

Glenfield Care Limited

# Lyncroft 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

This inspection took place on 23 January 2018; the inspection was unannounced.

At our previous inspection in November 2016, we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Regulations 12, 17 and 19 relating to how risks were managed, governance and staff recruitment. We asked the provider to complete an action plan to show what they would do and by when to improve the rating to at least 'good'. At this inspection we found improvements had been made and the service was no longer in breach.

Lyncroft is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Lyncroft accommodates up to nine people in one adapted building. At the time of our inspection nine people lived at Lyncroft.

The service is required to have a registered manager. 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 and was present at the inspection.

Enough staff were available to meet people's needs as well as spend time with people on an individual basis. Staff had been trained in safeguarding and understood how to raise any concerns. Recruitment processes were in place to ensure any new staff would be subject to pre-employment checks on whether they were suitable to work at the service.

People managed their own medicines when appropriate. Arrangements for medicines management followed procedures designed to ensure safe medicines practice.

Processes were in place to ensure risks and people's health needs were assessed, managed, monitored and responded to. The premises had been adapted in ways to make sure it was suitable for people using the service.

People's needs and choices were promoted in a way that prevented and reduced the impact of any discrimination. People's communication needs were assessed and people were supported to communicate effectively with staff. The Accessible Information Standard was being met. The principles of the MCA were followed.

Staff were trained and supported. Staff were caring and showed consideration to how people may feel; staff took steps to understand and know people well. People's privacy was respected and people were supported to be active in their local communities. People were supported to be independent and were actively

involved in decisions about their care. People enjoyed a variety of different interests and hobbies and looked forward to the plans they had made for future events and holidays.

People felt able to raise any issues or concerns; there was a complaints process in place to manage and respond to any complaints should they be made.

The registered manager focussed on providing care that was centred on individuals; they promoted an open and transparent management style. The registered manager had audits and checks in place to provide assurances for the governance of the service. Policies and procedures had been updated to reflect the needs of the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

There were enough staff to ensure people were cared for safely. Medicines were managed safely and actions were taken to prevent and control infections. Risks were assessed and managed. Policies were in place to ensure any new staff would be subject to pre-employment checks. Staff understood how safeguarding procedures helped to protect people.

### Is the service effective?

Good ●

The service was effective.

People's health, including nutritional needs were monitored and responded to appropriately. People's needs and choices were assessed in a way that helped to prevent discrimination and the principles of the MCA were followed; people's communication needs were assessed and met. Staff received training, support and supervision. The premises were suitable for people.

### Is the service caring?

Good ●

The service was caring.

Staff were caring, knew people well and were mindful of how people felt. Staff respected people's privacy and promoted their independence. People were involved in decisions about their care and support.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in planning their care and support. People had a diverse range of interests, hobbies and preferences; People enjoyed the activities they took part in and stayed connected to their local community. The Accessible Information Standard was being met. People were able to raise issues and make complaints and there was a complaints process in place to ensure any complaints were investigated and responded to.

## Is the service well-led?

Good 

The service was well led.

A registered manager was in place and understood their responsibilities for the management and governance of the service. There was an open and transparent culture in the service and care was personalised. The service was focussed of achieving good quality outcomes for people. Systems were in place to monitor and improve the quality of the service.

# Lyncroft Care Home

## 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 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.

Lyncroft is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Lyncroft accommodates up to 9 people in one adapted building. At the time of our inspection 9 people lived at Lyncroft.

This inspection took place on 23 January 2018; the inspection was unannounced. The inspection team included one inspector.

Before the inspection we looked at all of the key information we held about the service, this included whether any statutory notifications had been submitted. Notifications are changes, events or incidents that providers must tell us about.

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 the local authority commissioning teams. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority or by a health clinical commissioning group. The local authority commissioning team had completed a contract monitoring visits since our last inspection; they reported the registered manager had been receptive and had made progress in response to the feedback they had made. We also checked what information Healthwatch Derbyshire had received on the service. Healthwatch Derbyshire is an independent organisation that represents people using health and social care services.

