

Mr D Pearce & Mr M Brook

Lugano Residence for the Elderly

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

This inspection took place on the 20 August 2018 and was unannounced.

Lugano Residence for the Elderly is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. It is situated in Buckhurst Hill, Essex.

Lugano Residence 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 26 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.

At our last inspection in January 2016 the overall rating of this service was Good. At this inspection we found the service to be good and continuously working towards a high standard of care as to ensure positive outcomes for people using the service.

The service was safe. The service carried out appropriate recruitment checks before staff commenced employment. There were sufficient staff on duty to meet the needs of people and keep them safe from potential harm or abuse. The service assessed and reviewed people's health and wellbeing to minimise risk to health. The service had a good management and monitoring structure in place for the management of people's medicines.

The service was effective. People were cared for and supported by staff who had received training to support people to meet their needs. The manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. The service supported people to eat and drink enough which ensured people maintained a balanced diet.

The service was caring. Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences of care. Staff always worked hard to promote people's independence through encouraging and supporting people to make informed decisions.

The service was responsive. People and their relatives were involved in the planning and review of their care. The service undertook regular care plans reviews and changes were made when needed. People were supported to follow their interests and participate in social activities. The service responded to complaints received in a timely manner.

The service was well led. The service had systems in place to monitor and provide good care and these were reviewed on a regular basis. The manager told us that current systems and processes were being updated and improved.

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 remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

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 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.

This unannounced inspection took place on 20 August 2018 and was carried out by one inspector.

We looked at notifications received by the Care Quality Commission (CQC). A notification is information about important events, which the service is required to send us by law. We also looked at safeguarding concerns reported to CQC. This is where one or more person's health, wellbeing or human rights may not have been properly protected and they may have suffered harm, abuse or neglect.

Some people were unable to communicate with us verbally to tell us about the quality of the service provided and how staff cared for them. We therefore used observations, speaking with staff, relatives and reviewing care records to help us assess how people's care needs were being met.

We spent time observing care in the communal areas and 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.

We spoke with five people who used the service, two of their relatives, three staff members and the registered manager. We looked at records in relation to five people's care, four staff recruitment folders and the systems in place for monitoring the quality of the service.

Is the service safe?

Our findings

People told us they felt safe residing in the service, One person told us, "I feel safe in the home and the care and support I receive is good". Another person told us, "I have been here for a number of years and I couldn't imagine being anywhere else."

Staff had a good knowledge of how to keep people safe and protect them from any potential harm. Staff were able to indicate how people may be at risk of harm or abuse and how they would go about protecting them and ensuring their safety. Staff told us that they would escalate their concerns to the manager. If the concerns were about the registered manager, staff stated they would contact the provider and/or other external agencies, such as, Social Services. Staff knew about the provider's whistleblowing policy and procedures.

Staff had all the information they needed to support people safely. All staff were involved with ensuring that people's risk assessments were kept up to date to ensure people's safety when they accessed the community, either by use of public transport or the service's vehicle. In addition, each person using the service had an allocated keyworker who was responsible for ensuring that each person's risk assessments were kept up to date and any changes to the level of risk were communicated to all the staff working in the service.

Relevant incidents were recorded and monitored. It was clear people's support was provided flexibly based on their changing needs. Each person's care plan included information on how to respond to situations, such as specific behaviours, and any changes were communicated with the person and social services. Care plans we viewed showed regularly reviews were being carried out as and when required.

The registered manager informed us that the service reviewed staffing levels of the service on a monthly basis to ensure that the service had sufficient staff in place to meet the needs of people using the service. The registered manager and staff told us that there was enough staff to meet people's needs however; additional staff support was deployed as and when required. For example, when people went into the community for days out the service deployed more staff to ensure the safety of all the people inside and outside the service at the time. Records we viewed confirmed this.

The provider had a robust recruitment process in place, which showed that staff employed had the appropriate checks to ensure that they were suitable to work with vulnerable people.

We found that people using the service were being cared for in a safe and clean environment. People's rooms were decorated to each person's interests and likes, which showed the service gave people choice and respected each individual. The manager informed us, "People were supported in finding a theme they wished to have in their room and the service ensured that needs were met as they felt this helped people settle into the service."

People received their medication as prescribed. We found all medication administration charts (MARS) were

all up to date and there were no omissions or gaps. A person informed us that they received their medication on time and knew what time staff came round with the medication. Medication was safely and securely stored and the service had a procedure in place for the safe disposal of medication. Staff involved in the administration of medication had received appropriate training and competency checks had been completed in order for them to safely support people with their medications.

We spoke to the registered manager about any lessons that may have been learnt when things have gone wrong. The registered manager informed us that they take every experience as a learning outcome. For example, when an incident occurs in the service, such as if a person sustained a fall, all staff would collectively look at possible ways to prevent this from happening in the future.

Is the service effective?

Our findings

At this inspection we found staff had a good level of skills, experience and support to enable them to effectively meet people's needs as we found at the previous inspection. People continued to have freedom of choice and were supported, where appropriate, with their health and dietary needs.

Staff told us they had attended training when they first started work and also attended refresher courses as and when required. The management team kept a record to ensure all staff kept up to date with their training and that they understood their role and could care for people safely. The registered manager informed us that the service was continually looking at ensuring that all staff had received appropriate training to carry out their roles.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff were able to demonstrate how they helped people to make decisions on a day-to-day basis. We observed staff consulting with people about how they wanted their support to be delivered. If the person was unable to make an informed decision staff would then make a decision within the person's best interests, taking into account the person's past and present wishes and feelings.

