

Lorne House







Quality Report

Lorne House
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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive?	Good	
Are services well-led?	Good	

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings

Overall summary

We rated Lorne House good overall because:

- People who use the services had access to support from staff 24 hours a day including up to three hours of individual time for support and guidance.
- Staff had received mandatory training and induction to work at the service.
- Staff helped people who use the services to achieve independent living and manage their long term chronic mental health issues including substance misuse issues.
- The environment at Lorne House was visibly clean. The flats were in good decorative order and had new furnishings. Service users were able to personalise their flats.
- Staff received an induction period and mandatory training, including shadowing a member of staff before completing shifts on their own.
- There was effective liaison and partnership working between the staff and external professionals at Lorne House and the community mental health teams who were involved with the people who used the services.
- People who used the services reported that staff were supportive and caring.
- Staff received regular supervision and de-briefings following serious and untoward incidents.
- People who used the services actively contributed to their support plans and there was evidence of the collaborative work between the service user and staff working towards personalised goals.

However:

- People who used the services were unsure about how to access advocacy services and there was no information about advocacy services displayed on the premises.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community-based mental health services for adults of working age	Good 	Good

Summary of findings

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Good 

Lorne House

Services we looked at

Community-based mental health services for adults of working age;

Summary of this inspection

Background to Lorne House

Maplyn Care Services Limited provide community-based mental health services for adults of working age at Lorne House in Northampton. The location accommodates and provides rehabilitative support for both males and females who live in self-contained flats.

The service offers a range of supportive intervention for those using the service who have complex mental healthcare needs including issues with substance misuse and social problems. The maximum amount of people who reside at Lorne House is four. Each person had their own flat with a bathroom, bedroom and kitchen/lounge area.

There is a registered manager in place and the service is registered for treatment of disease, disorder or injury, accommodation for person who require treatment for substance misuse and diagnostic and screening

procedures under the Health & Social Care Act 2008. We will review the registration for this location in order to establish whether this provider is more suited to the adult social care directorate.

Some people who use the service may be subject to a community treatment order under the Mental Health Act 1983 or a conditional discharge from the courts. People who use the service are able to leave the building at will as every person has a key to the front door and their individual flats. All the people who use the service at Lorne House hold a tenancy agreement for their accommodation. This meant that the flats are considered to be their home.

Lorne House was last inspected on the 2 and 3 December 2013. The inspection was routine and the provider met all of the standards at the time of inspection. There were no compliance actions identified at the last inspection.

Our inspection team

Team leader: Vanessa Kinsey-Thatcher

The team was comprised two CQC inspectors and an expert by experience.

We would like to thank the staff and service users who spoke to us about their experiences during the inspection.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

‘Before the inspection visit, we reviewed information that we held about these services, asked a range of other organisations for information and asked the provider to submit training figures and other

During the inspection visit, the inspection team:

- visited all four locations registered to Maplyn Care Services Limited.

Summary of this inspection

- spoke with two people using the service at Lorne House.
- spoke with the managers or acting managers for each of the locations.
- spoke with two other members of support staff.
- interviewed the operational directors with overall responsibility for these services.
- looked at two care records of people who use the services.
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

- People using the service were positive about the service and the care they received.
- People using the service were able to raise concerns and complaints and felt staff responded quickly to resolve issues.
- When the people who used the service required more intensive support and time with staff they were available.
- People told us they felt involved in their support plans and encouraged by staff to achieve their goals around maintaining good mental health, employment or activities.
- People using the service told us that staffing levels had improved recently.
- People were unclear about accessing advocacy services.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as good because:

- 100% of staff had completed mandatory training across Lorne House.
- The environment at Lorne House was visibly clean. The flats were in good decorative order and had new furnishings. Service users were able to personalise their flats.
- Information concerning risk was collected from a range of professionals who have involvement with the person using the service.
- Electrical equipment in the office was safety tested within the last year.
- Lorne House had fire extinguishers in place and a fire policy that included training for staff to undertake the fire warden role in case of a fire.
- We found that closed circuit television cameras were fixed in the communal areas of the corridors and outside the front door to help safeguard people who use the services.
- Staff were aware of how and what type of incidents to report.
- Managers told us that they do not use agency staff.
- The service had staff present 24 hours a day, 365 days per year.
- Staff reported that there was a de-briefing following the serious incidents and that senior managers were available for support during office hours and whilst on-call.

Good



Are services effective?