In addition, during our inspection we spoke with four people who used the service. We also spoke with the

registered manager and two care staff.

We looked at three people's care plans and reviewed other records relating to the care people received and how the service was managed. This included risk assessments, quality assurance checks, staff training and policies and procedures.

# Is the service safe?

## Our findings

At our previous inspection we found a breach of Regulation 12 and 19 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because arrangements to ensure risks, should there be a fire, were mitigated were not fully in place. We also found some medicines were not in date. Recruitment processes were not in line with the requirements of the Health and Social Care Act. An action plan was not received however at this inspection improvements had been made.

At this inspection, people told us staff provided care to help them administer their medicines if this was required. One person told us, "I keep my medicines in my own room; I can manage that. Staff just help me with my eye drops." People knew what their medicines were for and records showed reviews of people's medicines had taken place with their GP. Medicines were stored safely and were in date. Staff provided people with medicines as and when needed; for example staff noticed one person appeared unwell and asked how they felt; they replied they had a headache. Staff offered paracetamol and this was accepted. Staff recorded the medicines that had been administered and the reason why. We checked other medicines administration record (MAR) charts and found these had been completed as required.

The staff member in charge of medicines administration was knowledgeable on the systems in place to ensure people received their medicines safely. These included the processes for ordering, storage and disposal of medicines. Staff had been trained in medicines administration and management. In addition, regular checks on records helped to ensure the proper and safe use of medicines was in place. These actions helped to ensure people received safe care around the management and administration of their medicines. Medicines were managed safely and people's involvement and independence was supported in the management of their own medicines when appropriate.

Since our last inspection, the registered manager had replaced intumescent strips around doors where needed. Should there be a fire, intumescent strips expand and seal the gap between a door and the frame to contain any fire. One door was required to be held open in the day; the registered manager had installed a device that would automatically close the door in the event of the fire alarm sounding. Records showed fire alarm systems were regularly checked and fire evacuation was practised. Personal emergency evacuation plans (PEEP's) were in place for each person and recorded what support people would require in the event of an emergency evacuation. Risks associated with fire and emergency evacuation were being managed.

At our last inspection in November 2016 we found not all the required pre-employment checks had been completed on staff prior to them starting work at Lyncroft. Prior to this inspection we had received feedback from the local authority commissioning team that staff recruitment information had been updated. At this inspection, the registered manager told us the staffing group had remained the same and no new staff recruitment processes had commenced following on from our last inspection. Recruitment records showed pre-employment checks had been completed. We checked the provider's recruitment policy and discussed the recruitment processes with the registered manager. The registered manager provided assurances that all the required pre-employment checks contained in the Health and Social Care Act 2008 for people employed in delivering a regulated activity would be met. Procedures were in place to ensure staff



recruitment checked whether staff were suitable to work with people using the service.

People told us there was always staff around and people knew staff well. For example, one person told us, "[Name of staff member] is my key worker." A key worker is a member of staff that works closely, but not exclusively with a person. On our inspection there were two care staff and the registered manager. The registered manager told us there was one a member of staff on the premises overnight with an on-call system to the registered manager for any emergencies. During our inspection we observed there were enough staff to meet people's needs as well as support people to follow their individual wishes. For example, some people choose to go out shopping, whilst another person chose to stay a home. At other times we saw staff had enough time to sit and talk with people and share interests and pastimes with people on an individual basis. There were sufficient staff to meet people's needs.

People told us they felt safe and had not experienced any discrimination whilst at Lyncroft. One person told us, "If I was worried about anything I would talk to [registered manager] or staff, but I'm not worried about anything." The registered manager told us they talked with people about their safety and reiterated if they were worried about anything they could talk with staff. Staff understood how to recognise potential abuse and how to raise a safeguarding alert. Records showed staff had all been trained in safeguarding adults. The provider had systems and processes in place to ensure people were safe.

