BEN - Motor and Allied Trades Benevolent Fund

Lynwood Care Centre

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

Our inspection took place on 19 March 2018 and was unannounced.

Lynwood Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. We regulate both the premises and the care provided, and both were looked at during this inspection.

Lynwood Care Centre is part of a larger village, which includes the care home, but also communal facilities such as a pool, healthcare professionals, a shop, a cafe, a restaurant, a care at home service and independent living apartments.

The service can provide care and treatment for up to 102 adults. At the time of our inspection, the service accommodated 83 people across seven separate units, each of which had separate adapted facilities. Some of the units specialised in providing care to people living with dementia. One of the units was not in use. This was because the provider planned to commence rehabilitation services in the unit. The provider informed us about this using a notification form after our inspection. We added the service type to the location's registration.

The provider is required to have a registered manager as part of their conditions of registration. 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. At the time of our inspection, there was a registered manager in post.

At our last inspection on 15 December and 17 December 2015 we rated the service "good". At this inspection we found the evidence continued to support the rating of "good" and there was no information from our inspection or ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated good:

We found people were protected against abuse or neglect. There were personalised risk assessments tailored to people's individual needs. Sufficient staff were deployed to provide support to the person and ensure their safety. Medicines were safely managed. The premises were clean and tidy.

The service was compliant with the requirements of the Mental Capacity Act 2005 (MCA) and associated codes of practice. People were assisted 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.

Staff received appropriate induction, training, supervision and support. This ensured their knowledge, skills and experience were suitable. People's care preferences, likes and dislikes were assessed, recorded and respected. Access to other community healthcare professionals ensured the person could maintain a healthy lifestyle.

Staff had developed compassionate relationships with people who used the service and their relatives. There was complimentary feedback from people, relatives and other healthcare professionals about staff and the service. People's privacy was respected and they received dignified support from staff.

The service provided person-centred care to most people. We made a recommendation about the care provided to people who lived with dementia. People's care plans were detailed and contained information on how staff could provide appropriate support. There was a satisfactory complaints system in place. The person had a say in how their care was planned and delivered. People and relatives were included in care planning and reviews.

The service was well-led. This had improved since our last inspection. There was a positive workplace culture and staff felt that management listened to what they had to say. The management had improved methods to measure the safety and quality of care. The service had developed strong relationships with community stakeholders. We made a recommendation about duty of candour training for the management team.

Further information is in the detailed findings below.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service has improved to good.	**Good**

Lynwood Care Centre

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.

Our inspection took place on 19 March 2018 and was unannounced.

Our inspection was completed by one adult social care inspector, a specialist advisor and an Expert by Experience. Our inspector and specialist advisor were registered nurses. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information we already held about the service. This included notifications we had received. A notification is information about important events which the service is required to send us by law. We also requested information from relatives, local authorities, clinical commissioning groups (CCGs) and other health or social care professionals. We checked records held by the Information Commissioner's Office (ICO), the Food Standards Agency (FSA) and the local fire inspectorate.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with 10 people who used the service and received feedback from five relatives.

We spoke with the provider's nominated individual, registered manager and two heads of care. We also spoke with four registered nurses and six care workers about people's care. We also spoke with the chef and two cleaners. We received written feedback from two social work practitioners and the local authority safeguarding team.

We looked at seven people's care records, three staff personnel files, the medicines administration charts and other records about the management of the service. After the inspection, we asked the registered

manager to send us further documentation and we received and reviewed this information. This evidence was included as part of our inspection.

Good

Is the service safe?

Our findings

People and relatives told Lynwood Care Centre was safe. One person said, "The contract for keeping the place clean is of a high standard." This was supported by another person who said, "The cleanliness is great." The person went on to say their, "...medicines are looked after." The person commented they were safe,"...because staff have a good team spirit." The person had a call button around their neck and they explained, "It's mainly for night staff but if I want to go to the toilet I press it, they help, then I press it again when I'm ready. They're good at coming to me..." Another person told us, "People (staff) here look after us very well. I feel safe with them." One relative stated, "The last thing I say to myself at night is he's (the person) safe and he's being cared for." Another relative said, "He (the person) has been here two years in June. He can't walk but staff are safe with their moving and handling of him...I feel staff are well-trained and know what they're doing." The relative added, "Staff understand his moods rather than words he uses, as he can swear, but it doesn't mean he's angry."

