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Lobswood House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service: Lobswood House is a residential care home that provides accommodation and personal care for up to 26 people living with dementia or mental health needs. At the time of our inspection, 23 people were living at the home.

People's experience of using this service: People told us they were happy and felt safe living at Lobswood House; One person said, "I like living here the staff are nice." However, we found people were not always protected from risks associated with their environment.

The provider did not have sufficient oversight of the service. Quality assurance systems were not always effective as they did not identify the issues we found at this inspection. These included concerns relating to the management of risk for example, falls from height and ensuring that the home was working within the principles of the Mental Capacity Act 2005 (MCA).

There was a risk that people's rights were not protected because staff did not always act in accordance with the Mental Capacity Act 2005 (MCA). Where people's capacity was in question MCA assessments were not always taking place and best interests decision processes had not always been followed.

People received personalised care from staff who knew them well and understood how to meet their needs. Care plans contained information about individual preferences and what was important to people such as interests and activities.

People's medicines were managed, stored and administered safely and appropriately by staff who had been trained and assessed as competent to do so

People's privacy and dignity was respected, their independence promoted, had access to healthcare professionals when required and were supported to maintain a balanced healthy diet.

People were supported by staff who had completed a range of training to meet their needs. Staff told us they felt well supported by the management team. The management team monitored staffs' practice through regular observation and formal supervision.

People were treated kindly and compassionately and supported to express their views and make decisions about their care. People and their relatives felt comfortable raising complaints and were confident these would be listened to and acted on.

Rating at last inspection: Lobswood House was previously rated as 'Good.' The report was published on the 22 December 2016.

Why we inspected: This was a planned inspection that was scheduled to take place in line with Care Quality

Commission scheduling guidelines for adult social care services.

Enforcement: We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe

Details are in our Safe findings below.

Is the service effective?

Requires Improvement

The service was not always 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?

Requires Improvement

The service was not always well-led

Details are in our Well-Led findings below.

Lobswood House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection team consisted of one adult social care inspector.

Service and service type:
Lobswood House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home had a manager registered with the Care Quality Commission. This means 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:
The inspection was unannounced and took place on the 24 and 26 April 2019.

What we did:
Before the inspection we reviewed the information, we held about the home, including notifications we had received. Notifications are changes, events or incidents the provider is legally required to tell us about within required timescales. We also asked the provider to complete a Provider Information Return (PIR). The PIR is information we require providers to send us at least once annually to give us some key information about the home, what the home does well and improvements they plan to make. We used this information to plan the inspection.

We spoke with five people living at the service, two relatives, four members of staff, the registered manager and the operations director. We asked the local authority who commissions care services from the home for

their views on the care and support provided. Following the inspection, we received feedback from two health and social care professionals.

To help us assess and understand how people's care needs were being met we reviewed four people's care records. We also reviewed records relating to the running of the home. These included staff recruitment and training records, medicine records and records associated with the provider's quality assurance systems.

Requires Improvement

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Systems and processes to safeguard people from the risk of abuse: Assessing risk, safety monitoring and management:

•People were not always protected from the risk of abuse or avoidable harm.
•The provider's policy and procedures were not being followed in relation to safeguarding people from abuse. For example, On the first day of the inspection we asked the registered manager to make a referral to the local authorities safeguarding team, following a disclosure made by one of the people living at the home. When we returned for the second day of inspection we found this had not been done. Following the inspection, we received confirmation the referral had been made.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

•People were not always protected from the risk of harm as they were living in an environment that may not be safe. Some windows above ground level were not restricted or risk assessed placing people at risk of falls from height. We brought this to the attention of registered manager and maintenance staff who told us the restrictors had been removed for redecoration and had not been replaced. Following the inspection the registered manager confirmed action had been taken to mitigate this risk.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

