Lorne House Residential Home Trust Limited

Lorne House

Inspection report

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Date of inspection visit:
15 May 2018

Date of publication:
12 July 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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

This inspection took place on 15 May 2018 and was unannounced, this meant the provider and staff did not know we would be visiting.

Lorne House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Lorne house were registered for 14 beds and accommodated 13 people at the time of the inspection. Two of these people were in hospital.

The service had a registered manager who was registered in March 2016. 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.

The service was last inspected March 2017 and the overall rating was required improvement. We made some recommendations to the provider about records with medicines and offering too much processed food.

At this inspection we found the provider had made some improvements, however further improvements were needed to become fully compliant with the fundamental standards of quality and safety. This was the second time the service has been rated requires improvement.

We found concerns with risks to people's safety including the management of medicines.

Lorne House was designed, built and registered before 'Registering the Right Support' and other best practice guidance had been published. Lorne House was operating and developing in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities using the service should be able to live as ordinary a life as any citizen, and this was always the case for every person living at the service.

Risks to people arising from their health and support needs were not always assessed and plans were not always in place to minimise them. Where people were at risk of choking, guidelines from Speech and Language Therapist (SALT) were not followed.

Audits were taking place but had not identified the concerns we found at inspection.

Care plans contained detailed information about people's personal preferences and wishes as well as their life histories.

Feedback was sought from the people who used the service and their families.

People were supported to access the support of health care professionals when needed.

Safeguarding principles were embedded and staff displayed an understanding of what to do should they have any concerns.

There was enough staff to meet people's needs on a day to day basis, staffing levels were not increased to accommodate when staff accompanied people to an activity. Due to two people being in hospital this was not such an issue on the day of the inspection but we discussed this with the registered manager. The registered manager had already acknowledged this and was in the process of recruiting more staff.

Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. Staff told us they received training to be able to carry out their role and we saw evidence of this. Staff received effective supervision and a yearly appraisal.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received a varied and nutritional diet and enjoyed the food offered.

The interactions between people and staff showed that staff knew the people well and were kind and respectful.

The management team were approachable. People, relatives and staff felt any concerns would be taken seriously and acted on.

We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the registered provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe

Medicines were not always managed safely for people and records had not all been completed correctly.

Not all risks to people were assessed or plans put in place to minimise the risk.

Staff understood safeguarding issues and felt confident to raise any concerns they had.

The provider carried out pre-employment checks to minimise the risk of inappropriate staff being employed.

There were enough staff on duty on a day to day basis, however when activities took place the service could be short staffed.

Is the service effective?

Good

The service was effective

Staff received up to date training and were supported through supervisions and a yearly appraisal.

People were happy with the food provided and received choice.

Staff fully understood their responsibilities under the Mental Capacity Act (MCA).

Is the service caring?

Good

The service was caring

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

People and their families were involved in their care and were asked about their preferences and choices.

Staff promoted people's independence and respected their privacy.

Is the service responsive?

Good

The service was responsive

People received personalised care and support which was responsive to their changing needs. Care plans gave clear direction and guidance for staff to follow to meet people's needs and wishes.

People were supported to take part in social activities.

There was a system in place for investigating complaints.

Is the service well-led?

Requires Improvement

The service was not always well led

Quality assurance audits were completed; however, they had not identified the issues we found at inspection.

People and their relatives had opportunities to provide feedback about the service.

Staff felt supported by management.

Lorne 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 15 May 2018 and was unannounced.

The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed information we held about the service, including the notifications we had received from the registered provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted the local authority commissioners for the service, the Clinical Commissioning Group (CCG) and the local Healthwatch to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

A short observational framework for inspection (SOFI) was not used as we were able to obtain the views of the people from speaking and observations and speaking to staff.

During the inspection we spoke with four people who lived at the service and one relative, we spoke to one further relative via the telephone after the inspection. Many people who used the service, due to their complex needs could not make their views known verbally, therefore we observed people throughout the day, to see how they reacted to staff and their surroundings. We looked at three care plans and four staff files. We looked at how medicines were managed. We spoke with a trustee of the service, the registered manager, the deputy manager, one team leader and two support workers and the cook.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in March 2017 we made a recommendation regarding documenting the number of medicines administered when a variable dose was prescribed, such as one or two to be taken and two signatures to be obtained for handwritten entries.

