

Mr & Mrs I Tappin

# Lovat House

## 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

What life is like for people using this service:

- People were supported by staff who understood the need to ensure person centred care and to respect and listen to people. The provider ensured consistency in staff support meaning people and staff were able to build positive relationships. People told us they felt well cared for by staff who treated them with respect and dignity and encouraged them to maintain relationships and keep their independence for as long as possible. People received care and support based on their individual assessment, needs and preferences. Staff liaised with other health care professionals to ensure people's safety and meet their health needs. Where staff noted a concern they quickly involved healthcare professionals, to achieve positive outcomes for people and reduce any risks.
- The provider ensured that where needed staff received specialist training based on individual needs. Staff spoke positively about working for the provider. They felt well supported and that they could talk to management at any time, feeling confident any concerns would be acted on promptly. They felt valued and happy in their work.

Rating at last inspection: We previously inspected Lovat House on 6 June 2016 and rated the service as Good.

About the service: This service provides care and support for up to 26 older people who require residential care.

Why we inspected: This was a planned inspection based upon the length of time since we previously visited the service.

Follow up:

We will monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

## 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 improved to Good.

### Is the service effective?

Good ●

The service remains effective.

### Is the service caring?

Good ●

The service remains Caring.

### Is the service responsive?

Good ●

The service remains responsive.

### Is the service well-led?

Good ●

The service remains well-led.

# Lovat House

## Detailed findings

### Background to this inspection

#### The 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 checked 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.

#### Inspection team:

One inspector carried out the inspection.

#### Service and service type:

Lovat House is a care home that provides residential care for up to 26 older people.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection was unannounced.

#### What we did:

Before our inspection we took into account information we had received about and from the provider, including the provider information return (PIR) and incidents the provider must notify us about, such as abuse, serious injuries and events which may affect the running of the service.

During the inspection, we spoke with six people using the service and three relatives to ask about their experience of care. We spoke with four members of staff, the registered manager and the deputy manager. We also requested feedback from four external health and social care professionals. Everyone we spoke to described the service positively and had no concerns.

We looked at the care records for four people; medicines records, three staff recruitment records; supervision and training records and records relating to the quality and management of the service. Details

are in the Key Questions below.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes:

- The service had effective safeguarding policies in place. People were supported by staff who had been trained and who understood safeguarding, what to look for and how to report concerns.
- Records confirmed the registered manager reported concerns to the relevant agencies and undertook investigations where these were required.

Assessing risk, safety monitoring and management:

- Risks to people's well-being were assessed, recorded and staff were aware of these. These were based on individual needs, for example, specific health conditions and behaviours that could pose risks to people and others.
- The provider had a system to record accidents and incidents, we saw appropriate action had been taken where necessary.

Staffing:

- At our previous inspection we identified the provider's recruitment processes were not robust. Whilst the registered manager told us they had not recruited any staff since the last inspection, they told us they had learnt lessons and assured us their procedures to recruit staff were now safe. We found people were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.
- There were sufficient numbers of suitably trained and experienced staff to meet people's needs.
- Senior staff monitored staff deployment by conducting observation checks and by listening to feedback from staff.
- The registered manager was proud to tell us the home had not used agency staff and said, "We are a wonderful team and we share any shift between us to make sure care is delivered with continuity".

Using medicines safely:

- People said they received the support they needed with their medicines. They were supported to do as much as possible independently, for example counting medicines and self-administration when able to do so; People's abilities to self-administer their medicines was assessed.
- The registered manager had implemented a safe medicine procedure; Records of the safe management of medicines included checks of temperature of storage, disposal of medicines and records of medicines administration.
- Staff were trained to administer medicines safely and competency assessments were completed to ensure

staff had learnt from the training.

- Medicines records were accurately maintained; where errors occurred appropriate action was taken to address these and learn from them.

Learning lessons when things go wrong:

- The provider had a system to record and log all accidents, incidents, complaints and compliments. Where these required further investigation, this took place and the registered manager identified further learning for staff. At the time of our inspection, the registered manager had implemented a number of additional auditing systems to monitor the delivery of care.

# Is the service effective?

## Our findings

Effective, this means - People's care, treatment and support achieved good outcomes, promoted a good quality of life and was based on best available evidence.

Staff skills, knowledge and experience:

- Staff said they were well supported in their roles. They said they were able to discuss any concerns, progress or changing needs with the registered manager regularly. The registered manager also observed staff practice.
- People were supported by staff that had received training relevant to their roles. The provider was exploring systems to ensure that as people's needs changed, the skills, training and competence of staff were monitored effectively to ensure this remained up to date.

