La Luz Residential Home Limited

La Luz Residential Home

Inspection report

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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

Summary of findings

Overall summary

La Luz Care Home is a small family run care home that provides care and support for up to 16 people. The home is registered to support people with frailty due to old age, have dementia or a variety of care and mobility needs. The home is owned and operated by Mr and Mrs Soto and Mr Soto is also the registered manager. On the day of our inspection 15 people were living in the home.

The registered manager/provider was present for the duration of our inspection. 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 and associated Regulations about how the service is run.

Medicines were managed in a safe way and recording of medicines was completed to show people had received the medicines they required.

There were sufficient numbers of staff on duty to meet people's care needs. Appropriate checks, such as a criminal record check, were carried out to help ensure only suitable staff worked in the home.

Staff met with the registered manager on a one to one basis to discuss their work. Staff said they felt supported and told us the registered manager had good management oversight of the home.

Staff were aware of their responsibilities to safeguard people from abuse and were able to tell us what they would do in such an event and they had access to a whistleblowing policy should they need to use it.

People were encouraged and supported to be involved in their care as much as possible. People's bedrooms had been decorated to a good standard and were personalised with their own possessions.

People had individual care plans. These were detailed and updated regularly. They also contained the must up to date information for staff to enable them to be able to respond to people's needs effectively.

People and staff interaction was relaxed. It was evident staff knew people well and understood people's needs and aspirations. Staff were very caring to people and respected their privacy and dignity.

People were provided with a range of nutritious foods to maintain a healthy diet. People told us the food was very good and home cooked. We saw people had access to drinks and snacks throughout the day and staff provided support for people to eat and drink when required.

People had risk assessments in place for identified risk of harm. The registered manager logged any accidents and incidents that occurred and put measures in place for staff to follow to mitigate any further accidents or incidents.

Staff had followed legal requirements to make sure that any decisions made or restrictions to people were done in the person's best interests. Staff understood the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

Staff received a good range of training specific to people's needs. This allowed them to carry out their role in an effective and competent way.

The registered manager operated an open door policy and we say several examples of this throughout the day when staff, relatives and people who used the service sought their support and advice.

If an emergency occurred or the home had to close for a period of time, people's care would not be interrupted as there were procedures in place to manage this.

A complaints procedure was available for any concerns. This was displayed in a format that was easy for people to understand. People and their relatives were encouraged to feedback their views and ideas into the running of the home.

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.

Medicines were administered and stored safely.

People's individual risks had been identified and guidance drawn up for staff on how to manage these.

There were enough staff to meet people's needs and appropriate checks were carried out to help ensure only suitable staff worked in the home.

Staff knew what to do should they suspect abuse was taking place and there was information to people living in the home should they need it.

There was a plan in place in case of an emergency.

Is the service effective?

Good

The service was effective.

Staff had the opportunity to meet with the registered manager on a one to one basis to discuss aspects of their work.

Staff received appropriate training which enabled them to carry out their role competently.

People's rights under the Mental Capacity Act were met. Where people's freedom was restricted to keep them safe the requirements of the Deprivation of Liberty Safeguards were being met.

People were provided with nutritious food and staff provide support to help people eat when the required this.

People had involvement from external healthcare professionals to support them to remain healthy.

Is the service caring?

Good

The service was caring.

Staff respected people's privacy and dignity.

Staff were caring and kind when supporting people.

People were encouraged to be involved in their care as much as possible.

Relatives and visitors were able to visit the home at any time.

Is the service responsive?

Good

The service was responsive

People were able to take part in activities provided.

Staff responded well to people's needs and their relatives were knowledgeable about their care plans and involved in any reviews.

A complaint procedure was available for people and relatives.

Is the service well-led?

Good

The service was well-led.

The registered manager had maintained accurate records relating to the overall management of the service.

Audits of records relating to people's care and the management of the service took place to monitor quality.

Staff felt supported by the registered manager.

The registered manager submitted notifications as required.

La Luz Residential Home

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 was 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 was an unannounced inspection that took place on the 14 September 2016.The inspection was carried out by two inspectors who had experience in adult social care.

