Mr D Pearce & Mr M Brook

Lugano Residence for the Elderly

Inspection report

3 Powell Road
Buckhurst Hill
Essex
IG9 5RD

Tel: 02085052695
Website: www.luganocarehome.co.uk

Date of inspection visit:
26 January 2016
02 February 2016

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

This inspection took place on the 26 January 2016 and 2 February 2016 and was unannounced.

Lugano Rest Home for the Elderly provides accommodation and support for up to 27 people who may need assistance with personal care and may have care needs associated with living with dementia. There were 27 people living at the service at the time of our inspection. The home does not provide nursing care.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service provided good care and support to people enabling them to live fulfilled and meaningful lives. People were treated with kindness, dignity and respect by staff who knew them well. The registered manager ensured staff had an understanding of people's support needs and had the skills and knowledge to meet them.

People were cared for by staff that had been recruited and employed after appropriate checks had been made. There were sufficient numbers of staff available to meet the needs of people. Staffing levels were calculated according to people's needs and were flexible to respond to people's changing needs. Staff told us that they were well supported to carry out their work and had received regular training and supervision.

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to raise an alert if they had any concerns. Medicines were stored and administered in a safe way.

We found there were policies in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff were aware of what these meant and the implications for people living at the service. Where people had been deprived of their liberty, applications had been submitted to the local authority for a DoLS authorisation.

People were supported to maintain their health and wellbeing and had access to, and received support from, other health care professionals. People were provided with sufficient food and drink to meet their needs and were provided with a choice of meals.

People's bedrooms were personalised to reflect their individual tastes and personalities.

There was a programme of social activities available. People were supported and encouraged to pursue leisure activities in the community and to join in activities provided at the home.

People knew how to raise a concern or make a complaint. Complaints were dealt with efficiently and quickly.

There were quality assurance systems in place which assessed and monitored the quality of the service. These included audits on medication management, incidents and accidents, health and safety and seeking the views of people, relatives and staff.

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.

There were sufficient staffing levels to safely meet the needs of people.

People were protected from the risk of harm. Staff had received safeguarding training and knew how to keep people safe.

There were systems in place to manage medicines and people were supported to take their prescribed medication safely.

Is the service effective?

Good

The service was effective.

The registered manager had ensured applications in relation to Deprivation of Liberty Safeguards had been submitted.

Staff received effective support and training to enable them to deliver care and fulfil their role.

Suitable arrangements were in place that ensured people received good nutrition and hydration.

People were supported to maintain good health and had access to appropriate healthcare services.

Is the service caring?

Good

The service was caring.

Staff communicated effectively with people and treated them with kindness and compassion.

Staff knew people well and had a good understanding of people's care and support needs.

Care plans and risk assessments were detailed and individualised to meet people's needs.

Is the service responsive?

Good

The service was responsive.

People's care plans were person centred and contained all relevant information needed to meet people's needs.

People pursued their social interests in the local community and joined in activities provided in the home.

There were systems in place to deal with people's concerns or complaints.

Is the service well-led?

Good

The service was well led.

There was an open and positive culture.

The service was run by a committed registered manager who had a clear vision for the service.

Feedback from people, relatives, staff and healthcare professionals was positive.

There was an effective system of quality assurance in place which identified any areas which required improvement.

Lugano Residence for the Elderly

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 26 January 2016 and 2 February 2016 and was unannounced.

The inspection team consisted of one inspector.

Before the inspection the provider completed 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 reviewed the information in the PIR and information we held about the service. This included safeguarding information and statutory notifications we had received. Notifications are changes, events or incidents that the provider is legally obliged to send us.

As part of our inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During our inspection we spoke with five people, two relatives, five members of staff, the deputy manager and the registered manager. We also contacted health and social care professionals such as GPs and pharmacists to seek their views about the service.

We reviewed a range of documents and records including four people's care records, risk assessments and daily records of care and support. We also looked at records which showed how the service was managed, reviewed staffing records, quality assurance information and minutes from staff and relatives meetings. We also reviewed people's medical administration record (MAR) sheets.

Good

Is the service safe?

Our findings

People told us they felt safe. Comments included, "I'm really happy here I feel safe." A relative said, "[Name of relative] is very well looked after and is safe here. We looked at a few care homes but I had a good feel about this place and have been very impressed."