Ensuring consent to care and treatment in line with law and guidance:

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 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 were supported by staff that knew the principles of The Mental Capacity Act 2005. They knew what they needed to do to make sure decisions were made in people's best interests. Staff told us how people's relevant family members were involved and the registered manager provided examples of discussion held with other professionals where people did not have capacity to make complex decisions.
- People told us they were in control of their support. One person, when asked if staff sought their permission before providing care said, "Anytime they give me personal care they always ask me if it is ok to do it first. They take their time".
- Staff described to us the approaches they took when supporting people. These discussions demonstrated that people were involved and encouraged to make their own decisions and that staff respected these.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People's needs were assessed before the service began to provide support and people and their relatives confirmed this.
- The Equalities Act 2010 is designed to ensure people's diverse needs in relation to disability, gender, marital status, race, religion and sexual orientation are met. The provider had assessed and implemented any specific requirements regarding people's personal preferences.
- Where needed and identified at assessment the provider sourced specialist training to ensure staff could meet a person's needs.
- Care was planned and delivered in line with people's individual assessments, which were reviewed

regularly or when needs changed.

Eating and drinking:

- People's dietary needs and preferences were included in their care plans.
- People were supported by staff to maintain good nutrition and hydration.
- One person told us, "The cook is great, if there is something I don't like then I can have something different".

Staff providing consistent, effective, timely care:

- Staff worked well with external professionals to ensure people were supported to access health services and had their health care needs met. The registered manager had recently requested the input of a specialist health care professional as they had identified a potential risk for one person and wanted to ensure all appropriate measures were implemented to reduce this.

## Is the service caring?

### Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Treating people with kindness, compassion and respect:

- Through discussion with staff and people it was evident staff demonstrated a caring nature, showed compassion and empathy towards people and treated them with respect.
- One person told us, "They are lovely to me, I couldn't ask for any more. Don't get me wrong, I'd love to be living back home but I think this is the next best thing for me".
- The registered manager and staff talked about people with real consideration and kindness and emphasised their desire to be kind and compassionate in their dealings with people.
- A health professional told us that staff "Having a consistent staff team has helped build trust and good care".

Supporting people to express their views and be involved in making decisions about their care.

- People told us they and their relatives, where appropriate were involved in decision about their care and support.
- Staff recognised what was important to people and respected this. For example, one person liked to be left alone in their room for long periods of time but wanted to be asked if wanted to take part in activities.
- Where needed people had individual communication plans in place to enable them and staff to communicate effectively. These included; easy read; pictorial and for one person a traffic light system was used so staff could understand what behaviours meant and recognise when a person may be coming anxious and needed support. These were stored on an electronic system which staff had access to.
- Staff supported people to express their views and maintain their independence. One person told us "I am pleased the staff encourage me to keep moving otherwise I would probably end up just sitting in the chair all day".

Respecting and promoting people's privacy, dignity and independence:

- Staff understood the need to maintain people's privacy and dignity. One staff member said, "If am helping someone with personal care, I make sure they are covered up as much as possible, I speak to them and try and make they feel safe".
- People told us staff treated them as individuals and expressed no concerns about their privacy and dignity needs not being met.

## Is the service responsive?

### Our findings

Responsive – this means that services met people's needs.

People's needs were met through good organisation and delivery.

How people's needs are met; Personalised care:

- People were involved in the development of their care plans. One person told us how they were asked what they enjoyed doing in their spare time, the food they liked and how they would like their care to be delivered.
- Care plans were person centred and provided information to guide staff to people's needs, preferences and their wishes. They used these to set goals with people, to help them recognise achievements.
- Staff demonstrated a good understanding of person centred care. One staff member told us they made sure people were at the centre of their support and another member of staff told us how they spoke with one person regularly about previous holiday locations they visited, hobbies they had as a child and previous jobs.

Improving care quality in response to complaints or concerns:

- The provider had systems to manage complaints and the records reflected any complaints received were recorded, investigated and responded to in line with the provider's policy.
- People knew how to make a complaint and were confident to do so. One person said they would talk to staff if they were worried about anything. Records showed any concerns raised were investigated appropriately.

End of life care and support:

- No one using the service was receiving end of life care.
- The provider had a policy in place to guide staff about their expectations when a person reached the end of their life.

# Is the service well-led?

## Our findings

Well-led, this means - What is life is like for people using this service:

- People received compassionate, personalised support which met their needs from kind and caring staff. People's rights to make their own decisions was respected.
- Staff had a good knowledge of people and understood what was important to them.
- Staff were skilled and received training to ensure they could meet people's needs.
- Staff ensured people had support that met their needs and choices whilst minimising any risks associated with these.
- People's dignity and privacy were respected and their independence was promoted.
- The registered manager was open and committed to making improvements.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements:

- The service was well-run and there was a clear staffing structure.
- The registered manager and the deputy manager were both very much involved in the day to day running of the service including working hands on, alongside staff where required.
- Staff also strived to ensure care was delivered in the way people needed and wanted it.
- Staff understood their roles and responsibilities and were confident in the registered manager.
- There was a good communication maintained between the registered manager, director and staff.
- Staff felt respected, valued and supported and that they were fairly treated

Continuous learning and improving care:

- The provider had effective quality assurance systems in place which supported improvement.
- Staff and senior managers were open to learning and encouraged progress. One person said, "I can remember saying something at a meeting once and the manager apologised. They acted straight away and things have changed for the better now".