

Sanctuary Care Limited

# Lyons Court Residential Care Home

## 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?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

What life is like for people using this service:

People received safe care. Staff knew how to keep people safe from harm and people told us they were safe. The provider had a system in place to recruit staff to ensure people would be supported safely. There were enough staff to support people safely. Staff followed infection control guidance, they received appropriate training and had access to personal protective equipment. Accidents and incidents were noted and trends monitored to reduce accidents.

People received effective care. Staff had the skills and knowledge to support people how they wanted. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People received enough to eat and drink to ensure they had a healthy diet. People could access health care when they needed.

People received care from staff who were kind and caring. People were supported and encouraged by staff to make decisions as to how their needs were met. Staff were caring, compassionate and kind. Staff understood the importance of respecting people's privacy dignity and independence.

People received care for staff who were responsive to their needs. Assessments and support plans were in place identifying what was important to people and how people would be supported. The support people received was centred around them and they were involved in any decisions made. People socialised how they wanted. The provider had a complaint process which people were aware of to share any concerns.

The service was effectively managed. The environment was welcoming, warm and relaxing. The registered manager was approachable and people knew them well. Spot checks and audits were taking place to ensure the quality of the service was maintained. The registered manager looked at ways they could continuously improve the service.

More information is in the detailed findings below.

Rating at last inspection: Rated Requires Improvement (Report published 14 November 2017).

About the service: Lyons Court 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. Lyons Court accommodates up to 26 people in one adapted building

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained Good overall.

Follow up: We will continue to monitor the service through the information we receive until we return, as part of the inspection programme. If any concerning information is received we may inspect sooner.

## 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

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# Lyons Court 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

This inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. This expert by experience had expertise in dementia care.

#### Service and service type

Lyons Court is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. 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 was unannounced. The inspection site visit activity took place on the 21 January 2019.

#### What we did

Prior to the inspection we reviewed information we held about the service since their last inspection. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority who commissioned services from this provider.

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. The information provided by the provider was used to plan our inspection and considered when we made judgements in this report.

During the inspection we spoke with 13 people and five relatives. We also spoke with three members of staff and the registered manager.

We looked at the care and review records for two people who used the service. The management records for how people were administered medicines as well as a range of records relating to the running of the service. This included incident and accident and quality assurance documents as well as complaints.

# 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.

### Systems and processes

- People described the staff as 'utterly trustworthy', and 'genuinely honest.'
- Safeguarding and whistleblowing policies were in place, and staff had been trained and understood how to keep people safe. They could demonstrate a good awareness of safeguarding procedures and knew who to inform if they saw or had an allegation of abuse reported to them. The registered manager knew how to deal with safeguarding in an appropriate way.
- Systems were in place to ensure building legislation was kept up to date. For example, gas safety checks and electrical testing.

### Assessing risk, safety monitoring and management

- Risks were being managed effectively. Individual risk assessments were carried out which provided staff guidance to support people in a safe way. For example, risk assessments had been carried out on equipment, manual handling, tissue viability, bed rails and where people were at risk of falling. One person said, "They come quickly if you need them. If you're in danger of falling or you need something."
- Staff could explain the risks posed to people and took action to keep people safe where they were at risk. We found where risks had changed this had been reviewed and risk assessments updated to reflect any changes.
- Where people needed increased monitoring due to health risks, staff were aware and appropriate checks were in place to manage the risks.
- Personal Emergency Evacuation Plan (PEEP) were in place, which explained how people would be supported in an emergency.

### Staffing levels

- There were sufficient staff to support people safely. Throughout the day there were enough staff to meet people's needs in a prompt, safe and effective way. One person said, "Of course staff are busy, but they are never too busy to look after us." Another said, "They come anytime you call them, you might wait a few minutes. It's never long."
- The registered manager had recently increased staffing levels in the afternoon. One staff member said, "We have a good amount of staff."
- People had been involved in the recruitment of staff, and sat on interview panels. Appropriate recruitment checks had been carried out on potential employees. Staff told us that morale was good and they felt included and motivated.