We saw handwritten entries now had two signatures, however variable doses still did not document how many were administered and we found further concerns with the management of medicines.

One person was prescribed a medicine and the direction was one, two or three sachets to be given each day. Staff had not documented how many they had administered each day. We looked at the stock levels of this medicine and they did not match up. The registered manager was going to speak to the GP to get some clarification.

Another person was prescribed a certain medicine, records showed they received 28 in April, all 28 were used, there was no record of receiving any in May, yet the medication administration record (MAR) showed they were still using them and they had 22 left in stock. There was no record of any new stock coming in and no carried forward quantities.

Some people were prescribed Paracetamol when required. There was no guidance on why, how or when they should use this medicine. One person had received this medicine in April 2018 yet the medicine expired in 2013, so it was five years out of date. We saw other people's Paracetamol was also out of date, yet it was still in the medicine cupboard to be used if needed. We ensured the out of date medicines were removed and the registered manager said they would check all medicines in stock.

Body maps were not available for everyone who was prescribed creams, where they were in place they provided no information. For example, one person was prescribed a cream and the directions were apply to the affected area when needed. The body map was not shaded in to show where the affected area was or there were no details recorded of the affected area. One person was prescribed a cream for inflammation and infection, the directions were to apply the cream daily for two weeks then stop. We saw the cream had not been applied after three days, we asked why and we were told the redness had gone and they presumed the two weeks could be added up in total rather than a consistent 14 days. Although the redness had improved the cream would have continued working, if applied to kill the infection. We suggested they get some clear guidance off the prescriber.

We saw that staff received annual medicine competency checks. These checks stated the staff member had checked every medicine's expiry date. However, we found medicines that expired five years ago therefore the competency checks were not effective.

We found that risk assessments were not always in place for identified risks. One person was at risk of choking, they had received an assessment from the speech and language therapy team (SALT), who recommended a fork-mashable/soft diet and thickened fluids. A fork-mashable diet is food that is tender

and moist and can be mashed with a fork. They also provided a list of which foods were unsuitable, sausages being one of them. There was no risk assessment in place for choking or offering high risk foods to the person.

The person's care plan for food likes and dislikes said, 'I do not have high risk foods, such as pastries or pies.' We checked the person's daily food diary and saw that the person was provided with sausages, burgers, pies and sausage rolls. We questioned how these products were fork-mashable. We were told by staff, they always added a lot of gravy and cut the food into very small pieces before mashing it. The cook explained that she makes the sausage rolls herself and adds mashed potato to the sausage to make them softer. We observed the person's food at tea time and saw they were having pork hot pot with vegetables, one of the vegetables was spring cabbage, we questioned whether this could be mashed due to the stringy fibrous texture. We were told they cut it up into very small pieces, we saw the food was well mashed.

We discussed this with the registered manager who said they would start documenting exactly what the person gets and how it is presented in their food diary.

This person was on thickened fluids, there was no guidance in the care plan for staff to follow. The registered manager said the guidance was on the label on the tin of thickener. However, we watched a member of staff add thickener without checking the label.

We discussed the above concerns with the registered manager who was open to our findings and agreed to make improvements.

These findings evidenced a repeat breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014

We asked people if they felt safe living at Lorne House, they indicated they felt safe by nodding or saying, 'yes safe.' We observed people were comfortable in their surroundings and freely walked about chatting or embracing staff.

A relative we spoke with, when asked if people were safe, said, "Oh yes definitely safe."

Staff had been trained in safeguarding and displayed a practical understanding of their safeguarding responsibilities. They described potential risks, types of abuse and what they would do should they have concerns. Staff were confident they could raise concerns with the manager and external professionals if need be. One staff member said, "We all make sure residents are safe and we keep them from danger."

Risks to people arising from the premises were assessed and monitored. Fire and general premises risk assessments had been carried out. Required certificates in areas such as electrical testing were in place. Records confirmed that checks were carried out on emergency lighting, fire doors and water temperatures. Records showed fire drills for both day and night staff were taking place. A Personal Emergency Evacuation Plan (PEEP) was in place documenting evacuation plans for people who may have required support to leave the premises in the event of an emergency. This showed that the provider had taken appropriate steps to protect people who used the service against risks associated with the home environment.

The registered provider had a business continuity plan, which provided information about how they would continue to meet people's needs if an event such as loss of electricity or a fire forced the closure of the service. This showed us that contingencies were in place to keep people safe in the event of an emergency.

