

Croftwood Care UK Limited

Lyndhurst Residential Care Home

Inspection report

College Street
Leigh
Lancashire
WN7 2RF

Website: www.minstercaregroup.co.uk

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12 February 2019

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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:

Lyndhurst is residential care home providing care to 40 people. On the day of the inspection the home had full occupancy.

People's experience of using this service:

People and their relatives told us they were very happy with the care provided and that the staff were very kind and caring. Good staffing levels afforded people responsive and dignified care.

Staff morale was good and the atmosphere within the home was friendly and relaxed. People told us the food was good, activities were available for those who wished to participate, and they felt safe and well cared for.

More information is in the Detailed Findings below.

Why we inspected:

This was a planned comprehensive inspection as the company has registered under a new name. There have been no changes to the management structure or to the registered manager of the service.

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.

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.

Lyndhurst Residential Care Home

Detailed findings

Background to this inspection

The 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.

Inspection team:

Two adult social care inspectors from the Care Quality Commission (CQC) carried out the inspection.

Service and service type:

Lyndhurst Residential Home is one of a group of care homes owned by Croftwood Care (UK) Limited. The home provides residential care and support to 40 adults.

The service had a manager registered with the Care Quality Commission (CQC). 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:

This inspection took place on 12 February 2019 and was unannounced.

What we did:

Prior to our inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as any allegations of abuse and serious injuries. We sought feedback from Wigan local authority and from Healthwatch – Wigan and Leigh. Healthwatch England is the national consumer champion in health and care. We received positive comments regarding this service.

During the inspection we spoke with five people who used the service and three relatives to ask their experience of the care provided. We used a 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 to us.

We spoke with the registered manager, the deputy manager, three care staff, the kitchen staff and the domestic team. We spoke with four visitors and two visiting healthcare professionals.

We reviewed a range of records. This included four care records, three staff files and a selection of medication records. Various records were reviewed, in relation to training and supervision of staff, the management of the home and a variety of policies and procedures.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm:

People were safe and protected from avoidable harm. Legal requirements were met.

- People we spoke with told us they felt safe living at the home and that the staff cared for them well. One person told us, "I feel safe living here, there is always someone around to help".
- Staff understood and applied their knowledge to their work were people required support to reduce risk of avoidable harm. Risk assessments were in place and had been reviewed regularly. Care plans clearly identified what staff needed to do to keep people safe.
- The environment and the equipment were safe and well maintained. We saw that certificates were in place and were easily accessible to view and safety checks were completed and signed.

Using medicines safely:

- We observed the lunchtime medication round. We saw that the person administering the medicines carefully checked each person's medication against the photograph and the medicines administration record (MAR) sheet to ensure the right person was getting the right medication. We observed that people were offered a drink of their choice to help them swallow their tablets. The person administering stayed with the person to ensure they had taken their medication. All medicines were securely stored in a locked trolley. Controlled drugs were appropriately stored in a locked controlled drugs cabinet and were recorded in a separate control drugs register. At the time of the inspection no one received covert (hidden in food or drink) medication. Where people were prescribed 'as and when required' medicines, for example Paracetamol, protocols were in place to ensure accurate recording.

Staffing levels and recruitment:

- The registered manager had ensured enough staff were on duty, so the people received support in a timely manner. A dependency tool was used to assess the number of staff each person required to assist and what equipment was needed. The registered manager told us that staffing levels are reviewed daily to check if any extra staff were required to assist people to any appointments.
- We saw that all staff had been safely recruited by the provider. The information in the staff files we looked at contained an application form, references, other forms of identification and a Disclosure and Barring Service (DBS) check. A DBS identifies people who are barred from working with children and vulnerable adults and informs the applicant of any criminal convictions against the applicant.

Safeguarding systems and processes:

- The service had effective safeguarding systems in place and staff spoken with had a good understanding of what to do to make sure people were protected from harm. The registered manager was responsive with the safeguarding process and notified the CQC and other agencies as required. People spoken with felt they

received safe care. One person said, "I do feel safe here, its good to know there is always someone around". Another person said, "The staff are very good, I have no worries". A relative told us, "The staff are lovely, I know [relative] is safe and well looked after.

