The Salvation Army Social Work Trust

Lyndon House

Inspection report

2 High Street, Sandridge,
St Albans
AL4 9DH
Tel: 01727 851050
Website: www.salvationarmy.org.uk

Date of inspection visit: 9 September 2015
Date of publication: 21/10/2015

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

Overall summary

This inspection was carried out on 9 September 2015 and was unannounced.

Lyndon House is a residential care home that provides accommodation and personal care for up to 32 older people, some of whom 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 16 May 2014 we found them not meeting the required standards in management of medicines. At this inspection we found that they had met the standards. People were encouraged to manage their own medicines and where this was not possible staff ensured people received their medicines in accordance with the prescriber's instructions.

Summary of findings

Staff were kind and caring and people's privacy and dignity was promoted. Staff were knowledgeable about people`s needs and they provided care which was tailored to individuals and their preferences. Staff had received appropriate training and supervision.

People's safety was promoted and there were risk assessments in place to maintain this. However people were encouraged to be as independent as possible. Care plans and care practices were reviewed regularly and people were involved to ensure their needs were met the way they wanted.

The management team recently started monitoring the accidents and incidents in the home and where any trends were identified actions were in place to minimise the likelihood of reoccurrence.

Staff knew how to recognise and respond to allegations of abuse.

People were offered a choice of nutritious food in accordance with their needs and preferences.

People had access to activities that complemented their interests and hobbies. There were several areas in the home used for entertaining people with different interests. The service had strong links with the outside community and a volunteer group who organised fund raising events which benefitted the people living at the service.

Health and social care professionals were very positive about the staff team at Lyndon House and the service they provided.

Care Quality Commission (CQC) is required to monitor the operation of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. We found that people had their mental capacity assessed and if they lacked capacity the manager has submitted DoLS applications to the Local Authority. The manager and staff were familiar with their role in relation to MCA and DoLS.

We received positive comments about the management team from people who used the service, their relatives, staff team and health care professionals. The management team closely monitored and sought feedback about the service provided from people and relatives to identify areas for improvement and drive forward improvements in the home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff were knowledgeable about safeguarding adults from the risk of abuse and confident in acting on their concerns.

People were supported to be as independent as possible.

Potential risks to people's health were identified and were consistently managed.

People's needs were met in a timely manner by sufficient numbers of staff.

People were supported to administer their own medicines and where this was not possible they had their medicines administered safely by trained staff.

Good

Is the service effective?
The service was effective.

People`s day to day needs were met by staff who were appropriately trained and had the necessary skills and knowledge to deliver care effectively.

Consent in relation to care was obtained by staff prior to delivery of care.

People were supported to eat a healthy balanced diet however they expressed mixed views about the quality of the food.

Good

Is the service caring?
The service was caring.

People developed close relationships with staff who treated them with kindness and compassion.

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

People's dignity and privacy was promoted.

The service provided good care for people near the end of their life.

Good

Is the service responsive?
The service was responsive.

People's needs were identified, discussed and incorporated in their care plans.

People were helped by staff to access the community and they were occupied and encouraged to pursue their hobbies and interest.

People were able to voice their views and opinions about the service provided and these were used to drive improvement.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

People had confidence in the staff and management team.

The management used systems to monitor the quality of the service provided.

The management was very involved and passionate about the care of the people living at the home.

Staff understood their roles and responsibilities and had confidence in taking matters to management.

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 met 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 under the Care Act 2014.

This inspection took place on 9 September 2015 and was unannounced. The inspection was carried out by one inspector.

Before our inspection we reviewed information we 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.

During the inspection we spoke with six people who lived at the service, three relatives, five members of staff, the head of care, the registered manager and three health care professionals. We viewed five people's support plans and three staff files. 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 due to complex health needs

Good

Is the service safe?

Our findings

People told us they felt safe at Lyndon House. One person said, "I feel safe and happy here, I don't wish to be anywhere else." Another person said, "Even during the night I go to bed knowing that I am safe and they [staff] look after me."

Staff were keeping people safe whilst they promoted independence and encouraged people to take control of their lives. For example, people had keys to their bedroom doors and they could lock their door if they wished. One person told us, "I lock my door during the night and I asked them [staff] not to disturb me, and they don't. I also know that a staff member sits on the corridor during the night so they will hear if something happens."

Risks to people`s wellbeing were assessed and measures were in place to positively manage these risks without restricting people`s freedom. For example, we saw a person who was independently using the stair lift. Their ability to understand and the risks associated with this were assessed and regularly reviewed to ensure the level of risk was acceptable. Another person became ill and they required bedrails to prevent them rolling out of bed. The risks were appropriately assessed and bumpers used to minimise the risk of entrapment.

