Hillcrest & Lyndale Care & Support Services Limited

Lyndale

Inspection report

60 Green Lane
Featherstone
Pontefract
West Yorkshire
WF7 6JX

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22 August 2018
23 August 2018

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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

The inspection of Lyndale took place on 22 and 23 August 2018 and was unannounced on the first day. The previous inspection in April 2017 had found two breaches of the Health and Social Care Act 2008 Regulations in relation to safe care and treatment and good governance. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions, safe, effective, responsive and well led, to at least good. We received this and checked on this inspection to see if improvements had been made.

Lyndale 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. Lyndale accommodates 18 people in one adapted building. On the days of the inspection there were 17 people living at Lyndale, two of whom were on respite. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post and they were available during the inspection. 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 safe as staff knew them very well, and there were detailed, individualised risk assessments in place. The staff team was stable with an in-depth knowledge of people living at the home and they were able to describe and show how they supported people in their preferred manner.

Medication administration was safe and followed all required guidance, and infection control practice was also proficient. There were few incidents within the home but where these had occurred, there was evidence of reflection and analysis to minimise the likelihood of reoccurrence.

The registered manager and senior management team demonstrated understanding of key regulation and guidance, and supported people to be as independent as possible. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People needing assistance with nutrition and hydration received this from competent staff and staff also were vigilant in observing for the smallest of changes in people's wellbeing, requesting extra support where necessary. Staff received supervision and training and were competent in supporting people effectively. Staff were also very clear this was people's home and they were there to enable. They worked well as a

team.

There had been a considerable programme of environmental improvements since the last inspection and this had resulted in a usable, accessible outdoor area for people to use independently and also internally building work ensured easier access for those becoming physically frailer.

People were comfortable and affectionate towards staff and we observed some very positive interactions between people. Emotional support was offered to people who were feeling low in mood in a sensitive and discreet manner. Records showed people took an active role in choosing what and how they did things. Privacy was respected at all times and people encouraged to change clothing or seek support with personal care when needed.

Care was delivered as people requested it. People had choice as to how to spend their days and every effort was made to accommodate their wishes. People were keen to share their positive experiences of living at Lyndale.

Concerns were dealt with promptly, and people were supported with issues outside of the immediate control of the home. There was full consideration of each issue and action taken to remedy the situation. The home had received many compliments from people living in the home, their relatives and external professionals.

There was limited evidence of end of life decision making but this had been approached wherever possible with people. The home had utilised all previous contacts to ensure wishes were recorded as much as possible.

Lyndale provided support and care for people in a relaxed and friendly atmosphere. It was evident this was people's home and high quality support was key. There was a strong focus on outcomes, whether in terms of environmental changes or people's health and wellbeing, both mentally and physically.

There had been significant improvements to the quality assurance systems which ensured effective scrutiny over all aspects of life at Lyndale, and because it was shared between the senior management team, a transparency and confidence to challenge was evident. There was evidence of integration in the community through different activities and with different services, promoting partnership working at each opportunity.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were safe as staff were attentive to their needs and there were few incidents. Staff recognised potential signs of abuse and knew what action to take.

Risk management was focused on the individual and staff knew how to support people safely.

Staffing levels were appropriate to meet people's needs and medication was administered in accordance with guidelines.

Is the service effective?

Good

The service was effective.

Staff received supervision and training, and people were supported appropriately with nutrition and hydration.

The environment had improved significantly and had been developed in line with people's current and future needs.

Further embedding of knowledge was needed around the requirements of the Mental Capacity Act 2005 although people's consent was always sought.

Is the service caring?

Good

The service was caring.

People were supported by helpful, caring and kind staff who focused specifically on the person.

People were happy and settled, and took part, where ever possible, in deciding how their needs would be met.

Privacy was respected and dignity promoted at all times.

Is the service responsive?

Good

The service was responsive.

People's records were person-centred and showed people had been involved in choosing what they did each day.

The service had received no complaints in 2018 but many compliments.

Is the service well-led?

Good

The service was well led.

The home was run by a registered manager who showed passion and enthusiasm for people, and had a vision to improve people's quality of life. This was mirrored by other members of the management team which provided day to day support.

Quality assurance systems had improved and show good insight into how problems were considered and positively dealt with.

There was evidence of wider engagement in the community for people.

Lyndale

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 22 and 23 August 2018 and was unannounced on the first day. The inspection team consisted of two adult social care inspectors on the first day, and one on the second.

Before the inspection we requested a Provider Information Return (PIR) which was returned to us. 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 checked information held by the local authority safeguarding and commissioning teams in addition to other partner agencies and intelligence received by the Care Quality Commission.

