

The Salvation Army Social Work Trust

Lyndon House

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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Lyndon House 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. They are registered to provide accommodation and personal care to 32 older people some of whom may live with dementia. At the time of our inspection there were 26 people living at the home.

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 and associated Regulations about how the service is run.

When we last inspected the service on 09 September 2015 we found them meeting the required standards. Previously when we carried out a comprehensive inspection at Lyndon House on 09 September 2015 we found that the service was Good. At this inspection we found that they continued to maintain a good service and further improve in some areas. This inspection was carried out on 15 March 2018.

People told us they were feeling safe in the home and enjoyed a comfortable and happy life in Lyndon House. Staff were enthusiastic and knowledgeable when they talked to us about the people they supported. They told us about safeguarding processes and how they reported concerns to the registered manager or local safeguarding authorities. They demonstrated a good understanding of people's needs, likes, dislikes and preferences.

People told us staff were extremely caring, patient and respectful when they helped them with their care. People felt that they were enabled to live the life they wanted by staff who were appropriately trained and knew their needs and preferences. Relatives told us they were extremely happy with the care and support people received and they felt included in their loved one's care by staff who were always welcoming and listened to them.

People were supported by sufficient numbers of staff who responded to people when they required assistance. Staff were knowledgeable about risk management and how to mitigate risks to keep people safe.

People were encouraged to socialise, pursue their hobbies and interests and try new things. There was a strong culture within the service of treating people with dignity and respect. People and the staff knew each other well and these relationships were valued by people who used the service.

People and their relatives where appropriate were involved in the development and the review of their care and support plans. Care plans captured people's support needs as well as their preferences regarding the care they received. Care plans were updated every time a change occurred which influenced the way people received support. People were supported to make decisions about their care and be independent.

People were supported to have sufficient food and drinks. People had access to healthcare professionals such as their GP as and when required. People received appropriate support from staff to take their medicines safely.

The manager and the provider carried out a regular programme of audits to assess the quality of the service, and we saw that these were capable of identifying shortfalls which needed to be addressed. Where shortfalls were identified, records demonstrated that these were acted upon.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Outstanding ☆

The service was extremely caring.

People received care and support from staff in a kind and personalised way which enabled them to live the life they wanted.

People were helped and supported by staff to maintain close relationships with their family and friends.

The service was inclusive of all individuals and provided personalised care which was greatly appreciated by people and their families.

People received empathetic care and their dignity and their independence was promoted.

Staff had a good understanding of people's needs and wishes and people were involved in decisions about their care.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Lyndon House

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 the 15 March 2018 and was 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 received the completed document prior to our visit and reviewed the content to help focus our planning and determine what areas we needed to look at during our inspection. We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

We carried out observations in communal lounges and dining rooms and 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 due to their complex health needs.

During the inspection we spoke with four people who lived at the home, one relative, five staff members, head of care, administration manager and the registered manager. Following the inspection we received feedback from five relatives of people living in Lyndon House. We also received feedback from commissioners and social care professionals. We looked at three care plans together with other records relating to the management of the home.



Our findings

People told us they were very happy at Lyndon House and they felt safe. One person said, "I feel very safe. I am very happy here and I have no concerns." Another person said, "I have my call bell and staff are coming to see me regularly."

Staff were knowledgeable about people`s needs and how to promote safety whilst they encouraged people to remain independent. One person told us, "My mobility is not great but staff will let me walk at my pace and they are encouraging me to continue." Risks associated with people`s daily living were recognised and responded to when they occurred and staff demonstrated to us their knowledge on how to effectively manage these risks.

Staff were confident in describing the signs and symptoms of abuse and how they would report any concerns internally and externally. They were also able to describe situations when they would report directly to the Local Authority or CQC under the whistleblowing procedure.

People told us there were enough staff at all times to meet their needs. One person said, "I get the support when I need it. I ring my bell and they come so I think they are enough." Another person told us, "Staff are always available when I need help. I never thought they are not enough." Relatives told us they had no concerns about staffing and they appreciated that there was mainly permanent staff working at the home and very few shifts were covered by agency staff.

Recruitment processes were robust and ensured that before staff were employed they had all pre-employment checks carried out which included disclosure and barring service checks and references.

People received their medicines safely by trained staff who had their competencies checked regularly. We found that medicine administration records (MAR) were completed accurately and signed by staff each time after they administered people`s medicines. We counted a selection of medicines for people and found that the amount corresponded with the records kept. People who were able were encouraged and supported by staff to take their own medicines. We found that in hot weather the temperature in the medicines storage room raised around the maximum recommended temperature medicines should be stored under. Staff told us they used an electric fan to try and control the temperature in the storage room; however from the temperature recordings in hot weather we saw that this had not made any difference. We recommended this to be closely monitored and addressed by the registered manager.