In the morning of the inspection there was an emergency situation and the person who was unwell needed emergency services. The management of the situation was taken over by the head of care to ensure that the team leader was able to carry out the normal duties in the home. They demonstrated a good knowledge of the person`s needs and they dealt with the situation efficiently and in a calm manner. This showed that emergency situations were efficiently managed by the service in a way that had no impact on other people who lived at the home.

Accidents in the home were recorded and analysed by management for trends. They told us that they were analysing the times when accidents happened, the frequency and they managed the risks to keep people safe. People who had accidents were monitored by staff and visited by their GP if they needed it. For example, we saw that a person had a fall which was reported to the team leaders and the head of care. The GP was called to check the person and they felt the need to do further checks and sent the person to hospital for specialist treatment.

Information on how to recognise and report abuse was displayed throughout the home. Staff were confident in describing the signs and symptoms of abuse and how they would report any concerns. They were also able to describe situations when they would report directly to the Local Authority or CQC under the whistleblowing procedure.

People had access to call bells in their rooms to help enable them to call for assistance when needed and we observed that they were answered in a timely manner.

Staffing levels were meeting people`s needs on the day of our inspection. People and their relatives told us staff were always around to help people when needed. One person said, "Staff are always in and out and they have the time to talk to me. I don't wish to be anywhere else." A relative told us, "They [staff] always help people promptly."

The provider used a dependency tool to calculate staffing hours based on people`s needs and where it was needed, shifts were covered by agency staff. The manager told us that they were constantly advertising to recruit permanent staff in the available hours they had however due to the remote location of the home they were not getting suitable candidates.

The management team was using, whenever possible the same agency staff for several years. However, when a new agency worker was allocated they were required to start their shift half hour earlier. The team leader then went through an induction with them and gave them a short printout about the people`s needs which they had to read before delivering care. The management team ensured they had the agency staff`s profile from the agency before they started working at the service. This contained training dates and employment checks to help ensure it was safe for them to care for vulnerable people living at the service.

The home followed a robust recruitment process. This included a thorough interview process, written references and a criminal records check. This helped to ensure people were being supported by staff who were fit to do so. The manager told us, "We are not recruiting just to fill a position; we want to make sure that we recruit staff who are appropriate to care for these people."

People were supported to administer their own medicines where possible and their ability to do this was regularly assessed. People who were not able to administer their own medication we saw staff administering medicines using safe practices, for example, locking the trolley when

Good

Is the service safe?

not in use and signing for the administered medicines. However, we noted that in two cases the quantity of tablets carried forward from one cycle to another were not recorded on the medicines administration record (MAR) which made it difficult to reconcile medication and in one case handwritten entries were not countersigned in accordance with good practice guidance.

We discussed this with the manager and they reassured us they were looking into this matter urgently.

Good

Is the service effective?

Our findings

People felt that they were supported by skilled and knowledgeable staff. One person told us, "I could not be looked after better; staff certainly know what they have to do." Another person said, "I have the confidence in staff because they know what they have to do in looking after me."

Staff told us they received the appropriate training and support for their role. We saw that they had regular one to one supervision and a yearly appraisal to discuss their role and development needs. The provider worked closely with an external training provider to develop a group of staff into champions. These areas were infection control, dementia and continence.

Training for staff was closely monitored by the head of care; they were planning training dates for staff who needed their annual refresher training in manual handling, infection control, health and safety. We found that staff had no outstanding training required. Staff were also encouraged and supported to achieve national vocational training. There were 16 staff who were currently working to achieve these at different levels. Newly employed staff told us they had gone through an induction process which ensured that they had been trained in various areas like Manual Handling, Safeguarding, and Fire safety before they could work on their own. They also worked alongside a more experienced staff member for a number of hours and their competency was monitored throughout the induction process to ensure they were confident in delivering care to people. This meant that the provider ensured that the staff team developed, acquired and enhanced their skills to deliver care based on current legislation and best practice.

People had an assessment of their mental capacity on admission and this was regularly reviewed after they moved into Lyndon House. People were supported to make their own decisions, choices and to consent to care. One person said, "Staff always asks what I want before they do anything."

Staff were knowledgeable and understood their role in relation to the MCA and DoLS. One staff member said, "It is very important to ask what people want, we need to give them a choice."

Where people lacked capacity staff communicated with relevant individuals and ensured that the care delivered was in the person`s best interests. The manager had completed DoLS applications for people who were at risk to having their liberty restricted in accordance with the MCA 2005 to the local authority and these were pending an outcome.

People told us they felt the quality of the food and the menu had improved a lot lately. They told us they had complained about the food in the past however the service had diversified the menu with more freshly made meals and cooked breakfasts. One person said, "The food was not great in the past we always complained in residents meetings; however it is a lot better now. I asked for bacon sandwiches and we have it now." Another person said, "I have various salads every day by my own choice and it is very good."

