

Kidderminster Care Limited

Loretta House

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Loretta House is a residential care home providing personal care and accommodation for up to 10 adults with learning disabilities. Six people were living there at the time of the inspection.

Loretta House is a three-storey detached home. People have their own bedrooms and share two lounges and a large kitchen/dining area. A rear patio leads onto a small garden area. Toilet and shower facilities are shared. All people living at Loretta House require support with personal care.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support for people with learning disabilities although we found the provider was not aware of the publication of these principles. Registering the Right Support 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, or cameras 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 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.

A person whose care needs were not in line with people with learning disabilities had been admitted to Loretta house. This person's basic needs were met at the time of the inspection although the provider recognised it would be unlikely, they could meet their needs on a long term basis. The provider had not completed an assessment of how this placement would impact on their ability to continue providing a service that was in line with the principles of Registering the Right Support. The policies and systems in the service required improvement to reflect accurately best interests' meetings to support this practice.

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

The service had 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.

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. People were care for by skilled staff who knew how to keep them safe, protect them from avoidable harm and meet their needs. People had their risks assessed and staff had support and training to manage risks

safely. People's medicines were managed and stored safely. Staff followed infection control and prevention procedures.

People's needs were assessed and updated on an ongoing basis. Staff were trained to ensure that they could meet their needs. People were supported to have as much independence as possible and efforts were made to offer support in the least restrictive ways. Policies and systems were in place to support this. People were supported by staff who were caring and kind in their manner and knew them well. People's privacy and dignity were respected and maintained.

People's needs were met, and the service adapted to changes in their needs. Staff were provided with the information and training needed to offer person centred care and had knowledge of people's health needs. The quality of the service offered to people was monitored by the management although not always consistently. The management team were approachable and had an open-door policy. People knew and liked the management team. The management team and staff established good links with relevant professionals and community services.

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 27th July 2017).

Why we inspected

This was a planned inspection based on the previous rating. We have found evidence that the provider needs to make further improvements. Please see the well lead section of this full report.

You can see that action we have asked the provider to take at the end of this full report.

We found no evidence during the inspection that people were at risk of harm from this concern. Please see the 'well lead' section of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Loretta House on our website at www.cqc.org.uk.

Enforcement

Since the last inspection we recognised that the provider had failed to update the commission of its statement of purpose.

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? The service was safe.	Good ●
Is the service effective? The service was effective.	Good ●
Is the service caring? The service was caring.	Good ●
Is the service responsive? The service was responsive.	Good ●
Is the service well-led? The service was not always well-led.	Requires Improvement ●

Loretta House

Detailed findings

Background to this inspection

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

Two inspectors carried out this inspection.

Service and service type

Loretta House is a care home. People in care homes receive accommodation and nursing or personal care as a 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. At the time of our visit the registered manager was taking a period of pre-arranged leave. The deputy manager was present during the inspection process.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

During the inspection

We spoke with six people who used the service about their experience of the care provided. We spoke with four members of staff including the provider, deputy manager and two care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification and further evidence from the provider in relation to placements in the service of people whose primary diagnosis may not be learning disabilities.

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.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe, one person said, "The staff are lovely, I feel safe here."
- People were supported by staff who understood how to identify and report potential abuse. Staff told us that they would report any concerns of possible abuse directly to management. They felt confident that management would act on their concerns.

Assessing risk, safety monitoring and management

- Procedures were in place designed to ensure the risks associated with people's individual care and support needs were assessed and managed.
- Staff showed good insight into the known risks of the people they supported, which was reflected by what they told us. Staff confirmed that they regularly read and followed people's care plans and risk assessments and kept up to date with changes. One staff member explained, "I check the communication book every [shift]. I also ask [other staff] what has been happening." We saw that people were involved in how their known risks were managed.
- The registered provider ensured that the relevant safety checks were completed in the environment.

Staffing and recruitment

- During the inspection visit we saw that there were enough staff present to meet people's individual care needs.
- People were supported by staff who knew them well, and no agency staff were used.
- People were supported by staff who underwent pre-employment checks to ensure they were suitable to provide care.

Using medicines safely

- People told us that they were happy with the help they received with medications. One person told us, "They do my [medicines] three times a day and they never forget."
- Staff received training in the registered provider's medicines procedure and shadowed experienced staff during induction.
- Staff maintained accurate, up to date records in relation to the administration of people's medicines.
- Medicines were stored safely and appropriately.

