Lyndale Care Limited

Lyndale Residential Home

Inspection report

31 Plymouth Road
Tavistock
Devon
PL19 8BS

Tel: 01822615681

Date of inspection visit:
27 April 2016

Date of publication:
26 May 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

The inspection took place on 27 April 2016 and was unannounced. The home had previously been inspected June 2014 and had met all the regulations.

Lyndale Residential Home provides accommodation with personal care for up to 15 people living with a mental illness. When we visited the home, there were 15 men and women living there, most of whom had been resident for a number of years.

The home is located in Tavistock, a market town on the edge of Dartmoor, approximately 15 miles from the city of Plymouth. There are frequent bus services from the town to Plymouth.

The home had been adapted from two large semi-detached houses and includes a self-contained flat for one person living in the home, as well as single occupancy bedrooms for 14 other people. The two houses are interconnected and provide three lounges, a dining room and a large kitchen all on the ground floor. There is also a self-contained conservatory in the back garden, which provides a smoking area for people.

The home has a manager, who had worked there for over 20 years and had been registered with the Care Quality Commission since 2011. 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.

People were treated with kindness and dignity. They were involved in and chose their preferences when supported with care. Staff respected people's rights and helped them to be as independent as possible whilst feeling safe.

Staff supported people to become more independent and develop their skills, both inside and outside the home. This included increasing people's ability to undertake personal care tasks and to develop household skills as well as interpersonal and social skills.

Staff understood their responsibilities in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity, relatives as well as health and social care professionals were consulted and involved in decision making about people in their 'best interest'.

There were detailed risk assessments in place for each person with actions identified to reduce risks as much as possible. People received their medicines safely and on time. Staff had a good knowledge of people's communication, care and health needs. They also had an indepth knowledge of their mental health and social needs.

Staff received training when they started working at Lyndale. There were regular updates of training

considered to be mandatory for staff. Staff were also provided training in specialist areas including Support Time and Recovery (STaR) training. Staff received regular supervision and an annual appraisal. Staff were supported to develop their skills through undertaking nationally recognised qualifications in care.

People's care records were well maintained and up-to-date. The records provided detailed information about how to support each person. Care plans had been developed with the person, and those close to them.

The home was well maintained and provided people spaces to be with others or on their own, when they preferred.

Staff encouraged people to eat a well-balanced diet and make healthy eating choices. People had been encouraged and supported to lose weight. People were also supported to do exercise which had increased their well-being.

Staff worked with healthcare professionals including the person's GP, specialist medical staff and members of the local community mental health team team.

Staff had completed safeguarding training and knew how to recognise signs of potential abuse. Staff knew how to report any concerns they had.

The provider had a written complaints policy and procedure. Although no formal complaints had been received, the manager kept a log of issues and concerns that were raised by people and how these had been resolved to people's satisfaction. People said they would speak to the registered manager about any problems and were confident the problem would be resolved. Accidents and incidents were reported and included analysis of how to reduce the risks of a recurrence.

The culture at the service was reflected in the organisations values of person centred care which promoted independence. Staff worked proactively with families and professionals to help the people they supported. The provider had quality monitoring arrangements in place. These included audits of care records and medicines management and regular health and safety checks. They made continuous improvements in response to their findings.

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.

People were relaxed and happy with staff who ensured they were protected from avoidable harm.

There were sufficient staff who had been recruited safely to meet people's needs. New staff undertook an induction to ensure they were able to work with people safely.

People's risks were assessed and actions taken to reduce them as much as possible.

People were protected by staff who knew how to recognise signs of potential abuse and what to do if they suspected abuse.

Medicines were stored, administered and recorded safely.

Is the service effective?

Good

The service was effective.

Staff were supported through training, supervision and appraisals to work with people confidently.

Staff had received training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff understood their responsibilities in relation to these.

Staff worked with health and social care professionals to meet people's needs.

People were supported to have a healthy balanced diet and to get involved in the preparation of meals.

People were encouraged to take exercise and have a healthy lifestyle.

Is the service caring?

Good

The service was caring.

Staff involved people in decision making and supported them to express their views, which staff acted on.

Staff had very positive, caring relationships with people.

People were treated with dignity and respect and care was organised around people's needs.

Is the service responsive?

Good

The service was responsive.

People received personalised care from staff who knew each person, about their life and what mattered to them.

People were encouraged to do activities they were interested in.

There was a complaints process. People said they knew how to complain and any concerns raised were dealt with quickly and effectively.