Staff were knowledgeable and had training in fire safety. They told us they regularly had fire drills to ensure they were competent and knew how to evacuate people if there was a need for it. People had personal emergency evacuation plans in place which described their ability to respond to the fire alarm and determine what level of support they needed from staff.

We observed staff following infection control procedures. Washing hands regularly and using personal protective equipment when appropriate. The environment was clean and welcoming and we found that thorough cleaning regimes were followed by the housekeeper team to ensure bedrooms and communal areas were regularly cleaned.

Our findings

People and their relatives told us they were supported by staff who were appropriately trained. One person said, "I feel staff is very competent here and they are well trained. They know what I need." Relatives told us they were reassured every time they visited Lyndon House that staff were knowledgeable about people. They recognised people's changing health needs and involved other professionals in people's care.

Newly employed staff told us that after the induction training before they started working with people they shadowed more experienced staff until they felt confident and familiar with the job requirements. Staff told us they received the appropriate training and support for their role. Training subjects included manual handling, safeguarding, infection control, fire and others. We found staff being knowledgeable in these areas. We saw that staff were given opportunities to achieve nationally recognised qualifications to ensure they were knowledgeable about current best practice in meeting the needs of the people living in Lyndon House.

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 Mental Capacity Act (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. Staff had good knowledge of the principles of the MCA and gave us examples of how they would follow appropriate procedures in practice. Staff told us they explained to people the support and their care and gained consent before carrying out any aspects of this. Throughout the inspection, we saw staff speaking clearly and gently with people and waiting for responses. The registered manager and staff fully understood the principles of DoLS and how to keep people safe from being restricted unlawfully. They also knew how and when to make an application for consideration to deprive a person of their liberty in order to keep them safe, and we saw appropriate documentation that supported this.

People told us they were happy with the food provided and they had enough choice. One person told us, "The food is okay. Some choices are more popular than others but we are offered two or three options so I always have something I like on the menu." Another person said, "We can choose what we want because there are plenty of choices on the menu." The provider was using a supplier of freshly frozen meals which had specific calorie counts and ensured an appropriate nutritional intake. The meals were cooked from

frozen in a special oven and then served to people. In addition people had a choice of freshly cooked breakfast and supper like omelettes, various soups and salads.

We found that staff regularly monitored people's weight and where they identified weight loss, fortified food and drinks were offered and people were referred to the dietician or GP if they were at risk of malnutrition.

The environment was calm, welcoming and decorated to create a homely feel. There were several areas in the home where people could spend their time socialising or choosing a much calmer and quieter space. Some areas in the home were getting decorated, like the main dining area. People told us this was a much welcomed action from the provider. One person told us, "There is work going on to re-decorate the environment. This was something we [people] wanted for a while now, so as much as it is a little disruptive we are glad it is happening."

We saw evidence in people`s care plans of regular GP visits, dieticians, mental health teams and speech and language therapists involvement in people`s care. There were arrangements for nurses, chiropodists and an optician to visit regularly. One person told us, "Staff are good to support with seeing the doctor or go to appointments. Sometimes they have to insist the doctor to come in person but if not they will prescribe what I need." This meant that people's health needs were reviewed regularly and changes responded to in a way that helped to promote their health and well-being.



Our findings

Without exception, people, their relatives and social care professionals told us the staff were extremely caring, kind, attentive and dedicated in their approach and this was evident throughout the inspection. One person said, "The carers [staff] are absolutely marvellous. They are very kind, caring and courteous. They are amazingly cheerful and make me feel better just by talking to them." Another person told us, "The staff, I cannot fault at all. All I have is praise for them. They are all kind and polite."

The registered manager and the head of care led by example to ensure the service had a very strong, person centred culture and the ethos was that of an extended family. The care and support people received was value based and staff were all able to demonstrate how they adhered to the six values the service was built on. These were: integrity, accountability, compassion, passion, respect and boldness. Staff understood what these values meant and how to apply these in their day to day work. This was clearly evident throughout the inspection when we spoke with people, staff and relatives.

Staff spoke positively and passionately about working at the service. They had developed exceptionally kind, positive and compassionate relationships with people. They demonstrated person centred values, which placed an emphasis on respect for the individual being supported. We observed staff constantly interacting with people throughout the day and doing this with warmth and dedication. For example we observed a person whose ability to speak in a meaningful way was affected by their dementia. However a staff member sat and patiently listened to what the person was trying to say and although the words the person was saying had no meaning to us [inspector observing] the staff member understood that the person was asking for a drink. When they came back with the drink the person smiled and drank the glass of juice. This meant that staff knew people well and gave importance and time for people to express their needs.