Appropriate measures were in place to protect people from abuse, neglect, discrimination or poor care. Systems included policies and procedures about safeguarding and whistleblowing, contact details for the local authority and staff training at induction and annually. The management team had completed advanced training in safeguarding people at risk. There were signs in staff areas to remind them of their responsibilities for safe care. Accurate and detailed records of any allegations of any alleged poor care were maintained by the management team. Staff were knowledgeable about the procedures relating to safeguarding and whistleblowing. Staff gave us detailed information about what abuse was and how to respond appropriately. For example, one member of staff said they would, "Report and record it, tell the senior who reports to the manager (and) will report to the local authority safeguarding team." Another staff member told us whistleblowing was, "If you suspect your colleague is doing something wrong, you must report to your manager."

People's needs were assessed before they began using the service and care was planned in response to their needs. Assessments included general health, medicines, hearing and vision, dietary needs, communication, sleep, continence and mental health. There were a number of ongoing monthly assessments to check whether people's needs were changing. These included dependency, falls risk, malnutrition risk and pressure sore risk assessments and areas specific to each person, such as monitoring of their health conditions. The service used a number of standardised evidence-based tools to assess people's needs, such as the Malnutrition Universal Screening Tool (MUST) and the Waterlow pressure sore risk assessment. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Care records developed with people included the plans to manage the risks identified and minimise the risk of harm.

The risks from the premises were satisfactorily assessed and mitigated. We checked fire safety, Legionella prevention and control, gas safety, the management of lifting equipment and water temperatures. Where issues were identified, repairs and maintenance were completed to ensure people's safety. The registered manager sent us evidence of this following our inspection.

Staffing was based on people's dependency and to ensure their safety. The registered manager showed us a tool was used to calculate staffing, and this was updated monthly and ad hoc. Staffing was adjusted as needed. For example on one unit, some people required two care workers to assist with their care. In another unit, the number of staff were increased in an attempt to prevent people experiencing falls. A small number of agency care workers were used each week where shifts could not be filled by permanent staff, and there was an ongoing recruitment programme. Unit leaders provided both hands-on care as well as having supernumerary hours to complete administrative work or staff supervision and training. Three personnel files we checked contained all of the necessary information required prior to the staff member's employment, such as proof of identification and criminal history checks.

Medicines were stored securely and medicines stocks were well-managed. 'As required' (PRN) medicines and 'homely remedies' (medicines which can be purchased over the counter) were administered safely following clear protocols. The service had a comprehensive medicines policy which gave guidance to staff on the safe management of medicines. There were systems in place to ensure that people consistently received their medicines safely and as prescribed. Medicines requiring cool storage were stored appropriately and records showed they were kept at the correct temperature and so would be safe to use. Controlled drugs (those subject to stringent control) were stored appropriately and were signed by two staff when administered. There were appropriate arrangements for the receipt and disposal of medicines. Medicines administration records were clear and fully completed. The records showed people received their medicines as prescribed and any reasons for not giving people their medicines were recorded. Where medicines were prescribed to be given PRN or where they were to be used only under specific circumstances, individual protocols were in place. The protocols gave administration guidance to inform staff about when these medicines should and should not be given. This ensured people were given their medicines in a safe and consistent way. In three cases, anticipatory medicines (those used during palliative care) were prescribed and were ready to use.

The premises were clean and well-maintained. Staff had completed mandatory infection control training. Domestic staff took pride in their work and were observed thoroughly cleaning a bedroom area. Staff followed the service's uniform policy and used protective clothing such as gloves, which decreased the risk of transmitting a healthcare associated infection. Staff followed good hand hygiene practises throughout our inspection. Wall-mounted hand sanitizers were filled with alcohol gel and were available throughout the service, and in the individual rooms used by people with high dependency.

Accident and incident reports were completed when injuries occurred to people. Copies were kept for the registered manager and maintained in a central file. We saw the registered manager completed investigations and made appropriate changes to systems, processes and people's care to prevent the recurrence of incidents. The registered manager completed a monthly audit of the incidents and accidents to establish any themes or trends. Accidents and incidents were also analysed by the nominated individual and at provider meetings.

Good

Is the service effective?

Our findings

People and their relatives provided positive feedback about the effective care at the service. One relative said, "When we first came to look at Lynwood, we were blown away by the facilities. Staff were friendly. Rather than stick people in front of the TV they go out to activities linked with the village. They encourage her (the person) to get up from sitting in her chair and take her to the breakfast table. It makes it more of a home than just a room. My mother is happy here."

People's needs and choices were assessed and the care was provided in line with their desired requirements. People were also treated equally and made to feel comfortable wherever they were situated within the building. People's care was effective as they were healthy at the time of our inspection, enjoyed living at the service and provided positive feedback about the staff's knowledge of their needs.

