

Mr John Michael Eaton

Lowenva Care

Inspection report

Lowenva
Rescorla
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected Lowenva Care on 3 June 2016, the inspection was announced. Twenty-four hours' notice of the inspection was given because the service is small and the people who live there are often away from the service. We needed to be sure that people would be available. The service was last inspected in November 2013; we had no concerns at that time.

Lowenva Care is a registered care home owned by a private provider and provides accommodation and personal care for up to six adults with or without a learning disability. Lowenva Care is located in a rural area, approximately four miles from the town of St. Austell. Relatives of people who lived at the service told us, "It is a very caring, friendly service and we are happy with the quality of the service."

The service is required to have a registered manager and there was one in post. 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.

Not everyone who used the service could tell us their views due to their health needs. We spoke with three people who lived at Lowenva Care and observed support provided. People told us they felt safe at the service and with the staff who supported them. People told us, "I love it here" and "Staff are lovely. Very kind." A relative told us, "Staff are very caring" and "I feel fortunate that [my relative] lives at Lowenva. It is a genuinely homely and caring place."

People told us they received their medicines on time. The completion of medicine administration records was thorough and accurate. Medicines were stored appropriately and staff were trained to safely administer medicines.

There were adequate numbers of staff available to support people. Relatives of people who lived at the service told us, "There are enough staff around when I visit. There aren't many changes in the staff group, I think that is a good thing."

Staff had been suitably trained to recognise potential signs of abuse. Staff told us they would be confident to report concerns to management, and thought management would deal with any issues appropriately.

Staff told us the training they had received was delivered to a good standard and management were supportive of their work. Formalised supervision and appraisal systems were not in place. We have made a recommendation regarding this.

Recruitment processes were satisfactory as pre-employment checks had been completed to help ensure people's safety. This included written references and an enhanced Disclosure and Barring Service check,

which helped find out if a person was suitable to work with vulnerable adults.

People had access to medical professionals such as a general practitioner, dentist and optician when required. People said they received enough support from these professionals and this was evidenced by detailed records kept by the service.

The service had a personalised social and activity programme for each person. This reflected things each person liked to do. For example, one person enjoyed going out for day trips and a relative confirmed these activities were scheduled and completed each week.

Care files contained information such as a care plan and these were regularly reviewed. The service had appropriate systems in place to assess people's capacity in line with legislation and guidance, such as the Mental Capacity Act (2005).

People told us they were happy with their meals and had a good choice of nutritious well balanced meals. One person took an active role in helping with cooking for themselves and others each week. People said they had enough to eat and drink and a good variety of choice. Comments received about the meals included, "The food is very good," and "There is lots of choice of meals and people choose what they like."

People and relatives told us if they had any concerns or complaints they would feel confident discussing these with staff members or management. Records showed that when a complaint was raised it was handled quickly and appropriately by management.

Relatives and external professionals familiar with the service said they felt the service was well managed. A relative described the manager as, "Very approachable." Staff told us the manager was, "Supportive and wants the best for everyone living at Lowenva". There were satisfactory system in place to monitor the quality of the service.

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. Staff knew how to recognise and report the signs of abuse.

Medicines were stored securely and records were accurate demonstrating that medicines were administered as prescribed.

There were satisfactory numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Is the service effective?

Requires Improvement ●

The service was not always effective. Staff did not receive formalised, recorded supervision or appraisal to support them in their role. Staff said they felt supported by management.

Staff had a good knowledge of each person and how to meet their needs.

People saw health professionals when they needed to so their health needs were met.

Is the service caring?

Good ●

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

Staff respected people's wishes and provided care and support in line with those wishes.

People were able to make day to day decisions about how and where they spent their time.

Is the service responsive?

Good ●

The service was responsive. People received personalised care and support which was responsive to their changing needs.

Staff supported people to take part in social activities of their choice.

People and their families told us if they had a complaint they

would be happy to speak with the registered manager and were confident they would be listened to.

Is the service well-led?

The service was well led. There was a positive and open culture within the staff team.

Staff said they were supported by the providers and registered manager and worked together as a team.

People and their families told us the management was very approachable and they were asked their opinion about the service, which was listened to and acted on.

Good ●

Lowenva Care

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 3 June 2016 and was announced. The inspection was carried out by one adult social care 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 improvements they plan to make. We also reviewed previous inspection reports and other information we held about the service including any notifications. A notification is information about important events which the service is required to send us by law.