Prior to this inspection we reviewed all the information we held about the service, including information about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We had asked the provider to complete 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 spoke with seven people living at La Luz Care Home and five relatives. Some people were unable to communicate with us at length so instead we observed the care and support being provided by staff.

As part of the inspection we spoke with the providers and four members of staff. We also spoke with a newly recruited staff member who was going to be the prospective manager in the future. We looked at a range of records about people's care and how the home was managed. For example, we looked at care plans, medicine administration records, risk assessments, accident and incident records, complaints records and internal and external audits that had been completed. We also looked at three staff recruitment files.

We last inspected La Luz care home on 12 September 2013 when we had no concerns.

Good

Is the service safe?

Our findings

People felt safe living at La Luz. One relative said" Yes I think my family member is safe here, they are always checking on them to make sure they come to no harm."

People were kept safe from harm because the provider managed risks to people's safety. When hazards had been identified risk assessments were in place to manage them. These were detailed and contained information for staff to follow regarding what the risks were to people and the measures needed to be taken to reduce the risk of harm. For example when someone was at risk of choking an appropriate diet had been arranged and guidance and training put in place for staff to follow to minimise this risk. When people required assistance with their mobility their risk assessment included guidance on how to move them safely without compromising their independence. This included the number of staff needed to move a person and the equipment to use such as a hoist, a standing frame or walking frame. Staff were competent undertaking these procedures and were seen to follow these guidelines to keep people safe when mobilising.

People were kept safe because staff understood their roles with regard to safeguarding people from abuse. Staff had a good understanding of what abuse meant and the correct procedures to follow should abuse be identified. All staff members had undertaken adult safeguarding training within the last year in line with the provider's policy and the local authority's procedures. One member of staff said "I would report anything I felt unhappy about to the manager." Staff told us they had not seen anything that resembled abuse while working in the home and if they did they would report this immediately. There were posters in the office explaining the different types of abuse with contact details of the local authority should staff require this information. The provider was aware of their role and responsibility about informing the Care Quality Commission regarding any referrals made to the local authority under safeguarding.

People's medicines were managed and given safely. Medicines were safely stored in a locked trolley and in a cupboard secured to the wall in the office. Staff that gave people their medicines received appropriate training which was regularly updated. Their competency was also checked annually by the registered manager to ensure they followed best practice to keep people safe. The registered manager carried out audits of the medicines every month in order to ensure medicines were managed safely and monitor medicine errors if applicable. The pharmacy also undertook safety monitoring audits and provided advice as appropriate.

People received their medicines when they needed them and as prescribed. The medicines administration record (MAR) charts were completed properly, without gaps or errors which meant people had received their medicines when they needed them. Each MAR chart held a photograph of the person to ensure correct identification of individuals and there was information on any allergies and how people liked to take their medicines. People had their medicines given to them in an appropriate way by staff. For example with food or after food as directed.

Medicines given on an as needed basis (PRN) and homely remedies (medicines which can be bought over

the counter without a prescription) were managed in a safe and effective way and staff understood why they gave this medicine.

People were safe because there were enough staff to meet people's needs. People's care needs had been assessed and a staffing level to meet those needs had been set by the provider. The provider and his wife worked in the home daily and had the support of at least three care staff and a cleaner on a daily basis. This could be flexible depending on what activities or events were planned on any one day. Two staff worked during the night. Staffing duty rotas confirmed that the appropriate number of staff had been in the home to support people for the previous month. Staff supported people throughout the day and there was a continued staff presence in the lounge where people sat and interacted with each other. People did not have to wait for assistance when they required this. A relative told us "Yes, quite frankly I do think there are enough staff here. I always see plenty of them around. I have never seen anyone asking for help without a member of staff being around to care for them.

The recruitment procedure was safe. The provider carried out appropriate checks to help ensure they only employed suitable people to work at the home. Staff files included information that showed checks had been completed such as a recent photograph, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with people who use care and support services.