Staff confirmed they had regular opportunities for training and skill development and during our inspection, staff attended pre-planned training sessions. One person who used the service said, "She's (pointing to a staff member) a very experienced carer. She came over with the new build and this is a high dependency ward." The service's records showed a good percentage of staff had attended and completed their mandatory training and participated in supervisions and performance reviews. One staff member said that they had supervision sessions quite often and was due to have an annual review. The staff member stated, "The managers mentored new staff to the home, be it nursing or care staff."

People received enough to eat and drink, although there were a small number of occasions where drinks were not within reach of people. This placed people at risk of dehydration. We pointed this out to staff and the registered manager as part of our inspection who was receptive of our feedback. Regular meals were scheduled and snacks were provided in between. There were some snacks on display in a basket and one person said they could help himself to them when hungry. Meal experiences in each unit varied, as people's needs were individualised. However staff supported people who required help and allowed other people to remain as independent as possible.
People's weights were recorded on a monthly basis and if there were concerns of potential malnutrition, staff recorded these weekly. This linked with people who received nutritional supplements and were actively monitored by a dietitian and the GP. People with swallowing difficulties had modified meals. The pureed food was presented in an appetising manner.
Pre-formed meals were recently introduced at the service and as a result it appeared that people's opinions about food and drinks varied. Comments from people included, "Very good" and "I like the food. I've not had any hiccups. I used the café area this morning with my son. I had toast and cheese with coffee." Another person said, "It (the food) has its moments. Today it looked good on paper, but you see it on a plate and it looked... terrible. It didn't taste good. Some people just put up with it regardless. I'll have an odd beer with it." Staff told us alternative menus and choices were available for all people who used the service.

Care records showed the service worked with community stakeholders to ensure people received the best possible care and treatment. There was input from health and social care professionals including an optician, audiologist, the mental health team, an occupational therapist and a palliative care nurse. We saw

the GP visited the service weekly to assess people and conduct reviews. Outside these visits, staff called the GP surgery or an after-hours NHS service. People accessed specialist services such as an onsite dietitian and speech and language therapist. Staff also liaised with services such as retinopathy clinics, for people who lived with diabetes.

The premises were modern and purpose-built. There was ample space in people's bedrooms, as well as large, open-plan communal spaces. People had access to ensuites in their room, but communal toilets and bathrooms were located throughout the units. All areas of the building were accessible for people who used wheelchairs or had mobility impairments. Outside the building, there were expansive landscaped gardens and entertainment areas. Units were tastefully decorated and homely. There was appropriate adaptation and decoration for people who lived with dementia.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's verbal consent was obtained for routine actions, such as asking to enter a bedroom or approaching them to assess vital observations. There was evidence of mental capacity assessments for people who lacked capacity to make certain decisions and subsequent best interest decision meetings with a multidisciplinary team. DoLS referrals and their outcome were recorded within the care files whether they were authorised by the local authority or not. A spreadsheet was maintained in each unit so management teams could identify when to apply to new an expiring DoLS. This meant staff knew whose liberty was restricted and the conditions imposed by the local authority. One staff member said, "We have training in DoLS and we have that every year." Another staff member stated, "We have to be able to demonstrate knowledge and awareness following the MCA training and we are encouraged to (ask) questions."

Good

Is the service caring?

Our findings

There was complimentary feedback about the service from everyone we spoke with and contacted prior to and at our inspection. Community health and social care professionals commented that the service was caring. People, relatives and others also felt staff had developed and sustained good relationships with people who used the service.

One relative told us that two care workers, "...go beyond 'care'. They are very upbeat with all the residents." The relative went on to say, "It's reassuring that they (staff) seem to take a personal interest; it's not just a job. If you ask for something they go and get it. She (the person) likes people to be bubbly and cheeky. It lifts her spirits. She needs raising outside of herself. How they (staff) manage to stay cheerful after twelve hours is beyond me."

One person said about the staff, "You hardly know they're here." The person said that that they liked biographies and there were some in his bedroom. Another person said "I like living here because they're all very friendly. They know that here. I'm 82." The person went on to say staff welcomed their relatives to visit. They commented, "I have three children and they come and visit." A further person said, "It's (the care) above average. I have a wheeled trolley and my chair. Staff are very friendly. I have a nice corner room." Whilst speaking with the person, a staff member moved around the unit greeting those who used the service. They kissed one person on the forehead, which was a sign of compassion between the person and staff member.