Is the service well-led?

Good

The service was well led.

There was a registered manager, who reflected the organisations values of supporting people to live as independently as possible. Staff were able to describe the organisations values and how they worked to them.

Staff worked proactively with other professionals for the benefit of the people they supported.

People and staff expressed confidence in the providers, the registered manager and said the home was well organised and run.

People, relatives, staff and professionals views were sought and taken into account in how the service was run and improved.

The provider had systems in place to monitor the quality of care provided. They made continuous changes and improvements in response to findings.

Lyndale Residential Home

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 inspection took place on 27 April 2016 and was unannounced. One inspector visited the service, accompanied by an analyst who was observing the inspection process. Prior to the inspection we reviewed information about the service. This included information we held about the service and any notifications received. A notification is information about important events, which the provider is required to tell us about by law. The registered manager had submitted a provider information return (PIR) in July 2015 to the Care Quality Commission. The PIR is a form in which we ask the provider to give us some key information about the service, what the service does well and any improvements they plan to make.

During the inspection, we were introduced to most of the people living at Lyndale and talked with nine of them at various times during the day. We met the provider, the registered manager and three care staff. We looked at two people's care records. We also looked at two staff records. The records included training, supervision and appraisal records. We looked at quality monitoring information such as health and safety checks, cleaning schedules and audits.

After the inspection we contacted six relatives and received two responses. We also contacted 12 local health and social care professionals and received threee responses.

Good

Is the service safe?

Our findings

People were happy and relaxed during the inspection undertaking different activities throughout the day, both with the support of staff and independently. Staff actively engaged with people, interacting with them to ensure their safety. People positively commented about the home and the staff. Comments included: "Really good"; "I feel safe here" and "It's really secure and safe." A relative said "I cannot fault the care that [person] gets and I know that [person] feels safe and secure at Lyndale.

People were supported by a well-trained and experienced team of staff who knew people well and understood how to keep them safe whilst supporting them to be as independent as possible. People's individual support needs were assessed and care provided in line with their needs. For example, one person had been assessed as able to go out independently, whilst another required support from staff when going out.

Detailed risk assessments were in place for each person with clear actions described to reduce risks as much as possible. For example, one person who smoked heavily had detailed information in their risk assessment about how to reduce the risks associated with smoking in their bedroom. This included use of flame retardant bedding.

Staff were recruited safely. All appropriate recruitment checks were completed to ensure fit and proper staff were employed. The provider obtained references and Disclosure and Barring Service (DBS) checks before a new member of staff started working with people. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services. Staff records showed that identity checks and evidence of previous qualifications were obtained prior to the person starting work.

There were sufficient staff to ensure people's care was organised around their wishes and preferences. The registered manager described the staff rota. The rota including two care staff on during the day as well as a member of housekeeping staff during the mornings. At night there were two staff on duty, one who worked a waking night shift and the other who was sleeping in, but available if needed. In addition to this, the registered manager and provider said they were both usually available throughout each weekday and an assistant manager was on duty during the day at weekends. Our observations during the inspection confirmed that the staff numbers reflected the rota.

The provider and registered manager explained how they monitored people's needs and adjusted the rota when needs increased. For example they explained how one person was in need of additional support and therefore there had been an increase in staffing levels to support this. The provider also explained how they had altered the night rota in September 2015 from two staff who both slept in, to one waking and one sleeping. They said this had had a lot of positive benefits. This had included the waking night staff being able to support people who chose to get up during the night. They also described how waking night staff were tasked with doing some cleaning work which had been beneficial. A member of staff who did undertake some waking night shifts said they really found it helped people. They described how people

would often get up and have a chat in the middle of the night and they were able to provide some "really good one-to-one time" for people. A person living at Lyndale was described in the minutes of a resident's meeting as saying they felt safer and liked the idea of someone to have a drink with if they got up in the night.

People were protected because staff had a good understanding of how to keep people safe and protect them from avoidable harm. Staff had completed safeguarding training, and were able to describe signs of potential abuse. Staff knew how to report concerns to the provider or registered manager, and if needed, to an external agency, such as the local authority. Two safeguarding concerns had been reported to the local safeguarding authority in the previous 12 months. The registered manager had also notified the Care Quality Commission on both occasions. Appropriate actions had been taken by staff and the registered manager to ensure people were protected from the risks associated with these safeguarding concerns.

