

Mr Tay Sivri & Mrs Goulsen Ibrahim & Ms Narin Ibrahim & Mr Seref Ibrahim

Lymehurst

Inspection report

112 Ellesmere Road
Shrewsbury
Shropshire
SY1 2QT

Tel: 01743351615

Date of inspection visit:
02 December 2015

Date of publication:
06 January 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 2 December 2015 and was unannounced.

Lymehurst is a care home registered to provide accommodation with personal care and support for 35 older people some of who may be living with dementia. At the time of our inspection they were providing care and support for 25 people.

There is 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.

People were protected from harm and abuse because they were supported by staff that identified any risks to people and took action to minimise harm. Staff did not start work at the home until appropriate checks had been made to make sure they were suitable to support people.

Staffing levels and the skill mix of staff were sufficient to meet the needs of people who lived in the home and to keep them safe.

Medicine was stored securely. People were prescribed medication that had to be administered 'as and when required' and the procedures for this were in place.

People were involved in the planning and reviewing of their care. The provider encouraged people to raise any issues and people were confident that action would be taken by the management team to resolve any issues.

Staff obtained consent from people before they provided care and support. The management and staff had an understanding of providing care to people who lacked the capacity to make their own decisions. This meant that people had their rights protected.

People were assisted to eat and drink enough to keep them healthy. People were supported to access a variety of healthcare professionals to ensure their physical and mental healthcare needs were met. People were assisted to see their GP as and when required.

People living at the home considered that staff were caring and kind and promoted their privacy and dignity. People were supported to maintain their independence where possible. Staff had developed positive working relationships with the people they supported. People were encouraged to make their own choices and decisions and felt listened to and respected.

Staff were aware of the activities people enjoyed and what was of interest to them. People were supported

to take part in activities both in the home and in the community. Activities were planned on a regular basis and people were encouraged to tell staff what they would like to do and efforts were made to accommodate these requests.

Staff received induction and on-going training in order for them to provide care. Staff were supported by the management team and received regular feedback on their performance.

People knew how to make a complaint if they needed. The provider had daily contact with people and observed staff practice to ensure standards of care were maintained. People's views were sought on a regular basis by survey or meetings and any areas for improvement were identified and acted upon. People were aware of who the management team were and felt they were approachable and listened to them.

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 felt safe and there were sufficient numbers of staff who treated them well.

Staff were aware of how to protect people from danger and harm and knew the processes they should follow to make sure people were kept safe.

People were supported to take their medicine and we found systems were in place to make sure these were managed safely by staff.

Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge to meet people's specific needs and sought their consent to care and support.

The management team made appropriate referrals to other healthcare professionals when there were any changes in people's needs or risks.

People were supported to have enough food and drink and staff understood people's nutritional needs.

People's human rights were supported because staff were aware of the principles of the Mental Capacity Act 2005 (MCA)

Is the service caring?

Good ●

The service was caring.

People's privacy and dignity was promoted by the staff.

People were supported with kindness, compassion and respect.

People were actively encouraged to express their views about their care and support.

Is the service responsive?

Good ●

The service was responsive.

People received care that met their individual needs and which was responsive to any change.

People receiving care were confident to raise concerns if they arose and that they would be dealt with appropriately.

Is the service well-led?

Good ●

The service was well led.

The management team was approachable and people felt the care provided was well managed.

People who received care and their relatives were regularly asked for their views.

The provider recognised the importance of regularly monitoring the quality of the service provided to people.

Staff received support and regular feedback from management.

Lymehurst

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.

This inspection took place on 2 December 2015, was unannounced and carried out by 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 information held about the service including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us. We contacted commissioners of care and healthcare professionals for their views.

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.

We spoke with 10 people who lived at the home, four members of staff and the provider. We were shown records for recruitment, the review of the audit process and care plans. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

All of the people we spoke with told us that they felt safe. One person said, "They carry out my care safely". Another told us, "It's so good that the [staff] support me safely and securely". One of the care staff told us that they had received training in safeguarding. They showed us they had a good understanding of the different types of risk and abuse and what action they would take if they had a concern. We saw records which confirmed staff participation in safeguarding training. Staff had access to information on how to raise a concern within and outside of the service.