Most people said their relatives often spoke on their behalf and helped make decisions related to the care. People said they preferred this, as they wanted to enjoy the lifestyle and surroundings at Lynwood Care Centre. Relatives told us they had a say in people's care and were freely able to express themselves. Relatives said staff were receptive to their feedback and involvement. For example, one relative said, "The heart of everyone (staff) is in the right position. They try to do the best they can." The relative then added, "My mum said to me that staff are nice. (A staff member) seems to have the right experience to pick up on (the person's) pain. (Another staff member) has good intentions and (their) heart's good." They then went on to say they could visit as they wanted. The relative added, "Thanks for giving the best they've got."

Another relative said, "The care of the day staff have been unbelievable. I have looked at other care homes and they all seemed to be interested in luxury surroundings. I chose this because it's homely. He (the person) was well enough to say he loved it. A lot of my friends recommended this place." She added "I can come and go as I want and am always made to feel welcome."

People's privacy and dignity was protected and promoted. Staff spoke with the people in a polite manner and called them by their name each time they initiated a conversation. Each person had their own bedroom and bathroom and could have the doors open or closed, or lights on or off when they wanted. People were well-groomed and liked to choose their own clothing. A relative visiting a person in their bedroom told us staff asked them to leave the room temporarily, as they were going to complete the person's personal hygiene. This ensured the person's dignity when they were being washed and dressed.

Confidential information about people who used the service, staff and others was protected. At the time of the inspection, the provider was registered with the Information Commissioner's Office (ICO). The Data Protection Act 1998 requires every organisation that processes personal information to register with the ICO unless they are exempt. We found the service complied with the relevant legislative requirements for record keeping. Records were secured away when not in use. The person's and staff's confidential information was protected.

Good

Is the service responsive?

Our findings

The dining experience in one unit was not always person-centred. There was evidence that some staff were focussed on the tasks of providing the lunchtime meal, rather than ensuring people received enough time or the correct assistance to ensure they ate and drank well. For instance, we noted staff did not always ask people what they wanted to eat or drink, instead choosing the meal for them. One person repeatedly refused any meals offered that were prepared, but staff did not find an alternative and the person had little to eat. Another person continually wanted to leave the table, and at one stage stood up unsafely. The inspection team pointed this out to a staff member who immediately went to assist the person. We provided feedback to the registered manager and nominated individual about this.

We recommend that the service reviews best practise guidance of caring for people with dementia.

Most people received personalised care that was tailored to their individual circumstances. Staff had a good working knowledge of people's backgrounds, likes, dislikes and other care-related preferences. One of the service's objectives was to provide maximum freedom, independence and a life similar to that of someone living in the wider community. Units had key-coded doors so that people at risk or people with confusion stemming from dementia illnesses did not leave unsupervised. People who were able to understand risks and how to remain safe were able to access the codes and visit different parts of the provider's village facilities on their own. For others at risk, staff were responsible for enabling freedom of movement. For example, staff would accompany them and assist them to leave a locked unit to visit the garden or the village.

Activities were planned and clearly displayed throughout the building. This ensured people had access to an active social life. One person said, "They have activities". The person showed us an activities schedule they kept on their mobility aid. At 10.30am there was "Listening to and discussing pieces of music." The person said, "I didn't go because I was having my physio." Creating Easter baskets at 2pm was also on the schedule. The person told us, "You don't have to do any of them." A relative told us, "A lady with birds and owls came...there's bingo. I bought a violinist CD in and the other residents loved listening to it. I would like the night staff to put the music on quietly to keep him (the person) calm. They're (the staff) so helpful; they will try things. (The person) told me he danced with carers at the weekend and they were skipping."

Care documentation, both paper-based and computerised, was detailed and up-to-date. Care plans were in place for the various activities of daily living, such as moving and handling, washing and dressing, eating and drinking and falls prevention. These were updated monthly, or when changes occurred. There was evidence that some people were included in the updates to the care plans. There was further evidence that relatives were consulted and their feedback was recorded in the care records.

The Accessible Information Standard (AIS) is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The service assessed and recorded people's cognitive function, communication barriers and methods of ensuring meaningful information were provided. Information about how to

communicate with people effectively was included in care records. This included any modifications to, or adjustments made for the way of ensuring people could understand information provided to them.

An appropriate complaints management system was in place. One person told us, "I have no complaints...nobody forces you to do anything you don't want to" and a relative stated, "I definitely could bring up an issue with staff." There was a complaints policy in place and signage throughout the premises about how complaints were managed. The registered manager was able to explain how complaints would be handled and showed us documents used to record concerns or complaints. Where necessary, the registered manager offered to meet with any complainant to discuss the matters and ensure issues were resolved amicably. All documentation concerning complaints was kept to show how they were effectively managed.