People were protected from the risk of harm or abuse. Staff were trained in recognising the signs of abuse and understood the importance of keeping people safe and protecting them from harm. Staff we spoke with were able to identify the different types of abuse and what action they would take if they witnessed or suspected abuse. One member of staff told us, "I would go and report to the manager but if I thought they were involved I would go to CQC for advice." Another said, "I would go to the manager if I thought someone was being abused." There were clear guidelines for staff to follow if they suspected people were being abused. The registered manager had reported safeguarding concerns appropriately to the local authority and to CQC. Staff we spoke with confirmed there was a whistleblowing policy and told us they would use it and were aware they could report any concerns to outside authorities such as CQC or the local authority. The service had safeguarding and whistleblowing policies and procedures in place. These documents provided guidance to staff on their responsibilities to ensure people were protected from abuse. In the main foyer of the home an 'Ask Sal' poster was displayed. 'Ask Sal' is a confidential helpline for people, relatives or staff to call if they had any safeguarding concerns.

There were enough skilled staff to support people and meet their needs. People told us that there were enough staff and they did not have to wait too long for staff to support them. One person told us, "They [staff] come pretty quick when I use my call bell." Another said, "They come as quickly as they can." Rotas were flexible to ensure the needs of people were met. Staff told us that generally there were enough staff. One staff member said, "We have a good team, we work together. If we get a phone call we try as much as we can to help out. The seniors are always looking at the rotas to ensure there's enough staff." On both days of our inspection we observed staff providing care and support to people at different times. Staff were not rushed and responded to people's needs and requests in a timely manner.

An effective system was in place for staff recruitment to ensure people were safe to work at the service. The recruitment procedure included processing applications and conducting employment interviews, checking a person's proof of identity and right to work and seeking references. Disclosure and barring checks (DBS) were completed for staff to ensure they were safe to work with vulnerable adults. The recruitment records we looked at confirmed that appropriate checks had been undertaken and that the provider's recruitment processes had been followed. Disciplinary procedures were followed if any member of staff behaved outside their code of conduct. This meant that people could be assured that staff were of good character and fit to carry out their duties.

Risks to people were well managed. Risks to people's safety had been routinely assessed, managed and regularly reviewed. Care plans included a variety of assessed risks to people such as falls, pressure sore management and risks related to people maintaining their independence. Where risks had been identified staff had, where possible, managed these without restricting people's choice and independence. One

member of staff told us, "We need to keep people safe and identify and minimise any risk. I'm not risk adverse it's important to have risk assessments as they help us."

Accidents and incidents were recorded and monitored by the registered manager to ensure hazards were identified and reduced. We saw that action had been taken to review people's risk assessments for example when they had fallen. This ensured that if any trends were identified actions would be put in place to prevent reoccurrence for example referrals made to the Falls team. Records showed that the provider carried out daily health and safety checks and weekly health and safety assessments were also undertaken by the registered manager.

People lived in a safe environment and appropriate monitoring and maintenance of the premises and equipment was on-going. The service had a maintenance person who worked one day a week carrying out repairs as and when needed. There were processes in place to keep people safe in the event of an emergency. Staff understood what they should do in emergency situations and had access to a list of contact numbers to call which included the provider's on call management team. The provider had a business continuity plan and people had individual personal emergency evacuation plans (PEEPs) in place.

The provider had systems in place that ensured the safe receipt, storage, administration and recording of medicines. Senior care staff were responsible for administering medication and training records confirmed they had received appropriate medication training and had undertaken regular competency assessments which included observations of practice by the deputy manager. We observed a medication round. The member of staff had a good knowledge of people's medicine needs and gave people their medication appropriately. People confirmed staff brought their medicines to them at the correct times. One person told us, "I get my medication on time; [name of staff] is very good and tells me what I'm taking." Monthly medication audits were carried out to ensure safe management of medicines.

Good

Is the service effective?

Our findings

People received effective care and support. People we spoke with told us they were happy with the care provided. People's relatives told us they were confident that staff were skilled to meet people's needs. One relative said, "[name of person] has made very good progress since being here. Also because staff know [name of person] so well they recognised something was wrong and sought medical assistance when they became unwell last year."

