

# Cornwall Council

# Lowena

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Lowena is a short break service run by Cornwall Council for adults with learning disabilities. The service provides single room accommodation for up to 25 adults with a learning disability, physical disability and people living on the autistic spectrum, who need assistance with personal care.

The service is a large, bigger than most domestic style properties and larger than current best practice guidance. However, the size of the service having a negative impact on people has been reduced by the provider's focus on ensuring that people receive person-centred support which promotes choice, inclusion, control and independence. The service has been developed 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.

The service was a purpose-built single storey building in its own grounds. Occupancy levels vary on a day to day basis due to it being a respite service.

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

The service's governance systems had generally improved and supported people using the service. The manager had only recently been registered with the commission. They were working hard to bring about the improvements required at Lowena. They were open, visible and committed to further improving the service. They were supported by a senior management team. However, governance systems were not always responding to required changes in a timely way. We have made a breach of regulation about this requiring the provider to take action. This is a continuing breach of regulation 17, At the previous inspection the service was in breach of this regulation because auditing system were not effective.

People took part in a range of activities which they enjoyed and were supported to maintain the relationships that were important to them. There were limitations in accessing community facilities since the providers transport was no longer available since September 2019. People were being supported to access the community, but this was limited due to the need for taxis or public transport. Staff were supporting people to use these forms of transport but told us it had significantly reduced choice in the community. This meant not everyone had an equal opportunity to use the community based on mobility needs.

People's needs were assessed before they used the respite service for short breaks. Support plans were not always updated in a timely way. This had been recognised by the management team and was being addressed. Some support plans, risk assessments had been reviewed and updated and this was ongoing. However, there was no evidence that it was being written in a format which could be understood by people with limited capacity. Staff were aware of the details of people's care plans and supported them

accordingly. We have made a breach of regulation about this requiring the provider to take action.

The services environment continued to improve. Improvements found at the July 2019 inspection had been sustained and developed. All rooms were furnished in a domestic nature. Wall art and wall mounted televisions enhanced the homely environment. Further work was being undertaken to add shower facilities.

People were unable to provide us with verbal feedback because they had complex needs. Two of them however, nodded and smiled when we asked them if they were happy in the home. Three relatives and a care professional informed us that staff treated people with respect and dignity and people were safe using Lowena. We observed that staff interacted well with people and were attentive towards them. Staff made effort to ensure that people's individual needs and preferences were responded to.

People were cared for by staff who worked together to meet people's needs. Staff felt well supported and happy in their roles. This helped to create a relaxed and happy atmosphere for people to spend time in.

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. People were supported by staff who knew them well and were able to communicate with them in their chosen way. This ensured people could make choices about their day to day routines.

The review of medicines and implementation of a new system for the management of medicines was robust.

People were supported by experienced staff to keep them safe and meet their needs. However, there were some current vacancies which were being recruited for.

The provider had a robust recruitment process which helped to minimise the risks of abuse to people. People were very comfortable and relaxed with the staff who supported them.

The provider worked with health, social care professionals and families to make sure people received the care and treatment they required.

The provider had a complaints procedure in place and people confirmed they knew how to make a complaint.

Rating at last inspection and update:

At the last comprehensive inspection in January 2019, the service was rated as requires improvement overall with an inadequate rating in the well led key question. We took enforcement action where a condition was placed upon the provider's registration. The condition related to the environment and required the provider to send regular reports to CQC to show what they would do and by when, to improve. CQC had received reports as required.

We carried out a focused inspection in July 2019 only checking the action the provider had taken in the effective section rated requires improvement and well-led section previously rated as inadequate. There was enough evidence to demonstrate the service had improved enough in the well led section to rate it as requires improvement. Requirement actions had also been met in the effective and responsive sections. The provider had met the conditions applied to their registration and can now apply to CQC to have these removed. However, at this inspection we found the provider was not fully meeting requirements in the Responsive and Well Led and have therefore continued with a rating of requires improvement. .

Why we inspected: This inspection was carried out to follow up on action we told the provider to take at the

last inspection.

## 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 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?

Requires Improvement ●

The service was not always 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.

# Lowena

## 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

The inspection was carried out by one inspector

#### Service and service type

Lowena 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 service 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

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We looked at information we had about the home and at notifications received from the service. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We used all this information to plan our inspection.

#### During the inspection

During the inspection we met with seven people who were using the service. People were unable to fully participate in discussions about the care and support they received. We were able to observe staff interactions with people in the communal areas. We spoke with the registered manager, deputy manager and three members of staff.

We reviewed a range of records. These included five people's support records and staff records relating to their recruitment, training and supervision. We also looked at records relating to the management of the service, including people's medicine administration records (MARs), staff training matrix and quality assurance information.

