a legal requirement and was discussed with the registered manager during our visit. They explained that this had been a genuine oversight on their behalf which would not occur again. They submitted the required notifications for all of the service's current DoLS authorisations within a few days of our inspection visit.

The care records we looked at included detailed information about the care and support people needed. The majority of the care records we viewed were up to date, detailed and reflected people's needs. However, we found some improvements were still needed to ensure that people's actual care plans were always fully up to date.

Overall we found that the registered provider had taken action to meet the requirements of the regulations. However, there remained areas for further improvement, which were discussed and agreed with the registered manager at the time of our visit.

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 effective?

The service was not always effective.

The service had implemented a new assessment tool that considered people's capacity to make certain types of decisions and how decision making could be supported. However, care plans could still be improved to ensure this information becomes part of the service's every day care planning processes.

Staff demonstrated an understanding of the principles of the MCA and a basic awareness that DoLS were in place for people.

Where people lacked capacity to make decisions about their care and welfare and were subject to continuous care and supervision, appropriate applications to deprive people of their liberties had been made and authorisations granted.

Requires improvement



Lorne 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 a focused visit, carried out to check whether the registered provider had taken action to rectify breaches of regulation associated with the Health and Social Care Act 2008, which we identified during our last visit.

This inspection took place on 30 July 2015 and was unannounced. The inspection team consisted of one social care inspector.

The provider was not asked to complete a provider information return (PIR) before our inspection, because this was a focused follow up visit, rather than a full comprehensive inspection.

Before the inspection we reviewed the information we held about the service. This included looking at the information relating to our last inspection of the service in January

2015, including the published inspection report and the action plan sent to us by the registered provider. The action plan told us what the registered provider planned to do to make the required improvements.

We also looked for any notifications we had received from the service, but saw that we had received no notifications since our last visit. Notifications are information about changes, events or incidents that the provider is legally obliged to send us within the required timescale. We had also received some information of concern about the service since our last visit, but this had related to staff employment issues rather than people's quality of care and did not fall under our regulatory remit. We had received no other complaints or concerns about the service since our last visit.

During this visit we met one of the trustees, spoke with the registered manager and a member of care staff. We also looked at records in relation to the service, including the care records for four people.

Is the service effective?

Our findings

During our last comprehensive inspection in January 2015 we identified two breaches of regulations and required the registered provider to make improvements. We identified a breach of Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010: Consent to care and treatment, where we found that the provider failed to ensure staff adhered to the requirements of the Mental Capacity Act 2005 [This corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014]. We also identified a breach of Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010: Records, where we found that the provider had failed to ensure accurate records were maintained in respect of each person using the service and the management of the home [This corresponds to Regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014]. After our inspection the registered provider sent us an action plan, telling us what they were going to do to make the required improvements.

During this focused follow up visit we focused only on the previously identified breaches of regulation and what improvements the registered provider had made since our last visit.

We looked to see if appropriate arrangements were in place to ensure that people's legal rights were protected by implementation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA sets out what must be done to make sure the rights of people who need support to make decisions are protected. The DoLS is part of the MCA and aims to ensure people in care homes are looked after in a way that does not inappropriately restrict their freedom, unless it is in their best interests. The Care Quality Commission is also required by law to monitor and use the Deprivation of Liberty Safeguards (DoLS). DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control.

The registered manager was aware of their responsibilities in relation to DoLS and was up to date with changes in legislation. The registered manager told us they had been working with relevant authorities to apply for DoLS for people who lacked capacity to ensure they received the care and treatment they needed and there was no less

restrictive way of achieving this. At the time of our inspection DoLS had been authorised for 13 people who used the service. We looked at the care record for four of the people who had an authorisation in place under the Deprivation of Liberty Safeguards.

The registered manager explained how the service had implemented a new assessment tool relating to mental capacity and decision making since our last visit. We saw that this tool was decision specific [considered different types of decisions individually], recognised the person's abilities and included information on how the person could be supported with decision making. The tool also included relevant information about any representatives or advocates, court appointed deputies, power of attorneys or advanced decisions that were in place.

Each of the care records we looked at included the assessments and authorisations relating to the person's DoLS authorisations. All of the DoLS authorisations we looked at were current and were being reviewed on a three monthly basis to ensure that they remained appropriate. The records we looked at showed that these reviews included the person subject to the DoLS and their appointed representative, their social worker and staff from Lorne House. None of the authorisations we looked at included any conditions, so we could not check that the service was meeting these.

Although we found that the appropriate information about capacity, decision making and DoLS was available in people's records, we found that this information was in a separate section towards the back of people's records. When we looked at the assessments and care plans relating to people's day to day care we found that they did not contain much information about capacity, decision making and DoLS and how this related to people's day to day care. We discussed this with the registered manager during our visit and provided them with a copy of the Social Care Institute of Excellence (SCIE) report 'The Mental Capacity Act (MCA) and care planning' for information and consideration. **We recommend that the registered provider considers how relevant information about capacity, decision making and DoLS can become a more integrated part of the service's day to day assessment, care planning and recording systems.**

The care staff we spoke with told us that copies of the MCA and DoLS codes of practice were available and were able to describe the basic principles of the MCA. They understood

Is the service effective?

that people needed to be involved in decisions and given choices wherever possible. They also told us how they had some people living at the service who need help to make certain decisions and how staff spent time explaining things to people so that they could understand and make decisions for themselves where possible. Where people couldn't make a decision for themselves staff explained how decisions needed to be made in their best interests. The staff were aware that people living at the service had DoLS authorisations in place and that care needed to be provided in the least restrictive way possible, for example by asking people if they wanted to go out. However, the care staff we spoke with couldn't elaborate further on what DoLS were or what their purpose was.

We spoke with the registered manager about the training that had been provided on MCA and DoLS. Since our last visit, senior staff had attended further training provided by the local authority and the MCA and DoLS had been discussed with staff during meetings and supervisions. Formal training for all staff had not yet been provided, but was planned to take place soon using training provided by the local authority. The care staff we spoke with confirmed that further training on MCA and DoLS was planned.

The care records we looked at included detailed information about the care and support people needed. Regular reviews were taking place, which included the people using the service, their representatives or advocates, social care professionals and staff from Lorne House. The majority of the care records we viewed were up to date, detailed and reflected people's needs. However, we still found some improvements that were needed. For

example, some of the tools, assessments and amendments to people's care plans that we saw were not always dated, making it difficult to know when paperwork had been put in place or when changes had been made. We also saw that although information about changes was recorded in care records and that risk assessments were updated and reviewed regularly, the original care plan was not always updated by staff to reflect any changes.

As part of our planning for this inspection we looked for any notifications we had received from the service.

Notifications are information about changes, events or incidents that the provider is legally obliged to send us within the required timescale. We had not received any notifications since our last visit, despite the registered provider being legally required to notify us about the outcome of any DoLS authorisations they had applied for. During our visit we asked the registered manager about this. They were aware of the requirement to notify us of certain events, but had not been aware that this included notifying us about DoLS authorisations. They explained that this had been a genuine oversight on their behalf, which would not happen again. They also submitted the required notifications regarding all of the service's current DoLS authorisations within a few days of our inspection visit.

Overall we found that the registered provider had taken action to meet the requirements of the regulations. However, there still remained areas for further improvement, which were discussed and agreed with the registered manager at the time of our visit.