•People told us they felt safe living at Lobswood House and relatives did not have any concerns about people's safety. One person said when asked, "I do feel safe, living here."
•Staff attended safeguarding training and knew how to identify the different types of abuse.
•People were protected from risks associated with their care needs. Assessments identified risks, for example, in relation to mobility, skin care and nutrition. Management plans guided staff to support people in a way that mitigated risks and specialist advice from healthcare professionals was sought where necessary.
•Other environmental risks were monitored to protect people's health and wellbeing. These included legionella risk assessments and water temperatures checks. There were up to date safety certificates for gas appliances, electrical installations, and portable appliances.
•Fire safety systems were serviced, audited regularly and staff received training in fire awareness. Lobswood house had been visited in March 2019 by West Sussex Fire and Reuse Service, who had made several recommendations relating to Fire safety. The registered manager had a plan in place and assured us that

most of this work had been now been completed.
•Individual personal emergency evacuation plans (PEEPs) indicated any risks as well as any support people needed to evacuate them safely.

Staffing and recruitment:
•People were protected by safe recruitment processes. Systems were in place to ensure staff were recruited safely and were suitable to support people who might potentially be vulnerable by their circumstances.
•Relatives and staff felt there were enough staff on duty to meet people's needs and keep them safe. Rota showed staffing levels were organised around people's specific support needs and where people had been identified as needing one to one or extra support this was being provided.

Using medicines safely:
•People continued to receive their medicines safely.
•There were systems in place to audit medicine practices and clear records were kept showing when medicines had been administered or refused.
•Where people were prescribed medicines they only needed to take occasionally, guidance was in place for staff to follow. This helped to ensure those medicines were administered in a consistent way.
•Staff had received training in the safe administration of medicines and were having their competency regularly assessed.

Preventing and controlling infection:
•The home was clean and tidy.
•Systems were in place to prevent and control the spread and risk of infection. Staff were aware of infection control procedures and had access to personal protective equipment (PPE) such as aprons and gloves to reduce the risk of cross contamination and spread of infection.
•There were clear workflow systems to separate clean and dirty laundry which reduced the risk of contamination.

Learning lessons when things go wrong:
•Accidents and incidents were recorded and reviewed by the registered manager to identify any learning which may help to prevent a reoccurrence.

Requires Improvement

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.

People's outcomes were consistently good, and people's feedback confirmed this.

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.

•Whilst we saw staff obtaining people's consent, people's care records did not always show their consent and/or views had been sought in relation to decisions being made on their behalf. This indicated the home was not working in line with the principles of the MCA. For instance, we found one person had a sensor mat and a stair gate fitted to their bedroom door, which prevented the person from leaving their room during the night. Staff told us this allowed them to monitor the person's movements to help ensure they were safe. There were no records to show the rationale for this decision. A mental capacity assessment had not been completed to show that the person did not have capacity to consent to these arrangements or whether this was being carried out in their best interests.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

•Records showed the registered manager had made a number of applications to the local authority to deprive people of their liberty to keep them safe. However, we found people's capacity to consent to these arrangements had not been assessed prior to the application being made and there was no evidence that a best interests meeting had taken place.
•We raised our concerns with the registered manager who agreed that some people's records did not contain enough information to show the home was working within the principals of the MCA and assured us they would address this.

Failure to gain consent from people, or where people were unable to give consent, involve relevant health or social care professionals in best interests decisions is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

Healthcare support:
•People's needs were assessed before they moved into Lobswood House to ensure they received the right care and support. Information within care records showed people and their relatives had been involved in the initial assessment process.
•People who were able, told us they had regular contact with a range of health professionals to monitor and manage their wellbeing. One person said, "The staff are really good and always call the doctor if I'm not feeling well."
•We saw evidence within people's care records of how the service worked closely with district nurses, dentists, GP's and opticians to meet people's health needs. One healthcare professional said, "Staff understand the needs of their residents and always seek advice if they have any concerns".