We spoke with six people using the service and one of their relatives. In addition, we spoke with six staff including two support workers, the care co-ordinator, the general manager, the registered manager from the linked home and the registered manager who was also the provider.

We looked at four care records including risk assessments in depth and other sundry records three staff files including all training records, minutes of resident and staff meetings, complaints, safeguarding records, accident logs, medicine administration records and quality assurance documentation.

Good

Is the service safe?

Our findings

At the previous inspection we found a breach of regulation in regard to risk management and medication management. At this inspection we found these risks had been addressed.

Staff were able to explain signs of abuse and what action they would take if they suspected or observed such concerns. One staff member said, "People are safe as we have regular and trained staff, documentation is updated and we have regular reviews."

The home had a low level of falls and these were appropriately logged and assessed. Monthly reviews of all incidents took place to ensure all actions required had been completed. One staff member said risks were assessed with people on an individual basis and a minimum weekly check of equipment was completed to ensure it was still fit for purpose. Risk assessments reflected individual need, such as if a person had epilepsy, and the measures which were required to support them safely, including when using equipment. Moving and handling risk assessments provided guidance for staff as to which method to use for which transfer. People with specific nutritional support needs also had detailed risk assessments in place which was matched with staff knowledge as we observed the techniques used in practice. We also saw risk assessments in place for skin integrity and catheter care which included pictorial guidance for staff.

Only one person had been recruited since the last inspection. We looked at staff recruitment records and found appropriate checks had taken place although not every previous employer had been contacted. The registered manager agreed to ensure this happened in future to further improve practice. References were obtained and Disclosure and Barring Service (DBS) checks completed. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups. People living in the home were part of the interview process and discussion had taken place regarding a pictorial checklist for them to follow and give their views.

We observed, and staff told us, there were sufficient numbers of staff available. One staff member said, "There is always cover if someone is off sick." Another staff member told us, "The staff team are very supportive and there is always someone around to ask for support if needed." People's needs were determined by their level of dependency for areas such as personal care, motivation, sleeping patterns and cognitive ability. A new assessment tool had been developed to ensure equity and a thorough understanding of the support a person needed.

Rotas were completed eight weeks in advance and incorporated staff's preferred working patterns including any planned leave and training. Shifts patterns varied according to different times of the day as many people accessed outside support during core day hours and therefore staff sometimes supported them with this. The home did not use agency staff.

Medication administration practice was observed and we found this was safe and robust. The staff member explained the procedure they followed and why, and we observed them adhere to this each time for both regular and 'as required' medication. PRN, or 'as required' protocols were in place detailing when specific

medication was needed and the maximum and spacing of doses. If people lacked capacity, there was an associated capacity assessment and best interest decision in place.

Some people knew how many tablets they were to take and they were given time to count them, thus allowing them control over this part of their medication. If people required creams applying, topical medication administration charts were in place and duly completed. People were also encouraged, with appropriate risk assessments in place, to apply cream to themselves wherever they could. This was signed by the person and a member of staff. The 'booking in' of new medication was completed by two staff to minimise the risk of errors, and in adequate time prior to the start of the medication cycle to ensure any supply errors were dealt with promptly.

One person required thickener with their medication to reduce the likelihood of choking and we observed the staff member make this in accordance with the prescribed method approved by the pharmacist and GP. It was then duly given to the person with patience and encouragement. Another person refused their medication so the staff member approached a colleague to see if they could try and this was successful. Prior to doing this the colleague checked what the medication was to ensure it was for the right person. This shows good medication practice was embedded in the home.

The medication storage area had been revised since the previous inspection and was clean and tidy, with cupboards which were locked between each administration. Fridge and room temperatures were also checked and within required ranges.

Infection control practice was observed and we saw bathrooms and shower rooms were clean, including any equipment contained within. All contained liquid soap, handtowels and bins with lids. An audit conducted by the local authority in October 2017 had rated the home as 97%. However, we did find one shower cubicle with the curtain drawn, which was out of use, contained old carpet grippers and bits of wood. The registered manager moved this immediately.

Equipment had been checked in line with the Lifting Operations and Lifting Equipment Regulations (LOLER) 1998 but the information provided to the registered manager was insufficient and we spoke with them about requesting more detailed documentation from the person who had serviced the equipment. Equipment, including wheelchairs, pressure cushions, mattresses and bed rails, was regularly checked, and if it needed repair, we saw evidence of this being actioned. Premises checks, including all fire safety equipment, had also been completed as required. Fire drills had also been conducted at periodic intervals and staff were able to explain the evacuation procedure. The home had accurate personal emergency evacuation plans in place for all.