People were safe because accidents and incidents were reviewed to minimise the risk of them happening again. A record of accidents and incidents was kept and the information reviewed by the registered manager to look for patterns or triggers that may suggest a person's support needs had changed. Action taken and measures put in place to help prevent reoccurrence had been recorded. For example when a person was unsteady or had fallen the provider was proactive and had taken a urine sample to rule out a UTI before referring to the falls team for additional support and intervention.

People would continue to receive appropriate care in the event of an emergency. There was information and guidance for staff in relation to contingency planning and we read each individual had their own personal evacuation plan (PEEP). The provider had made arrangements with the local church for shelter if the home had to be evacuated for any length of time. A recent fire risk assessment had been carried out on the building and fire drills were undertaken routinely both for day staff and during the night. Training records showed staff were up to date with fire training which meant they would know what to do should the need arise.

Good

Is the service effective?

Our findings

A relative told us their family member was "Well cared for by staff who knew what they were doing." People were supported by well trained staff that had sufficient knowledge and skills to enable them to meet people's identified needs. The induction process for new staff ensured they learnt the skills required to support people effectively. This included shadowing more experienced staff to get to know more about the people they cared for and for safe working practice. We saw this in practice during our visit. For example how people were moved safely.

Staff had the appropriate knowledge to undertake their roles. Mandatory training was undertaken regularly. This included safeguarding adults, fire safety, medicines awareness, health and safety, first aid and food hygiene. One staff member said, "I have done an NVQ level 3 in social care and enjoyed it." Another member of staff said they were undertaking NVQ level 6 in management to enable them to step into a managerial role in the future.

Staff were able to meet with their registered manager on a one to one basis, for supervision and appraisal. Records showed that staff were up to date with both of these. Supervision gives a manager the opportunity to check staff were transferring knowledge from their training into the way they worked. An appraisal is an opportunity for staff to discuss with their line manager their work progress, any additional training they required or concerns they had. Both of these are important to help ensure staff are working competently and appropriately and providing the best care possible for the people they support.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) processes were implemented appropriately. 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. Mental capacity assessments had been carried out for individual decisions. People's capacity was recorded on the computer system in use and linked into the care plan. It included areas such as people being able to retain information, and was around specific decisions like living in a care home. The registered manager told us if someone was unable to give consent then a best interest meeting would take place.

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). Staff understood the legal framework regarding the MCA and DoLS. DoLS. Applications were made and authorised where necessary. For example, in relation to people not being able to go out alone or when someone required additional support to manage their financial affairs.

People had enough to eat and drink to keep them healthy. They were happy with the quality, quantity and

choice of food and drinks available to them. One person said "The food is excellent here." Another person said "The food is very good" A relative said "The food they have is stunning. They have a very good cook. The food is always freshly made, and it is so healthy, and there is always a beautiful menu choice of food."

Menus were seasonal and were reviewed regularly. Menus were displayed in the dining room which showed people what was on the menu that day. The cook prepared apples from the garden as they were in season so people had stewed apples and ice cream as an additional menu option.

Lunch was a relaxed social event. Dining tables were nicely laid and there was a selection of drinks available on each table. One table was able to seat ten people and they all had good interaction with each other. There was a good staff presence throughout lunch and people had support to eat if they required this. One person chose to sit alone and had a poor appetite. Staff supported them to eat and provided alternative choices of food to encourage them to eat something.

People had a nutritional care plan and specific dietary needs were addressed in these plans. The registered manager told us if someone had specific dietary requirements they would be referred for the appropriate professional guidance. There was also guidance for staff to follow if people required specific support when eating. For example if people needed their food to be cut up or required soft food. One person was a slow eater so in order to promote independence the service provided them with a plate that had hot water container underneath in order to keep their food warm while they ate their food.
Monthly weight checks were in place which enabled staff to assess and monitor if people were eating and drinking enough to stay healthy. There was guidance for staff should people's weight reduce and staff had followed this when required.

People were supported by staff to maintain good health. Each person had a health action plan in place which recorded the health care professionals involved in their care, for example the GP, optician, dentist or physiotherapist. People were able to see their GP when they needed to.
Individual hospital passports were in place which explained people's needs and preferences for continuity of care and treatment should they be admitted to hospital.
Care plans documented when people's care needs had changed. When people's health needs had changed appropriate referrals were made to specialists for support. For example a person had been referred to the dietician regarding weight loss.