Staff told us they were familiar with people's care plans and risk assessments and these were kept under review. Records confirmed people had care plans and risk assessments in place and these enabled staff to understand what care was required. For example, what steps were required to keep people safe around the home, or whether there were any healthcare associated risks and the actions needed to manage those. Risk assessments were also in place for specific areas of the home, such as the kitchen and identified what actions were needed to ensure people could enjoy using this area safely. Up to date records of people's care and how any risks were managed included people's own views on what was needed to help keep them safe. Risks to people were assessed and their safety monitored and managed in a way that promoted their independence and involvement.

Staff told us, and records confirmed any accidents, incidents and near misses were reported. Records showed accidents and incidents were reviewed by the registered manager as well so that any trends could be identified and actions taken to reduce occurrence. Checks on the premises were also in place to provide assurances services were safe, for example regular maintenance logs showed any repairs needed were identified and completed. Actions were taken to improve safety; the service had systems in place to help identify when things went wrong and to identify learning from these incidents to implement further improvements.

People told us they were satisfied their home was kept clean and we saw some people enjoyed helping with these jobs. One relative had commented that Lyncroft was, 'Always clean and homely,' in a relatives survey about the quality and safety of the service. Staff had completed cleaning duties during our inspection and we saw they used gloves and aprons as appropriate to help prevent and control infections. In addition, the registered manager asked for door handles to be cleaned again in the afternoon as they were aware some people had colds and wanted to take additional measure to try and prevent them spreading. Staff had been trained in infection prevent and control as well as in food hygiene. We saw staff practised good hand hygiene, for example before they assisted people with their medicines. The provider had taken steps to ensure people were protected by the prevention and control of infection.

# Is the service effective?

## Our findings

People we spoke with told us staff asked them what help they wanted before care was provided. During our inspection we heard staff asking people, "Would you like help with that?" Staff we spoke with understood the importance of only providing care to people with their consent.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The service had policies in place that covered the MCA and making decisions in a person's best interests. When people lacked the mental capacity to make some specific decisions by themselves these had been made in meetings with other professionals and family members when appropriate. These meetings were to discuss what decisions were considered to be in a person's best interests. For example, records showed there had been a best interest meeting prior to a person moving to Lyncroft that decided it was in the person's best interest to live there. Where appropriate, applications for DoLS authorisations had been made. People's consent to their care and treatment was sought by staff in line with the MCA.

Staff told us they received training in areas relevant to people's needs and records showed this covered areas such as first aid, health and safety and infection prevention and control. Staff told us they were supported to obtain training they had identified themselves as relevant to people's needs. For example, one staff member told us they had attended training in dementia awareness as they wanted to know more about dementia. The registered manager had a system in place to keep track of what training staff had completed and what date it needed renewing; we saw all training was up to date. The service had provided staff with the skills, knowledge and experience they needed to deliver effective care and support.

People were knowledgeable about what healthcare they needed. For example, one person told us they needed an operation; they knew this operation had been postponed and they were waiting for a new date. Another person showed us the exercises a healthcare professional had advised they follow; they told us they had completed these regularly with staff support and had experienced an improvement in their condition as a result. Records showed one person had seen their GP for a review of their medicines and a blood test and their dentist for a check-up. Staff also told us if people wanted them to, they would accompany them at appointments with their GP or consultants; they told us this helped them to understand more about people's healthcare needs. During our inspection we saw staff were knowledgeable about people's needs, including any health conditions. Staff also told us how they worked with people's social workers to review and plan their care. People had 'hospital passports' in place that detailed people's needs, including

communication needs, should they need a hospital admission. Hospital passports help to provide hospital staff with important information about the person and their health when they are admitted to hospital. People were supported with their health care and staff worked with other organisations and other professionals to ensure people received effective care.