Good

Is the service effective?

Our findings

One person told us, "This is my house" and was keen to show us around, including showing us where all the spoons and teabags were kept. Another person was observed making their breakfast, and when they asked for support this was promptly given. This demonstrated people felt it was their home and were comfortable using all rooms. People were free to do what they wished.

We observed people making their own drinks and food where they were able to, and people who needed assistance were offered choice. People entered the dining room at their leisure for breakfast once they were ready and the atmosphere was calm and relaxed. Those who required support with eating were given this in a discreet and patient manner. People had access to food and drink throughout the day if they wished. One relative said, "The food is managed well and they try and ensure healthy eating."

There had been significant investment in the environment which had improved immensely. People had accessibility across the home, due to the installation of a lift and a level access patio area with seating and tables. People had been involved in the design and décor, and it provided a good outdoor space for people to enjoy which we observed this well utilised throughout both days of the inspection. Comments from the meetings held in the home with people included, "It's really nice. We can go outside and enjoy it," "I like the ladybirds and flower pots," and "I like to keep the tables tidy, and I can lie on the sofa and put my feet up."

There had also been improvement on making the building homely, carpets and flooring had been replaced, and the internal structure altered to enable easier access for people using aids or equipment. The stair bannister had also been raised as this had previously been too low and had posed a risk. Light sensors were in place to ensure people could move around the home safely if the main lights were off. People had keys to their own rooms which were accessible through a master key in the event of an emergency.

The registered manager was aware of the 'Registering the Right Support' guidance issued by the Care Quality Commission and that Lyndale did not conform to the maximum number of residents recommended in one care setting. However, we found all other aspects of this guidance was in place and being followed, and had no concerns about this location. People had access to varied and personalised activities which was facilitated by the number of staff available to provide such flexibility.

Staff received a thorough induction which covered all key aspects of care provision such as safeguarding, infection control, person-centred care, record keeping, equality and diversity and food hygiene. Staff had received regular supervision with additional support on offer if needed. Additionally, staff were observed in their practice to ensure they were supporting people effectively including assessing their medication competency and infection control practice alongside their interaction with people in the home. Supervisions ensured staff's continuous development was discussed, along with any areas of practice to improve.

Training was comprehensive and staged so staff picked up key topics early and expanded their knowledge as they developed in their role. Topics included first aid, oral health, epilepsy, diabetes, mental capacity and

catheter care.

People had access to external health and social care support as required such as district nurses, GPs or social workers. Health records were detailed and showed all aspects of health monitoring. Staff completed records to show people's progress and we saw action was swift where any concerns were noted. Care records contained photographs of people's glasses so if they were misplaced it was easy to match them. Handovers took place which ensured all staff coming on shift knew key information about a person's wellbeing and plans for the day.

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. We found evidence of mental capacity assessments, although we advised the registered manager, they needed to ensure they were always decision-specific. Best interest decisions had taken place and included all relevant people including advocates and other health professionals if needed. Where people did have capacity, there was evidence of written consent for different tasks. If people were not able to communicate verbally, there was also evidence of non-verbal consent such as the gestures they would use to agree or disagree with a question.

One staff member told us how people who had an advocate received regular visits from them to ensure compliance with their DoLS conditions. This was recorded in people's care records. Eight people in the home had authorised DoLS in place and these were reviewed to ensure they were still applicable.

Good

Is the service caring?

Our findings

One person was wearing a lovely top and they told us, "I chose it myself."

We spoke with one relative who told us, "[Name] is always well looked after. This home runs smoothly. All staff know [name] well." They continued, "If there are any concerns they are always reported. There is open communication and I trust them all." We also read comments from relatives which included, "You have a very good staff, always obliging."

One person had recently been bereaved and staff were supporting them very sensitively and empathetically with attending the funeral. They spent time and one member of staff attended the service with the person. This same member of staff had recently been on holiday with the person and so knew them very well. We saw this same person being comforted later by staff on their return to the home. Staff showed kindness and a gentle approach to providing comfort which was well received.

We observed staff to be polite and respectful in their interactions, and they responded promptly to people's needs. One person asked for a cup of tea and this was promptly brought to them. Staff clearly knew people well as they were able to explain how different people communicated if they did not speak and gave examples of people's actions of body language in such incidences. Staff were also able to explain to us how people's needs had changed over time and what action they took if they became concerned.

One staff member discussed how they encouraged people who did not have verbal communication through showing items, such as nail clippers, to help them understand the task which needed doing. Even then they said, "I show them but if they don't come to me then I know to wait. I always demonstrate first and allow the person time to understand what we want to support them with." This showed people's communication needs were considered and understood to facilitate decision-making as far as possible.

