

Lomack-Health Company Limited

Lomack House

Inspection report

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Kempston
Bedford
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Ratings

Overall rating for this service

Good 

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?

Good 

Overall summary

Lomack House is registered to provide accommodation and support for up to nine people with learning disabilities and complex needs. On the day of our visit, there were seven people living in the service. The service is located in the suburbs of Kempston, close to local amenities.

Our inspection took place on 22 and 23 October 2015 and was unannounced. At the last inspection in June 2014, the provider was meeting the regulations we looked at.

The service had a registered manager. A registered manager is a person who has registered with the Care

Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe. They were protected from harm by trained staff who knew how to keep people safe and what action to take if they suspected abuse was happening.

Summary of findings

Potential risks to people had been identified and assessed appropriately. Risk assessments were used by staff to enable people to take positive risks. When an accident or incident occurred, risk assessments were updated as required.

Safe recruitment practices were followed. There were sufficient numbers of experienced staff on duty, to meet people's needs safely.

There were suitable arrangements for the storage and management of medicines.

Staff received appropriate support and training to perform their roles and responsibilities. They were provided with on-going training to update their skills and knowledge.

Consent to care and treatment was sought in line with the requirements of the Mental Capacity Act 2005. The registered manager had sought authorisation for some people under the Deprivation of Liberty Safeguards (DoLS).

People were supported to have a sufficient amount to eat and drink and to maintain a health dietary intake.

People were supported to see healthcare professionals in order to ensure their general health was well maintained.

Staff knew people well and there were positive, caring relationships between staff and people.

Staff were knowledgeable about how to meet people's needs and understood how people preferred to be supported. Privacy and dignity were respected and promoted by staff.

Care plans contained detailed information on people's health needs, preferences and personal history. They provided comprehensive information about people in a person centred way.

Complaints were dealt with in line with the provider policy, although we found there had been no formal complaints since our last inspection.

People were supported to express their views and discuss any issues or concerns with their keyworker or the registered manager.

The culture within the service was open and transparent and staff shared a common vision, to provide good quality care.

Quality assurance systems were in place and were used to obtain feedback, monitor service performance and manage risks.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff understood the systems and processes to follow if they had any concerns in relation to people's safety and welfare.

There were risk managements plans in place to promote people's safety

Staffing levels were sufficient to keep people safe. Safe recruitment procedures were in place.

Medicines were managed safely

Good



Is the service effective?

The service was effective.

People were supported by staff that had the knowledge and skills to undertake their roles and responsibilities.

People's consent to care and support was sought in line with current legislation.

People had access to a choice of menu which met their nutritional requirements.

People were supported by staff to maintain good health and to access healthcare services when required.

Good



Is the service caring?

The service was caring.

Staff supported people to develop positive and caring relationships.

People were supported by staff to express their views and be involved in making decisions about their care and support needs.

Staff supported people to promote their privacy and dignity.

Good



Is the service responsive?

The service was responsive.

Care plans provided detailed information so that staff could support people in a person centred way.

People participated in a wide variety of activities, many of which were tailored to individual needs.

The service had a complaints process and people were encouraged to raise concerns.

Good



Is the service well-led?

The service was well led.

The leadership at the service was visible which inspired staff to provide a quality service to people.

People lived at a service that promoted a positive, open and inclusive culture.

Good



Summary of findings

There were effective systems in place for monitoring the quality of the service, to ensure people received the support they needed to meet their care needs.

Lomack House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 22 and 23 October 2015 and was unannounced. The inspection was undertaken by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We checked the information we held about

the service and the provider and saw that no recent concerns had been raised. We had received information about events that the provider was required to inform us about by law, for example, where safeguarding referrals had been made to the local authority to investigate and for incidents of serious injuries or events that stop the service.

During our inspection we observed how staff interacted with people who used the service and how people engaged with day to day tasks and activities. We spoke with five people who used the service to gain their views about the quality of the service provided. We also spoke with the registered manager and four care staff.

We reviewed the care records of four people who used the service, to see if their records were up to date, and reflected their needs. We also looked at other records relating to the management of the service, including quality audit records.

Is the service safe?

