Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Lorne House

14 Lorne Street, Kidderminster, DY10 1SY

Tel: 01562630522

Date of Inspection: 09 October 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Mr and Mrs Saporito
Registered Manager	Mrs. Gina Vaughan
Overview of the service	Lorne House is located in the town of Kidderminster. The service provides personal care and accommodation to adults who have learning disabilities.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 9 October 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

When we inspected nine people lived at the home. They had varying levels of learning disabilities. We talked with three of the people at the home. They told us they were happy with the home and the staff. One person told us: "The staff look after me." Another person said: "The staff are nice." We also spoke with the provider, two members of staff and two relatives.

We watched staff as they cared for people. People who had been able had given consent for care and staff always asked for permission before providing care. Other people had been supported by their relatives to make decisions about their care and support. We found records that showed what care people had consented to.

Staff provided care and support that met people's needs. We found that staff knew about the needs of the people they cared for. We looked at care records for three people and found that these contained guidance for staff on how to meet their needs. We saw that people's needs had been reviewed regularly.

People told us that they were happy with the food that they had been given and that they had been offered choices. Healthy food options had been included and people's health had been considered when meals had been planned.

The registered manager had taken reasonable steps to ensure that suitable people had been employed to work at the home. Records had been maintained appropriately and stored securely.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

The provider had systems in place to gain and review consent from people who used the service.

Reasons for our judgement

We observed care and support given to people who lived at the home. We saw that staff spoke kindly to people, and gave them time to respond. For example, when they asked a person a question or offered to help them staff had been patient and waited for people to give their answer.

We found that people had been asked for their consent before they were given any care or support and staff had acted in accordance with their wishes. For example, during lunchtime we saw staff asked people if they needed help with their meal and gave them time to respond. None of the people wanted help and staff respected their choice. One staff member told us: "We only do what they want [people who lived at the home]." Another staff member said: "If they [people who lived at the home] don't want it we don't do it." This meant that staff recognised the importance of ensuring people agreed to any provision of care before they carried it out.

We also saw that pictures and symbols were used to help people and staff understand each other. This meant that people who had difficulty speaking had ways in which they had been able to express their wishes. A relative told us how staff had helped a person to make their own decisions about consent. They said "X [the person] improved a lot because they [staff] spent time with X; they understand him. With their support X can make choices. They respect X's decisions." A relative who supported a person who lived at the home with their decisions said: "They always get in touch with me. There's nothing they do that I'm not invited to speak my mind about."

Staff told us when it had been necessary people had been supported by relatives to make their own decisions about consent. Records we read confirmed what we had been told. For example a person, who had been supported by a relative to make a decision, did not consent to treatment by their doctor. They also said they did not want this treatment in the future. The person's wishes had been followed and records in their care plan had been changed to show this. This meant that staff could check to see what care, support or

treatment a person wanted.

We saw that care records had been reviewed regularly. People and their relatives had been involved. We saw that when people's consent had changed their wishes had been recorded.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People we spoke with were complimentary about the care that they had received. One person said: "I like it here." Another person said: "It's good here the staff are nice." A relative said: "Absolutely wonderful, perfect in every way."

We spent time observing how staff supported people. We saw that staff spent time with people talking to them and encouraging them to undertake daily activities. For example we saw staff supporting people to make their lunch and with washing up afterwards. This meant that staff supported people to be independent.

People's care had been delivered in line with their care plan. Care plans we looked at identified the support that staff needed to provide in order to meet people's needs. We saw that staff gave care that matched with information in people's care plans. We also looked at notes that staff had made to record the care they had given. These showed us that people had received care that met their needs.

Staff told us that people's needs and the care they received had been reviewed regularly. This was confirmed by the three sets of records we looked at and by relatives we spoke with. For example, a relative told us they had regular review meetings with the registered manager and staff to discuss and plan for their relative's needs. They also told us when it had been necessary changes had been made to their relative's care plans. This meant that people's care plans continued to meet their changing needs.

Staff said that they involved medical professionals such as doctors, dentists and mental health experts when there had been a need. Records showed us when appointments had been made and what directions had been given by medical professionals. This showed us that people had access to medical professionals when it had been needed.

We saw that when people had been identified as being at particular risk, for example at risk near roads, appropriate measures had been put in place to prevent the risk from happening. This meant that care had been planned in a way that was intended to ensure that the possibility of harm had been minimised.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

A person who lived at the home said: "The food is good here." Relatives we spoke with told us that they thought the meals provided in the home were of good quality and served in sufficient quantities. One relative said: "There is always plenty of fruit and vegetables, all healthy, no rubbish, 10 out of 10." We saw that a range of alternatives were available every day for people to choose. This meant that people had been given choices about the food they wanted to eat.

Another relative we spoke with told us that staff supported their relative to eat and drink healthily. The relative said: "There is plenty of healthy food options." We saw that drinks and snacks were available throughout the day of our inspection. We saw that staff asked people if that wanted a drink and offered choices.

Equipment was available to help people to eat and drink independently. For example, we saw that that cutlery had been adapted to meet people's needs. At lunchtime we saw that staff spent time with people and supported then to eat and drink when it was appropriate.

Staff told us how people's health had been considered when their care had been planned. We found that this had been recorded in care plans. During lunchtime we saw how food was prepared to meet people's different needs. This matched what we had been told and read.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We looked at how people had been recruited to work at the home and support they had received to do their jobs.

We read applications from people who wanted to work at the home permanently. We found that people had been required to write about their skills and abilities in their application. When a person had been offered a permanent position their previous employer had been asked to provide evidence of that person's suitability for the job offered. In addition, criminal record checks had been carried out for each person. This meant that the registered manager had made sure that only suitable staff members had been employed.

We found that all new members of staff had completed induction training. This included training about the provider's policies and practices. We saw that staff had either been trained or had training planned that ensured that they knew how to support people properly. Staff we spoke with confirmed that this. They also told us that the provider had encouraged and supported them with their training. This meant that the registered manager had ensured that new staff had been trained to work at the home.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment.

Reasons for our judgement

We saw that records had been kept securely. The provider was able to provide us with records when we asked for them. Records we read had been completed by staff when required and had been kept up to date. Information recorded in records matched with what we had been told by staff and relatives. Details of when records had been made and who had written them had also been included.

Each member of staff had a personnel file record. These included details staff recruitment, personal details, management supervisions and training records. Our observations and what we had been told confirmed that these records had been effective in ensuring that staff remained able to do their jobs.

We also looked at a selection of policies and procedures. All of the policies and procedures we saw had been regularly reviewed and updated.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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