We found people were dressed appropriately and looked well cared for. Some people had their hair styled and dried, and staff took good care over this task ensuring the person was comfortable during the process. Staff openly told people how nice they were looking. People's dignity was promoted at all times and we saw people whose clothing was discreetly adjusted to preserve their modesty. One person was gently escorted to change their top after dropping some of their breakfast on it.

People's cultural needs were met through specialised diets and observations of important festivals. One person's religious festival was acknowledged by all staff working and they knew appreciated the significance for the person and their family. This showed staff were respectful of people's cultural and spiritual needs.

People were actively encouraged to do as much for themselves as possible such as we observed with food preparation. One staff member advised how they had enticed a person to dress themselves despite them being initially reluctant to do so, and then praised them when this had been achieved.

Good

Is the service responsive?

Our findings

One person told us, "I have been to Manchester United. I had a great time." They had recently attended an Under 23s game with their support worker. Another person showed us the colouring they liked to do. Another person was observed making pompoms and showed us all the different wool they had.

People actively contributed to the running of the home as they took their own washing to the laundry and collected it once it had been washed and dried by staff.

Activities were decided on a week by week basis. People offered their ideas and staff then ensured there were suitable numbers and distribution to facilitate as many choices as possible. On the first day of the inspection there was a trip to York and baking activities. Each person was given the opportunity of 'rating' the trip through the use of smiley faces. They looked at how easy it was to access, the toilet facilities, parking and the café in addition to their overall enjoyment of the outing.

We asked staff if they felt people had enough activity choice. One staff member told us, "Yes, we do baking, colouring, card making and plenty of trips out." Another staff member spoke about trips to the Thackray Museum and Tropical World in Leeds, pottery classes and Knaresborough Castle. People also had the opportunity to go shopping on a regular basis. People were also able to access a building on the same site which provided these activities and provided a different environment for people to be part of. We visited this and saw people were keen to go and enjoyed themselves while there. One staff member told us about a person who loved water and how they had enjoyed a holiday which included a hot tub and swimming. One relative we spoke with told us, "[Name] goes out walking and in the minibus. They love going out."

Care records were person-centred and detailed, providing staff with sufficient detail to support people safely and effectively. Information included key personal details, risk assessments and support plans, health conditions and consent forms. There was evidence records had recently been audited in full and information was current. People's support plans provided details of their level of cognition, communication ability, personality, behaviour, and lifestyle preferences alongside personal care and medication assistance required and these were regularly reviewed. The detail was person-specific such as referencing certain phrases people used or gestures they made if unwell. Records clearly showed people were well known and their particular characteristics were identified. Our conversations with staff showed they were able to describe these as well.

We saw how the Accessible Information Standard was being followed in care records as two people used their individual form of Makaton and pictures to help them make decisions. Other support plans contained pictorial guidance for people to follow.

Lyndale had developed a 'personal request log' where things people asked for were logged and actioned wherever possible. This included requests which ranged from specific objects such as a reclining chair, a thinner quilt or some new shoes, to wanting to understand more about their own health conditions or to visit relatives' graves. Where necessary, these wishes were broken into stages so progress could be logged

and a person could opt out if they chose. One person enjoyed waterplay and so a stand had been bought to enable them to comfortably enjoy playing with bubbles. We saw each of these had been actioned and people had stamped their approval once it had been completed. This showed the home was taking even the simplest of wishes seriously and valued people's satisfaction and wellbeing.

The home had only received three complaints in 2017 and none in 2018 up to the date of the inspection. These had all been dealt with appropriately, and audited to show two had been resolved immediately and a further one was deemed more of a concern which was outside of the home's immediate control, but which they helped to resolve. The home had also received many compliments from relatives including "We are very happy [name] is settled and happy where we can visit them when we wish to. Thank you to all for looking after them," "[Name] is very content," and "We're more than happy with the care." There were additional compliments from visiting health and social care professionals which showed the home was held in high regard. Comments came from an Independent Mental Capacity Advocate (IMCA) referring to how well looked after the four people they were supporting were, and from two independent best interest assessors who stated, "I'm impressed with the detail in care records and how it is presented," and "What a lovely atmosphere and I can tell everyone is well looked after."

People were supported, where they could, to indicate their preferences for their end of life. In addition to the observations on the first day of the inspection, the registered manager spoke with us about supporting people through the process of life and death. They told us about how they supported people with the death of family members and felt the familial nature of the home helped with the grief and healing process.

Good

Is the service well-led?