### Using medicines safely

- The way people's medicines were managed were safe. People were given the support and time they needed to take their medicines. Medication Administration Records (MARs) were completed when people

received their medicines. Controlled Drugs were appropriately signed for and the quantities of stock tallied with the drugs register.

- Staff recorded when they administered 'as required' medicines, such as pain relief. They considered the signs they should look for to monitor people's pain.
- The registered manager had created a 'fair blame' culture which encouraged staff to look for medication errors and report their concerns. Regular audits had been completed and staff had been given medicine training and received regular competency checks. Where errors had been identified, action had been taken to make improvements.

#### Preventing and controlling infection

- Staff were supplied with personal protective equipment and had been trained in infection control.
- The service was clean and tidy. The laundry system was effective and included a clothing labelling system to make sure that people's clothes did not get mixed up.

#### Learning lessons when things go wrong

- Since the last inspection, the registered manager had worked collaboratively to make a number of changes to the service. They had been proactive in involving people, their relatives, and staff to find solutions when events had occurred and to make improvements.
- The registered manager carried out regular monitoring of accidents and incidents. Staff had been designated as 'champions' to look at the way safety could be improved for people. The areas they had focused on had been around, reducing pressure ulcers and falls.
- When incidents had occurred, these were used as learning opportunities. Trends were monitored to reduce any reoccurrences. The registered manager had used this information in an effective way, and as a result had increased staffing levels.

# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and relative's feedback confirmed this.

Staff skills, knowledge and experience

- Staff were trained, skilled, knowledgeable, and supported by the registered manager to deliver effective care and support. They told us they were well supported by the registered manager and had regular supervision sessions and appraisals.
- Staff received an induction and shadowed experienced staff before they worked with people on their own. The Care Certificate standards were also used as part of the induction process. The Care Certificate is an identified minimum set of standards that health and social care workers adhere to in their daily working life.

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

- People chose what they wanted to eat and had access to a variety of drinks and snacks throughout the day. People could choose when and where they wanted to eat and drink. One person said, "I'm a vegetarian, but I still eat well, and I still get a good choice." Another said, "I can ask for snacks at any time, day or night, they don't make you feel you're being awkward." Another said, "I sometimes ask for two coffees when they come around, they're quite happy to give me two. I save one because I like cold coffee too."
- Some people were at risk of malnutrition. Detailed guidance for staff had been put in place to ensure people were supported to eat in the correct way.
- People's weights were regularly monitored and information from Speech and Language Teams (SALT) was clearly recorded. Staff were knowledgeable regarding this and food and fluid intake was carefully monitored. When people were at risk of choking, information for staff about how to manage this in the event of emergency was available.

Staff providing consistent, effective, timely care within and across organisations

- Staff supported people in a timely way. For example, when people were unable to leave their room's, staff consistently checked on them to ensure they were not isolated and were okay. Staff responded to call bells in a responsive way. One relative said, "[Name] has put on weight, and seems far less stressed. Staff will accompany them to hospital appointments. It works very efficiently."

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

- People's needs were assessed and support was delivered in line with current legislation and evidence-based guidance that achieved effective outcomes.
- Senior staff regularly reviewed care plans to make sure care was reflective of people's current needs.

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

- The provider was planning to make some improvements to the double glazing, and since the last inspection, had updated various areas of the service.

- People had personalised rooms and bathrooms, and people's preferences had been considered.
- Lyons Court is a purpose-built care home. People could access the ground floor safely, and had access to secure outdoor areas. There was a mixture of different lounges and communal spaces to choose from.

Supporting people to live healthier lives, access healthcare services and support

- People told us that their healthcare needs were well managed. Relatives confirmed they had been informed of their family members healthcare needs and the outcome of appointments.
- People had regular access to GPs and Dentists. If it was needed treatment was provided at the service. One visiting health professional said, "We are well informed of changes. The staff let us know. They have done a lot of additional work. The staff are focused on the people here."