Accidents and incidents were documented however there were too few to identify any trends.

We saw there was enough staff on duty throughout the inspection day. There was one team leader and four support workers, plus the registered manager, the deputy manager, cook, domestic and laundry assistant. At the time of the inspection two people were in hospital and an extra member of staff was allocated to stay with them at hospital, the deputy manager covered this for part of the day.

One staff member said they felt an extra member of staff would help especially when activities were taking place. For example, on that evening about four people were attending a disco, two staff were going with them which left two staff at the service to care for the remaining seven, one of whom needed two to one care. We discussed this with the registered manager who said, they had already recognised this and were in the process of recruiting more staff and interviews were taking place.

Recruitment procedures were in place to ensure suitable staff were employed. Applicants completed an application form in which they set out their experience, skills and employment history. Two references were sought and a Disclosure and Barring Service check was carried out before staff were employed. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruitment decisions and minimise the risk of unsuitable people from working with children and vulnerable adults. The provider renewed every staff members DBS every three years.

The service was warm, clean and tidy with no areas of malodour. We saw staff using personal protective equipment (PPE) such as disposable aprons and gloves.

Good

Is the service effective?

Our findings

People's needs were assessed before they moved to the home and then regularly reassessed to make sure information was up to date. The assessor spent time with the person and their families finding out about their needs, preferences and how they wished to be cared for. Information was clearly recorded and incorporated into care plans. However, where people's needs had changed, records were not always updated to reflect these new needs. For example, where people were at risk of choking.

Staff said they received plenty of training and felt they had the right training to carry out their role. One staff member said, "We get enough training, it's all training, training, training, but you are always learning and we learn a lot." We confirmed from our review of staff records and discussions that staff were suitably qualified and experienced to fulfil the requirements of their posts. Staff completed an induction programme that incorporated the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It sets out explicitly the learning outcomes, competences and standards of care that will be expected.

The registered manager said, "Any new member of staff will receive a staff induction and they are assigned a mentor. Staff are shadowed by an experienced member of staff and accompanied on any activity until both are confident that the new employee is competent to work unsupervised."

Staff were supported through regular supervisions and a yearly appraisal. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff.

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 make 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. At the time of the inspection 12 people had a DoLS in place. Staff displayed a good understanding of the nature and scope of the law.

At the last inspection in March 2017 a recommendation was made to reduce the amount of processed food people were eating. Since that inspection a new cook had started and all the meals were now home cooked. There were picture menus on display and people were provided with choice. We observed a teatime meal which was pork hotpot with vegetables or jacket potato with a choice of filling and salad.

One person set the tables for the teatime meal. People were very complimentary about the food. One person said, "The food is always good, it's beautiful the cook is beautiful." Another person commented, "The

food is lovely, this [pork hotpot] is lovely." A third person told us, "I am allergic to strawberries so I have raspberries, I like chicken but don't like pizza or tea."

People were continually offered drinks and snacks throughout the day, for one person who was independent they made their own drinks as and when they wanted. They explained, "I don't like hot coffee so I always make it cold."

We spoke with the cook who said, "I make everything myself, even the sausage rolls are not bought in."

People were supported to access external professionals to maintain and promote their health. Care plans contained evidence of referrals to professionals such as GPs, social worker and dentist. Care records documented each person's health history and what individual support each person needed when attending different services, such as hospital. For the two people who were in hospital at the time of the inspection, the provider ensured a member of staff was deployed to stay with them in hospital. One person could become anxious about appointments; therefore staff would only discuss it nearer the time of the appointment. Another person had requested a female staff member accompany them to hospital visits and if the person was unsettled two staff members were to accompany them.

We found the premises were well kept and well decorated. People's bedrooms were individually decorated with personal belongings. The registered manager said, "Residents are encouraged to become involved in choosing and decision making about the decoration of communal areas of the home and furniture." There were individual spaces for people to enjoy relaxing time, these included two lounges and a conservatory with double doors leading to a large enclosed garden. People had choice of where they wanted to spend their time and who with. Two people enjoyed having tea together in the conservatory, they were chatting about their day and what they would do that evening.

Good

Is the service caring?

Our findings

People and their relatives told us they were very happy and liked the staff. One person said, "Staff are fine, I am happy with the staff." Another person told us, "The best thing is the staff and the cook." And a further person commented, "It's alright here, it is nice and beautiful."