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. However we also saw evidence of changes implemented recently where people had more choices of freshly cooked foods like omelettes, various soups, salads, and cooked breakfast twice a week.

Staff in the kitchen were knowledgeable of people`s dietary needs and they had regular meetings with management to discuss actions for people who were identified as losing weight. The catering supervisor said, "If anybody drops in weight we will discuss with the manager and put things in place."

Relatives were pleased with the changes in the menu and they were participating in food tasting evenings where the service served food samples from the menu choices for people. One relative told us, "They [staff] organised a tasting of the residents meals so we could try their menus."

People were supported to maintain good health; they had regular visits from their GP and practice nurses. People were also supported to attend appointments outside the service. For example, on the day of the inspection a person had a dental appointment. One staff member was allocated to take the person to the appointment. One person told us, "When I moved in here I was able to keep my own GP. I can call the surgery any time I wish and ask for a visit. I rang them a little while ago to remind them about my flu jab."

Good

Is the service effective?

There were arrangements for nurses, chiropodists and an optician to visit regularly. One health care professional told us, “They [staff] are very good they know people very well and when they call us they know if it is a need for a GP visit or a nurse. We are never called out unnecessarily.”

Another health care professional told us, “They listen and follow everything we recommend for people, I have nothing but praise.”

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.

Good

Is the service caring?

Our findings

Without exception people, relatives and health care professionals told us that staff was kind and respectful towards people. One person said, “I am tremendously happy here because staff make the best of everything for me and they are so kind.” Another person said, “I like it here because they are all very kind and caring.”

The atmosphere in the home was calm and welcoming; staff greeted every person and visitor with respect and engaged in conversation which suggested they knew visitors as well as they knew people. One relative told us, “I like that staff know me and they know who I come to visit. They always tell me how my [relative] is and what they did lately.” One person told us, “I am happy here because I am friends with all the staff and they make me feel happy.”

Staff knew people well; the interaction between them was comfortable and suggested their relationship was built on trust and respect. For example, we saw a person who walked out from the dining room and saw a staff member coming into work. They walked towards the staff member and gave them a cuddle. The interaction was natural and showed that they were comfortable in each other’s company. One staff member told us, “I really love working here to make people smile.” Another staff member said, “I love it here, I love the people, we always have a laugh together.”

People who lived at Lyndon House were asked what they felt were the most important values to them as individuals and what they felt staff should know to protect their dignity and privacy. These values were incorporated as the `leaves of the dignity tree` and prompted staff to, “Look out for others”, “Notice when I am distressed”, “Support my independence”, “Value me as a person”, “Being able to have a choice.”

Staff were seen knocking on bedroom doors before they entered the room and waited at the door to be invited in even if these were opened. One visiting health care professional told us, “The care seems to be very good here, they [staff] always is very helpful and takes us to the people we visit and they always ensure they close the bedroom doors and protect the person`s privacy.”

People were encouraged to make their choices and be as independent as possible. One person told us, “I always have a choice and they [staff] let me be as free as I can and they help me when I need it. I can go out or stay in, it is completely my choice.”

When people moved to the home an extra staff member was allocated to spend the day with them, make them feel welcome and help them settle.

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.

People were also asked to think about their Preferred Priorities for Care which ensured people prepared for the future and they planned their preferences and priorities for care for when they were near the end of their life. One person told us, “They [staff] are very good here and I wish they will hang on to me as long as possible. I don`t want to go anywhere else.”

We found that a person who`s health declined and staff was looking after them following their Preferred Priorities Care plan said, “I would like to have my door open so I can see people.” We saw that their bedroom door was open and they could see people from their bed. Staff ensured when they were delivering personal care or other tasks they protected the person`s privacy and dignity and they closed the door.

A relative of a person who sadly passed away recently said, “They [staff] were wonderful until the end, never left [person] alone. We [family] were involved in the care and discussed everything.”

We found that where it was appropriate a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) directive was in place for people and that this had been discussed with the person, relatives, GP and staff.

Good

Is the service responsive?

Our findings

People felt that they received the appropriate support. One person said, “First I came here at Lyndon House just for two weeks and I was so impressed I said I am coming back. I am here since and this is now a good few years. They all know what and when I need it. It is lovely here.”

People had their needs assessed before moving into Lyndon House. The assessment covered areas like: mobility, washing and dressing, communication, emotional wellbeing, medication, cultural and religious needs and many more. After people moved in a plan of support was developed to detail what staff had to do to ensure people`s needs were met in all these assessed areas. People were engaged in the process and also in completed a Personal History Profile which included information about their life, likes, dislikes and hobbies.

Staff used the information to develop activities and occupation for people and ensured people were encouraged to pursue their interests and hobbies on a daily basis.

Daily activities were organised by the activity coordinator and were displayed on a board and was easy to see what was planned for the week. People also told us that they had received a printed copy of the activity schedule weekly and they could choose if they wanted to attend.

