Prime Life Limited

Lyndon Croft

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

About the service: Lyndon Croft accommodates up to 53 people in one adapted building. It provides residential care to people living with dementia over the age of 65. During our visit 43 people lived at the home. The home is located in Solihull, West Midlands.

People's experience of using this service:
● People felt safe.
●Staff were recruited safely, and enough staff were on duty to meet people's needs.
●Staff received on-going support and training to be effective in their roles.
● Risk assessments supported staff to manage and mitigate risks.
●Staff followed good infection control practices and the building was clean.
●Medicines management was safe.
●People were supported to access healthcare professionals when needed.
●People's needs were assessed before they moved into Lyndon Croft.
●People received information in a way they could understand and chose how to live their lives.
●People's nutritional and hydration needs were met. Staff understood people's dietary needs.
●Staff were kind to people and were responsive to their needs.
●Care plans supported staff to provide personalised care.
●People's privacy was respected, and their dignity was maintained.
●People were supported to be independent.
●People's end of life wishes were documented and respected.
●People enjoyed the social activities and had opportunities to maintain links with their community.
● People and relatives spoke positively about the leadership of the service.
●Complaints were being managed in line with the provider's procedure.
● Systems to monitor the quality and safety of the service were effective. Feedback from people, their relatives and staff was used to drive forward improvement.
●Lessons were learnt when things had gone wrong. The provider shared learning across the organisation to drive continual improvement.
●At this inspection we found the evidence supported a rating of 'Good' in all areas.
More information in 'Detailed Findings' below.

Rating at last inspection: At our last inspection in November 2017 we rated the service as 'Requires improvement' overall.

Why we inspected: This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission scheduling guidelines for adult social care services.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as

per our inspection programme. If any concerning information is received, we may inspect sooner.

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.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive

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Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-Led findings below.

Lyndon Croft

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection took place on 26 February 2019 and was carried out by one inspector, one assistant inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type: Lyndon Croft is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection: The comprehensive inspection was unannounced.

What we did: Prior to the inspection, we looked at the information we held about the service and used this to help us plan our inspection. We assessed the information we require providers to send us annually that gives us key information about the service, what the service does well and improvements they plan to make. We looked at notifications we had received about events that had happened at the service, which the provider is required to send to us by law, for example serious injuries. We also contacted commissioners to gather their views about the service.

During our inspection, we spoke with five people who lived at the home and six relatives. We spoke with the registered manager, a regional manager, one domestic assistant, one senior care assistant, the head chef, the kitchen assistant and four care assistants.

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.

We reviewed a range of records. This included six people's care records, medicine administration records (MAR) for eight people, staff training records and the provider's quality assurance systems. We also reviewed three staff files to check staff had been recruited safely.

Good

Is the service safe?

Our findings

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

Good: At our last inspection the service was rated as 'Requires Improvement' in safe because ineffective risk management had placed some people at risk. At this inspection people were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

● Previously staff had been unaware when people who required close observation had left the building unaccompanied. During this visit we saw improvements had been made to ensure people remained safe.

●People felt safe. One person said, "I can't go outside on my own, so I am safe staying in here. It's a happy place, I am looked after well." A relative commented, "Its safe 24/7 care."

●Staff knew how to keep people safe. Risk assessments contained clear instructions for staff to follow to manage and mitigate risk. One staff member said, "The information we need is in risk assessments. We know to check one person is using their frame as they might fall over."

●Regular checks of the building and equipment in use took place to make sure it was safe for people and staff to use.

●The provider's emergency evacuation procedure was on display in communal areas. Staff knew what action to take in the event of an emergency such as, a fire or flood.

Systems and processes to safeguard people from the risk of abuse

● Safeguarding procedures were in place. Staff completed safeguarding training which helped them to recognise abuse. Staff understood the importance of reporting concerns to their managers to protect people. One said, "If I had any concerns I would tell the manager. If they didn't take any action I would call the confidential whistleblowing number to escalate my concerns higher within the company."

●The registered manager had referred safeguarding concerns to the local authority and CQC as required.

Staffing and recruitment

●Enough staff were on duty to meet people's needs. A relative said, "Staffing is excellent, (Person) needs two staff to assist her. During our visits there are always two members of staff available to help."

●The provider completed checks to ensure staff working at the home were suitable. Staff had not started work until the required checks had been completed.

Using medicines safely

●People received their medicines when they needed them. Medicine administration records (MAR) had been completed correctly.

● Systems for the receipt, storage, and disposal of medicines were safe and a series of effective medicine audits and checks took place.

● Protocols to guide staff when administering 'as required' medicines were in place.

● Staff were trained and deemed competent before they administered medicines.