People received their medicines safely and on time. Staff were trained and assessed to make sure they had the required skills and knowledge to support people with their medicines. Some people had been assessed as able to administer their own medicines. One person described how they did this, but always talked to staff when they had had their medicines. Staff administered some people's medicines. Medicines were stored in a lockable trolley which was stored in an area in the registered manager's office. Staff completed a medication administration record (MAR) to document all medicines taken. We observed staff administering medicines for two people. This was done safely, ensuring the correct medicine was dispensed and the person was observed taking it. Staff signed appropriately to say the medicine had been dispensed and then signed the MAR after they had observed the medicine being taken. We checked people's medicines and found that all doses were given, as prescribed, and remaining doses were present. A health professional commented "They have managed a number of medication changes safely and effectively, monitoring for side effects and taking appropriate steps when these occurred. They have also used 'as required' medication safely and effectively."

The registered manager audited the medicines administration and took responsibility for the receipt and returns of medicines to the pharmacy. Any medicine errors were reported with action taken to improve medicines management and increase people's safety. Where there were any changes in people's medicines, there was detailed written information about the changes for staff to be informed about.

People were cared for in a clean, hygienic environment. Most people living at Lyndale were supported by staff to clean their own room. Some people also helped to clean communal areas such as the kitchen. People had been supported to do this by undergoing training in food hygiene. One person proudly showed us their certificate, displayed in the kitchen, which they had received when they completed this training. The home was clean and odour-free throughout all areas. Staff had suitable housekeeping cleaning materials and there were protocols in place to reduce the risks of cross-contamination. For example there was clear guidance around what colour cloth should be used to clean different areas.

There were regular checks carried out on fire alarms and equipment. The provider explained that following a recent visit by an external company, they had decided to upgrade the fire alarm system. This work was due to start shortly after the inspection. There were personal evacuation plans in place for people. The registered manager said everyone living at Lyndale was able to self-evacuate, but staff were aware that some people might need some support to allay any concerns. In the event of a major disruption to service, the home had a contingency emergency plan. This included a reciprocal agreement with a neighbouring home to provide immediate support and shelter.

Good

Is the service effective?

Our findings

People received effective care from staff who had an in-depth knowledge of their physical and mental health needs. Before staff worked at the service, they undertook an induction, which included familiarisation of the home and an introduction to people and their care plans. The provider's statement of purpose described how new staff were expected to complete the Care Certificate induction within the first three months of their employment. The Care Certificate is a set of standards that social care and health workers should cover as part of their induction training. New staff also completed training courses in relevant subjects including safeguarding vulnerable adults, fire safety and food hygiene. A member of staff said "I felt really well supported" when describing the start of their employment . New staff worked alongside more experienced staff to get to know each person and how to support them. New staff had a six month probationary period to assess whether they had the right skills and attitudes to ensure good standards of practice.

The provider supported staff to have the knowledge and skills needed to undertake their role competently. Staff were also encouraged to gain qualifications in care. Staff regularly updated training such as safeguarding adults, medicines management and fire safety. They also undertook specific training relevant to the needs of the people they supported. For example, staff had completed training in mental health, including Support, Time and Recovery (STaR) training.

Staff were supported in their practice through regular one to one supervision. Staff also said they felt able to talk to the registered manager and the provider at other times if they had a concern. One member of staff said "their door is always open" when they needed to discuss a concern. Staff had an annual appraisal where they received feedback on their performance and discussed their future training and development needs.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had undertaken training on the Mental Capacity Act 2005 (MCA) and demonstrated an understanding of how this applied to their practice. People's capacity to make decisions had been assessed and where they were deemed not to have capacity to make a particular decision, a best interest meeting had been held to involve people, such as health professionals and family, who knew the person well.

Staff supported people to make choices about day to day support and decision making, including making choices about what they wanted to do each day. Care records described in each person's care and support plan what people preferred.

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. The application procedures for this in care homes and hospitals are

called the Deprivation of Liberty Safeguards (DoLS). These safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and, in a person's own best interests. 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.

The registered manager had made a DoLS application to the local authority DoLs team for one person living at the home, as they were under the supervision of staff at all times. Documents in the care records showed this authorisation had been submitted and was waiting to be assessed by the local authority.

People had been assessed to determine their care and support needs. There were detailed risk assessments which had informed the care plans which had been developed with the involvement of the person. These plans provided detailed information about what support the person required and how they liked the support to be delivered. The care plan also described information that was relevant to the person, for example a summary of their life and family.