Supporting people to eat and drink enough to maintain a balanced diet:
•People continued to be supported to maintain a balanced healthy diet and made choices about the kind of foods they enjoyed. One person said, "The food is always very nice, if you are not happy with the meal we can always choose something else." A relative said, "I was very concerned about my wife's weight before she went Lobswood House, but I'm not anymore."
•People's care records highlighted where risks with eating and drinking had been identified. For instance, where people needed a soft or pureed diet, this was provided in line with their assessed need.
•Where people were at risk of poor nutrition and hydration, plans were in place to monitor their needs closely and, professionals were involved where required to support people and staff.

Staff support: induction, training, skills and experience:
•People were supported by staff who had completed a range of training to meet their needs. The homes training matrix showed staff had received training in a variety of subjects. For example, equality and diversity, safeguarding adults, medication administration, first aid, health and safety and infection control. Specialist training was also provided for people's specific care needs. For example, pressure ulcer prevention, and dementia.
•New staff were given an induction which included shadowing more experienced staff. Staff new to care were supported to undertake the Care Certificate. This is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high-quality care and support.
•Staff had opportunities for regular supervision and appraisal of their work performance. Staff told us they felt supported, valued and appreciated by the home's management team. One staff member said, "I have always felt I could speak to the registered manager about anything." Another said, "The manager is really approachable and takes time to listen to what we have to say".

Adapting service, design, decoration to meet people's needs:
•People's rooms were personalised and contained pictures and possessions that were important to them.
•There was signage throughout the home to assist people who were living with dementia to orientate themselves. The layout of the environment was supportive to people with poor eyesight and mobility needs. Specialist equipment in bathrooms meant people could access baths more easily.
•There were two communal lounges, and a large dining room, which were used for a range of activities and as private space to meet with family and relatives. The outside area was accessible to the people who lived at the home.

Good

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

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:
•People told us they were happy living at Lobswood House and were supported by staff who were kind and caring. One person said, "Staff are so good here and would do anything to make you happy." Another said, "I like living here the staff are nice."
●Relatives said staff were kind and had taken time to develop positive relationships with people. One relative said, "The staff here are brilliant and have taken the trouble to get to know [person's name] as a person." Another said, "I haven't got a bad word to say about them."
•Care plans contained information about people's past, cultural and religious beliefs as well as their hobbies and interests. Staff used this information to get to know them and build positive relationships. For example, staff recognised when one person was becoming anxious and upset. They spent time reassuring and comforting the person and assisted them to get an item from their bedroom which was important to them and reduced their anxiety.
•Staff had received equality and diversity training and understood how to deliver care in a non-discriminatory way ensuring the rights of people with a protected characteristic were respected.

Supporting people to express their views and be involved in making decisions about their care:
•People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support provided.
•People were encouraged to make decisions about day to day matters such as food, clothing and routines. Staff offered people opportunities to spend time where and how they wished.
•People and their relatives were given the opportunity to provide feedback about the service through regular reviews and through the completion of questionnaires.

Respecting and promoting people's privacy, dignity and independence:
•People living at the home told us staff respected their privacy and dignity. We saw staff knocked and sought permission before entering people's bedrooms, and doors were closed when people were receiving support with personal care. One person said, "Staff never just walk straight into my room, they always knock and ask if they can come in first".
•Care plans contained clear information about what each person could do for themselves. Staff described how they encouraged people to be as independent as possible. One staff member said, "It's important that we encourage people to do as much as they can for themselves and not take over."
•People were supported to maintain relationships with those close to them. Relatives told us they were welcome to visit anytime and always felt welcome.
•People's personal records were kept secured and confidential. Staff understood the need to respect people's privacy including information held about them. Conversations of a private nature about people