Comments from relatives included, "The staff are very good and caring, the last intake of staff have been excellent, my relative's key worker is excellent" and "[Name] loves trains and the driver of the mini bus found a train that goes past a certain place and takes [Name] past this each morning on the way to the day centre, this has a calming effect on them, it's the little things that help."

Peoples' equality and diversity was respected. Staff had completed training in equality, diversity and human rights and adapted their approach to meet peoples' individualised needs and preferences. Staff gave us examples of how they had provided support to meet the diverse needs of people using the service. One staff member said, "We treat everybody the same." Another staff member explained how they make sure they take one person to church every Sunday. Other people enjoyed visiting church to light candles for people who have died. One staff member said, "They remember the people we have lost and lighting a candle comforts them."

The registered manager said, "All of our residents are offered the same opportunities and this is evidenced within their individual care plans. A number of residents attend church for a Sunday service."

There were individual person-centred care plans that documented peoples' preferences and support needs, enabling staff to support people in a personalised way that was specific to their needs and preferences. The care plans detailed how a person would communicate to show if they were happy, sad, angry or in pain. What a good day looked like and what was important to the person. For one person, a box of pegs was very important to them, it was the first thing they wanted when they got out of bed. This was recorded in the care plan, but not under the list of what was important to them. The registered manager said they would update this immediately.

People were encouraged to maintain their identity; wear clothes of their choice and choose how they spent their time. One person's care plan stated if they were to go to the disco they liked to wear sparkly clothes. We saw they were dressed in sparkly clothes after their tea ready for the disco on the day of the inspection.

Staff had a good understanding of the importance of promoting independence and maintaining people's skills. One staff member said, "We encourage people to do as much as they can, we prompt them where necessary, for example we may offer the flannel to wash themselves and guide them." Care plans documented how independence was to be encouraged. For example, one care plan stated, "I am fiercely independent, but like staff to support me when I attend appointments, I will ask for help when needed."

Due to some people being unable to communicate verbally, picture menus were in place and how they communicated their needs or feelings was fully documented in their care plans. For example, one person

would point for choice and if they were frowning it meant they were not having a good day and were angry about something. Another person's care plan documented that they were able to communicate if they were distressed or happy. However, if they were unhappy there were distraction techniques for staff to follow. One good thing to say to this person to cheer them up was 'turn that frown upside down.'

There was a relaxed and homely atmosphere. There was lots of laughter and friendly chatter. People had free movement around the service and could choose where to sit and spend their recreational time. People were able to spend time the way they wanted. Some people chose to spend time in the communal lounges or their bedrooms.

Peoples' privacy continued to be respected and consistently maintained. Two people had built up a relationship and the care plan documented how staff were to support and manage this. For example, the care plan recorded, 'always respect their privacy but check [Name's] mood prior to spending private time, to make sure they are not becoming anxious'.

No one at the service was using an advocate. Advocates help to ensure that people's views and preferences are heard. There was information available for people if they wished to use an advocate.

Good

Is the service responsive?

Our findings

Staff understood how to deliver person centred care and could easily explain how a person preferred to be care for. Person centred care is care that is centred on the person's own needs, preferences and wishes.

We looked at three care plans and assessments in detail and saw these were comprehensive and included people's likes, dislikes and preferences. The care plan included information about people's history before moving into Lorne House. The care plans detailed information about how a person wished to be cared for. For example, one person did not feel totally relaxed until they had their evening bath at around six o clock, and then put their pyjamas on. Another person would go to bed on their own but liked a dark room so staff needed to follow the person ten minutes later to close the blind and curtains and turn off their light.

Each plan contained guidance for staff to ensure people received the support they required consistently. They covered all aspects of people's care and support needs including personal hygiene, physical well-being, diet, weight, medicines and personal safety.

We saw evidence of advanced care plans which documented wishes and preferences for the end of the person's life. These had been completed by the families. A person who had lived at Lorne House for a number of years died last year. People were offered the choice to attend the funeral and many of them did. The registered manager explained only a few of them really understood what death was but they were using this experience to make sure people were comfortable to talk about it.

People continued to be supported to engage with people that mattered to them such as friends and family members. People were supported to make contact with their relatives on a regular basis, many spending the whole weekend with families. One person was supported to visit their relative in London on a regular basis.