Good

Is the service caring?

Our findings

Staff were caring, attentive and interacted well with people. People were positive about the caring nature of the staff. One person said "I can't say a bad word, they are so caring here." Another person said "I am happy here and the staff are nice to me." One relative said "There are no faults with the care here." Another relative said "I visit every day and the care is always spot on, my family member is happy here."

The registered manager was showing people around the home as they were looking to place a family friend there. At one point they said the person had no family so may not have many visitors. The registered manager immediately responded by saying They will have us we will become their family." They said they were so reassured by that statement.

People received good care in a family orientated environment from a staff team that had worked in the home for a long time. This built a trusting relationship between people and staff. People looked relaxed and there was a caring and confident atmosphere in the home. For example when someone needed some reassurance staff held their hand and spoke gently to them and sat with them until they were settled. There was a good staff presence throughout the day and there was constant chatter between people and staff each time staff passed by.

Staff communicated effectively with people and listened to what they said. A member of staff spoke Portugeese and some staff spoke Spanish so they were able to could communicate with people when English was not their first language. They supported one person to talk with us by translating what they said to us. They were able to explain who we were and why we were in the home.

People were well cared for with clean clothes, tidy hair and were appropriately dressed. The weather was hot on the day of our visit and staff took extra care to encourage people to drink and provided a good supply of drinks throughout the day. People moved at their own pace around the home. Staff did not rush them or show any signs of being impatient. Staff waited patiently and gave people encouragement to complete tasks in their own time.

People were supported to be involved in their care as much as possible. They had been consulted about how they liked their care undertaken and what mattered to them. People told us they were always consulted before any decisions were made about them. A relative told us they had been consulted and involved in their relatives care as due to capacity their relative was unable to make some choices for themselves. They said "I am involved totally and they always ask my opinion. That makes me feel that I haven't lost them."

People's rooms were personalised with photographs, ornaments and furniture which reflected their interests and hobbies. A relative said "When my family member first came they were encouraged to bring in bits and bobs to make it feel like their home. The environment here really suits them, and the others, there are knick knacks everywhere that they can look at."

People's dignity and privacy were respected. Staff knocked on people's doors before they entered. Personal care was undertaken in private and bathrooms and toilets had doors that locked. People could have a key for their room if they wanted this. There was one shared bedroom and screens were provided to maintain the privacy and dignity of the people who shared this room.
Staff addressed people appropriately and called them by their preferred name. When staff discussed a person's needs or any personal information this was done in the office or a private area so that other people could not over hear what was being said.

Relatives told us they were able to visit when they wanted and were made to feel welcome.

Good

Is the service responsive?

Our findings

Before people moved into the home pre admission needs assessments were undertaken. This was to ensure people's health and social care needs could be met and the provider had the resources in place to meet these needs. People told us the registered manager had come to visit them and asked them many questions about what they liked and did not like. Relatives told us they had also been included to the pre admission assessment process in order to 'get things right' before people moved into the home.

People had been involved in their care planning whenever possible. A person said their care had been discussed with them and they were asked to sign their care plan. One person told us their relatives had been involved with their care plan and said "My memory isn't what it used to be." The registered manager told us a person's care plan had been discussed with them in Spanish so they understood. Three relatives told us they were consulted at each stage of the care planning process to ensure their family member's care was individual and personal to them. One relative said "They are excellent in keeping me in the loop and never miss a thing." These plans had been signed by the person to show they had been involved. When people were unable to contribute to their care plan relatives or advocates had been involved in this process.

Care plans were computer based, although a hardcopy file was also available so staff could have access to records quickly if needed. Care plans were written on information gathered from the needs assessments, and input from people whenever possible. These were well written and informative. They provided a detailed account of people's likes, dislikes, how personal care would be delivered, communication skills, medicine plan, nutrition plan, emotional wellbeing plan, and mobility needs. We saw care was provided according to people's care plans and their needs. Care plans were regularly reviewed with people and updated appropriately when needs changed to ensure the most up to date information was available for staff to follow. They also identified objectives for people and the action required by staff. They also identified where people could do things for themselves and the wording was around staff encouragement and supporting people's independence. Relatives and others were also encouraged to be involved in people's care. They told us they were invited to meet with the registered manager and staff to talk about care plans.