Risks to people's safety and wellbeing had been assessed and were monitored regularly. For example, self-medication and diabetic care. Staff understood the risks associated with people's care and understood how to keep people safe whilst ensuring they were not restricting them. We saw one staff member raise a concern regarding the safety of someone they were assisting to move. The staff member helped to protect the individual whilst seeking assistance from other staff. A staff member told us, "We help people take acceptable risks. Sometimes we need to explain very clearly in case the person doesn't fully understand the consequences". We looked at notifications of incidents and accidents and these had not indicated there was any risk to people.

Safe recruitment and selection processes were in place. The management described the appropriate checks that would be undertaken before staff would start working with them. These included satisfactory Disclosure and Barring Service (DBS) checks and written references to ensure staff were safe to work with people. Staff we spoke with confirmed that appropriate checks and references had been gathered before they started their employment.

People told us that staff assisted them to take their medicine. One person said, "They [staff] ensure that I take my tablets. I like being helped as I always used to forget at home". We saw risk assessments, care plans and staff training records for medication and what to do if there were any concerns. Staff told us how they gave people their medicines and if they had concerns they would talk to them and let the management and GP know. The medication process had been improved since our last inspection with a more robust system in place. Medicines were securely kept and at the right temperatures so that they did not spoil. Where medicines were prescribed on an 'as required' basis, clear written instructions about why and when people may need these were in place for staff to follow. Staff gave a verbal account of when people would be likely to need 'as required' medicines.

People living at the home said there were enough staff available to meet their needs and that they rarely had to wait for assistance. One person told us, "I am quite happy; it's nice living here and there are enough staff usually". Another person said, "There are enough staff here to look after me and they are very nice".

Is the service effective?

Our findings

People told us that they were happy with the care and support that they received. One person told us, "Although there are different people living here, everyone knows exactly how to support me personally". Another person told us, "The staff are trained and know what they are doing. I have confidence in them". Staff we spoke to were knowledgeable about the people they supported and confirmed that they had access to care documentation to enable them to support people effectively.

Staff told us that as part of their induction to employment they shadowed a more experienced staff member. Staff explained how they built a rapport with people which created an effective working relationship. Staff told us they were well supported by the management team. They felt they could approach the registered manager or other partners at any time they wanted and were able to discuss anything that they needed to. Staff felt that they had access to a good range of training and were competent in the tasks that they performed. This meant that people received care from appropriately trained and supported staff.

One person said, "The care workers always make sure I have enough water or juice left with me". Another person told us, "They make lovely homely meals and refreshments". One staff member told us they always checked that people had enough to eat and drink at mealtimes. We saw people were supported to have sufficient to eat and drink. People's health or lifestyle dietary requirements were known to staff so that people received the food they needed and preferred. People's weight and nutritional intake was monitored in line with their assessed level of risk and referrals made to the GP and dietician as needed. The mealtime was unrushed and people were given plenty of time to enjoy their food.

People were asked for consent before care and support was given. One person said, "They ask for my permission before they do anything for me". Another confirmed staff members, "Always ask my permission before doing anything to support my personal needs". People's ability to make decisions had been assessed. Where support was needed for a person who was unable to make decisions independently, the process was documented to guide staff.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People were supported to make decisions about their life. These decisions included Do Not Attempt Resuscitation (DNAR) and records showed that relevant people, such as relatives, legal representative and medical professionals, had been involved. Relevant staff had attended training on MCA and DoLS. They

spoke to us about their understanding of them. This ensured that people's rights were protected.

Staff were proactive in seeking assistance when people's needs changed. We saw that during the morning a person had displayed behaviour that was challenging and had been a risk to staff. The person had lacked capacity to have insight into the issue and the potential for injury to themselves and staff. We observed how management assessed this situation, monitored the behaviour and considered future options of managing the situation. They also consulted other professionals for their advice and support. This reduced the risk temporarily from the behaviour and gave space for more long term, effective management to be organised.

People told us their health care needs were well supported. One person said, "I see the GP when I need to. It's never a problem." We saw that staff monitored skin integrity very closely and used pressure relieving interventions as advised by the district nurse team. People's care records demonstrated that staff sought advice and support for people from relevant professionals. Care workers spoke of how they observed people's skin for any problems such as bruising or soreness. We saw that they wrote any issues in their daily notes.

Is the service caring?

Our findings

People told us that they were involved in how staff cared for them. One person said, "They [manager] came out to see me and I explained what I needed and they listened and made me feel that I had control over my care". Another said, "They were keen to encourage my independence and listened to everything I had to say".