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible".
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- The service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Procedures were in place and staff had received training on the MCA and DoLS. Care plans contained an assessment of people's capacity to make specific decisions. These were individual to the person and identified when the person was most likely to be able to make a decision and how it should be explained to them to maximise their understanding.
- Some people had been assessed as not having the capacity to consent to their care arrangements. The registered provider and staff had recognised this amounted to a deprivation of their liberty and had submitted applications to the appropriate authorities.
- Staff enabled people to have day to day choices and make decisions about their day to day lives. Staff asked for people's consent before providing care and support, they gave people options so they could determine what they wanted to do and they respected people if they changed their mind.
- Care records gave clear information to staff about areas where people could make their own decisions and how people could be supported to make those decisions.

## Is the service caring?

### Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- Staff were highly motivated and people described them as being as being genuine, incredibly thoughtful and patient.
- Staff could demonstrate a real empathy for the people and throughout the day we observed very natural, friendly interactions between staff and residents. This demonstrated staff's understanding of peoples' characters, specific needs, and preferences.
- Communal areas were often full of laughter and conversation, and we saw staff encouraging service-users to engage with one another.
- People told us staff were exceptionally caring and warm towards them. For example, one person, burst into laughter when a member of staff came into their room. It was clear that they had a lovely rapport together, and were able to enjoy friendly conversation. They said, "[Name of staff member] is wonderful. They really brighten up my day. They are all really helpful to me and will do anything for me. For instance, they will make me a hot chocolate in the middle of the night if I fancy one. I don't suppose you'd get that everywhere, would you."
- The registered manager had a caring approach toward people and the staff team. They had a strong drive to make sure that people received a compassionate service. For example, they looked at ways they would reward caring behaviour by having kindness awards. They said, "I use positive modelling because they have to see that I am just as accountable. I also use positive reinforcement, and this has helped change the behaviours of staff. I hold honest conversations and have learned if you reward good behaviour, people do more of it. One person said, "The staff here don't shout, push or get irritable with you. They are caring and friendly all the time. They go out of their way to help, or please us."

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

- People's specific support needs were known by staff. We observed staff supporting people when they were anxious or upset, with skill and sensitivity. One relative said, "I think they're amazing, incredibly patient and they work hard to provide a bright and happy atmosphere. I would describe the people who work here as saints."
- Staff were particularly sensitive to people in times of need, and we saw staff using people's histories and cultural backgrounds to provide caring and compassionate support. For example, we saw staff having a long, and involved conversation with a person who was very deaf. Staff communicated in a range of ways, from signing, speaking clearly and slowly, and writing in a specific book. We could hear staff showing great patience and understanding. Afterwards they repeatedly said, "Thank you, dear for bothering with me. I'm so grateful that you spend time listening to me."

Respecting and promoting people's privacy, dignity and independence

- People told us that their privacy and dignity was respected, by staff who were sensitive towards them. One person said, "I can't complain about any of them, they're always incredibly kind and thoughtful to me. They seem to understand me very well."
- People told us that staff could anticipate people's needs at the earliest opportunity, and that of their relatives. One relative said, "I am very grateful for the warm welcome I receive. The staff care for me as well. Yesterday I came in for Sunday lunch, but the buses made me late. They never said a word, and heated my dinner for me when I arrived. They are such lovely people." □

# Is the service responsive?

## Our findings

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

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

How people's needs are met.

- Care plans were person centred and reflected people's individual needs and preferences. These were reviewed regularly, and involved a wide range of people, their relatives or professionals. One relative said, "We're very happy that the home hasn't taken over. We still feel involved. We get informed about any changes, and any concerns."
- Assessments considered people's physical, mental, emotional and social needs.
- Staff confirmed any changes to people's care was discussed regularly at shift handovers to ensure they were responding to people's care and support needs.
- Care plans considered the different ways people communicated and identified the information and communication needs of people with a disability or sensory loss. For example, someone was deaf, so staff used a communication book to speak with them. The registered manager had arranged British Sign Language training for staff to aid communication. Information was printed in a variety of different formats including easy read and large print.