Since our last inspection, one unit which specialised in end of life care, had ceased operating. Instead, a management decision was to allow people to receive end of life care in the units they first moved into. This meant people did not have to move around different parts of the building when their health needs changes over time. The service had discussed, planned and recorded people's end of life preferences. Do not resuscitate orders were in place for some people. One record we reviewed showed the person made a decision that they would like to be resuscitated. All the decisions were made with the involvement of the multidisciplinary team. There was evidence of discussions with families and people regarding their preferences. Palliative care nurses assisted the service with people's care when needed, and the service's staff had a good rapport with them. This ensured people received good end of life care at Lynwood Care Centre.

Good

Is the service well-led?

Our findings

At our last inspection on 15 December and 17 December 2015, we rated this key question "requires improvement". This was because the provider was unable to demonstrate evidence that all quality issues were communicated to appropriate levels. They were also unable to show actions were taken in every case to mitigate risks at an organisational level. At this inspection, we found the provider had implemented necessary changes and sustained them over time. Therefore, our rating for this key question has increased to "good".

A more robust system of checks and audits was in place to identify strengths of the service and areas for improvement. This included more focus on the analysis of any higher risks people were subject to such as falls, dehydration, malnutrition and pressure ulcers. Audits and checks were completed by a variety of staff, relevant to their knowledge and expertise in the matter. For example, the premises were checked by the facilities manager and the nursing care was examined by the lead nurses, head of clinical care and head of person-centred care. Where shortfalls were found, actions were recorded to address the risks. Both the registered manager and nominated individual reviewed the audit results and checked with staff whether required actions were complete or ongoing.

The nominated individual explained that the performance of the service was communicated to the provider at regular meetings. The nominated individual also completed routine independent checks of the service's quality and safety. There was a good working relationship between the registered manager and nominated individual. This ensured important information about the service was communicated effectively and appropriate actions were taken. The registered manager also had an effective working relationship with the two heads of care. This ensured the registered manager was provided with a better oversight of the care on all units.

The service had developed a continuous action plan. This listed any required improvements in care or other processes and then rated them according to priority. The action plan detailed who was responsible for taking action for each point, what the due date was and was signed off when steps were taken to address the risk. A historical record of all completed actions was also maintained. This meant that there was a contemporaneous, single list of actions for the entire service and ensured that actions were consistently recorded, reviewed and evaluated.

There was a positive workplace culture at the service. Staff described a good working relationship with the management team and other staff who were employed at the provider-level. Comments included, "There have been a lot of changes here but there all for the better", "Staff are happier, and the manager has made that difference", "(I feel) supported and really like coming to work" and "I have been working (here) for nearly three years and love it." A staff member revealed they had worked for the service for 20 years. They felt very supported by the service whilst completing their adult social care diploma. There were regular staff meetings at different levels of the service and provider. There was also an annual staff survey. The last results showed the provider used the 'you said, we did' method of implementing changes suggested through staff feedback.

The service was required to have a statement of purpose (SoP). A SoP documents key information such as the aims and objectives of the service, contact details, information about the registered manager and provider and the legal status of the service. We found the SoP for the service was contained all of the necessary information and was up-to-date.

There were times when the service was legally required to notify us of certain events which occurred. When we spoke with the registered manager, they were able to explain the circumstances under which they would send statutory notifications to us. We checked our records prior to the inspection and saw that the service had notified us of relevant events. This ensured we were able to monitor the quality and safety of the service between our inspections.

The service had commenced the use of the clinical commissioning group's 'hydration project' initiative. There is evidence that people who drink more fluids have a decreased risk or development of urinary tract infections. Staff were appointed as 'champions' to ensure the principles of the hydration project were in place within the units. These included at least seven dedicated drinks rounds per day, frequent encouragement for people to take fluids and additional support for people who needed help with drinks. The service monitored the number of urinary tract infections people developed, to determine the success of the 'hydration project'.

The provider had an up-to-date equality, diversity and human rights policy and procedure which staff were also aware of. This showed any person who used the service would be respected by staff regardless of their cultural, religious, or linguistic backgrounds. People's characteristics were actively protected by staff and the management team. The service had satisfactorily assessed and implemented the principles of equality, diversity and human rights in the provision of care and the daily operations. We spoke with the registered manager and nominated individual about how people from minority ethnic groups and those with unusual health conditions could be cared for at Lynwood Care Centre. They replied this was an area they would further examine after our inspection.

The service's previous rating was conspicuously displayed at the location and on the provider's website. The service had complied with the requirements of the duty of candour regulation.

We recommend that the provider accesses formal duty of candour training for the senior management team.