

Mr Ian Robert Tappin

Lovat House Residential Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Lovat House Residential Care is a residential care home providing personal care to up to 25 people in one adapted building over three floors. The service provides support to older people. At the time of our inspection there were 15 people using the service.

People's experience of using this service and what we found

The provider did not ensure there were effective systems in place to oversee the service and to support effective governance.

The provider had not ensured staff including agency workers were provided with appropriate training, so they could do their job safely and effectively. Staff had also not received supervisions and appraisals in line with the providers policy in order to support their development. Staff said they felt supported to do their job and could ask the home manager for help when needed.

The provider did not always ensure the maintenance of the premises safety in regards to legionella checks, thermostatic mixing valves and fail-safe checks.

We recommended the provider review their documentation in relation to end of life care and for the provider to ensure they support people to express their views and be involved in making decisions about their care.

People told us they felt safe. Staff understood their responsibilities to raise concerns and report incidents or allegations of abuse. The provider ensured their safeguarding systems were operated effectively to investigate allegations of abuse or neglect. Individual risk assessments were in place meaning staff knew how to provide safe care to people.

The service had an open and transparent way of working to ensure the safety of the people living at the service. Staff knew people they supported well and cared about their wellbeing. People and their relatives said people were treated with care, respect, and kindness by staff. Staff felt they could ask the management team for help when needed.

People were supported with their nutrition and staff worked well with people, families and health and social care agencies to support people's wellbeing.

People's care was individualised in order to best meet their needs and activities were in place to support with stimulation. Care plans were person centred and included the input of the relevant person. There were contingency plans in place to respond to emergencies. The provider had sought feedback from people and families.

Systems were in place for people to raise concerns and they felt they would be listened to. People felt that staff were caring, and regular activities were available for them to take part in if they wished to.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for the service under the previous provider was good (published on 8 January 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lovat House Residential Care on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to staffing, premises and equipment, and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details in our well-led findings below.

Requires Improvement ●

Lovat House Residential Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector

Service and service type

Lovat House Residential Care is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Lovat House Residential Care is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection. This was to ensure the registered manager would be present for the inspection.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we held about the service include notifications received. We used all this information to plan our inspection.

During the inspection

We spoke to four members of staff including the registered manager, the provider and care staff. The provider is responsible for supervising the management of the service. We received feedback from a further eight members of staff. We spoke to six people who use the service and two relatives. We reviewed records including four medicine administration records, four care plans and risk assessments and multiple environment and management audits. We also reviewed three recruitment records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People were placed at risk from scalding due to hot water.
- The home consists of three floors. The home did not have thermostatic mixing valves (TMV) in place in some areas of the home due to the water reportedly being too cold in people's rooms. TMV's are used to blend hot water with cold water to ensure constant, safe water temperatures, preventing scalding.
- However, there was no evidence of failsafe checks being completed to ensure the TMV's are working on the ground and third floor. Guidance from the Health and Safety Executive states regular safety testing should ensure that the equipment remains safe at all times.
- There was no risk assessment in place in relation to the areas of the home not having TMV valves in place in the event the water from the boiler was too hot.
- Furthermore, there was no risk assessment in place to mitigate the risk of water becoming too hot on the second floor without the TMV's in place.
- Temperatures of hot and cold water were monitored regularly, in order to reduce the risk of legionella. However, there was no evidence of documentation stating what the water temperature should be or the action to take if the recording is not within the parameters.

The registered person had not ensured premises risks to the health and safety of people were effectively maintained and managed. This was a breach of regulation 15 (premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider completed failsafe checks on the TMV's to ensure they were working effectively.
- There was some evidence that environmental safety had been managed. We saw records of electrical equipment checks, fire systems, legionella checks and electrical checks that took place.
- People had personal emergency evacuation plans in place which highlighted the support required in order to evacuate the building safely.
- Fire evacuation simulation had regularly taken place until 2021 where, due to COVID-19, they were paused. The provider advised they will be re-starting the simulations in the coming weeks.
- Risks to people's individual conditions and abilities, such as risk of falls had been identified and there was a plan how to manage these risks. People's care records gave details of any equipment required.

Systems and processes to safeguard people from the risk of abuse

- Where safeguarding concerns have been raised, the registered manager investigated the concern

efficiently and in depth to identify any further risks to people.

- All staff had received training in relation to safeguarding adults and told us they were aware of actions to take if they identified a concern, "If I saw a member of staff abusing a person, I would go straight to the manager. If the manager wasn't there, I would go to [senior member of staff] or I would phone [provider]. I would contact the Local Authority or CQC."
- People told us they felt safe living at Lovat House Residential Care and were aware of who to talk to if they were worried, "I could speak to [registered manager] or [provider]. I tend to speak to care staff."