Preventing and controlling infection
● The building was clean and tidy.
● Effective measures were in place to ensure the risk of infection was prevented and/or minimised.
● Staff understood their responsibilities in relation to infection control and wore personal protective equipment, such as gloves and aprons, when necessary.

Learning lessons when things go wrong
● Accidents and incidents including falls were recorded and monitored to identify any patterns or trends. Appropriate action had been taken to reduce reoccurrence.
● Lessons were learnt when things had gone wrong. The provider shared learning across the organisation to drive continual improvement.

Good

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

Good: People's outcomes were consistently good, and people's feedback confirmed this. Legal requirements were met.

Staff support: induction, training, skills and experience

●New staff received an induction to the service which included the Care Certificate. The Care Certificate helps staff develop and demonstrate the knowledge and behaviours expected of them. Staff spoke positively about their induction. One said, "I shadowed for two weeks and got partnered up with (staff member). I stayed with them for the whole 12-hour shift. I got to know the residents and their routines."

●Staff were competent and performed their roles effectively. One staff member said, "We have good training and refreshers, we complete bite size learning and workbooks I really benefit from the group sessions."

●Staff received regular one to one meetings with the registered manager to help guide them with their work.

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

● People's nutrition and hydration needs were met.

●The system used to monitor people's nutritional intake was effective.

People who were at risk of malnutrition were offered food and drinks with added calories to maintain their health.

●People enjoyed the food. One person said, "The food is very good, it's fresh every day."

●The mealtime experience was positive. Staff were attentive and observant which helped people to enjoy their meals.

●Staff, including the chef knew what people liked to eat and drink. Specific dietary requirements were catered for such as, vegetarian options.

Supporting people to live healthier lives, access healthcare services and support

●People were supported to access healthcare professionals when needed. A relative said, "No problems with the dentist, district nurse and chiropodist. Staff contact them when needed."

●Staff understood their responsibilities to obtain further advice or support if they noticed if any changes in people's health.

●The service was committed to ensuring peoples experience of being admitted into hospital was positive. For example, staff packed a 'red bag' which contained the persons medicines, clothing and personal items. The red bag is a visible part of collaboration between care homes, hospitals and ambulance staff, known as the hospital transfer pathway.

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

●People's needs were assessed before they moved into Lyndon Croft. ●People and those closest to them contributed to their assessment which included their behaviours, mobility and health. People's needs were

reviewed monthly.

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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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.

●The service was compliant with the MCA. The registered manager had made referrals to the Local Authority where people were being deprived of their liberty to ensure this was done lawfully and in the least restrictive way.
●DoLS were in place for some people to keep them safe from harm and conditions were met.
●Staff supported people to make decisions. For example, staff held up items of clothing to help one person decide what they wanted to wear.
●Staff completed training to help them understand the principles of the MCA. Staff sought people's consent before they provided assistance.

Adapting service, design, decoration to meet people's needs
● The environment was dementia friendly and met people's needs. For example, the lighting and wall colours had been developed in line with best practice and research. Lighting is particularly important for people living with dementia as it can help them make sense of their environment.
● The décor was continually reviewed and updated to ensure the home was a nice place for people to live.
● People were involved in deciding how the environment and garden area should look. The garden area was being redeveloped in response to people's feedback to ensure it was accessible for everyone to enjoy.

Good

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care. Legal requirements were met.

Ensuring people are well treated and supported.

● People and relatives were complimentary about the level of care shown by staff. One person said, "Carers are very supportive and friendly." A relative told us, "This is a bright and cheerful home with dedicated staff. It's like being part of a family."

●Staff offered kind and compassionate care. Staff sung to people and encouraged people to dance with them with which made people laugh and smile. A staff member explained the best part of their job was seeing people smile. They added, "There is nothing more rewarding than that. I really enjoy coming to work."

●During our SOFI we observed, genuine affection between people and staff. For example, staff and people held hands and gave each other hugs. A staff member explained they gave people hugs to remind them they were loved.

●The provider used an observation tool called 'sit and see' to identify good care and continually improve people's lives. An observation undertaken on 9 January 2019 confirmed people received high quality care in line with the provider's values.

●Staff knew people well and responded compassionately to one person when they became upset. A staff member used techniques to distract the person and provide the support they needed to improve their emotional wellbeing.

● Staff understood the principles of the Equality Act and supported people in a caring way regardless of their disability, race, gender, religion, sexual orientation or cultural backgrounds.

● Staff knew how people preferred to communicate. One person's first language was not English. Staff spoke with the person in their preferred language.

●Where people needed assistance to take part in discussions, easy read, large print and picture cards were available to help people feel involved.

● People's visitors were welcomed, and people spent time talking to their relatives on the telephone during our visit.

Respecting and promoting people's privacy, dignity and independence

●Care plans supported people's privacy and dignity and promoted their independence. Plans helped staff understand what people could do for themselves and when they need prompting, or support.