People were supported to see health professionals including their local GP, dentist, psychiatrist and members of the local mental health teams. Where people's health needs changed, staff took appropriate action. For example, staff had supported one person who needed to have an operation.

People were encouraged to eat a well-balanced diet and take exercise. People were able to use the kitchen at all times and help themselves at breakfast and lunchtimes to a range of appropriate foods. Although a set evening meal was offered to everyone, staff also supported people to prepare and cook alternatives to this. For example one person said they were vegetarian and staff supported them to cook meals of their choice. During the inspection, staff supported a person to prepare a meal for themselves. Another person described how staff had supported them to lose weight by joining a slimming group and preparing meals which followed the diet. Resident meeting minutes showed that people chose to have take-away meals on occasions which some enjoyed participating in. The minutes also described how the registered manager had encouraged people to think about healthy food options.

The home was well maintained and a programme of redecoration and refurbishment was in place. People were involved in making choices about the decoration and furniture in the home. The home had been adapted to meet the needs of the people living there. For example, a new shower wet room had been installed.

There were several areas where people could sit in comfort which meant that they were able to spend time with others or more quietly on their own when they wished. The kitchen was large and able to accommodate several people cooking different meals at the same time.

A room had been built separate from the main building so that people who smoked were able to do so in a warm, comfortable room without impacting on people who did not smoke. A relative commented "Lyndale is beautifully maintained. The facilities are even better now that there is a separate external sitting room for the clients who smoke".

There were also outside areas which provided seating and barbecue facilities for people to use in nice weather.

Good

Is the service caring?

Our findings

People were supported by staff who knew them well and understood what mattered to them. Throughout our visit, people came to the registered manager's office to discuss what they were doing or to just have a chat. Staff and people living in Lyndale had friendly, light-hearted conversations with each other. People were clearly happy and relaxed with staff and each other and said how good the home was.

People said "staff are really kind"; The staff care, they treat me with kindness and "staff help me do the things I want to do." Comments by family and friends in a survey carried out within the last 12 months included "I certainly feel that the staff care." "It is happy and relaxed at Lyndale."; " There is dignity, respect and kindness at the service." and "There is an excellent relationship with staff." A relative said they were "more than satisfied with the way in which the staff at Lyndale carry out their duties and support the residents." Another relative described how, when their family member was unwell, the provider and the registered manager gave the person "individual care" and spent weekends off supporting them.

A health professional commented "They have treated person with kindness and understanding and have supported [person] to maintain her links within the community and with [person]'s family."

Staff treated people with respect and recognised their need for privacy. When entering people's rooms, staff knocked on people's doors and waited to be invited in. Staff acted in accordance with people's wishes and preferences. For example, they asked each person whether they were happy to meet with us. Where one person said they did not have time to talk to us, staff reassured the person that this was alright. A relative said staff they had met over the years "have been very professional and caring people." They described one member of staff who had been very helpful to their relative commenting "particularly good with [person] holding [their] hand and being a kind shoulder."

Staff were aware of people's right to choose what they wore and how they looked. Staff complimented a person about their appearance, when they were going out. We also observed a member of staff having a discussion about arranging an appointment for another person who wanted to have their hair done.

Good

Is the service responsive?

Our findings

People received care that was personalised and responsive. Staff knew people well, understood their needs and cared for them as individuals. Each person had their own bedroom which they had personalised in terms of decoration and contents. For example one person showed inspectors their room in which they had pictures they had painted decorating the walls. Another person proudly showed us the ornaments they collected which they had displayed on shelving.

People were supported by staff to express their views and be involved in making decisions about their care and support, according to their ability. Staff used a variety of methods to support people to communicate what they wanted and to make choices. For example, each person had a key worker, who met with them each month to review their care plan. The meeting was recorded in a document call 'My monthly meeting'. We reviewed copies of these documents. These showed how staff had discussed with the person what had happened in the previous month and what they wanted to happen in the coming month. The care plans described the mental and physical health needs of the person as well as other needs and aspirations. These included how they needed support with their self-care, living skills, social networks, relationships, trust and hopes, addictive behaviours, identity and self-esteem, work and responsibilities. Goals and how to achieve them were described in the document and there was evidence of progress against these goas in the 'My monthly meeting' documents. A health professional commented "Lyndale has managed to work on ethos of Recovery with some of our very complex and challenging patients. Staff at Lyndale seem to be quite aware of the Principles of Recovery in mental health and adequately employ them as well in a person-centred manner."