People received care and support with their meals and drinks; where people enjoyed helping with meals and drinks this was promoted. One person told us, "I'm good at making sandwiches and I enjoy giving out biscuits." They went on to tell us they enjoyed their meals at Lyncroft; they said, "We have vegetable soup and rice puddings; Friday is fish and chips with mushy peas." We saw people were asked for their choices for meals. Plenty of fresh fruit was available for people to have healthy snacks between meal times. People were encouraged to consider healthy, balanced food choices as well as enjoying cakes and puddings. For example, the registered manager asked if anyone wanted anything from the shop and received a request for donuts which were purchased and planned as a treat for after the evening meal; people told us they were looking forward to them all afternoon. Staff were knowledgeable on people who had special dietary requirements; for example what changes were made for a person who followed a diabetic diet. Staff monitored people's weights and had taken action when they identified one person had lost weight. Staff sought the advice of a dietician and the person now received a food supplement and staff were continuing to monitor their weight. People received a balanced and nutritious diet and any risks associated with malnutrition were identified and managed.

Assessment of people's diverse needs, including in relation to protected characteristics under the Equality Act 2010 were considered in people's care plans with them. This helped to ensure people did not experience any discrimination. Records showed how people's disabilities had been assessed and what care was required to meet people's associated needs. In addition, other protected characteristics, such as a particular religious belief were identified and steps taken to meet those associated needs. Staff were knowledgeable about how people using the service may experience discrimination and the steps they took to prevent this and mitigate the effect of any discrimination experienced by people. This helped to prevent and reduce the impact of discrimination and helped to meet people's needs under the Equalities Act 2010.

Other assessments of people's needs were completed in line with current legislation, for example decision making was taken in line with the MCA. Where people required specific assessments associated with their health conditions we saw referrals had been made to the appropriate professionals, such as dieticians. Assessment processes were in line with current legislation and standards and helped to achieve effective outcomes for people.

People told us they had enjoyed personalising their rooms to suit their own tastes. People had also influenced how communal areas were decorated. One person told us they were looking forward to going on holiday and showed us photographs of the previous year's holidays that were displayed in a photograph frame in the dining room. Another person showed us photographs of their holiday and photographs of them dancing that were also on display in photo frames. Adaptions, such as handrails to aid people with their mobility were also fitted where needed in the property. People's individual needs were met through the adaption of their premises when needed.

## Is the service caring?

### Our findings

People told us they felt staff were caring. One person told us care staff were, "Fantastic." Other people told us throughout the day they were planning birthday surprises for a person whose birthday was the day after our inspection. People and staff showed us what gifts they were busy wrapping up. People and staff were clearly enjoying the preparations for this person's birthday; all people were involved and there was a strong feeling that everyone cared about each other. Staff spoke with warmth and fondness for the people they cared for; throughout our inspection, there was an atmosphere of happiness and fun; staff were caring and people were caring and supportive to one another.

Staff we spoke with were aware of how people were feeling. The registered manager noticed that after one person had declined a trip out, they later changed their mind and said they wanted to go. The registered manager arranged to take the person on an impromptu trip out as he said, "I don't want [name of person] to feel left out." We also read people's responses to a questionnaire the provider had sent them to ask about the quality and safety of services. One person had written they had been in hospital and staff had been to visit them. The service took action to ensure people were treated with kindness, respect and compassion and given emotional support when needed.

Throughout our inspection we saw people's privacy was respected. People spent time in their own rooms as they pleased. We saw staff knocked on people's doors and waited for people to answer before entering. People told us they saw their relatives regularly and they could visit freely or people were supported to visit their relative's at their homes. One person said, "Every week I go to [name of town] and see my family." The person had a lot of memories of the area and clearly enjoyed their visits back to the area. We saw a friend people had made on holiday called in to see people over dinner time. People's privacy and dignity was respected and relationships with people's families and friends were supported.

People were supported to maintain their independence. People told us about the many ways they were independent and how this was supported by staff. One person managed their own medicines, another person helped with food preparation. During our inspection we saw another person was supported with their laundry. Records confirmed people's independence was promoted and included people's views on what they liked to be involved in. For example, one person's care plan for budgeting and managing finances recorded the person's view that, 'I like to have my money in my purse when I go out shopping so I can buy what I like.' People received care from staff who understood how to promote their independence and how to provide care with dignity and respect.