Our findings

People told us they felt safe in the service. One person said staff protected them from harm. They told us, “I am safe here.” Another person was not able to communicate with us verbally, due to their complex needs, but we established from their body language and verbal gestures they felt comfortable in the presence of staff. We saw that people were supported to remain safe within the environment and were encouraged to tell staff if they felt unsafe at any time.

Staff knew what action to take if they suspected people were being abused. They understood how to respond to allegations of abuse and were aware of how to report issues, to the local authority and Care Quality Commission (CQC). One staff member said, “I know how to complete the paperwork. I would never let things go, I think all of us would report anything if we were worried about it.” Another staff member told us, “I would go straight to the senior or the manager if I had any worries. We don’t have many safeguarding’s here but we all know what to look out for and we know people well enough that we can see if they are worried about things.” Records showed that safeguarding concerns had been referred to the local authority for investigation when required. Safeguarding policies were displayed in prominent positions at the service and were accessible to people, relatives and staff should they need to use them.

Risks to people were managed so that people were kept safe and protected. One person was aware they had been risk assessed as to how to access the community safely, including road safety and using public transport. They told us that this made them feel safe and that staff cared about them. One staff member told us risk assessments were there to act as a guide, they used them to keep people safe but also to enable them to take positive risks, for example crossing the road. They considered it was important to give people the opportunity to take controlled risks so that they could regain some independence. We found that risk assessments had been developed in areas including moving and handling needs, finances and falls. These were individual to each person but had been compiled in conjunction with people. Risk assessments considered the most effective ways to minimize risks and were reflective of people’s needs and requirements. They provided information to staff and guidance on how people should be supported to keep them safe.

Staff told us that accidents and incidents were dealt with appropriately. One staff member said, “It is important that we keep a record and take action.” We saw they were recorded and reported appropriately and promptly to the registered manager who would investigate and take any necessary action. Learning from incidents and accidents was discussed and shared with staff through communication books and staff supervisions.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. A minimum of three care staff were on duty during the day, with one waking staff member on duty at night. Staff told us this was enough to enable them to support people properly, keep them safe and to enable them to access the various activities they enjoyed. The registered manager told us they would provide hands on care as additional cover, should this be needed. We observed that staff responded promptly to people’s needs and spent time encouraging them to take part in things they enjoyed. Staffing levels were reviewed regularly and adjusted when people’s needs changed.

Staff underwent a robust recruitment process before they commenced employment. People told us they were enabled to participate in the interview process so that managers could observe how potential new staff interacted with them. We found that the provider carried out thorough staff recruitment checks, such as obtaining references from previous employers and verifying people’s identity and right to work. Necessary vetting checks had been carried out though the Disclosure and Barring Service (DBS.) Staff records included completion of an application form, a formal interview, two valid references, personal identity checks and a DBS check. Safe recruitment practices were followed, with records confirming that new staff were thoroughly checked before they were allowed to start work, ensuring they were safe to work with people.

Medicines were managed so people received them safely. One person told us, “I get my tablets on time, I have them at different times of day but I always have them.” Staff told us they considered they had a good medication system in place and said they worked hard to make sure that no errors occurred. One staff member said, “We want to make sure that people get the right medication as they should do.” We observed that people received their medicines on time and were given them to take when they attended day centres or spent time away from the service at home with their relatives. We found that a medication profile had been

Is the service safe?

completed for each person which showed the prescribed medication that needed to be administered. We saw evidence that people's medicines had been reviewed by the GP on a regular basis. Medication was ordered in a timely manner and unwanted medication disposed of

safely. Staff had been trained in the safe handling of medicines which ensured that people received their medicines as prescribed. Medicines were stored safely and securely, and records showed staff were administering medicines to people as prescribed

Is the service effective?

Our findings

People had their needs met by staff that were competent and able to carry out their roles and responsibilities. We observed that staff used their knowledge to good effect in supporting and encouraging people during our inspection. For example, in helping one person to focus on the activity they were doing for the day and to reassure them as to the time that they would leave the service.

The registered manager told us that all new staff completed an induction and worked alongside a more experienced staff member, until their practice was assessed as competent. We discussed the changes that would be made to the current induction programme, to bring this in line with the Care Certificate that was introduced in April 2015. This was aimed at ensuring that all care staff had achieved essential standards of care. We found that new staff received induction training, which included training on health and safety, fire safety, moving and handling and safeguarding, along with relevant training to ensure that they could meet people's assessed needs.