During the inspection we looked at two people's care plans, four Medicine Administration Records (MAR), two staff files, staff training records and other records relating to the running of the home. We spoke with the registered manager, and three other members of staff as well as three people who lived at Lowenva Care and two relatives. We also contacted four external professionals who were familiar with the service.

Is the service safe?

Our findings

People told us they felt safe living at Lowenva Care and with the staff who supported them. Comments from people and their relatives included, "No concerns", "very good" and "I am happy living here."

Due to their health needs some people were unable to tell us verbally about their views of the care and support they received. However, we observed people were relaxed and comfortable and they approached staff for help or support without hesitation.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of and knew what action they should take. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately.

There were effective systems in place to help people manage their finances. People's, or their advocates consent enabled the service to hold small amounts of money for them to purchase personal items. The registered manager carried out regular audits of the money held and records kept by staff to ensure they were being managed safely.

Care plans included risk assessments identified what level of risk people were safe for people to be exposed to when accessing events in the community. These assessments included activities such as swimming and environmental risks from hazards in the kitchen. Where someone had been identified as being at risk there was a description of the action staff should take to minimise it.

Incidents and accidents were recorded in the service. We looked at records of these and found that appropriate action had been taken and where necessary changes made to learn from the events. Events were audited by the registered manager to identify any patterns or trends which could be addressed, and subsequently reduce any apparent risks.

There were enough skilled and experienced staff to help ensure the safety of people who lived at Lowenva Care. People and visitors told us they thought there were enough staff on duty and staff always responded promptly to people's needs. We observed people receiving care and support in a timely manner. One person told us, "There is always someone here the minute I need them."

Throughout the inspection there were four care staff on duty from 7.30am to 9.30pm for 5 people and the registered manager and an administrator in the office. The registered manager told us they monitored people's needs daily and made any adjustments to staffing levels as required. It was clear the registered manager knew everyone well and because they worked alongside staff they were aware of people's changing needs. Staff told us they would always update the management if an individual's needs changed, including contacting them when they were not on duty.

New staff had completed a thorough recruitment process to ensure they had the appropriate skills and

knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

Medicines were managed safely at Lowenva Care. All medicines were stored appropriately and Medicines Administration Record (MAR) charts were fully completed. The service did not stock medicines which required stricter controls by law. A lockable medicine container was kept in a domestic refrigerator for medicines which needed to be stored at a low temperature. Records demonstrated the room and refrigerator temperatures were consistently monitored. This showed medicines that required cold storage were safely managed. Staff had received appropriate training in administering and managing medicines and regular audits were completed.

The environment was clean, free from malodours and well maintained. At the time of our inspection some extensive redecoration had just taken place to upgrade some bedrooms.

There was a system of health and safety risk assessment. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. There was a record of regular fire drills.

Is the service effective?

Our findings

Staff were knowledgeable about the people living at the service and had the skills to meet people's needs. People told us that staff knew them well and understood how to meet their needs. A relative said, "They [staff] do everything possible for [person's name]. I couldn't be happier with how the service looks after my [relative]" and, "[Person] is very well cared for at Lowenva. Staff are well aware of [person's name] needs. I have confidence that my [relative] is well looked after and is happy." Relatives told us they believed staff to be competent.

Staff told us they had received relevant training for their role and there were good opportunities for obtaining additional qualifications. All care staff had either attained or were working towards a Diploma in Health and Social Care. Records showed some staff had not received refresher training as often as required by the service policy. The registered manager explained that some refresher training had fallen behind due to a change in management over the last year. Plans were in place to carry out identified training. Staff confirmed that the registered manager regularly worked with them to give guidance on how to safely work with individuals.

Staff told us they felt supported by the registered manager and had regular opportunities to discuss their work and training needs. Staff said, "We get a lot of support from [registered manager] and lots of appreciation for doing a good job." And "I get on well with management who are very supportive and encouraging of my development. I can share my ideas and they are taken seriously." Staff said they had daily opportunities to talk with the registered manager about how the service was operating because the manager was a visible presence in the service. There were no records to substantiate supervision or appraisal discussions had taken place. This is important because it provides a record of the structured support systems used to enable people to carry out the duties they are employed to perform.

We recommend that the service formalise staff supervision and appraisal systems and keep adequate records to evidence this.