Staffing and recruitment

- Staff felt there were enough staff. On the day of our visit we saw call bells answered promptly.
- However, people reported that they did not always feel there were enough staff, "Sadly at the moment they are short staffed. Those that are here are very good at caring for us. They are our friends. Staff can be running around sometimes and look very busy but still manage to look after us."
- Rota's confirmed staffing levels deployed met the staffing needs analysis.
- The provider followed safe recruitment procedures when employing new staff. This included evidence of conduct from previous employment, reason for leaving their previous job and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- We observed staff following good practice guidance when administering medicine to people. There was a safe system to manage and store medicine including medicine needing cold storage.
- Where people had been prescribed medicines to be taken on 'when required' (PRN) basis, PRN protocols were in place to guide staff.
- People's care plans contained details of people's prescribed medicines, the dosage and the reason for taking these.
- Staff had received adequate training in relation to the handling of medicines and training was provided regularly.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The service supported people in receiving visits from friends, family and professionals. COVID tests were provided to all visitors if they had not completed one prior to visiting the home. PPE was also provided to all visitors to protect people. A bedroom had been altered to support social distanced visits as needed.

Learning lessons when things go wrong

- There was a system to record individual incidents and accidents.

- Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- The home manager explained how incidents and accidents would be investigated.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had not completed the required training to enable them provide effective support to people.
- The provider's staff training matrix showed seven out of 16 staff were not up to date with the provider's mandatory training.
- Some people had catheters in place, however staff had not had training in relation to catheter care. This was raised with the registered manager who has arranged for training to be completed by all staff.
- There was no evidence of appraisals having taken place with staff within the last year. This was confirmed by staff. This meant staff did not have the opportunity to discuss their work life and career objectives with their relevant line managers.
- Supervisions were due to take place on a two monthly basis however staff told us that they had not had a supervision for extended periods of time. Supervision sessions with staff had not been completed since March 2021.

The registered person had failed to ensure staff received such appropriate training and professional development necessary to enable them to carry out their roles effectively. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, further training and supervisions and appraisals have taken place to support staff's knowledge and development.
- New staff completed an induction period which included a period of shadowing their 'buddy' to ensure they were confident and competent before working unsupervised.
- Staff told us they felt the registered manager and senior team were supportive and approachable.

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

- Medicine protocols were in place in order for staff to be aware of how people will verbalise their pain.
- The registered manager and staff reported people's care plans were updated with any changes relating to a person's care. This was shared with staff during daily handovers. The service also use an online system that flags changes to people's care in order to ensure all staff are aware of the change.
- Relatives told us, 'I'm so pleased and relieved he is here... They're really caring and I have peace of mind knowing he is safe and comfortable'
- Pre-admission assessments had taken place before people they moved into the service. This meant the

service and registered manager knew they could cater for a person's care needs and support. Local authority records were also obtained before the person was accepted to the service.

- Plans were person centred and contained information covering their likes and dislikes and a summary of daily routines, including how the person would like the care to be carried out. One person told us, "There are one or two things I don't want but they know this and accommodate this."
- Plans were based on assessment, were well written and clear. Information seen in plans indicated that people were supported to access healthcare services and professionals when required.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain a balanced diet.
- People's likes and dislikes of food had been recorded and kept in the kitchen to ensure people received food they enjoyed.
- People who were identified as at risk from dehydration or malnutrition were placed on food and fluid charts to monitor their intake. These records were reviewed by the senior care team and weight monitored on a monthly basis to monitor their nutritional needs. The registered manager had ensured there was input from other professionals, including the GP, where fortified drinks were prescribed.
- Relatives and people told us they enjoyed the food served at the home. One relative told us, "He is currently on a food chart, but he appears to be enjoying the food. He is eating everything for the past week or so. He is very fussy and wouldn't eat it if he didn't like it."

Adapting service, design, decoration to meet people's needs

- People's care and support was provided in a clean, well equipped and well-furnished environment which met people's sensory and physical needs.
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home.
- The design, layout and furnishings in a person's home supported their individual needs.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were referred to health and social care professionals appropriately and as needed by staff.
- Staff worked with professionals from the 'rapid response team' and 'care home support team', who support care homes to provide optimal care to people and provide further support to staff when required, as well as dieticians and GP's to monitor and support people's health, safety and wellbeing.
- Personal touches such as photographs and ornaments were appropriately displayed for people to remember and reflect on important aspects of their lives.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal

authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff knew about people's capacity to make decisions through verbal or non-verbal means.
- Staff received training in the MCA, to ensure their knowledge and practice met the needs of people.
- Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Throughout the day we observed a warm, caring and relaxed atmosphere. The staff told us the registered manager had created a culture that promoted a caring approach.
- People's relatives were positive about the care provided to people. Comments from relatives included, "They [the staff] are very approachable and listen to anything we say and act swiftly to ensure that the care is correct."
- Feedback from people demonstrated people benefitted from a caring team. Comments from people included, "We get cared for very well. It is very good. We regard them as friends."

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

- Staff knew people's needs well and told us despite this they would always offer a choice.
- People reported that staff supported them to make everyday decisions on a regular basis.
- People were provided with questionnaires on an annual basis regarding the care provided at the home. This was then reviewed by the registered manager to identify improvements that could be made to support further with individualised care to people.
- Staff supported people to maintain links with those that are important to them.
- We observed staff asking people what their preferences were before providing care and support.