Staff told us they received on-going training to keep them up to date. One staff member said, "Yes, I think we do have the right training, there are no gaps, we have the right knowledge to support the people here." Another staff member told us, "Training has got better, it is more organised." Staff received training in a variety of subjects that included manual handling, and safeguarding adults and also more specific training in relation to epilepsy and learning disabilities. Staff were also encouraged to work towards external qualifications, for example, some staff had achieved a National Vocational Qualification (NVQ) Level 2 and 3. Records confirmed that staff training was up to date.

Staff felt well supported by the registered manager. One staff member told us, "Supervisions are helpful." Staff said they received supervisions which discussed issues including learning and development and any concerns about people who lived in the service. Where appropriate, the registered manager told us that action was taken in supervisions to address performance issues either through disciplinary action or performance monitoring if required. Records we reviewed confirmed this.

People confirmed that consent was obtained regarding decisions relating to their care and support. One person said, "They ask me." Another person told us, "They are good

at asking me if I want something to happen." Staff told us that they obtained people's consent before assisting them with care and we observed this in practice. For example, staff asked if they could help with mobilising or packing their bag to take out for the day.

The registered manager was able to explain how they had made decisions in line with the Mental Capacity Act (MCA) 2005. They had a good understanding of the MCA and described how they supported people to make decisions that were in their best interests. Staff explained that when assessments were required, that the whole team would participate so that they could achieve a robust assessment of a person's capacity for a certain decision. We observed that some people had good verbal communication skills and were able to make day-to-day decisions, whilst others with more complex needs, used sign language or body language to indicate their agreement. Within the records, we saw examples of where people's capacity had been assessed, for example, in relation to finances, or personal care, and found that appropriate documentation was in place. Staff had completed training on the MCA and Deprivation of Liberty Safeguards (DoLS) and were able to tell us the action they would take if a person's capacity to make decisions changed. Records confirmed the registered manager had made DoLS applications for appropriate people, to the local authority.

People were supported to have sufficient amounts to eat and drink and were encouraged to maintain a healthy and balanced diet. One person said, "I like the food here." Another person told us, "We talk about meals every Sunday and decide what we are going to have. We each get a day when we can choose something but we always have a choice if we don't like something." The main meal of the day was served in the evening as many people were out during the day. Menus were planned over a four week period and records confirmed that people discussed menu choices during weekly house meetings. Staff prepared and cooked meals and people told us they were encouraged to help with this which they enjoyed. Menus were not rigid, so that people could have a choice if they did not want what was on offer.

People were supported to maintain good health and had access to a variety of relevant healthcare services in line with their needs. One person told us, "I get to see the chiropodist when I need to and the doctor. Staff help me with my appointments." Staff told us they supported

Is the service effective?

people to attend required appointments when needed and we found they were swift to act when people's care needs changed. For example, if people were discharged from hospital we found that staff would work with the hospital to ensure they received appropriate training to enable the person to return to the service. Staff were well supported

by external healthcare professionals who they called upon when people required more specialist support. Hospital passports had been compiled for people which provided required information about people if they had to be admitted to hospital.

Is the service caring?

Our findings

People were happy with the care and support provided and felt that staff were very caring. One person said, “Yes, they all look after me.” Another person told us, “I am happy here, they look after me very well.” We observed that those people with complex needs were relaxed in the company of staff, and frequently smiled when they saw them. People told us that staff responded swiftly and always made sure that care was person centred, according to their needs. Positive and caring relationships were developed with people who used the service.

There was a homely atmosphere in the service and it was apparent that people considered it to be their home. On arrival one person was keen to say ‘hello’ and was pleased to welcome us into the service. They were interested in why we were there and one person wanted to show us around communal areas and their bedroom. People appeared relaxed and had the freedom to do what they pleased and go where they wanted to within the service. Support was provided in a kind and calm way and people were trusting of staff. Throughout our inspection we heard laughing taking place and we also observed that people sought comfort from staff by being tactile and wanting a hug. Our observations demonstrated that staff had positive relationships with the people they supported.

Staff spoke fondly about people and with compassion. They spoke about the highs and lows they had been through over the past year and how it had been important for them to support the people who lived in the service through difficult times. One staff member said, “It might sound silly to say it but we are all one big family, there is no divide.” Staff members told us they were happy in their roles and worked hard to ensure that people received the care they needed. One said, “We really do want the best for people, they deserve it.” Our observations throughout the day demonstrated staff provided the people with kind and compassionate care.