Activities met people's personal choice and interests. People sat in the lounge during the day and interacted with each other and the staff. There was a general atmosphere of contentment. Staff had to pass through the lounge to get to the kitchen and conservatory and always acknowledged people as they went which generated questions and general chatter. People were asked what they wanted to watch on television before it was tuned on and at one stage this was turned off as people were listening to music. One person was celebrating their birthday and a birthday cake was provided with morning coffee. One person said "We have cake every day and always home made." People chose to please themselves. One person chose to stay in their room for part of the day as they liked to read the daily paper and had a selection of books which they also enjoyed. They told us they participated in activities when the felt like doing so. The conservatory was also used as an activity room and there were ample puzzles, board games and quiz books available for people to use. External entertainment was arranged as part of the activity programme.

The home was family orientated and welcoming. A relatives said "It's like one big happy family here. When I visit other people are as happy to see me as well as my family member. It's what makes the place unique."

People's spiritual needs were respected. There was a service of worship organised monthly for people who wished to attend and the provider took two people to church every Sunday on their request.

People were supported by staff who listened to them and responded to any problems they may have. People and relatives knew how to raise any concerns or make a complaint. One person said "I have not had to make a complaint and if I had any issues I would talk to the manager who would solve the problem immediately.

People were provided with a complaints procedure when they were first admitted and there was a copy of this displayed in the reception area. The complaints policy included clear guidance on how to make a complaint and by when issues should be resolved. It also contained the contact details of relevant external organisations such as the Care Quality Commission and the local authority. There had been no formal complaints received in the past twelve months. The registered manager told us they were in the home every day and if anyone had an issue it would be resolved immediately.
Relatives were reassured that if they had to make a complaint that their concern would be acted upon. One relative said "I had a few minor issues from time to time but I have never made a formal complaint as the manager is only too willing to please."

Good

Is the service well-led?

Our findings

There was an open culture in the home where people, staff and relatives were able to express their views and were listened to. People were very positive about the home and the way the home was managed. One person said "I like living here and I am happy." Relatives were reassured by the open and transparent approach by the provider and his wife. One relative said I have every confidence in the home and the way it is managed." Another relative said "What you see is what you get. They are open and honest."

Staff were confident in their roles and felt they had the management support to be able to undertake their roles efficiently. Staff worked together as a team and there was good communication between them and the providers. A trainee manager had commenced employment and was being supported by the providers to assume management responsibilities in the future.

This is a small family run service with caring and homeliness at the heart of everything they did. This was reflected through the staff and their actions and they were visible throughout the day and supported people with a smile and kind words.

The registered manager undertook monthly audits of medicine records, care plans, risk assessments nutritional plans and staff duty rotas to monitor the service people received. These records were dated and signed to indicate that they had been reviewed and changes were recorded and updated as appropriate.

External care reviews were undertaken by the local authority which contributed to the quality auditing process. External medicine monitoring was also in place to drive improvement.

The registered manager also undertook health and safety audits and infection control audits to ensure the safety and wellbeing of the people living in the home, people visiting the home and to promote a safe working environment.

No formal surveys were undertaken. The provider told us that they were in regular contact with all relatives who give feedback and comments about the home and the care provided. Relatives attend events such as garden parties and were kept up to date on issues affecting the care of their family member or the running of the home.

Staff were involved in how the home was run. Staff had the opportunity to meet daily at handover as a team to discuss general information and any issues or concerns that occurred during the shift. They told us the registered manager would use the staff handovers to inform them of information change either to people of the management of the home. Formal staff meetings did not take place. The registered manager said they were in daily contact with staff and therefore meetings were not necessary unless something specific or urgent needed to be discussed. The handover we observed was positive and informative.

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. We had received notifications from the registered

manager in line with the regulations. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was displayed in the home so they would know how to respond if they had concerns they could not raise directly with the registered manager.