The provider operated a system called 'Consistent Assignment' (CA). This meant people received care and support from the same core group of care staff. The registered manager told us she had recognised people had different needs and wants, some people were living with dementia and some were not and people wanted to live completely different lifestyles. She said, "I spoke with staff and people and asked them who they would like to work with. From that three teams were set up; the teams have grown organically and people can choose which team they want to be in. People told us they wanted the teams to be named after a colour and carers wear corresponding coloured polo shirts. This approach has improved the quality of care people receive and has revolutionised the home with people now leading more meaningful lives." One person told us, "I am in the blue team; sometimes we all go out for a coffee or for a meal. We go out a lot. We have staff allocated to us and we get to know them really well." Staff were also positive about the CA approach, one staff member told us, "It helps as we [staff allocated to group] really get to know people well. For example [Name of person] can become very aggressive when anxious but they recognise our voices which helps to calm them when they are anxious ."

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty safeguards (DoLS). 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. 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.

Staff received training on MCA and DoLS and had an understanding of the key principles of the MCA. We spoke with the registered manager who was aware of their responsibilities with regard to DoLS. Records we looked at showed assessments had been undertaken of people's capacity to make decisions. Where people had been deprived of their liberty the registered manager had made appropriate applications to the local authority for a DoLS authorisation. People told us they were asked for their consent to care. During our inspection we observed staff asking for people's consent before giving assistance and giving people time to respond.

Records showed, and staff confirmed, that they had received an induction programme which included orientation around the home, getting to know people, fire procedures and safeguarding. Staff also told us they had shadowed more experienced staff before working on their own. One member of staff said, "I completed Skills for Care which took about 12 weeks, shadowed colleagues, looked at people's care plans

and was told about procedures and what to do in an emergency." All new staff were required to complete the Skills for Care Certificate which is an assessment based learning programme.

Staff had received appropriate training to support people and meet their individual needs. Records showed staff had completed all essential training and staff told us they were provided with sufficient training in order for them to fulfil their duties. Most staff had completed a relevant health and social care qualification. Comments from staff included, "We get lots of training, good training", "We have quite a lot of training enough for what we need" and, "I have a NVQ Level 2 in health and social care and they will support me if I want to do NVQ Level 3." One person told us, "I'm sure all the staff have had all the training they need, they haven't given me any concerns that they haven't had the training." A healthcare professional told us, "I contact [the home] at least twice monthly and they contact me for support and training. My training with them covers hydration, skin pressure care, continence and catheter care."

Staff told us that they felt supported and valued by the registered manager and received regular supervision and appraisal. Records we looked at confirmed regular supervision meetings had taken place where staff had the opportunity to discuss their responsibilities and to develop in their role.

People were supported to have enough to eat and drink and to maintain a balanced and healthy diet. Throughout our inspection we observed snacks including fresh fruit and drinks being regularly offered to people. People told us that the meals provided were nice, they were given sufficient choice of meals and that alternatives were always available. Comments about the food included, "You can have what you like you always have a choice; I had beef curry and rice yesterday it was gorgeous", "Always fruit and snacks to help yourself to" and, "We get asked by [name of cook] what we like to eat she's very good." Our observations showed that the dining experience was positive and pleasant for people. The atmosphere was relaxed and people were chatting with staff and each other. Some people required support to eat their meals and this was provided sensitively by staff.

People were supported to maintain good health and to access healthcare services. Where necessary, advice had been sought and referrals had been made to health care professionals, for example, the occupational therapist, dietetic team and the speech and language therapy team (SALT). People told us that they saw a variety of healthcare professionals such as the GP, chiropodist and optician. One person said, "Staff support me to attend health appointments, the optician and [name of GP] come here." A healthcare professional told us, "I've been coming here for about two years and hold a weekly clinic. The staff are extremely positive and residents are very well cared for by staff who know them well, this helps as they notice quickly if people are unwell. They [staff] provide a personalised service for people. Medical care is always sought quickly; staff also contact us for advice."

The home provided an appropriate environment. Each bedroom had been fitted with a number to resemble a front door, helping to identify each person's personal space. Each person also had their name on their bedroom door and some people had a picture of their choice. Each bedroom had been personalised and people had been able to bring personal belongings from their home. There were a number of areas around the service which people could use including a large lounge which could be divided into two lounges if people preferred a quieter place to sit, dining room, and phone booth. Photographs of people participating in activities and people's artwork were displayed in the corridor between the lounge and dining room. The home had an extensive and well maintained garden. One person told us how they liked to sit and watch the wildlife.

Good

Is the service caring?