One person told us, “There are plenty of things going on, we have a list of the daily activities and it is up to us what we would like to do and if we want to attend any of the activities.” Another person said, “There is always something going on here. I like my puzzles and to go out.”

On the day of the inspection there were Exercises and hand Bells on the activity schedule for the morning and people who were interested in this gathered in the area where this was advertised. One person said, “I wouldn`t miss it for the world.” Other people settled in a different area in the home where they engaged in conversations, watching TV, puzzles or reading.

A visiting health care professional told us, “It is a happy home; they [staff] have some activities on every time we visit.” One person who used the service told us, “Activities are done for the people and this is very nice.”

The activity coordinator has sent surveys to people who lived at the home every six months. These surveys asked people about how they wanted to spend their days and what activities they wanted to do. They also organised outings and parties for people and invited family and friends to these events to ensure people had the opportunity to maintain or form new relationships with people from the community.

The management team were working closely with a volunteer group, `Friends of Lyndon` which was organising fundraising events and were raising money for outings and for a sensory garden for people.

People and relatives told us that they were confident to raise any issues or concerns with the staff and management. One relative said, “Any issues I had they [staff and management] they listened and I felt I was able to raise them.” Another relative said, “They [management] are very good and when we mention things they [staff] always sort things out. Over the years we only had little grumbles.” One person living in the home told us, “We can go to the management with anything, they listen on what we say and they do their best to solve things which is great.”

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

There were regular meetings for people, relatives and staff where issues were discussed and re visited in the next meeting to ensure things have improved. For example we saw that in a `resident meeting` in July some people raised concerns that during the night people who were getting confused were entering in their bedrooms. On the day of the inspection people told us that this was resolved and staff is permanently supervising the corridors and they offered guidance to those who were confused.

Good

Is the service well-led?

Our findings

People and staff told us they felt the home has finally settled after a turnover of the management team and that management team now was very good. One person said, "I have seen a big improvement in staff and things since the management changed a few months ago. "One staff member said,"We had a turnover of managers and staff but things are more settled now."

The management team was in position just over a year in Lyndon house and they told us they had worked hard to ensure that the areas they identified as needed improvement were improved. We saw that they were rated a `Good` service by the Local Authority when they conducted their annual contract monitoring audit at Lyndon House and the previous year they were rated only `Adequate`.

People knew the manager and the head of care and were confident in talking to them. One person said, "I know the management team, they are very friendly and they always say hello." Another person said, "Management is very good, they make you feel good about yourself and important. They [management] are lovely."

We saw several times during our inspection that the head of care was supporting staff at work; they were helping in emergency situations, gave guidance and also monitored the good running of the home.

Staff told us that they felt confident in approaching management any time and they felt they were listened and appreciated. One staff member told us, "Management is approachable and listen to us. All of them [management] are excellent and I feel confident in raising anything with them." Another staff member said, "The manager and the head of care are very approachable. I can go to them anytime if I have any questions." The management told us, "Staff do an amazing job and we management are here to try and support them and listen to them."

The manager was encouraging staff to develop and take on more responsibilities; they enrolled staff to undertake vocational qualifications and ensured that they had the opportunity to develop professionally. This meant that staff was motivated to work for the service longer and were current with new work practices and standards.

The manager was monitoring the quality of the service provided, not just during the day but during the night as well. They had twice conducted an unannounced night visit recently to ensure staff were working in accordance with agreed standards and to support the night staff.

They also conducted a relatives and friends satisfaction survey in August and the feedback was very positive. The questions asked were about the experience relatives and friends had about Lyndon House, the staff, the management and if they felt they would recommend the home to others. We found that every participant answered `yes` and they were very happy with the service at Lyndon House.

The provider monitored the service provided against current best practice. The quality audits completed regularly ensured that they were looking at the service going through all the key line of enquiries set out by CQC. However, we found that the matters identified as needing attention were not always completed in a timely manner and they were carried through to next month's plans of actions. For example, it was identified in June the need for a transfer sheet for each person who was admitted into hospital alongside other documentation. We saw that this was again listed as an uncompleted action in July.

The manager was collaborating with an outside agency to help them deliver training for staff; they were an active member of a reputable care provider association. They were highly regarded as members and rewarded with a `Golden Member` title; the highest achievement possible for the service for their dedication to have a highly skilled staff team.

They were also members of the National Activity Providers Association and committed to enable older people to live life to the full in the way they had chosen with meaning and purpose.

On the day of the inspection we saw the management team was checking the environment regularly, they were engaging in conversation with people, staff, relatives and visiting professionals. We found and people told us that the environment was very pleasant, welcoming, clean and odour free all the time. One person told us, "They [staff] keep everything nice and clean." They continue to joke and said, "They [staff] keep us as tidy and nice as well."