We rated effective as good because:

- Well-being plans reviewed were personalised and focused on the person's own goals in relation to mental and physical health issues, housing and employment goals.
- Information concerning risk was collected from a range of professionals who have involvement with the person using the service.
- Well-being plans for people using the service were reviewed every three months.
- One director was a registered mental health nurse and was qualified in eye movement desensitisation and re-processing therapy EMDR and undertook therapy with those people using the services who were identified as needing it.
- Staff eligible to undertake training in a care certificate had completed it.

Good



Summary of this inspection

- Staff eligible for a level 2 counselling skills within Maplyn Care Services Limited certificate had completed this.
- All staff at Lorne House had completed mandatory training in safeguarding adults at risk, equality and diversity, infection control, health and safety, Mental Capacity Act, handling medicines in domiciliary care and fire safety.
- Two care records seen had evidence of applying the Mental Capacity Act.

Are services caring?

We rated caring as good because:

- People using the service stated that they found the staff to be kind and supportive.
- People using the service felt confident that the staff were available when they needed to have someone to talk to.
- Each person using the service met with staff to discuss their goals.
- Two support plans seen had comprehensive support plans including evidence of the person using the service having contributed to their treatment plan
- There was evidence across the two support and engagement plans reviewed that the person using the service had been involved in developing their well-being plan.

Good



Are services responsive?

We rated responsive as good because:

- The flats were re-decorated and newly furnished for the people using the service. This included furniture and kitchen equipment.
- Lorne House offered accommodation and psycho-social support for adults between 18 years up to the age of 65 years.
- The people using the services that we spoke with all said they were aware of how to make a complaint or raise a concern and felt able to do so.
- Staff and people using the services were aware of the “4 C’s” system in place which covered “comments, complaints, compliments and concerns.” We found one complaint at Lorne House had been reported in the last 12 months.

However:

- People who used the services did not have immediate access to advocacy services as this information had to be requested from staff.

Good



Summary of this inspection

Are services well-led?

We rated well-led as good because:

- There was evidence that staff received regular supervision and appraisal within the human resources files.
- Staff received initial training in the Mental Health Act as part of their mandatory training and induction and annual training in the Mental Capacity Act.
- Staff received appropriate training and induction to undertake their work as support workers at Lorne House.
- There was a low level of sickness and absence.
- Lorne House did not participate in clinical audits however they used the Health of the Nation Outcome Scales (HoNOS) to monitor progress of the people using the service.
- Staff perceived morale was good. They felt supported by their managers and directors.

Good



Detailed findings from this inspection

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

The staff at Lorne House have information about the Mental Health Act status of the people using the services and whether they are subject to a community treatment order or a Ministry of Justice restriction section.

Mental Capacity Act and Deprivation of Liberty Safeguards

All staff at Maplyn Care Services Limited received training in the Mental Capacity Act as part of their mandatory training and used a pro forma to establish whether the people who use the service had capacity to make decisions about their care and treatment.

There were no Deprivation of Liberty Safeguards applied since the last inspection. People who used the service were free to leave the building whenever they want to.

CQC have made a public commitment to reviewing provider adherence to MCA and DoLS.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community-based mental health services for adults of working age	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Community-based mental health services for adults of working age

Safe	Good 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

Are community-based mental health services for adults of working age safe?

Good 

Safe and clean environment

- The environment at Lorne House was visibly clean.
- The flats were in good decorative order and had new furnishings.
- Electrical equipment in the office was safety tested within the last year.
- Lorne House had fire extinguishers in place and a fire policy that included training for staff to undertake the fire warden role in case of a fire.
- We found that closed circuit television (CCTV) cameras were fixed in the communal areas of the corridors and outside the front door. The CCTV was recording images and not sound and staff could view images in the previous 24 hours.
- Managers told us that they did not complete ligature audits in order to identify ligature points within the environment including the flats at Lorne House. A ligature is a place to which people who use services intent on self-harm could tie something to harm themselves. Staff reported that they mitigated risk of people using the service tying ligatures by completing individual risk assessments and as the people using the service had a tenancy agreement the flat was considered to be their home.

Safe staffing

- Compliance rates for mandatory training was high with all permanent and bank staff having completed their mandatory training.
- Training included equality and diversity, infection control, safeguarding and the Mental Capacity Act.
- Lorne House had one full time manager in post at the time of inspection and three whole time equivalent (WTE) support assistants. At the time of inspection there was one WTE support assistant post that was vacant. The manager told us that they had recruited successfully to the post and were awaiting them to start.
- Across Maplyn Care Services Limited between the 1 January 2016 and 31 December 2016 21 members of staff had periods of sickness. This equated to a 2% staff sickness level. Sickness and absence was managed according to the providers policies.
- The provider and location use bank staff to fill vacant shifts to cover sickness and absence. Bank staff were recruited by Maplyn Care Services Ltd and had the same induction period across the three locations in Northampton as regular staff. Managers told us that they do not use agency staff.
- The service had staff present 24 hours a day, 365 days per year. At night there was only one member of staff. There was a lone working policy in operation and staff were aware of the policy and stated that they followed it. A manager told us that when there were concerns about a service user then a visit to the flat would be undertaken by two members of staff. Staff were able to contact the on-call manager to request another member of staff to complete a face-to-face visit at night.