Our findings

Staff provided a caring and supportive environment for people who lived at the home. People told us that the staff were kind and they were well cared for. Comments included, "All the staff are very kind I'm so lucky;" "They really spend time on you" and, "It's very good otherwise I wouldn't stay; they help me to get dressed and ensure I have clean clothes, they treat everyone very good." A relative told us, "[Name of relative] is extremely safe and extremely well cared for." Another said, "The staff are very caring, I know they are very fond of [name of relative] and the care they receive is very good." A healthcare professional told us, "Care staff play an active role in ensuring high standards of personal care, interaction and activities."

During our visit people looked relaxed and at ease. Staff spoke to people in a friendly and attentive manner and were sensitive to people's individual needs, giving reassurance where needed. People were addressed by their preferred name. The atmosphere within the home was calm and pleasant and staff engaged in appropriate light hearted conversations with people. Staff were present in the communal areas of the home so people were able to receive care and support when they needed it.

Staff we spoke with were knowledgeable about the individual needs of people and appeared to know them well. They were able to tell us about people's like and dislikes as well as information about their past. Staff responded to people's needs and they were kind and caring in their approach.

People told us that staff respected their privacy and assisted with their personal care needs in a way which respected their dignity. Staff told us it was important that people were supported to retain their dignity and independence. The home had a dignity champion. A dignity champion is someone who believes being treated with dignity is a basic human right. This demonstrated that the home was committed to ensuring people's dignity was respected and promoted.

People had the opportunity to express their views about the care and support. Regular meetings had taken place with people, their relatives and staff. This provided an opportunity for people to discuss how they felt about the care and support received from staff and share ideas for improvement.

People were supported and encouraged to maintain relationships with friends and families. People told us their friends and families could visit anytime. A relative told us, "We can visit any time, no restrictions; they encourage the family to come in." Some people told us that they had invited family members to join them for a meal; this meant that people were supported to maintain relationships. One person said, "I would have my [relatives] round for dinner if I was still at home so why not here."

Where people did not have any family or friends to support them, the service provided information about local advocacy services which offered advice, support and guidance to individuals. Information about advocacy services was displayed on a notice board in the main foyer of the home.

People's religious needs were recognised. The registered manager told us parsons visited the home to provide services to people and services had been held in the home. Following feedback from people the

registered manager had arranged with the Church of England minister to deliver an additional service each month.

Some people had advanced care plans in place. Advance care plans record people's preferences when they near the end of their lives. The care records we reviewed had Do Not Attempt Resuscitation (DNAR) forms in place which had been completed correctly.

We saw letters from relatives of people who had passed away thanking staff for the care their relatives had received. One letter read, "Our special thanks go to the blue team who looked after [name of person] so well in her last days." One healthcare professional said, "The home works hard to meet all the clients' needs. Its ethos is that individuals remain in the home, even if their needs escalate and they require end of life care."

Good

Is the service responsive?

Our findings

The service was responsive to people's needs. People were supported as individuals which included looking after their social interests and wellbeing.

Staff knew people well and were able to describe their individual needs and preferences. People's needs had been fully assessed before they moved into the home and relatives told us they had been involved in the assessment process. One relative told us, "We were involved in the assessment before [name of relative] came here and we helped with putting together their life history."

People's care plans contained information specific to the individual and included information about their past, interests, hobbies and likes and dislikes. Staff told us there was enough information in the care plans to meet people's needs. If an individual's needs changed these were discussed at daily handover meetings and recorded on the person's daily notes. This ensured staff were informed of any changes to people's care needs. Healthcare professionals told us that the home was always responsive to people's needs and when they became unwell had contacted them promptly. People's care needs were reviewed regularly and relatives we spoke to confirmed they had been invited to partake in the review process. Comments from relatives included, "Staff do discuss my relatives care needs with me" and, "We had a review today."

The home had a varied programme of activities and entertainment which included evenings and weekends. A monthly social activities calendar was provided to people and was also displayed in the main foyer. On the first day of our inspection the 'red team' went out for lunch together. During the afternoon a cognitive stimulation therapy (CST) activity was held. CST is an activity designed for people with mild to moderate dementia to improve their wellbeing and confidence. This activity was very popular with people and it was clear people were enjoying the activity which was delivered by a member of staff who had received relevant CST training. One person told us, "We are really spoiled here; I like doing the flower displays and doing jigsaw puzzles. All the staff ask what we would like to do." Another said, "We have entertainers come in and it's nice to have a sing song, all the old songs." People were also supported to access activities in the local community such as the weekly choir evening.

People were seen being offered choices by staff. People told us they were able to make their own choices such as how they wished to spend their time. One person said, "They don't make you do things you don't want to do, I like to stay in my room for about three hours to do a crossword or puzzle. You can go to bed when you want to and I can get up when I want to."