●People's right to privacy was respected and care was provided in a dignified way. One person said, "Staff are very polite. They ask before they undertake any duties. When they are helping during our personal care they always make sure to shut the door."

●People were supported to be independent. For example, people were encouraged to make themselves

drinks. Staff understood the sense of achievement people experienced when they were encouraged to do things for themselves.

●The provider followed data protection law. Information about people was kept securely in locked cabinets in a locked office.

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

●People were supported to make every day decision for themselves including how to spend their time.

●People and their relatives planned and reviewed their care in partnership with the staff. A relative said, "(Person's) health had deteriorated. The manager informed us, and we discussed the situation. The care plan was then updated."

Good

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery. Legal requirements were met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

●People received personalised care. Some people enjoyed caring for dolls. A staff member said, "Giving some people dolls has given them a sense of ownership and purpose."

●One aim of the service was to ensure people 'enjoyed life'. People had opportunities to take part in a range of activities and were encouraged to maintain interests which were important to them to lead meaningful lives. One person helped staff to prepare drinks and snacks and another person spent time helping to fold laundry. The person said, "I love helping and keeping busy."

●People enjoyed the social activities available. During our visit people took part in a 'movement and music' session.

●People were supported to practice their faith. This included opportunities to attend places of worship and have home visits.

●Care plans contained detailed information including people's life histories and achievements which supported staff to get to know people. Care plans were regularly reviewed, and updated information was shared with staff if people's needs had changed.

●People had opportunities to put forward their ideas and suggestions to improve the service. Action had been taken in response to people's feedback.

●People received information in a way they could understand. This was in line with the 'Accessible Information Standard' which is a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand the information they are given.

●Staff told us communication was good. They received a handover of information when they arrived for their shift to help them provide the care people needed.

End of life care and support

●People's end of life wishes had been discussed and recorded. End of life wishes were respected. For example, one person's family had stayed with them 24 hours a day as they neared the end of their life.

●Staff worked in partnership with other healthcare professionals such as, district nurses to ensure people had a comfortable and pain free death.

Improving care quality in response to complaints or concerns

●People and their relatives knew how to make a complaint and felt comfortable to do so.

●Records showed complaints had been managed in line with the provider's procedure. The registered manager told us complaints were used to reflect on and improve the service.

●A copy of the provider's complaints procedure was on display and included information about how to make a complaint and what people could expect if they raised a concern.

Good

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care. At our inspection in November 2017 this key question was rated, 'Requires Improvement' because the arrangements to assess and monitor the safety of the service were not always effective. At this inspection improvements had been made. Legal requirements were met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager demonstrated a good understanding of their regulatory requirements and kept their knowledge of legislation and best practice up to date.
- The latest CQC inspection rating was on display. The display of the rating is a legal requirement, to inform people seeking information about the service of our judgments.
- Staff confirmed they understood their roles and were aware of what the provider expected of them.
- During this visit the safety of the service had improved. A range of effective systems were used to continually monitor and evaluate the service provided. Findings and completed actions were shared with the provider.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The providers aim of people 'enjoying life' was achieved. One person said, "I love living here. I have a really good life."
- The service had recently been rated on a care comparison website as 9.8 out of 10. This review comprised of 18 reviews made up from people and relatives who used the service.
- People spoke positively about the leadership of the service. One person said, "I really like the manager." A relative told us, "The manager is so lovely and caring. When (Person) was unwell the manager was a strong support. You don't need to make an appointment with the manager, you can talk to her at any time."
- An experienced registered manager was in post. They worked alongside staff on a daily basis and had a visible presence in the home. One person said, "The manager is always walking about looking and checking what's going on."
- Staff felt supported by the registered manager who they described as, 'wonderful' and 'one of the nicest people I know.'
- The provider and registered manager understood their responsibility to be open and honest when things had gone wrong. Learning had been shared with staff, to prevent reoccurrence.

Continuous learning and improving care, working in partnership with others

- Students from a local college completed work placements at Lyndon Croft. They spent time with people whilst completing qualifications and increasing their knowledge of social care.

●The service worked with a government-funded initiative that supports community engagement. The initiate brings together people in their community, to build a stronger and more cohesive society.
●People's families told us they had attended numerous social events since our last inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Feedback from people and relatives was encouraged through meetings and quality questionnaires. In 2018 people and relatives thought the home was 'good' or 'outstanding' and did not feel improvements were required.
●Staff attended regular team meetings which gave them the opportunity to discuss any issues of concern and ideas for improvement with their managers. Staff survey results from 2018 demonstrated staff felt supported and enjoyed their roles.
●The home used social media and had a dedicated 'page' to communicate with people, their relatives, staff and the local community.