Preventing and controlling infection

- The service managed infection control and prevention well. The last audit from infection prevention and control was rated four stars overall. The home was clean and tidy with no malodours identified. We spoke with the domestic team and it was obvious from our conversations they took pride in their work and worked well as a team. A visiting healthcare professional told us, "One of the things you notice when you enter the home is the lovely clean and fresh smell. There is no odour".

Is the service effective?

Our findings

Effective – People's care, treatment, support achieved good outcomes and promoted a good quality of life and was based on best practice.

Staff skills, knowledge and experience:

- Staff were competent, knowledgeable and skilled. They carried out their roles effectively. Staff records, and staff spoken with confirmed they had completed a thorough induction programme on commencing work at the service.
- Each member of staff had a recruitment folder, a training folder and folder containing notes from supervision meetings. Supervision meetings provided staff with the opportunity to discuss with senior staff any worries or concerns they may have and any training and development they may wish to undertake.

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

- Assessments were comprehensive, expected outcomes were identified and care and supported regularly reviewed.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life for people who used the service.

Supporting people to eat and drink enough with choice in a balanced diet:

- At lunchtime we used a 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 to us. We observed how staff interacted with people and what assistance people required.
- We observed that people had choice and access to sufficient food and drink throughout the day. People were encouraged to dine in the dining room, however people had the choice of dining in the privacy of their own room if they wished.
- We saw that the food was nicely presented, and people told us they had enjoyed their meal. One person said, "The food is very good, and we get lots of choices." A relative told us, "[Name] has put weight back on which is good. The meals look very nice".
- The dining tables were set with appropriate cutlery, condiments and napkins.
- At the time of our inspection there were no people who required their food to be prepared differently because of medical needs or problems with swallowing.
- Where people were at risk of poor nutrition, plans were in place to monitor their needs and professionals were involved as required. For example, referrals to the Speech and Language Team (SALT).

Adapting service, design, decoration to meet people's needs:

- The building was suitable for people to move freely around with the use of wheelchairs and walking aids. People had been encouraged to personalise their rooms with their own belongings and mementoes brought with them from home.
- The bathrooms were suitably equipped with grab rails and assisted bathing equipment was in place to help people in and out the bath/shower safely.

Ensuring consent to care and treatment in line with law and guidance:

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive people of their liberty were being met.
- Staff ensured that people and their relatives, where appropriate were involved in decisions about their care and knew what they needed to do to make decisions were taken in people's best interest.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives. We heard staff speaking with people asking them about where they wanted to sit and with whom. People were asked about their choice of food and drink.
- Where people were deprived of their liberty the registered manager had worked closely with the local authority to seek authorisation for this. We that paper work was in place with DoLS review dates in place.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect:

Ensuring people are well treated and supported:

- We saw that staff treated people with kindness and were caring. Feedback for people who used the service was positive. One person told us, "They [staff] are lovely, they are always smiling and willing to help". A relative told us, "We were very lucky to get a place here for [relative]. We have found the staff to be very good, they are kind and compassionate".
- We asked the registered manager how people were supported to follow and practice their religious beliefs. We were told that people from different churches came to the home and offered holy communion to people who wished to partake. There was a church close if people wished to attend.
- In the care files we looked at we saw there was a 'My Life Plan'. This information included people's life history, working and family life, interests and hobbies that helped staff get to know people who they are caring for better and helped to generate topics of conversation.
- Where people found it difficult to communicate their needs and choices staff understood their ways of communicating. We observed people's body language was relaxed and comfortable when staff approached them to assist.

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

- Staff supported people to express their views and to be involved in their care. Where needed, the registered manager sought external professional help for other agencies for example, GPs, dietician, and the community nursing team. One healthcare professional told us, "The staff are very good, they are always helpful, and people are very well cared for. They are quick to telephone if there is a problem and they always follow instructions and advice".
- There was information at the home that signposted people and their relatives to sources of advice and support and advocates to act on their behalf if required.
- People told us that they could always speak with the registered manager and that the registered manager often works on the floor providing care.