One person said, "All the staff are lovely and kind without exception. They have much patience as well, they don't seem to rush too much". Another told us, "I can tell you my care is just what I need. I can't speak highly enough about them all". Staff that we spoke with talked about people they supported with kindness, compassion and respect. A staff member said, "I ensure that I respect people, what they need and I try to help them achieve it".

People were encouraged to express their views about the care delivered and were actively involved in decisions about their support. One person told us how staff listened to their instruction about how they liked to be assisted in the mornings. Initial assessments of care, regular reviews and quality surveys and meetings encouraged people to express their opinions and suggestions.

We saw staff promoted people's privacy and dignity as they went about their work. One person told us, "My privacy and dignity is totally maintained by these staff. Another told us, "They treat me with great respect". Staff told us that privacy and dignity formed part of their induction training. They described how they would ensure people's privacy was maintained as they cared for them. A staff member said, "Dignity and respect is so important. We offer people choice, listen to them and assist them to do as much as they can for themselves to keep their independence".

Is the service responsive?

Our findings

People told us that staff discussed their care with them. One person said, "They all listen to what I need, which is what makes everything work so well". Regular reviews of care took place which included talking about their needs and preferences. One person said, "I don't need to review the care at specific times, as there is regular contact on a daily basis. I can talk to management or staff about any issue and they listen".

Changes in people's needs were identified and acted on promptly. One person said, "The care I receive is good. I like to get up early and I spoke to management about it and we came to an agreement". People said they were encouraged to be involved in the care provided and were confident that the management would respond appropriately to their needs and preferences. We heard a member of staff discussing with a GP about a person's health that required a visit. This showed that staff responded promptly to people's changing needs.

People told us that they knew how to raise a concern or make a complaint and were confident they were listened to and responded to appropriately. One person told us, "I know that if I have any concerns at all, one of the management will sort it for me". Another said, "They listen to what we have to say and act upon it". The provider kept a record concerns raised. Only one had been raised recently about the laundry service and this was acted upon.

People told us that activities and social events were available to them. The range was clearly displayed on a notice board. One person said, "You can do as you please with your day. We do have arranged activities from entertainers but there are some arranged by the staff, we had a lovely pantomime yesterday". One person confirmed that the provider got their specific shopping items when they asked and it was never a problem.

Several people had been sitting in the lounge up to lunchtime and after. The TV was on and one or two people were watching it, enjoying the programme. Other people chose to sit in the more private areas of the home or in the hallway. Staff ensured that people who wanted peace and quiet in their room were regularly checked on. The provider told us that they had employed an activity coordinator. This person would spend one-to-one and group time with people in order to enhance the programme already offered.

Is the service well-led?

Our findings

People told us that they were happy about the way in which they were involved in how services were provided. They said they had been asked to comment on the care they received. One person said, "I get asked my opinion and when I suggest anything they act on it".

The management told us that questionnaires were designed to gain feedback on the quality of the service and were annually given out to people and their relatives. The results of these questionnaires were not collated. We were told that anything that needed attention was acted upon and people confirmed this was so.

People we spoke with felt that their feedback was listened to and valued by the provider. People said that management were around the home talking with them daily and checking that everything in the home was alright. We observed this during the inspection.

We were told that self-audit of systems in the home were not routinely carried out by the management. Staff practice was monitored. External professionals helped assess quality such as infection control and medication. The provider recognised this as an action point and had introduced an electronic system for care planning and quality monitoring. This showed the provider had taken steps to ensure that quality monitoring and assurance would more consistent.

All staff we spoke with said they were supported in their jobs by the management team and that they received regular one-on-one support sessions. We saw a training record that showed regular training was provided to enable staff to develop their skills in providing care. One staff member said, "Since starting I have been provided with the required basic training I need to do my role". Staff said they attended meetings which provided a forum for staff to openly discuss their practice, share information and ideas about the development of the service. Staff knew what was expected of them and they were content in their work. Staff members had an understanding of the provider's whistleblowing procedures and felt able to raise concerns of bad practice should they need to. Staff said they believed they would be supported by the management team if they had to raise a concern.

The provider had a registered manager in place. The provider management team, which was a partnership had an understanding of the change to legislation and had firm family values. There was provision in place for staff to seek advice and support outside of office hours. Staff told us that they felt part of a team and that managers listened to and valued their comments and opinions. We saw staff approach the management with feedback of how people were during the day. This showed there was open communication in the staff team. The management team had a good handover system in place to pass on any changes to staff ensuring consistent delivery of care between shifts.