Relatives were extremely positive about the care and support people received. All the relatives we spoke with and who wrote to us following the inspection expressed their appreciation and told us that Lyndon House had exceptional staff and management. They told us they had joyful visits at the home where they found their loved one well cared for and happy.

Relatives told us that Lyndon House was people`s home in the true meaning of the word and they found staff and management committed to provide people with the best possible care and support. One relative told us, "We couldn't fault the care and attention [person] receives. [Team leader and head of care] have a genuinely deep affection for [person] and this is reflected in the care of all the staff, whether senior or junior. It comes across as more than just a job for them, nothing seems too much trouble and the staff clearly have

a commitment. Although [person`s] capabilities are progressively declining they always looks clean and well cared for and we know the staff encourages residents to maintain their independence for as long as they are able to. In conclusion there is no institutional feel about Lyndon House, they told us a long time ago it is [person's] home and should be treated as such. Even now we often remark to each other when we leave how pleased we are that [person] is where they are."

People told us there were no restrictions in the home and they could have visitors or go out any time they wished. Relatives told us they appreciated staff`s efforts to ensure that they had a successful visit every time they visited people and this was very important to them. One relative said, "My [relative] was lonely before they moved in to Lyndon, but was also very reluctant to move. Within a week of moving in [person] said 'I think I'd like to stay here.' [Person] has not been as happy as they are at Lyndon for a long time. Talking to staff at Lyndon I can hear that they know a lot about my [relative]. They know things about them and their life that could only come from longer conversations than just asking about immediate needs. During my visits the staff ask me if there's anything they can do or bring to make the visit go well. They do this without my asking. This is important as I only visit once a month because I live abroad. My visit MUST be a success."

Relatives told us that they attributed the improvement of people`s moods and general well-being to the kind and caring approach staff had when supporting people. They told us this had a huge impact on people and on them as well. For example one relative told us, "My [relative] came to Lyndon after a lengthy period of illness, in a state of depression and having very high levels of anxiety. Their communication was limited and engagement with anything extraneous even more so. The transformation and improvement in both their physical and mental health since their admission has been remarkable and I can only put this down to the kindness, patience and efforts of the staff at Lyndon. Their individual and collective efforts to understand the root causes of my [relative's] anxieties and address them as far as is humanly possible is absolutely superb and displays a level of commitment and compassion that is exemplary. I could cite so many examples of this from the seemingly trivial (picking lavender for them from the garden, sourcing a lightweight cup for their hot drinks and making sure it is in the position they feel most comfortable with) to the more important (regularly engaging them in conversation, encouraging to participate in activities and trips, keeping them informed about which carer will assist them to bed) and that the list would just go on and on. These efforts, collectively, have made them a different [person] to the one who arrived at Lyndon. [I] recognise the cheerful, social, and outgoing [person] my [relative] always was. For that I shall always be immensely grateful."

People told us that staff respected their privacy and dignity. One person said, "I feel very comfortable with staff, they are very mindful of privacy and dignity and they are my friends so I have no worries." Throughout the inspection we observed staff treating people with upmost respect and dignity and it was obvious that people were leading the care and support they received. Staff knew what was important to people and every interaction and conversation we observed was empowering people to make their own decisions and express their choices. Care plans considered people's religious and spiritual needs and also their background and past life experiences people had which could have influenced their behaviour.

People and relatives told us staff were extremely receptive to what was important to people and delivered care in a way that enabled people to continue to live the life they wanted. One relative told us, "My [relative] is very proud and it is important that they always look smart. My [relative`s] clothes are clean and they are well groomed every time I visit." Another relative told us, "[Person] is accurately and sensitively known by all the staff and their warmth and affection for them is apparent. The start of their time [in the home] was challenging for them [staff] as [person] was wandering at night and going into other residents rooms. They tackled the problem with imagination and sensitivity for all concerned. [Person] was moved to a pleasant ground floor room and monitored at night. I have always found the staff very caring and I have been very

impressed by the way they know not only [person's] life history, but who we are as members of their family. I have often paid an unannounced visit and found a staff member sitting beside [person] in the day room chatting to them. [Person] is so clearly fond of them all. The fact they have time to talk with residents leads me to assume they are adequately staffed. [Person`s name] always looks clean and well dressed in their own clothes."

People were involved in discussions and decisions around their care and their decisions were respected by staff. Staff we spoke with about people's needs had a good understanding of what was important to people and how to provide personalised care to them. We saw staff interacting and responding to people in a positive manner and spending time with them. There was a happy and relaxed atmosphere in the home where people were seen smiling and socialising together.

People were involved in their plan of care and they were writing their opinion about their needs monthly in their care plan. The care plans were created around people`s abilities and described what support they needed from staff. Relatives where appropriate were involved in the care planning and review process. One relative told us, "We as a family are kept very well informed about [person`s] health and well-being in every way. I attend the annual review with social services. They have always seemed impressed by the care." Another relative said, "I have been involved with the care plan. If I have any questions about [person's] care they [staff] are always happy to help."