Preventing and controlling infection

- Staff maintained good standards of hygiene and cleanliness throughout the home, as part of protecting people, visitors and themselves from risk of infections. The home looked clean and tidy on the day of our

visit.

- The provider supplied staff with appropriate personal protective equipment (disposable gloves and aprons) to reduce the risk of cross-infection. Staff knew when they were expected to use these.

Learning lessons when things go wrong

- Staff understood the provider's procedures for reporting any accidents or incidents involving the people living in the home. There had been one minor incident recorded in recent months. A person had sustained a minor injury which had been responded to and followed up appropriately.

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 good. At this inspection this key question has remained the same. 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

- Staff told us that people's needs and wishes were assessed before they moved into the home. These were then re-assessed on a regular basis to ensure that care plans remained up to date.

Staff support: induction, training, skills and experience

- People told us during our visit that they thought the staff had the skills needed to care for them.
- Staff underwent the provider's induction training to help make sure they had the skills and knowledge needed. This included opportunities to work alongside, and learn from, more experienced colleagues.
- Following their induction staff followed a rolling programme of training designed to help them to work safely and effectively. Specific training such as learning disabilities and dealing with challenging behaviours was provided.
- People were supported by staff who had regular monthly supervisions with a member of the management team. During supervision staff received constructive feedback on their work and identified any additional support needs.

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

- People told us they enjoyed the food and were encouraged to participate in choice and preparation. One person told us, "I love cooking and I can make a bread and butter pudding from scratch." During our visit we saw people took part in decisions about what they wanted to eat and drink; including menu planning.
- One staff member explained to us the importance of a healthy balanced diet and told us, "We need to be giving healthy options." A large menu board showed meal choices selected by people including healthy options.
- The home's menus were developed based upon people's known preferences. People could choose to have something different than what was planned.
- Meal time during our visit appeared to be relaxed and informal.

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

- The decoration in the home needed refreshing in some places. During our visit the kitchen area was being painted. The deputy manager told us about their refurbishment plans which we saw being delivered upon. Old and damaged furnishings had already been removed from the home.
- People had spaces to socialise with one another, participate in recreational activities, eat in comfort, receive visitors or spend time alone as they wished.
- Simple pictorial signage was used on the communal doors to help people find their way around. Some

people had chosen to put a picture up outside of their own room to show it was theirs. The day and date were displayed in the hallway to help people orientate themselves.

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

- One person told us, "If you're not well, they [staff] look after you."
- People had support from staff to attend routine medical appointments and health checks. Staff we spoke with understood the emotional impact of health concerns on people. We observed staff show people empathy and found they provided effective support.
- People's oral healthcare needs had been assessed and plans were in place to address these.
- People's care files included information on the management of long-term medical conditions. Staff showed knowledge of these health conditions and associated support needs.
- Staff worked well with a range of community professionals to ensure people's care needs were monitored and addressed.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood the need to support people's right to make their own decisions and to seek their permission before carrying out their care.
- Best-interests' decisions had been taken when it had been assessed that people lacked capacity to make specific decisions for themselves. This included decisions around the support needed for people to stay safe in the community.
- The principles of MCA were being followed in practice, but more specific consideration around individual decisions rather than generic capacity statements in applications would more accurately reflect areas where people would need specific support.
- Applications for DoLS authorisations had been made, based upon individual assessment of the person's capacity and their current care arrangements. Staff understood the need to comply with any recommendations made on DoLS authorisations which were granted.

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 has 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 spoke fondly of the staff. One person said, "I love it here, the staff are lovely."
- During our visit we saw that people were at ease in the presence of staff and members of the management team whom they knew well.
- Staff and management spoke about the people who lived in the home with affection. They showed insights into their individual needs and a commitment to promoting continued health, comfort and wellbeing.
- We saw people being encouraged to express their wishes, needs and views actively by staff during our visit.
- Staff and management understood their role in promoting equality and diversity through their work with people and the need to take into consideration people's protected characteristics.

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

- We observed people being offered choices about their meals, and about their day to day activities.
- During our visit we observed people being treated with respect and dignity by staff.
- Staff spoke to people in a warm and friendly but professional manner. Gentle humour was observed between staff and people living in the home.

Respecting and promoting people's privacy, dignity and independence

- Staff gave examples of how they protected people's rights to privacy and dignity in their day to day work. This included promoting people's independence. We observed staff encouraging people to assist with household tasks when it was safe to do so.
- People showed pride and enjoyment in taking part in keeping their home and their rooms clean and tidy. One staff member explained that when people refuse care, patience, time and going at that person's pace were important.