During our inspection we saw that people and staff went to the registered manager to ask for help and advice. People were listened to and their opinions valued. The registered manager demonstrated they treated people with respect and understood their individual needs and preferences and made sure the care provided was person centred.

We saw that staff enabled people to engage within the community so that people could feel valued. They told us they wanted the best for people and described how they had held a coffee morning to raise funds for a charity. They also encouraged participation in local groups and forums which meant that people felt listened to.

The service worked hard to maintain people’s wishes. Staff spoke to us about someone who had lived at the service until they had passed away earlier this year. They had worked hard to ensure this person remained at the service and experienced their final days as they wished to, being with staff and people who were familiar to them. Both staff and people still spoke fondly about this person and it was clear that they had made great efforts to ensure they had good quality care. We saw compliments about the care that was given at this time. From our discussions with staff we saw that this experienced had a profound impact upon both staff and people.

The registered manager told us they involved people and where appropriate, their relatives, in planning and reviewing their care. One person told us, “I am always asked my opinion about things.” For those people who were non-verbal, Makaton and sign language was used to help them to express their views. Records confirmed this and we found that both people and their relatives had been involved in making decisions about care and were supported to express their views about the delivery of care. Staff consulted with and involved people with their daily living activities. Feedback was given to the registered manager and staff so that the service could be improved.

People were treated with dignity and respect. One person told us, “They always knock on my door and make sure my curtains are closed.” It was evident in the way staff communicated with people, that they were respected. Staff had a clear understanding of the role they played to make sure people’s privacy and dignity was respected. They knocked on people’s doors before entering their bedrooms and always gave personal care and support in a private area. They called people by their preferred names and communicated with them when supporting them. We observed this happening in practice. We found that the service had clear policies in place for staff to access, regarding respecting people and treating them with dignity.

Relatives were welcomed to be involved in the care of people and act on their behalf when appropriate. The registered manager also told us that access to advocacy

Is the service caring?

services was available for people should this be required but that the service worked hard to maintain people's family relationships as they felt this was important and beneficial to people's health and well-being.

Is the service responsive?

Our findings

The registered manager confirmed that any new admission would be reviewed before an agreement for placement was made, to ensure that the service could meet their needs. They said, “It is really important that we do this to make sure we can look after someone and support them appropriately. If there are any training needs that staff might need then we can make this happen before someone comes to us.” They told us the pre admission assessment process helped to determine how people should be cared for. Records confirmed that an assessment of people’s needs had been carried out before they came to stay in the service. Information obtained from the pre-admission assessment and reports from other professionals had been used to develop each person’s care plan. This helped staff to ensure that people received care and support which took account of their wishes and preferences.

People were asked about their individual preferences and interests, and whether any improvements could be made to the delivery of care they received. One person told us, “They always ask me if I am happy with things.” Staff ensured people were content with the support they received, through regular key worker sessions, resident meetings and general conversations. They told us they took time to talk with people about what they wanted and what their individual needs were and whether these had changed. Staff and the registered manager understood people’s needs well; they were all able to tell us about people’s specific care needs. We found that people’s needs had been assessed with their interests at heart, and where appropriate involved relatives or advocates to ensure that care was individualised.

Staff told us care plans enabled them to understand people’s care needs and to deliver them appropriately. One staff member said, “They have just enough information in them, for new staff they are great as they tell them all about that person and give them an insight.” The registered manager spoke with us about their plans to introduce new pictorial care plans, which they felt would really enhance person centred care. We looked at care plans for four people and saw they contained detailed information about people’s health and social care needs. The plans were individualised and relevant to each person and were clearly set out and contained relevant information. There were

sections on people’s health needs, preferences, communication needs, mobility and personal care needs. There was clear guidance for staff on how people liked their care to be given and detailed descriptions of people’s daily routines. Plans were regularly reviewed and updated to reflect any changes in the care and support given.

Staff and the registered manager told us that people’s needs were reviewed and changes were reflected in their care records. When staff had concerns about a person’s condition, staff told us that they would monitor them. Staff kept daily progress notes about each person which enabled them to record what people had done and meant there was an easy way to monitor their health and well-being. We found that any changes were recorded and plans of care adjusted to make sure support was arranged in line with people’s up- to-date needs and preferences.