People had weekly activity timetables. For many who needed structure these were consistently followed. The activity care plan for one person documented how they needed to be told when an activity was coming to the end and what was happening next.

People we spoke with said, "I have been shopping this morning and I got my haircut. I love going out" Another person said, they enjoyed the garden, they said, "I pull the weeds and water the grass." Another person said, "I go to watch the football, I have a season ticket for all the home games." They went on to say, "I do all the sports, swimming, golf, football, netball, hockey and cricket, I do all of that. Tonight, I am going to chill out in the garden." And another person said, "I go singing and dancing, I am a good dancer and a good singer." They went on to say, "I am going to sit and watch television with my girlfriend tonight."

One person loved taking photographs, their daily routine comprised of taking photos then sitting in the office and looking at them all on the computer, whilst naming the people in the photos. The service had regular visits from a person who provided massages to people if they wished to have one and a singer also visited. People who used the service made the decisions on which activity providers would visit.

Five people who used the service were over retirement age and eight people accessed day services up to four days a week which were run by Stockton Borough Council. The day services provided both educational and social activities. The registered manager said, "None of our residents access any employment at present but if in the future, someone chose to access employment then we would support them to do so."

We saw people had opportunity to go on holidays and last year some people had been to Spain.

There was a clear policy in place for managing complaints. The complaints procedure was provided to people in a pictorial/symbol format. The service had received no complaints since our last inspection.

Requires Improvement

Is the service well-led?

Our findings

At the inspection we saw quality assurance audits were taking place. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services provided to people. Although audits were taking place they had failed to identify the issues we found at inspection. The registered manager completed a medicine audit on a quarterly basis, these had not recognised that some medicines were out of date, carried forward quantities were not documented and body charts were not fully completed. It also did not recognise that the directions for some prescribed medicines were not clear enough. The registered manager stated they would improve the medicine audit straight away.

The trustees for the service attended a monthly meeting at the service and during this time they discussed health and safety, maintenance, staffing training with the manager and spoke to the people who used the service. The registered manager agreed to make these audits more effective and produce an action plan.

Meetings for people who used the service did not take place regularly. We saw one had been held at the beginning of May 2018 but the previous one had been August 2017. The registered manager said people did not really engage with the meetings. We discussed some ideas they were planning to put in place such as to hold a meeting as a coffee morning or afternoon tea.

Staff meetings were held monthly and staff had the opportunity to discuss people's changing needs and the running of the service. We saw a form went to all staff to ask what they would like on the agenda. Minutes of the meetings were maintained and made available to staff who had not attended. Topics discussed at the meetings included key worker roles, holidays for the people who used the service, petty cash and topics such as safe hoisting.

The registered manager sought feedback from the people who used the service and their relatives. They were waiting for a couple more surveys to be returned and then planned to collate the answers and prepare an action plan to address any issues. We looked through what had been returned and the majority were positive. One person had stated they would like the damp in their bedroom to be sorted. The registered manager confirmed this was being addressed. We followed this up after inspection and the registered manager said they had discussed this with the person but the person did not want to move to another room. The registered manager informed us of a date the repair had been arranged for.

We asked staff if they felt supported by the management. One staff member said, "The manager is approachable, I am never afraid to go to them with any issues I have, they always listen."

People who used the service thought highly of the registered manager and staff. One person said, "He [registered manager] is a knockout." Another person said, "[Deputy manager's name] is alright, all the staff are alright." And "The best thing about here is the staff and the cook."

A relative we spoke with said, "The manager is very good, I can talk to him, pull him to bits (said laughingly) and if he says he is going to do something he always does it."

We asked staff what they thought the culture of the service was and what the provider's values were. One staff member said, "The services values are to make sure everyone has a good quality of life."

The service had many links with the local community including local churches, drama productions at the ARC centre, local pubs and local slimming groups.

We asked for a variety of records and documents during our inspection. We found these were well maintained, easily accessible and stored securely. Throughout our inspection we found staff to be open and cooperative. The registered manager was keen to learn from any of our findings and receptive to feedback.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. The registered manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider was not doing all that was reasonably practicable to mitigate risks, good practice was not followed and control measures were not adopted to make sure the risk was as low as reasonably possible. The provider was not ensuring medicines were administered as prescribed or in date. The provider had no process in place to reconcile stock.