New staff completed an induction when they commenced employment which included training identified as necessary for the service and familiarisation with the service's policies and procedures. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. The service had recently updated the induction in line with the Care Certificate. The Care certificate replaced the Common Induction Standards in April 2015. This is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector. The registered manager had arranged for all staff to complete the Care Certificate.

People had access to healthcare services and received ongoing healthcare support. Specialist services such as occupational therapists and dieticians were used when required. Records demonstrated two people had been referred to a speech and language therapist and one person had been assessed for a new walking frame to help their mobility. Relatives told us they were confident that the service could meet people's

health needs. People and visitors told us that a doctor or other health professional would be called if necessary. Visitors told us staff always kept them informed if their relative was unwell or a doctor was called.

The service monitored people's weight in line with their nutritional assessment. People were provided with drinks throughout the day and at the lunch tables. Each person living at Lowenva Care had a personalised table mat with important information to help them maintain a healthy diet. People provided feedback regularly to staff about their food and drink preferences and this used in menu planning.

Staff asked people for their consent before providing care or treatment. People were involved in making choices about how they wanted to live their life and spend their time. Staff spoke of the importance of allowing people to maintain choice and control in their everyday lives. Comments included; "We use different communication tools like Makaton to assist people in making choices for themselves where this is needed."

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met. Management and staff were clear on the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS) and had made appropriate referrals. Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity. Discussions with staff confirmed that they knew the type of decisions each individual person could make and when they may need support to make decisions.

Care plans clearly recorded each person's decision making abilities. Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements. Where decisions had been made on a person's behalf, the decision had been made in their best interest at a meeting involving key professionals and family where possible.

The design, layout and decoration of the building met people's individual needs. For example, a wet room had been installed with clearly colour coded safety rails to help protect people from falls when showering.

Is the service caring?

Our findings

People were complimentary about the care they received at the service. One person told us; "I am happy living here" and "Staff are kind to me, they listen to me and help me as much as they can." Relatives were also happy with the care provided. Comments included; "They do a great job for my [relative] here."

There was a calm and friendly atmosphere at the service. We observed people had a good relationship with staff and staff interacted with people in a caring and respectful manner. A relative told us, "Staff are very friendly and do a good job." A healthcare professional said, "I have nothing other than praise for Lowenva. Everyone seems happy and staff genuinely seem to care for the people they support."

Staff described Lowenva Care as, "A really homely home that provides good quality care to people." We saw staff provided care that was appropriate to people's needs and enhanced people's well-being. Staff were calm, patient and discreet when providing care for people. They took the time to speak with people as they supported them and we observed many positive interactions that supported people's wellbeing. For example, staff raised the head of a bed for a person who was unwell so they could see what was going on around them and feel less socially isolated. Staff were encouraged to sit and spend time talking and reassuring the person when they were awake.

People were able to make choices about their daily lives. People's care plans recorded their choices and preferred routines. One person told us, "I'm happy here. It's lovely. I get lots of choice about my meals, it's handsome. I like gardening and watering the plants and I do this." Another person said, "I manage my life as I want to."

One person told us they wanted to have a cat of their own. The registered manager and staff had supported the person to choose a cat, which was clearly loved by everyone who lived at Lowenva. The person had taken responsibility for looking after the cat and was supported in doing this by the staff group.

People were able to choose where to spend their time, either in one of the lounge areas or in their own rooms. Staff asked people where they wanted to spend their time and what they wanted to eat and drink. Where people stayed in their rooms, either through their choice or because they were cared for in bed, staff spent one-to-one time with them. This helped to prevent them from becoming socially isolated and promoted their emotional well-being.

People's privacy was respected. Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care. Staff always knocked on bedroom doors and waited for a response before entering.

Staff supported people to maintain contact with friends and family. Visitors told us they were always made welcome and were able to visit at any time. People were able to see their visitors in one of the lounges or in their own room. We observed that staff greeted visitors on arrival and made them feel comfortable.

Is the service responsive?

Our findings

People received care and support that was responsive to their requirements because staff were aware of the needs of people who lived at Lowenva Care. Staff spoke knowledgeably about how people liked to be supported and what was important to them.

Care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. This information provided direction and guidance for staff to follow to meet people's needs and wishes. For example, one person's care plan described in detail how staff should assist one person when accessing the community in order to keep them safe. There were clear directions about how to keep the person safe when travelling in a vehicle and what actions staff should take if there were behavioural challenges which made the situation unsafe.