were held in private and staff were careful not to be overheard.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
•People received individualised care and support from staff who knew them well. Care plans were informative and provided staff with detailed information about people's likes, dislikes, personal preferences, care needs and medical history. This guided staff to support people in the way they wished.
•People's communication needs were identified and understood. Staff were guided to ensure people had their hearing aids and glasses to support their communication. The registered manager said they could provide information in different formats, such as large print, and were aware of their responsibility to meet the Accessible Information Standard (AIS). The AIS is a framework making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.
•People, relatives and external professionals, where appropriate, were involved in reviews and could express their views about the care and support provided.
•People spoke positively about activities at the home and told us they had the opportunity to join in if they wanted. Activities were designed to encourage social interaction, provide mental stimulation and promote people's well-being. We saw a range of activities were available including music therapy, animal therapy, arts and crafts, arm chair exercises, flower arranging, card games and quizzes. One person said, "I enjoy the activities, there is always something going on." In addition to the in-house activities people had the opportunity to go out daily and we saw many examples of people going into town or to the seafront.
•Each day staff spent time people on a one to one basis [Gold Dust Moments]. They used this time to get to know people and chat about the things that were important to them, such as their families, significant events, places and interest. The manager explained how this approach helped staff to engage and made the person feel valued and important.

End of life care and support:
•Systems were in place to support people at the end of their life to have a comfortable, dignified and pain-free death.
•People were supported to make decisions about their preferences for end of life care. Where discussions had taken place with people regarding their end of life wishes, these were recorded.
•Staff had received training in end of life care and understood the importance of respecting people's wishes, religious beliefs and preferences.

Improving care quality in response to complaints or concerns:
•People were aware of how to make a complaint and felt comfortable raising concerns if something was not right. One person said, "I would speak to the manager."
•Relatives knew who to contact if they had any concerns. One relative said; "I haven't needed to make a complaint, but I'm sure [managers name] would listen and take action if needed."

•The provider's complaints procedure was freely available, and the home maintained a record of any complaints received.

Requires Improvement

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:
•The provider did not have sufficient oversight of the service to ensure people received the care and support they needed that promoted their wellbeing and protected them from harm.
•Quality assurance systems were not always effective as they did not identify the issues we found at this inspection. These included concerns relating to the management of risk and ensuring that the home was working within the principles of the Mental Capacity Act 2005 (MCA).
•Although Lobswood House had in place a set of policies and procedures these were not always being followed. For example, in relation to safeguarding people from abuse.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.
Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:
•People, relatives and healthcare professionals had confidence in the registered manager and told us Lobswood House was well managed. One person said, "The manager does a great job." A relative said, "I have always been very impressed with [manager name]. I have always found them to be honest, open and professional". Another said, "The home is very well led."
•Learning took place from accidents and incidents, concerns and complaints were listened to and acted upon to help improve the services provided by the home.
•The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events.
•The provider displayed their CQC rating at the service and on their website.

Engaging and involving people using the service, the public and staff: Working in partnership with others:
•The provider sought people's views annually by asking people, relatives, and external professionals to rate various aspects of the home. For example, management, staffing, environment, food and activities. We looked at the results from the latest survey undertaken and found the responses of the people surveyed were positive.
•Relatives told us there was good communication and they were kept informed. One relative said, "They communicate very well with me, they phone if they need to, and always let me know if they are calling the doctor."

•Regular staff meetings took place to ensure information was shared and expected standards were clear. Staff told us they felt listened to, were supported and had input into the running of the home.
•Staff worked in partnership with other professionals and the local community. Specialists provided support and guidance to ensure people received effective care, and to promote best practice.
•People were encouraged and supported to be involved in the local community where possible and people regularly accessed local churches, shops and local facilities.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had not acted in accordance with the principles of the Mental Capacity Act 2005. Regulation 11 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people's health and safety had not been identified or mitigated. Regulation 12 (2)(b)(d)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People were not protected from abuse or improper treatment as systems and processes were not established or operated effectively. Regulation 13 (1)(2)(3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to operate effective systems to assess, monitor and improve the safety and quality of the service.

Regulation 17 (1)(2)(a)(b)