#### After the inspection

We spoke with three relatives, three support workers and requested additional records to validate evidence found. We also spoke with a social care professional.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment; Systems and processes to safeguard people from the risk of abuse

- There were generally adequate numbers of staff to keep people safe and to meet their needs. There was a staff recruitment programme taking place to meet several recent vacancies. Some staff said this could impact on staffing levels, but that people's needs were always being met. Comments included, "It can be difficult at times because we can be low on staff," "We have a good staff team and support each other" and "Guests have their needs met but it can sometimes affect how often we can go out."
- The provider had a recruitment system which helped to minimise the risks of abuse to people. This included checking new staff were suitable to work at the home by seeking references and carrying out a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff personal files contained all required information to support safe recruitment practices.
- People were further protected because staff had received training on how to recognise and report abuse. All staff said they were confident that any concerns reported would be fully investigated. One member of staff told us, "It is so important we can identify abuse and what to do with that information."

Assessing risk, safety monitoring and management

- At the previous inspection we were concerned the service had not responded in a timely way to recommendations made by the fire service. Action was taken following that inspection to address the issue. Since then better monitoring systems had been adapted.
- Most people had individual emergency evacuation plans which highlighted the level of support they required to evacuate the building safely. We discussed two plans where they were not in place with the registered manager. They took immediate action to address this and checked for any other omissions. Everybody had a PEEP in place at the end of the inspection.
- The registered manager was in the process of updating all risk assessments including supporting people's health needs. For example, epilepsy and challenging behaviour. Support plans included risk assessments for using the community, public transport, road safety using kitchen equipment. Risk assessments included information for staff about action to be taken to minimise the chance of accidents occurring. These records were being reviewed and updated at the time of the inspection to ensure all the information was current to respond to risk.
- Staff told us they knew what to do in the event of a fire and training records confirmed they had received training in fire safety.

Using medicines safely

- Medicines were managed safely. As this is a respite service people brought their medicines with them and return home with them on discharge. There were suitable systems to check this medicine in and out of the

service and administer it as prescribed or directed.

- Each person had a medicine administration record (MAR) which included details of any known allergies. This helped reduce risks when administering people's medicines. Staff had signed people's MARs to confirm their medicines had been administered at the correct times.
- Medicines were securely stored. Medicines requiring cold storage were kept within a range that meant people's medicines were safe for effective use. The provider had arrangements for ordering and receiving people's medicines, and for disposing of any medicines that people did not need.
- Staff who administered medicines received training which included a competency assessment to confirm they knew how to do so safely.

#### Preventing and controlling infection

- The service was clean, free from odours and had infection control procedures in place. There were hand wash and paper towels in communal toilets and staff told us that personal protective clothing such as gloves and aprons was available to them when they needed them.
- The forthcoming training session included updates for all staff in infection control and food hygiene.

#### Learning lessons when things go wrong

- Staff knew to report and record the details of any accidents or incidents when they happened. The provider and registered manager monitored accident and incident information to ensure staff had acted appropriately to keep people safe.
- Issues raised by people or their families had been listened to and addressed. Unplanned events that had taken place were reflected upon at staff meetings and through discussions at supervision so that learning could take place.

# 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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- At the inspection in July 2019 we found the provider had made enough improvements to the environment to meet the breach of Regulation 15.
- The service was continuing to improve the environment for the benefit of people who used the service. For example, improved bathing facilities including a new shower were planned to be refurbished in the near future.
- At the previous inspection we were unable to measure the effectiveness of the heating system due to the time of year. At this inspection we found all areas of the service were operating a comfortable temperature throughout the service. Improved monitoring of room temperatures had supported staff to identify and act on any issues. A staff member said, "It's much better now for everyone. No extra heaters are needed."
- External grounds were being maintained by a volunteer group and there were plans to develop the garden and include a summer house for coming year.

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

- People had their needs assessed and from assessments individual support plans were created. However, some of these plans were complex, information was not easy to find, and some information was not reviewed in a timely way. The management team had already identified these issues and were in progress to audit and update all records.
- Staff told us they sometimes struggled with time to complete support records. The registered manager had discussed this and had provided staff additional time to complete records, so they were accurate and up to date. There were dates set soon for focused training on assessment and report writing to support staff development in this.
- Not all records were recorded in a person-centred approach, but this was being addressed and had no impact on the delivery of support.
- Some families told us they had been involved in the assessment process and with planning for their relative's needs. Others told us their relative had attended Lowena for so long they could not recall, however they said the service did keep them updated and respected their views.