Staff told us care plans were informative and gave them the guidance they needed to care for people. Daily records detailed the care and support provided each day and how they had spent their time. Staff were encouraged to give feedback about people's changing needs and this information was used to update care plans and communicate at handovers. We observed a handover to staff before they started the afternoon shift. This gave staff detailed information about each person's needs, if calls to GPs had been made and if any additional monitoring was required for anyone who was unwell.

Care plans were an accurate and up to date record of people's needs. Records were well organised and it was easy to locate the information. They were detailed and contained information about a wide range of areas. For example, there were sections on communication, social needs and day and night time routines. This meant staff had a complete picture of any issues which might have an impact on people's well-being.

People, who were able to, were involved in planning and reviewing their care. Where people lacked the capacity to make a decision for themselves, staff involved family members in writing and reviewing care plans. People told us they knew about their care plans and managers would regularly talk to them about their care.

People who wished to move into the service had their needs assessed, prior to moving in, to help ensure the service was able to meet their expectations. The management were knowledgeable about the level of support people required and made decisions about any new admissions by balancing the needs of the person and how this would integrate with other people already living at Lowenva Care.

People had access to a range of activities that were important and relevant to them. For example, one person enjoyed being active and had taken part in horse-riding and exercise classes. Other people told us they enjoyed reading, craft work and attending various community social events. One person said, "We have a yearly pass for visiting Eden and we go to the cinema and out for lunch if we want to. There's no shortage of things to keep us occupied."

The service had a complaints policy which outlined the timescales for responding to concerns. We saw that

when a complaint had been raised it was investigated fully and resolved to the satisfaction of all. One person who lived at Lowenva Care told us, "Management come in and sit and talk to me and if I need to say anything I do. They are good listeners." There were no complaints ongoing at the time of the inspection. Relatives told us they would approach a member of the management team if they had any worries.

Is the service well-led?

Our findings

There was a management structure in the service which provided clear lines of responsibility and accountability. The owner of the service lived on site and worked closely with the registered manager to ensure the service was run appropriately. The registered manager was responsible for the day-to-day running of the service. They were supported by an administrator and a team of carers including two senior carers.

The atmosphere at Lowenva Care was calm, friendly and inclusive towards everyone who lived there. People did what they wanted throughout the day and were clearly relaxed and happy in their home.

The registered manager worked alongside staff to monitor the quality of the care provided and told us that if they had any concerns about individual staff's practice this would be addressed with them immediately and additional training provided. The registered person was visible in the service and carried out monthly quality audits by checking records and speaking with people to check if they were happy and safe living Lowenva Care.

People, visitors and healthcare professionals all described the management of the service as open and approachable. Relatives of people living at Lowenva Care said they received regular telephone and email contact with the registered manager to keep them informed of how people were. One relative told us, "I think it's a well-run service. I go there a lot and I am always very pleased with it." Another relative said, "The manager is very helpful and keeps me well informed of what is happening. I have no concerns."

The management team led by example and this had resulted in staff adopting the same approach and enthusiasm in wanting to provide a good service for people. There was a positive culture within the staff team and it was clear they all worked well together. Staff said, "Management are very supportive and encouraging. I can share my ideas and they are taken seriously so you do feel that what you think matters. It is a good team." And, "Communication is good" and "It's absolutely lovely working here."

Staff told us they were encouraged to make suggestions regarding how improvements could be made to the quality of care and support offered to people. They did this through informal conversations with management, at daily handover meetings or during staff meetings. For example, staff said they had requested epilepsy training be offered because people living at Lowenva Care would benefit from staff knowledge and skill in this area. Management had arranged for this to happen.

At the time of inspection the registered person was carrying out a complete review of all the service's policies and procedures, adding new ones as necessary. The aim of this was to ensure that the policies and procedures reflected current legislation and guidance, for example, in relation the Mental Capacity Act and Deprivation of Liberty Safeguards.

There were systems in place to monitor the quality of the service provided. Audits were carried out on recording systems for example, medicines, care plans and accident and incident records.

Checks were completed on a weekly or monthly basis as appropriate for fire doors and alarms, emergency lighting and Legionella checks. Mobility equipment was regularly serviced to ensure they were fit for purpose.