Community-based mental health services for adults of working age

- Senior managers reported that they used a model for staffing requirements (psychiatric) which stated a ratio of one member of staff to every six service users as their minimum standard. The rotas at the time of inspection reflected these numbers.

Assessing and managing risk to patients and staff

- Lorne House undertook risk assessments on all service users prior to admission. We saw evidence in every service user file we reviewed that these were present.
- Lorne House used a risk assessment HCR-20 form which covers a wide range of risk behaviours. Information concerning risk is collected from a range of professionals who have involvement with the person using the service.
- Staff told us they undertook welfare checks on the people who used the service twice a day either face to face or via the telephone. We saw records of checks recorded by staff, there was a maximum of eight hours between checks.

Track record on safety

- Lorne House reported no serious incidents in the last twelve months prior to inspection.
- Staff reported that information was shared amongst the locations following serious incidents and that senior managers were available for support during office hours and whilst on-call.

Reporting incidents and learning from when things go wrong

- Staff reported that following a serious incident of an assault on a member of staff at different location there were lessons learnt. For example there was evidence of training for staff in breakaway techniques being delivered.
- On the handover form there was criteria noted for incidents notifiable to the Care Quality Commission to remind staff.
- Staff were aware of how and what type of incidents to report. Staff completed an investigation using a root cause analysis model and a timeline including five whys.

Are community-based mental health services for adults of working age effective?

(for example, treatment is effective)

Good 

Assessment of needs and planning of care

- Two support plans seen had comprehensive risk assessments and support plans including evidence of the person using the service having contributed to their treatment plan.
- The well-being plans reviewed were personalised and focused on the person's own goals in relation to mental and physical health issues, housing and employment goals.

Best practice in treatment and care

- Staff told us that the well-being plans for people using the service were reviewed every three months.
- Each person using the service met with staff to discuss their goals and the two well-being plans reviewed showed evidence of service user involvement.
- One director was a registered mental health nurse and was qualified in eye movement de-sensitisation and re-processing therapy (EMDR). There was evidence that they undertook EMDR therapy with those people using the service who might require this treatment.

Skilled staff to deliver care

- Two senior managers who were also directors of Maplyn Care Services were registered as a social worker and mental health nurse. All other staff at Lorne House were support workers who have completed a care certificate following an online competency framework.
- A manager told us that all staff received a 13 week induction which included enrolment onto the care certificate. New staff shadowed a more experienced support worker during the induction process and completed online training courses.
- Staff eligible to undertake training in a Care Certificate had completed it.
- Staff eligible for a level 2 counselling skills at Lorne House certificate had completed this.
- Staff eligible had completed level two first aid at work certificate.

Multi-disciplinary and inter-agency team work

Community-based mental health services for adults of working age

- Staff at Lorne House held the contact details for professionals who were involved with the people who use the services. Where appropriate, information regarding a person using the service was shared with the local community mental health teams, social services and other professionals.
- There was evidence of handovers taking place twice a day, morning and night. Information regarding the people using the service was written down on paper and in locked filing cabinets in the office.
- There were no checks on the people who use the services at handover time as staff do not enter the flats unless they have concerns for the person's safety.
- Staff were invited to and attended professional meetings such as Care Programme Approach (CPA) discharge meetings.
- All four people using the service at Lorne House had current involvement with mental health teams. The manager and staff had a good understanding of their individual needs and how to flag a deterioration of that person's mental state to their care team.

Adherence to the MHA and the MHA Code of Practice.

- Staff received an introductory training session on the MHA during their induction period. There was no further training provided to staff however staff could access guidance from a senior manager and additional information online.
- Staff were aware of individual's conditions under a Community Treatment Order or a Ministry of Justice Conditional Discharge paperwork.
- No patients residing at Lorne House were detained under a section of the MHA.
- Lorne House are not subject to Mental Health Act Review visits.

Good practice in applying the MCA

- Both care records seen had evidence of staff applying the Mental Capacity Act.
- Staff use a mental capacity form to consider a person's mental capacity in relation to decisions about their treatment.
- Two out of the three of the staff we spoke with had received training in the Mental Capacity Act via an online training course as part of their annual mandatory training.

- Maplyn Care Services Limited had a policy in place regarding the use of the Mental Capacity Act.