Staff support: induction, training, skills and experience

- Staff were positive about the support they received. They said, "Supervision is very good and regular" and "The support is next to none. We are a very supportive group here."
- Training provision had recently been reviewed and gaps identified. This included, food hygiene and infection control. A training week had been arranged soon for focused mandatory training.
- Staff felt confident and able to discuss any concerns with senior staff.

- Staff new to the service completed a probation and induction period. This included opportunity to shadow established staff.

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

- People had their nutritional needs assessed and met.
- People had access to a healthy and varied diet. People told us they had choice and enjoyed meals. A staff member told us, "Everybody has a really good choice of what they want to eat, and we always try and make sure there are healthy meals and options available."
- If people had food allergies, required a specific diet due to their health condition the information was recorded and well known by staff.
- People's food preferences were recorded in care plans. Staff were knowledgeable about what people liked to eat and explained how they were able to plan menus to accommodate everyone's likes and dislikes.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had access to health and social care professionals according to their individual needs. Staff were informed by families if there were any changes to people's needs or health requirements during respite breaks. If necessary people were supported to attend appointments. However, this was usually managed by families while at home. Some people had a hospital passport to ensure hospital staff had the information they needed during a hospital admission. The registered manager was taking action to ensure all hospital passports were in place to support any admissions.
- People were supported by staff to maintain good oral hygiene. For example, one person required encouragement to brush teeth and gums due to the risk from a heart condition. Staff had followed guidance from a health professional.
- The service worked in partnership with other health and social care professionals to ensure people received effective and timely care. Following our inspection, we spoke with the local authority quality assurance team about their views of their recent inspection of the service.

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 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 service 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.

- A number of people could not verbally give their consent to their care and treatment. However, staff told us they knew people well and understood types of verbal and non-verbal communication when people were happy to be assisted. One member of staff said, "[Person's name] raises their voice when they are uncomfortable and we [staff] know they want a change of position or want to tell us something."
- People's legal rights were protected because staff had received training in the Mental Capacity Act [MCA] and knew how to apply it in their day to day work. MCA training was to be updated during a planned staff training week. Support plans gave evidence of how decisions had been made in people's best decisions.

Where necessary people's family members had been involved in decisions to make sure people's views were represented.

- There were four standard authorisations in place for people to be deprived of their liberty where they required a level of protection to keep them safe. There were no additional conditions in place with these authorisations.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. 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

- People were supported by staff who were kind and caring. During the inspection we saw friendly and happy interactions between people and staff. One person was animated, and the member of staff focused their attention on them. Another member of staff was observed encouraging a person to support them during preparation for evening meal. Where people had little or no verbal communication staff were seen to collectively encourage interaction with others and the group at the dining table.
- People were very relaxed and comfortable with staff. Although several people did not use verbal communication they smiled and laughed with staff. A staff member said, "It's always like this. We are all very sociable and try and get everyone involved, but if guests want quiet time they can have it there is plenty of room for that."
- Equality and inclusion are included in formal supervisions and practical observations. This was to ensure staff understood how to meet people's needs in respect of their religion, culture, sexual orientation, disability or gender.
- Relationships with family were supported. For example, staff worked closely with families to support them with practical advice and emotional issues. A relative told us, "Having someone at the end of the phone is really important. They [staff] have been very supportive over the years."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Everyone had a single bedroom and there were bathrooms where they were supported with personal care in private.
- People's personal information was protected. Care records were kept in a locked facility and only accessible to managers and staff.
- There were areas for people to socialise if they wished to, however people were also able to have their private space if they wished.

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

- Staff told us they encouraged people to make their own decisions about the support they received wherever possible. One staff member told us, "We [staff] realise it's important to encourage guests to do as much for themselves as possible. We have had some good successes. One guest was shy but over time we managed to help them feel comfortable enough to join in group activities. You would never think they were shy now."
- Not everyone used words to communicate. Staff knew how best to communicate with people and, where it was useful, pictures and symbols were available to help people make informed choices.

- The registered manager and staff asked people for their views and experiences of receiving care at various opportunities such as planned meetings, when supporting them or when having an informal chat.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people's needs were not always met.

### 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.

- People's communication needs were assessed as part of their assessment for the service. However, there were limited communication care plans or passports which would support people communicating and understanding their needs. Communication care plans or passports are a means of understanding how people communicate their support needs where they are unable to express these verbally or their impairment reduces their ability to communicate. This meant it posed restrictions in people's communication methods.
- People's support plans were not produced in a format which would support a person lacking capacity to understand. This meant people were potentially disadvantaged by this.

Systems were not in place to support people to understand care or treatment choices. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

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

- Support plans were in a number of formats due to historical changes. This meant there was lack of continuity in the contents. As reported in the effective domain of this report the management team were in the process of updating all reports to ensure continuity of information.
- Care plans provided a background social history and profile of the persons likes dislikes and personal care and general support needs, capacity and behaviour. This information informed and guided staff support.
- Staff showed that they were knowledgeable about people's needs and their preferences around the support they wanted from staff.

### Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to a range of activities. For example, using, interactive equipment including computer tablets and information technology system. Televisions were in the process of connecting to the service's interactive connections, so they could be used for wider entertainment features.
- People had access to community facilities. However, staff and family members told us this was much more difficult due to the allocated transport being removed by the provider in September 2019. Staff told us, "It's so difficult now, we struggle to get to places we used to go before" and "Guests who wouldn't normally

choose to go out together are doing to cut the cost of taxis." Family members told us, "The cut backs are making a big difference in [person's name] getting out and about" and "[Person's name] likes to get out and about but is restricted now because there is no transport."

- Records showed people did use local community resources, for example, going into the local town, cinema and eating out locally. The registered manager told us they were looking at ways to improve links in the community, so the impact would be limited.

#### Improving care quality in response to complaints or concerns

- People were unable to actively make complaints on their own behalf, but staff knew how to recognise signs of distress and upset and said they would seek to investigate and resolve any issues identified to support the person.
- A complaints policy was in place and a procedure was provided in an easier read format.
- Relatives said they felt able to raise issues if they had any with the registered manager or provider.

#### End of life care and support

- The service did not provide end of life support.

# 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.

At the last inspection this key question was rated as Required Improvement. At this inspection this key question remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

### Continuous learning and improving care

- At the last inspection the quality assurance system was not sufficiently effective. At this inspection we found that the service had carried out regular checks and audits. Audits took place monthly and were carried out by a senior staff of the organisation. These audits included areas such as support plans, medicines management, maintenance and cleanliness of the home, health and safety and accidents.
- Issues that had been identified as requiring attention in support plan audits they had not been responded to in a timely way. For example, updating current guidance for epilepsy and updating an epilepsy risk assessment, to include behaviour guidelines where a person might be at risk of challenging behaviour and the need for additional risk assessments than ones already in place. There were no dates in place to show the timescale actions should be taken. This meant staff might not have the level of information they may need in the records to support people.
- There was a quality assurance system in place to monitor most aspects of service quality but the system was not effective enough to drive improvements in a timely way. For example, the registered manager and staff were responsible for completing daily, weekly and monthly audits. These included, health and safety and the health and welfare of people using the service. However, quality monitoring had not led to improvements being made to record keeping and risk management.

We found no evidence that people had been harmed. However, the systems in place, to demonstrate quality and safety was managed effectively, were not being carried out robustly to provide an accurate oversight of the service. This had the potential to place people at risk of harm. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008(Regulated activities) Regulations 2014.

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

- At the inspection of July 2019, we found the provider had made enough improvement to changes the rating from inadequate to requires improvement. This was because senior management oversight regarding the environment was more effective. The operational manager was ensuring environmental audits were effective. Service records were visually checked as well as observing the environment. Any issues were reported on and fed back to senior managers for action.

- People told us they had been negatively affected by the provider removing access to a transport vehicle from September 2019. Families told us they had been informed by the provider about this. However, by removing this provision they had created a disproportionate disadvantage to people with more complex needs in accessing the community. For example, they were unable to share costs for transport options due to the mobility equipment needed to travel. This had resulted in not everyone having equal opportunities to use community facilities.

We recommend the provider ensures significant changes affecting people using services, is communicated with options available to support them.

- Some family members told us they were involved with the service in attending coffee morning and raising funds. One person said, "I get a lot out of going to coffee morning. We get a chance to get together and share things. It's a great support."
- People met with a staff member on a regular basis to look at things they wanted to do or concerns they might have. Staff understood people's methods of communication and supported them to engage in this process. Periodic questionnaires were also sent out to family members and professionals to request feedback.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A registered manager was now in post as required by regulation.
- The registered manager was aware of the importance of being open, honest and transparent in relation to the running of the service and of taking responsibility when things go wrong. The registered manager knew when they needed to report notifiable incidents to us.

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

- Staff spoke positively about the management of the service. They informed us that there was good communication and they worked well together. Monthly staff meetings had been held where staff could express their views and received updates regarding the care of people.
- Three family members told us that the service was well managed, and their relatives were well supported. One said, "[Manager's name] very supportive and always there when you need her."

Working in partnership with others

- The registered manager was able to demonstrate how they worked in partnership with local authority social care and safeguarding staff and other health professionals.

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 9 HSCA RA Regulations 2014 Person-centred care  Systems were not in place to support people to understand care or treatment choices.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered provider was not responding to issues identified during quality assurance reviews in a timely way.