There was positive feedback from health and social care professionals in a survey carried out the previous year. For example comments included "Lyndale are accommodating to the CMHT and responsive to questions." "Staff are quick to recognise changes in behaviour and identify risk." "There is good communication. Work is collaborative in terms of care plans and management of risk." and "Staff take on board the concerns of the residents acting as an advocate and liaise with families and professional agencies in their best interests." Where one person had spent time in hospital, staff had worked with them and the hospital staff to ensure the person made a good transition back into the home.

People were also supported to be involved in decisions about the way the home was run through resident meetings which occurred every two to three months. One person described how they were responsible for drawing up the agenda and also encouraging other people living at Lyndale to get involved. Another person said they took the minutes which were then typed up by staff. Minutes described how people raised issues including activities and trips out. There was evidence that actions were taken to address the issues in later meeting minutes. This showed that staff involved people in making decisions about the care provided at Lyndale, Examples included deciding where people wanted to go for a Christmas outing and having a take-away meal each month.

People were supported to access their local community. People attended a range of individual activities outside the home. For example one person said they were going to see a Shakespeare play whilst another

described how they really enjoyed going to art classes. The provider explained that most people in the home preferred to do individual activities most of the time. However they said they had arranged some trips out for people where a number of them wanted to go somewhere. People were also encouraged and supported to keep in contact with friends and family. For example one person visited relatives every three weeks.

Staff supported people to maintain or increase their independence and learn new skills. Staff described how they supported each person to prepare food and undertake some personal and household chores. For example people were encouraged to keep their bedrooms clean and tidy. People were also supported to do their own laundry. Staff described how over time some people had been able to become much more independent in their life skills, although others still required support.

The provider had a written complaints policy and procedure. Staff talked to people throughout the day and any worries, grumbles or concerns were noticed and dealt with straight away. People said they knew how to complain. They said they had not had any cause to formalise their complaints as they were addressed when raised verbally. They said they would speak to their key worker, the registered manager or the provider if they had a concern and felt able to raise any issue with them informally. The registered manager said they had not received any written complaints in the previous year. They also showed us a book of issues and concerns raised by people and how these had been addressed to their satisfaction.

Good

Is the service well-led?

Our findings

The provider is an organisation which provides care for people with mental health issues. Its statement of purpose described it as providing 'assessment, treatment and rehabilitation for adults with mental health needs within a community setting, whilst providing a safe, caring and supportive environment'. The provider described how they viewed their approach as "walking alongside rather than pushing from behind.."; they also described how important it was to help people initially to "Have a period of time without being overwhelmed by responsibility." They said how important they felt it was to help people gain independence and develop life skills. This approach was evident throughout the inspection. Feedback from people using the service confirmed that they felt this was the case.

A relative commented "I have always been able to talk to [provider] and [registered manager] whenever I need to." They also said that when their relative was unwell, they were kept up to date with the person's progress with the provider being "in touch a lot".

A health professional commented "I have always felt that the leadership by [registered manager] is very good and she appears to have a good relationship with staff and [people]". Another said "it is residential care home of choice for extremely unwell patients I work with."

The service was well led by a registered manager who said she was supported by the providers. She described how they undertook quality monitoring as well as providing hands on support to the staff and people living at Lyndale. The provider and registered manager described how it was important for people to be as independent as possible and supported to do activities they enjoyed. The registered manager worked alongside staff providing this support and guidance. All the staff we spoke with described how important it was to help people do what they wanted to do.

Staff said they really enjoyed working at Lyndale and found the providers and registered manager very supportive and available at any time. A support worker said "it's the best well-led place I have ever worked in." Another member of staff said "it's really nice, very friendly, staff work together."

The registered manager held regular staff meetings where the work of the home was discussed. Staff were able to make suggestions and contribute ideas on how to improve the home. Staff were also encouraged to develop an understanding of quality assurance and how this was measured in terms of the Care Quality Commission standards. Staff said they were involved in decisions about the service and their views were sought and acted on.

There were effective quality monitoring arrangements in place. These included regular audits and checks of care records, medicines management and the environment which identified any issues. These then were raised and discussed with staff.

Accidents and incidents were monitored so any themes or trends could be identified and steps taken to reduce risks. Surveys of people using the service, staff, relatives, friends and health and social care

professionals were undertaken annually and the feedback was used to develop and improve the service.

There were policies and procedures in place to guide staff, which were regularly reviewed and updated. The registered manager kept up to date with regulatory changes. They were aware of any events that needed to be notified. A notification is information about important events, which the provider is required to tell us about by law.