Our findings

People felt that they received the appropriate support and that they had plenty to do in the home and they were not bored. One person said, "I like it here. Staff are nice and they know me and I know them. I am not bored there is plenty to do." Another person said, "I don't participate with the activities on offer but this is my choice. There are plenty activities going most of the days but I like to read and do my own things."

Activities were provided by an activity coordinator as well as a number of volunteers. Staff told us that the provision of activities was under review to ensure that over weekends people were provided with the same level of engagement opportunities as during the week.

Current activities included, quizzes, flower arranging, arts and crafts, musical entertainment, gardening club and many outings organised by staff and volunteers which people thoroughly enjoyed. One volunteer told us, "I am coming here for three years now and I really like it. My [relative] was cared for here and it helps me keep in touch with people and staff I know very well. We have a 'Friends of Lyndon' group and we organise fundraising events and other activities to make people happy."

Care plans contained information about people's medical conditions, personal care needs, medication, risks to their well-being, MCA and also records when other health or social care professionals visited, and care reviews. People's likes, dislikes and preferences were captured in the care plans. We found that staff's knowledge about people and their preferences were more detailed than the care plan could capture and this was confirmed by relatives. Staff knew when people liked to get up, go to bed, what drinks they preferred and when and also what their interests were.

Care plans contained guidance for staff in regards to specific conditions people lived with like diabetes, personality disorders or Parkinson's. The guidance gave staff good support in understanding these conditions generally; however this could have been further developed in describing in detail how these conditions affected people as individuals.

People were cared for and supported to live in Lyndon House until the end. People's wishes regarding their end of life care needs were discussed and captured as much as possible in their care plans. A relative of a person who was cared for in Lyndon House until they died told us, "Staff were brilliant in looking after [person] and us [family]. We were here 24/7 and we were made to feel welcome and cared for as much as [relative]."

People and relatives told us that they were confident to raise any issues or concerns with the staff and management. One person told us, "I would go and speak with [name of staff member] if I would have any concern. They will resolve any issue." A relative said, "Any concerns I have following a visit are dealt with immediately." Another relative said, "I have no complaints and if I would these would be solved I am sure."

The home had a complaints log and in each instance the complaints raised were investigated and responded to. We also saw the home displayed the complaints procedure in visible areas for visitors and people`s reference.

People told us there were regular meetings where they could discuss matters of interest to them like activities, food, outings and others. People felt that they were listened and their suggestions were acted upon.



Our findings

People and staff told us they were happy how the home was run. One person told us, "The management is good and the home is nicely run." A staff member told us, "The managers are good and they listen. They are all for the residents and staff which is great."

Relatives praised the management and told us they were grateful that their loved one was cared for in Lyndon house and they recommended the home to others. One relative said, "Our feeling is that the staffing is stable. I recall there seemed to be a frequent turn-over at first, but when [current management] was appointed and introduced themselves at a relatives' meeting they said it would be their aim to reduce the use of agency staff, and clearly this happened." Another relative said, "For me Lyndon is peace of mind. My [relative] is happy. Lyndon is not just a 'family' for its residents; it's also a 'family' for relatives. I cannot recommend the place high enough."

There was improvement work in progress at the home. This included redecorating the home with new dining room and furniture, developing the outside garden area to offer people more opportunities to spend time outside and enjoy a sensory garden as well as growing vegetables and other plants. Activities were under review which included the employment of an additional activities coordinator. Following an inspection from the local fire officers there was work planned to ensure the home had adequate compartmentation of the loft space for fire safety reasons. We found that all these plans were discussed with people and relatives and were scheduled in a way to minimise disruption for people living in the home.

The service worked well in partnership with other organisations like social workers, GP practice, district nurses team and a local hospice to ensure they had professional advice when needed to meet people's needs at all time.

There were various meetings organised at the home. These included residents, relatives and staff meetings. These meetings gave people an opportunity to give feedback on the service and contribute to the running of the home.

There were robust and effective systems in place to assess monitor and review the quality of service provided. Governance audits were effective in identifying issues or concerns and these were solved promptly. We found that incidents and accidents were effectively recorded and reviewed by the manager to ensure that measures were implemented to reduce the likelihood of reoccurrence.

The registered manager and the provider actively sought the feedback of people using the service, staff and external social and health professionals. This information was used to directly shape the future of the service. The registered manager and head of care demonstrated a very good understanding of people`s needs and they were very passionate about delivering a high quality service. They were supported by the provider who made the resources available to achieve good outcomes for people. Statutory notifications were submitted by the provider to CQC in a timely manner. This is information relating to events at the service that the provider is required to inform us about by law.