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 remained the same. 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

- During our visit we saw people receiving person centred care. Staff showed good knowledge of people's individual needs, likes and dislikes.
- People's care plans were individual to them and were regularly reviewed. Care plans included information about people's preferences to promote a person-centred approach. Staff said that they checked the care plans regularly to look at updates.
- Staff told us that people's family members were invited to meet regarding care plan reviews annually. Staff also told us that people were supported where possible to review their own care plans. Care files showed that relatives were invited to attend review meetings.

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 daily activity plans reflecting a wide range of choices and interests including knitting, flower arranging, cooking, dancing, listening to music and educational goals. People told us that they enjoyed the range of activities available to them and about their plans for future studies and interests.
- People were supported to attend local church groups and a day centre regularly and told us they looked forward to these activities. The visitors book indicated that people received regular visits from family and friends.
- People had polling cards and were supported to vote if they wished to, giving them a voice in the affairs of their local community and the wider community.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure, but no recent complaints had been received. A compliments and complaints box were placed in a communal area to allow anonymous feedback if needed.
- While the complaints policy wasn't available in an accessible format, people we spoke with told us they felt comfortable speaking with staff if they had an issue or concern. We found examples of where people had raised complaints, and these were addressed.

End of life care and support

- At the time of the inspection nobody was receiving End of life care or support. The deputy manager told us how they would make improvements to how they recorded people's beliefs and wishes in relation to how they would wish to be cared for in the future.

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 demonstrated the ability to communicate with people who had special communication needs and supported them in giving feedback to our inspectors. They also demonstrated good knowledge of specific issues such as a person's difficulty in expressing physical pain and what to look out for.
- We found people were supported effectively by staff to understand specific documents when needed; for example, care records and medical letters.

The provider and deputy manager acknowledged more could be done to ensure documents were made available in an accessible format. This included the complaints policy and care plans. We will review this at our next inspection.

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 good. At this inspection this key question has now deteriorated to requires improvement. 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.

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

- The provider had taken the decision for one person to move into the service who did not have learning disabilities. Their support needs differed significantly to someone with learning difficulties. The provider had failed to update their 'Statement of Purpose' and to notify CQC of the change.

This was a breach of Care Quality Commission (Registration) Regulation 12 Statement of Purpose, the registered person must provide written details of any revision to the statement of purpose to the Commission within 28 days of any such revision.

- The provider was not aware of Registering the Right Support guidance; however, the service was promoting independence, people had private rooms and communal areas so they chose whether they wanted company, and the home was accommodating a small number of people to enable it to feel 'homely'.

- The provider did not have systems in place to keep up to date with new guidance.

- For example, the complaints procedure had been updated but referenced out of date guidance. ● Governance systems had not identified that some aspects of the Accessible Information Standard needed further work to improve people's independent access to care plans and complaints procedures.

- More robust practices around gaining employment histories and seeking and recording appropriate references was needed. We found some inconsistencies in recruitment records. For example, full employment histories were not always obtained and details around references needed who referees were and when references were obtained needed to be clearer. The registered provider advised that the records will be updated to make them clearer.

- There was evidence of good practice and quality assurance processes in place, although we found the quality systems were not robust enough to identify some issues we found during inspection.

- Audits of cleaning schedules had not identified that records of cleaning tasks were incomplete and furthermore, checks on audits had also not identified this.

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

- People were supported by staff who were encouraged to promote people's independence and choice around day to day activities.

- People told us that they were happy with their care. During our visit one person said, "I love it here."

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

- Equality and diversity support needs were considered during initial assessment.
- We noted that there was no documentation of people's needs around their sexual orientation the deputy manager agreed that this would be considered in future care planning.
- People gave positive feedback about management staff. One person told us "[the management] look after me," another said, "I love the managers."
- People were engaged in giving feedback about the service on a one to one basis by management in line with people's preference. Meetings were held enable staff to contribute to service development. The home offered an 'open door policy' for staff, people receiving support, relatives and professionals to discuss any concerns or care needs with management and staff.

Working in partnership with others

- People were encouraged to engage in community activities in areas of specific interest to themselves.
- The management had established positive links with the community, this benefited people by ensuring that they had access to different services in the community.
- The service took a holistic approach to people's care by ensuring a range of healthcare professionals were involved to provide support to those living in the home.