Personalised care

- The support people received was personal to their needs, and preferences. Staff knew what people liked to do and people were supported to take part in activities.
- Reviews took place when people's needs changed. A person said, "They do review my care".
- People could access activities, such as quizzes, games and arts and crafts. Seasonal and religious events were also celebrated. We observed natural conversation going on about the topics of the day. Where an advocate was needed people could access this. One person said, "We attend a weekly church service, about ten of us. We have big print hymn books. I'm grateful that they do that for us."
- Staff helped people to remember significant events and rooms were personalised. Staff knew people's backgrounds and looked at ways they could assist those people with memory loss to maintain their independence as much as possible.

Improving care quality in response to complaints or concerns

- The registered manager was exceptionally proactive at resolving people's dissatisfaction at the earliest opportunity, and resolved issues before they became complaints. One person explained, "I had a complaint, but I didn't actually tell the manager, but he found out about, and what happened was they came to see me privately. It was all sorted out well, so I'd ask him to come and see me again if anything else happened."
- Processes were in place to ensure complaints and concerns were recorded and investigated. Several compliments had been received, including from a visiting social worker. In the last six months one complaint had been raised.

End of life care and support

- Detailed information surrounding people's preferences at the end of their lives was recorded and clear guidance was available for staff.
- Some care plans had information about decisions people had made on hospitalisation and where appropriate a DNACPR was in place. A DNACPR is a way of recording the decision a person, or others on their behalf had made that they were not to be resuscitated in the event of a sudden cardiac collapse.

# 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.

### Leadership and management

- People said they knew the registered manager, and that they provided visible leadership. One person said, "[Registered Manager's name] runs this place as well as they can. I can't think of anything they could do better." They added, "Since they have been here, anybody who wasn't very good at their job have left. They are very aware of what goes on. They see everything, and knows us all."
- The registered manager was consistently described by staff and people as; Supportive and approachable. One person said, "I have never heard staff moaning about the manager. They all seem happy to work here, which makes for a nice, happy atmosphere."
- Staff at all levels of the organisation were encouraged to uphold the service values, and staff told us these were to always empower people and treat people respectfully. One relative said, "[Name] is so lucky to be here. They have really landed on their feet, really that is how I feel about this place."

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The registered manager's personal style had created a 'fair blame' culture, this encouraged staff to report their concerns if anything went wrong, so the service could be improved collaboratively.
- People, staff and relatives were asked for their feedback through surveys and care reviews.
- Staff told us they had regular meetings, which were conducted in an honest and open way. When things had gone wrong these meetings were used to consider how things could be improved. One visiting health professional said, "Nothing is too much trouble for [name.] They always puts people first to make sure their welfare if his utmost priority."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The registered manager had good systems in place for auditing the quality of the service. The regional manager and governance team provided a rigorous oversight of the service. Audits were regularly carried out, and looked out for areas of risk. Objective feedback was given with recommendations for improvements.
- People benefited from a service that had forged strong working relationships with the local authority and other professional groups within the community.

Continuous learning and improving care

- The registered manager was passionate about continuous improvement. For example, a wide range of audits were carried out. When an improvement had been made, the registered manager robustly reviewed it

the action taken had effected the change they wanted. They made further changes if it had not addressed the issues.

- The registered manager monitored staff regularly through competency checks to identify where staff skills and knowledge needed to be improved.
- Questionnaires were used by the provider to gather views on the service. This allowed the service to improve for the benefit of people.

Working in partnership with others

- The registered manager worked closely with partners to ensure the quality of the service to people. For example, they had worked closely with the local authority quality improvement teams, to look at ways best practice could be incorporated into the day to day running of the service.
- The registered manager actively looked at ways they could build links with community groups and wider professionals to benefit the people who live at the home and the wider community.