People had access to a range of activities which suited their individual interests. One person had been swimming on the first day of our inspection and told us they had enjoyed this. On the second day of our inspection, one person was attending a day group and another person was going to work in a charity shop. They also told us about the voluntary work they did. Another person said, “I like going to my day centre, it is fun.” Staff told us they thought it was important that people had a good social life. One said, “Why shouldn’t they, they get to do such a lot, it’s great.” We saw that people were encouraged to access the community and attend church services if this was of interest to them. People also attended day centres during the week and had access to additional activities in the evenings and weekends. These included cinema visits, theatre trips, holidays and social clubs.

People were aware of the formal complaints procedure in the home and told us they would tell a member of staff if they had anything to complain about. One person said, “I would talk to [Name of keyworker] if I was worried.” Another person told us, “I can talk to all the staff when I am worried.” Staff supported people to raise concerns if they had any. There was an effective complaints system in place that enabled improvements to be made and the registered manager responded appropriately to complaints. At the time of our inspection people told us they had nothing they needed to complain about. It was evident that action was taken to address issues raised and to learn lessons so that the level of service could be improved.

Is the service well-led?

Our findings

The service was well led by an established registered manager who had the support of the wider staff team. Additional support was given by the provider and management within the wider organisation. Staff told us the registered manager was approachable and always there for both them, and people who used the service. One staff member said, “[Name of registered manager] is fantastic, we can talk to her about anything and we always get a response. She will tell us when we are not doing things right but will give us praise as well. I couldn’t ask for anyone better.” Another staff member told us, “She is great, always there and doesn’t mind being contacted at any time about anything.” We observed staff asking questions of the registered manager during the day and being given constructive support.

The registered manager told us about the improvements they wanted to make to the service and where they saw themselves in the future. It was clear that they had a great deal of respect for their staff team. They told us, “I couldn’t do it without them, each and every one of them are great.” The registered manager wanted to maintain high standards of care in respect of the people who lived in the service and to enable them to have every possible opportunity they could do. They felt that the recent introduction of the provider compliance manager would help to enhance the delivery of care and introduce elements of best practice to the service.

During our inspection we saw there was a positive, forward thinking and open culture within the service. Staff said the staff team were close and worked well together, all having common goals, wanting the best quality care for people. One staff member said, “We really are a good team, a small team but good. We know each other well and know the people well too. We give good care.” We found that all staff made themselves accessible to people and each other, so that any issues could be dealt with promptly.

People and relatives were consulted regularly about the delivery of service. The registered manager told us that people and their family members received a satisfaction questionnaire to complete on a regular basis, which

enabled them to give their feedback as to the quality of service they received and to make suggestions for improvement or change. We saw the results from the most recent one and found that there were some positive comments made. Where required, action plans were developed so that improvements could be made.

People were also supported to have house meetings which enabled them to spend time with staff and express their views about the care and support they received. Records confirmed that meetings were meaningful and discussed relevant issues to the people in the service. Staff took care to ensure meetings were inclusive, enabling those people who were non-verbal to participate.

Staff told us that meetings were held regularly and we saw the minutes for a recent meeting which covered individuals and any concerns about them, training and development and ideas in respect of service improvement. Staff confirmed that meetings were an opportunity to raise ideas. They believed their opinions were listened to and ideas and suggestions taken into account when planning people’s care and support. Staff felt able to challenge ideas when they did not agree with these.

Any accident or injury was documented so that appropriate action could be taken. Systems were in place for recording accidents and incidents and we found that these were linked to people’s individual care plans. There was a clear record of any incidents that had occurred and these were properly recorded and analysed to identify any patterns within the service.

Audits had been completed in areas such as infection prevention and control, medicines administration and fire safety and where action was required to be taken, it was to improve the service for people. Maintenance records confirmed that health and safety checks were carried out regularly to identify any areas for improvement. Where improvements were required, actions had been identified and completed to improve the quality of the care given. The provider worked hard to identify areas that they could improve upon so that they could drive forward service improvement for the benefit of the people who lived at the service. The service monitored the quality of people’s care and health and safety aspects of the home.