People's views were listened to. Regular meetings were held which provided an opportunity for people to share any concerns about their care. The home also sent out annual surveys to people and their relatives to gather their views on areas such as the care and support provided for example around food, activities, the home environment and management. The last survey was undertaken in March 2015. There was also a suggestion box for people to provide feedback in the main foyer of the home.

The provider had a complaints policy in place for receiving and dealing with complaints and concerns.

Information on the complaints procedure was available in the main foyer. Staff knew about the complaints policy and told us they would notify the registered manager if anyone had a concern or complaint. People living at the home told us they knew how to make a complaint. One person said, "I've not had any reason to complain but if I did I would go to [name of deputy manager] first and if they didn't do anything I would go to [name of registered manager]. They are very approachable you can talk to them about anything." Records confirmed that complaints had been dealt with quickly and appropriately.

Good

Is the service well-led?

Our findings

The service promoted a positive person centred culture and staff had a good knowledge about the people they were caring for. The registered manager was very visible and people, relatives and staff told us they could speak with the registered manager or deputy manager at any time. One person said, "[name of registered manager] is very good, if you ask her anything you get a straight answer she wouldn't mislead you in any way." A relative said, "The relationship is such that we can go to [relative's] primary carers or to [names of registered manager and deputy manager]. They are very approachable and I feel we would be listened to."

The home had a clear vision and set of values which were person centred. The registered manager placed strong emphasis on improving the quality of the service for people to enable them to lead fulfilled lives and embraced implementing innovative ideas such as Consistent Assignment (CA) and taking part in the Prosper initiative. The registered manager had a good understanding of best practice and had cascaded information to staff who were able to provide examples of how they supported people in an effective and person centred way.

Staff told us they felt supported, valued and listened to and were clear about their roles and responsibilities. Staff we spoke with told us the registered manager and deputy manager were available for advice when they needed it and would help out if they were busy. One member of staff said, "They are approachable. [Name of deputy manager] is more 'on the floor' so we work alongside her a lot. You can talk to [name of registered manager] about anything and if she had any concerns she will raise them immediately."

Staff had regular supervision and team meetings. We saw minutes of team meetings and noted there were opportunities for staff to discuss any issues or concerns or changes to people's support plans and/or risk assessments. Staff told us they were able to put forward ideas for improving the service as well as providing their views on any proposed changes to the service. One member of staff told us, "[name of registered manager] listens to my ideas and has supported changes I have implemented."

The provider had a quarterly rewards scheme where people and/or their relatives could nominate members of staff who had provided an outstanding service. The registered manager told us that it was important staff were recognised and an awards service was held in the communal lounge. The member of staff who obtained the most nominations for the preceding quarter was presented with a high street voucher and certificate of recognition.

The registered manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people, for example, regular audits were undertaken on medication management, care plans and health and safety.

The registered manager gathered people's views on the service through meetings and talking to people on a day to day basis. Regular meetings were held with people, their relatives and staff. There was also a suggestion box in the main foyer to gain feedback on the service. Surveys were also undertaken to gain

people's feedback on the quality of the service provided. The last survey was undertaken in March 2015. Feedback from survey responses was analysed and an action plan developed to address any issues or to implement suggestions. Staff had also been asked to rate the service provided in line with the five key areas of safe, effective, caring, responsive and well led. This demonstrated the provider listened to people and strived for continuous service improvement.

The registered manager and deputy manager participated in forums such as the local authority's Prosper project which is a resident safety initiative funded by The Health Foundation to improve the culture around people's safety. The service provided information to Essex County Council on the number of falls, urinary tract infections, pressure sores, hospital admissions and number of admissions to A&E within the home each month. This information was shared with other participating care providers within Essex. We saw reports for the preceding six months which showed that the service was managing these areas of care effectively and were generally below the Essex average trend line. They also researched websites such as the National Institute of Excellence (NICE) which provided advice and guidance relevant to the management of the service.

The home had strong community links for example the weekly choir and staff regularly volunteered their own time to support people access community activities.

The registered manager told us she was supported by the provider. She told us, "I am well supported. They have got to know and trust me. There are no restrictions on what I can do they have total confidence in me that I act in the best interests of the residents." When asked what the registered manager was most proud of she said, "Developing residents' social life and their fulfilment in life and, as challenging as it can be, CA has put the residents at the centre of their life and they have control over their life, I'm proud to do that."