Respecting and promoting people's privacy, dignity and independence

- People's personal, confidential information was protected. We saw documents were stored in a secure, lockable cabinets in the office and where any information was stored electronically, staff used individual login passwords to access it.
- When we asked people if they felt they were treated with dignity and respect, people felt they were. For example, one person told us, "Yes. They always close the door when I am on the toilet or if I am getting dressed."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement: This meant people's needs were not always met.

End of life care and support

- The registered manager showed us people's end of life wishes were documented on a separate form written in collaboration with the registered manager and GP. However, there was no evidence this had been discussed with the person.
- People's end of life wishes were not always included within people's care plans.
- The registered manager highlighted one person who was receiving end of life care, however within the person's care plan, there was very limited documentation about their wishes.

We recommend the provider reviews their documentation in relation to end of life care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences;

- We received mixed feedback regarding people being involved in their care planning. Three out of the six people we spoke with felt they were not always involved in reviews of their care however, two felt they were involved and one relative commented they were involved in care reviews.
- One person told us, "I have not seen my care plan and it has not been discussed with me since I joined." However one relative told us, "I was involved in the creating of the care plan and asked about [person's] likes and dislikes and a little bit about their history."
- People's care plans did not always contain evidence they had been consulted about their wishes for the type of care and support they wished to receive.

We recommend the provider ensures they support people to express their views and be involved in making decisions about their care.

- People's needs and choices were assessed by staff and documented in their care plans.
- People's care records contained detailed descriptions of people's likes, dislikes, life histories and preferences.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The staff ensured people were supported to maintain contact with relatives via phone calls or video calls where possible.
- Staff worked hard to ensure people received social stimulation as much as possible. There were detailed records of activities people had been offered, participated in or refused.
- During mealtimes, we observed people were sat together to support with social interaction.

- External companies regularly visited the home to provide activities for people. One person told us, "It is very sociable here. We get entertainment here. They [entertainers] come in and sing songs/ play music. I am quite happy with how often it is."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff were aware of the individual needs of people and felt they had enough information to support the person safely and effectively.
- People's communication needs were recorded in their care plans so staff were aware of how to support the person in the most appropriate way. For example, one person's care plan said, "How I communicate: By talking- you ought to know I speak very quietly."

Improving care quality in response to complaints or concerns

- The provider's complaints policy was available and there was a system to record and manage the complaints.
- Where complaints had been raised, they had been responded to efficiently and improvements had been made.
- People and their relatives told us they could raise concerns, however did not always know the outcome, "I felt listened to when I raised the complaint but whether there is an outcome to it I don't know.", "I have raised a complaint before but I don't know what was done about it." This was discussed with the registered manager who agreed this would be reviewed.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager did not always effectively operate quality assurance and governance systems to drive continuous improvement in the service. For example, although reviews of care plans had taken place every three months, there was no evidence of audits being completed of people's care plans and risk assessments.
- The management team had not operated an effective system to assess, monitor and improve the quality and safety of the service provided. For example, the registered manager did not record lessons learned and themes following incidents and accidents.
- At this inspection, we found breaches of three regulations. The provider had failed to ensure effective training, good governance and premises checks

Systems and processes to monitor quality and safety in the service were not established and operated effectively to ensure compliance with legal requirements. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff felt able to raise concerns with managers and believed they would be listened to.
- We observed there to be a positive and caring culture amongst staff at the service. Staff knew people they supported well and were regularly observed to be having friendly and person-centred conversations with people.
- The service had a whistleblowing policy in place. We spoke with the registered manager who stated they had an open and honest culture where they encouraged transparency and learning from mistakes. This was confirmed by staff.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The regulations set out specific requirements that providers must follow when things go wrong. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The provider was aware of their responsibilities in relation to this standard.
- The management team had developed good relationships between people, family members and staff and

actively encouraged feedback from people to help improve the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were opportunities for people and relatives to provide feedback. The management team operated an open-door policy and welcomed any feedback.
- An annual survey took place for relatives which enabled a measure of their feedback. Results were analysed in order to identify areas where improvement was required.

Working in partnership with others

- The service worked well in partnership with health and social care organisations, which helped to give people using the service a voice and improve their wellbeing.
- The service worked in partnership with professionals such as GPs, social services, mental health teams and the local authority.
- One professional told us, "They [service] are engaged and working with us. They [service] have had some very difficult discharges... But they have managed..."

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	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>How the regulation was not being met:</p> <p>The registered person had not ensured premises risks to the health and safety of people were effectively maintained and managed. This was a breach of regulation 15 (premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 15 (1)(c)(e)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person had not operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. They did not ensure there were established processes to ensure compliance with the fundamental standards (Regulations 8 to 20A). Regulation 17 (1,2, a,b,c,d)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>The registered person had not ensured staff were suitably qualified, competent, skilled and experienced to carry out their roles effectively.</p>