Are community-based mental health services for adults of working age caring?

Good 

Kindness, dignity, respect and support

- We did not observe interactions between the staff and the people using the service. However, two people using the service stated that they found the staff to be kind and supportive.
- People using the service felt confident that the staff were available when they needed to have someone to talk to.
- There was evidence across all support and engagement plans reviewed that the person using the service had been involved in developing their well-being plan.
- Information including support plans, risk assessments and personal information was stored securely in locked cupboards in the main office. Staff used an online incident reporting system which was secured via an individual password system.

The involvement of people in the care they receive

- Lorne House used two advocacy services in the local area however there were no posters displayed with advocacy information in Lorne House.
- Staff told us they can give details for advocacy services to people using the service when requested.
- People using the service were unclear about the role of an advocate.
- No service user survey was conducted by Lorne House in the last twelve months.
- People who use the services told us they felt involved in their support plans.

Community-based mental health services for adults of working age

Are community-based mental health services for adults of working age responsive to people's needs?
(for example, to feedback?)

Good 

Access and discharge

- There was no information available regarding waiting times for access. The managers told us they had a target time of six months from referral to admission.
- Lorne House took referrals from community mental health teams and criminal justice teams both locally and nationally.
- Staff told us that the length of stay at Lorne House was based on a person's individual needs.
- The longest length of stay at Lorne House at time of inspection was three years and the shortest was 18 months.
- Information about delayed discharges is not applicable to this service as it is not a hospital or ward based setting.

The facilities promote recovery, comfort, dignity and confidentiality

- The flats are re-decorated and newly furnished for the people using the service. This included furniture and kitchen equipment.
- Flats had separate lounge/kitchen areas, bedroom and bathroom.
- When a person was discharged to independent living they were able to take the furniture and kitchen equipment including a television and sofa with them.
- Every flat is single occupancy and the people who use the services undertake a tenancy agreement under a support living scheme with Maplyn Care Services Limited.
- Staff gave support to the people who use the services in relation to housing and other benefits, bills and with skills to support independent living.

Meeting the needs of all people who use the service

- Lorne House offered accommodation and psycho-social support to working aged adults up to the age of 65 years.

- Staff were aware of how to access interpretation services for those people using the service who required interpreters
- There were no adjustments made for disabled access at Lorne House, staff reported the ground floor flat could be made accessible for those people requiring disabled access.

Listening to and learning from concerns and complaints

- The service operated a local policy in relation to concerns and complaints. It was called the 4 C's which stood for complaints, concerns, compliments and comments. There was a folder on site that stored the complaints and concerns raised over the last twelve months prior to inspection. The concerns related to environmental issues such as heating or equipment.
- The people using the services that we spoke with all said they were aware of how to make a complaint. One service user told us there was a suggestion box in the corridor for people to use to contribute ideas about the service.
- Staff informed us that the 4 C's policy was in place to help identify and investigate complaints and concerns. There was written evidence that these complaints and concerns had been acknowledged and responded to by the provider.

Are community-based mental health services for adults of working age well-led?

Good 

Vision and values

- The staff we spoke with at Lorne House were unclear of the vision and values of the service. However, they stated that one of the senior managers was responsive and available to speak to on a daily basis.

Good governance

- Staff received appropriate training and induction to undertake their work as support workers at Lorne House.

Community-based mental health services for adults of working age

- There was evidence within the human resources files that staff received regular supervision and appraisal. Staff who spoke with us told us they received supervision and can ask for additional supervision when required.
- Incidents were reported on a daily basis and this information was shared with the senior managers and amongst the teams via secure email.
- Maplyn Care Services did not participate in clinical audits. However they used the Health of the Nation Outcome Scales (HoNOS) to monitor progress of the people using the service.
- There was evidence that learning outcomes had been acted on following a serious incident with staff receiving additional training in breakaway techniques.
- Staff told us they were able to undertake additional training and attend courses to help them with their career development.
- Staff perceived morale as good due to the support of the senior managers.
- The staff we spoke with felt able to raise concerns with their manager without fear of reprisal.
- Lorne House had not conducted a staff survey in the last year.
- There were no reports of any bullying or harassment cases in the last year.
- Lorne House had a low rate of sickness and absence of 2%.

Commitment to quality improvement and innovation

- Lorne House were not accredited with any networks for supported living.

Leadership, morale and staff engagement

Outstanding practice and areas for improvement

Outstanding practice

People who used the service all received new furnishings and a television when they arrived at the service. When

they left to move to independent accommodation they were able to take the furnishings, television and kitchen equipment with them to help set them up in their future accommodation.

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure that information about advocacy services for people who use the service is accessible at all times.