Our findings

At the previous inspection we found a breach of regulation in regard to governance systems. On this inspection we found a robust and detailed quality assurance process in place.

We found the atmosphere calm and relaxed over both days of the inspection. People and staff integrated well and were friendly to each other and exchanged positive banter.

We saw people attended regular meetings in the home to discuss their opinions and choices. Topics included the menus and showed people's individual preferences. It was also noted if a change was implemented people did not have to have that option as there was always another choice. There was also a discussion around healthy eating and people's holiday preferences. At another meeting, one person suggested making a 'get well' card as another person was in hospital and this had been actioned. Meetings also included reflections of significant events such as the pancake and milkshake night, Valentine disco, a visit to the railway museum in York and the seaside. The home produced a glossy newsletter which included many photographs of recent trips and events.

Annual surveys had also been undertaken with a high rate of return (100% for both people living in the home and staff). In the recent survey of people living in the home, we read comments such as "I like it. I don't want to move," "I can pick and choose as I like," "I can talk to staff" and "I help dry the dishes." Comments from relatives were equally positive and included, "I'm made to feel very welcome," "Information is always shared," "You do a very good job," and "I feel comfortable raising any issues." One relative stated, "The answers to your questions have not varied from the last questionnaire. Thank you so much."

Scores for the staff survey were 100% for areas such as taking time to listen, people at the centre of support, people's differences are respected and they had the time to support people effectively. The survey of relatives was equally positive as was the survey for people living in the home. 100% of people in the home said they liked living there, were happy with the staff, received enough support, felt safe, enjoyed the food (although some people said they didn't like sprouts!) and liked their room.

One staff member told us, "I enjoy working here. There's always things to do." We asked another staff member what values the home was trying to promote and they said, "A good quality of life with the experience of being in an extended family." We also asked what they thought the home did well and were told, "People's needs are always met. If we need something, we just have to ask and it is provided, such as [Name's] new chair."

One staff member said, "Yes, I do feel supported. I am given praise and also areas to improve on. I always feel listened to." They explained they were able to give feedback during their supervision. This view of being able to raise any issues was supported by other staff who said they would feel confident bringing anything up, no matter how trivial. They told us, "If I need help, it is always offered."

One staff member said, "I'd be happy for a member of my family to live here." We asked another member of

staff how they knew they were providing a quality service and were told, "Because people are happy and content. They get to go out when they wish and are involved in all decisions which concern them. Success is recognised and praised."

There was a registered manager in post but we also found a highly committed senior management team in action. Staff meetings were held on a minimum of a quarterly basis. Topics discussed included mental capacity and DoLS which involved assessment of staff's understanding and examples, the issue of consent and differences between wants and needs, and the importance of clear explanation and visual aids when helping someone make a decision. Some in-depth discussions also occurred around nutrition and best practice in terms of managing appointments for people to minimise waiting times.

We also found evidence of senior management meetings where the overhaul of the audit system had occurred including a full review of all 2017 audits and plans for the 2018 system, the plans around the building works, the implications of the new General Data Protection Regulations (GDPR) and a celebration of the infection control audit. The provider had considered which records left the premises and how these were kept secure and confidential such as if a person needed to go to hospital.

The overall assessment of each of the 2017 audits identified a few areas of concern but these were all considered on an individual basis to see if anything further could have been done differently, for example to prevent a fall or tackle a complaint differently. Audit tasks were disseminated among the senior management team to ensure effective, unbiased scrutiny. All answers in each audit were also sampled to ensure they were accurate and any changes to policy and procedure actioned as necessary.

The quality assurance system was robust and included regular audits of medication, mealtimes, training, independence, personal care, accidents, staffing and fire safety among many other areas. There was a yearly programme to ensure each area was considered at least twice. Each audit was marked as completed and if there were issues, these were identified and actioned. For example, medication was audited monthly in terms of general practice and four people's administration records were checked to ensure full compliance. It was identified two people were receiving PRN medication on a regular basis, and so consequently GP reviews were arranged to discuss this.

Audits were broken down into detailed tasks such as personal care which considered reviews of care plans, quality samples and meetings with people. Questions included whether people's likes and dislikes were recorded and whether it addressed their human rights. There was also scrutiny of daily notes to ensure they reflected people's activity and whether any advocacy was required. Mealtime audits included people's views of their experience as well as observations of staff to determine how well they knew people's needs.

Due to the longevity of people's stay in the home, the management team were able to evolve their procedures in line with people's needs and this had, in part, been reflected in the significant environmental investment programme recently undertaken as the provider was future proofing to ensure people with declining mobility could still be cared for and supported safely.

The previous inspection was displayed in the home's entrance as required under legislation.