Respecting and promoting people's privacy, dignity and independence:

- People's rights to privacy and confidentiality was respected.
- We observed staff treated people with dignity and respect. There was a friendly and respectful banter between people who used the service, relatives and staff.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs:

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

Personalised care (including end of life care)

- People we spoke with told us that staff encouraged independence and understood what people needed help with. One person told us, "I try to do as much as can for myself, but sometimes I struggle a bit, but the girls are always willing to help me".
- We saw that each person had a well organised care file which detailed their needs and how they would wish to be cared for. These were updated regularly, and any changes were documented.
- The records showed involvement with other health and social care professionals. We saw that files contained a hospital transfer form. This went with the person to hospital and provided the emergency staff with important information. For example, contact details, medical history, medication and allergies.
- Risks were assessed, for example falls, mobility and skin integrity. These had been reviewed and updated as required. We saw that appropriate referrals made to the relevant teams when necessary.
- A 'Life Plan' document gave a good indication of the person and helped staff to understand more about the person they were caring for. For example, interests and hobbies, what's important to them, work and school experiences and when they got up and went to bed.
- Each person had a weekly activity plan. Activities included; armchair exercise, entertainers, Board games, music, bingo and dominoes. The home had recently held a Macmillan coffee morning to help raise funds for cancer research.
- Care files contained information about end of life care and how and where people wished to spend their last days. The registered manager told us that, every effort would be made to keep people at Lyndhurst, so they could be cared for by people they knew and could trust. Support would be sought for the community nurses and from the local hospice.

Improving care quality in response to complaints or concerns:

- The service had a complaints policy. These was displayed around the home. There was a complaints log which should complaints were handling appropriately, and responses and action recorded. People we spoke with know how to make a complaint if they were not happy with something. One person told us, "I would speak with the manager or with any member of staff. I am sure they would do their best to sort it out". Another person said, "There's nothing to complain about. It's a good home, with good staff and it's well run".
- We saw several compliments had been sent to the home by family and friends. Comments included; "The care and attention give to [relative] has been amazing. I would like to comment on your pleasant and very kind staff. A big thank you for all your wonderful care". Another said, "Thank you for all you did for mum. You are all lovely and dedicated people. My mum was lucky to have you all".

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture:

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

The registered manager and staff at the service understood their roles and responsibilities.

- The registered manager had allocated people in specialist roles who had undertaken training and could cascade information to other staff. For example, there were champions in dignity, moving and handling, health and safety, falls prevention, cancer and MCA and DoLS. We found that people were in receipt of person-centred support.

- We saw that systems were in place to monitor and assess the quality of the service and the delivery of care provided. The registered manager carried out regular checks including: the care plans, medication, accidents and incidents, falls, complaints and the environment. Any trends and patterns identified from the audits had been actioned. Monthly audits were then sent to head office and a monthly management report of their finding was completed.

- The registered manager and staff promoted person-centred, good quality care and outcomes for people were good.

Working in partnership with others:

- We were told by a healthcare professional that the registered manager and staff were very proactive with their partnership approach in terms of both health and social care colleagues. The provider and the registered manager were working with the new connected care Model, intergenerational work with the local community, nurseries and schools. The home is actively involved in the roll out of community circles connecting people who used the service, families and carers.

Continuous learning and improving care:

- The registered manager positively encouraged feedback and acted on it to continuously improve the service. Residents and relatives' meetings were held, and people were encouraged to participate in menu planning. There was a suggestions box for people to post new ideas and areas of development for the home. People were asked to complete satisfaction questionnaires. We saw the results from the staff survey in 2018. This showed 47% of staff had responded and with a very level of satisfaction. Comments from staff included, "I have been offered progression in my career since working at the home. The training and development opportunities are above excellent". Results from other surveys included: 100% for good or excellent care, 100% for cleanliness and 100% for the management being approachable and effective.