People said they had enough food and drink and were always given choice about what they ate. Throughout the day we observed people being offered food and drink. The service had several jugs of juice placed around the home and these were regularly replenished. All staff were encouraging and supported people to have regular fluid intake throughout the day. Staff supported people to eat at the person's own pace. We observed a lunchtime meal, which was a very social occasion and people gave positive feedback about the food they had eaten.

People's healthcare needs were well managed. We noted that people were supported to attend doctors and hospital appointments. When required, the service liaised with people's GP, community nurses to ensure all their healthcare needs were being met.

Is the service caring?

Our findings

At this inspection we found people were as happy living at the service as they had been during our previous inspection. The rating continues to be Good.

The service provided a caring environment to the people using the service and those visiting.

Staff listened to people and acted accordingly to ensure that their needs were met in a caring manner. A relative informed us, "Every time I visit there is always a good atmosphere. The staff seem to enjoy being at work and appear to be enjoying supporting people to meet their needs, this gives me the reassurance that my relative is in the right place."

The people's care plans we viewed detailed each person's preferences of care, including their past life history, as this ensured that staff were able to provide personalised care.

People and their relatives were actively involved in making decisions about their care and support. Relatives we spoke to informed us, the service had involved them in the care planning of people's needs and relatives and were regularly invited to care plan reviews.

The registered manager informed us that the service used a consistent assignment process, whereby a small group of people using the service are allocated to staff who will get to know their everyday needs. The registered manager added, "The idea is to fit people with staff that have similar interests and also staff that understand them." For example one person used to compose music and within the staff team there was a member of staff that played in a band, the member of staff with the permission of the person's relatives got their band to record a song the person had composed. Staff regularly played the song to the person and during the inspection staff played the song and we observed this brought joy to the person as they smiled.

People's independence was promoted by a staff team that knew them well. We noted that people were smartly dressed. People in the service were not restricted to how often they changed their clothes and we observed staff supporting people with ensuring they had clean clothes on before accessing the community. Staff informed us that people's well-being, dignity was very important to them, and ensuring that people were well-presented was an important part of their supporting role.

Is the service responsive?

Our findings

At this inspection, we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be Good.

People's care and support needs were well understood by the staff, relatives and people receiving support. This was reflected in detailed support plans and individual risk assessments and in the attitude and care of people by staff. Staff encouraged choice, autonomy and control for people in relation to their individual preferences about their lives, including friendships with each other, interests and meals.

The registered manager held conversations with other health professionals, people and relatives to plan and discuss people's care before the service commenced to ensure the service can meet the needs of the person. The regularly communicated with people and their relatives to ensure the information held in the care plans was accurate and correct and also as a tool to make improvements to people's care plans. Support plans were reviewed and changed as staff learnt more about each person. However we found one person's support that had not been updated since a change in diagnosis to end stage dementia, this was discussed with the registered manager who informed that the support plan would be reviewed and updated immediately. After the inspection we received email confirmation that this support had now been updated.

People were involved as much as possible in reviews of their care. Communication with the service was said to be good. Relatives told us they were always kept appropriately informed and attended review meetings. Staff were able to identify and represent people's views from their knowledge of their communication methods.

We found people's support plans contained clear information regarding their end of life care arrangements. For example clear instructions were documented on who the home was to contact and where the person's preferred place of rest would be.

The service had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. Staff, people and relatives knew about the complaints procedure and that if anyone complained to them they would either try and deal with it or notify the manager.

Is the service well-led?

Our findings

The registered manager was visible within the service and we were informed that in their absence the deputy manager, administrator and senior care staff looked after the service and kept the registered manager up-to-date on their return. The registered manager added that they or the deputy manager were on call alternative weekends and spoke to senior staff throughout the weekend as to ensure they felt supported. The registered manager had a very good knowledge of people living in the service and their relatives. People and relative informed that they were very approachable and could speak to them at any time. The registered manager informed, "I am continuously reviewing our current practices and processes to see how we can make improvements and offer the best possible service to people living in our service."

People benefited from a staff team that felt supported by the registered manager. Staff had handover meetings each shift and there was a communication book in use, which staff used to communicate important information to others. It enabled staff who had been off duty to quickly access the information they needed to provide people with safe care and support. This showed that there was good teamwork within the service and that staff were kept up-to-date with information about changes to people's needs to keep them safe and deliver good care. In addition the manager held bi-monthly leadership meetings with senior staff and these are used as learning sessions. Staff morale within the service was good. The registered manager informed us that at the weekend they had thrown a BBQ for all of the staff at their house as a way to say thank you for all their hard work.

The registered manager told us that their aim was to support both the people and their family to ensure they felt at home and happy living at the service. The registered manager informed us that they held meetings with relatives and people using the service as this gave the service an opportunity to identify areas of improvement and gave relatives an opportunity to feedback to staff. People and their relatives also told us that they were involved in the continual improvement of the service.

There were a number of effective monitoring systems in place. Regular audits had taken place such as for health and safety, medication, falls, infection control. The manager carried out a monthly manager's audit where they checked care plans, activities, management and administration of the service. Actions arising from the audit were detailed in the report and included expected dates of completion and these were then checked at the next monthly audit. Records we held about the service confirmed that notifications had been sent to CQC as required by regulation.

Personal records were stored in a locked office when not in use. The registered manager had access to up-to-date guidance and information on the service's computer system which was password protected to help ensure that information was kept safe.