People were involved in decisions about their care and what support they required. One person told us staff had brought in brochures of different holiday destinations for people to look through and decide where they would like to go. Care plans contained people's own views on the care identified for them. For example, one person had stated what night of the week they liked to telephone their relative. Another person had stated they were happy that staff helped to administer their medicines. As such, care plans reflected people's views and preferences. Records showed people's care plans and risk assessments had been regularly reviewed with them. This meant people were involved in making decisions about their own care, and their needs and

wishes were met with respect.

## Is the service responsive?

### Our findings

People told us the care provided was personalised and responsive. One person told staff they would like to buy a magazine for an area of interest they had. We saw this was accommodated in the trip out the person had in the afternoon of our inspection. We saw staff identified with another person their scarf was not very warm; later in the day the person came to show us the new scarf they had purchased on their trip out. They continued to wear it throughout the afternoon and clearly enjoyed their new purchase. Another person came to show us a bag they had purchased especially for their forthcoming holiday; they showed us how they had personalised it to be their special holiday bag. Another person had purchased a CD and they enjoyed listening to it throughout the rest of the afternoon. Throughout the inspection we saw people were free to spend their time as they wished.

People had lots of hobbies and interests and these were available for people to work on as suited them when they were spending time at home. Staff told us how people had made craft items to sell at a local craft fayre and the money raised went towards people's holiday fund. People told us they were looking forward to their next planned holiday and showed us their holiday photographs. From these, we could see people had enjoyed meals out, dancing and sightseeing. People enjoyed how they spent their time at Lyncroft; they maintained their links with the local community and took part in activities they enjoyed.

People told us staff knew about people's lives. One person told us, "[Name of staff member] knows my [relative]." People's care plans contained information on people's life histories and staff we spoke with, were knowledgeable about people's families and their interests and hobbies. We heard staff talk with people about their interests and hobbies. Where people had required care for the end of their lives, staff spoke with us about the arrangements that had been made for people to be cared for at Lyncroft. Staff told us how they had sat with people and ensured such things as people's favourite songs were played. Care was centred on people's individual needs.

People's communication needs were assessed. Where people had communication needs identified, staff were knowledgeable on how to communicate with people. People's care plans provided guidance on what helped people to communicate; for example some people used gestures to help emphasise their communication. We saw people and staff communicated effectively together throughout our inspection. The service involved people in discussions about their care and their communication. For example, one person had contributed to their communication care plan and had said they wanted to be able to express themselves as clearly as possible. Actions to support this had been identified and included encouragement for the person to take their time and talk a little slower to help them be as clear as possible. This helped to ensure any communication needs associated with their health and wellbeing were identified and met in a responsive and individualised way. The Accessible Information Standard was being met.

People told us they knew how to raise any concerns or make a complaint should they need to. The provider had a formal complaints policy in place, to manage any complaints should they be received. No complaints had been received about the service since our last inspection. Processes were in place so complaints and feedback would be handled in a transparent manner and used to inform improvements to the service.

## Is the service well-led?

### Our findings

At our previous inspection we found a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because policies, procedures and some records were not up to date, and systems and processes were not always effective at identifying shortfalls. We did not receive an action plan, however, at this inspection we found improvements had been made and the service was no longer in breach.

Since our inspection in November 2016, the registered manager had revised the policies and procedures so they were relevant to the care provided at Lyncroft and in line with the current Regulations. Records of audits had been revised and were clear and organised. Following our last inspection we received comments from the local authority commissioning team that the registered manager had been open to their feedback following a contract monitoring visit.

Systems and processes were effective at assessing and monitoring the quality and safety of services and mitigating risks. Records showed audits were completed on medicines administration record (MAR) charts, people's finances, fire systems and any reported accidents or incidents. We asked the registered manager how they assured themselves of staff competence and performance in their job role. The registered manager told us as they were present during most shifts worked; they regularly observed and monitored staff interactions with people and staff competence in their job role. Whilst these observations were not recorded, we were assured the registered manager monitored staff performance to ensure the quality and safety of services for people. These governance arrangements helped to identify any trends, manage risk and provide assurances on the quality and safety of services for people.

A registered manager is required at Lyncroft and one was 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 2008 and associated Regulations about how the service is run. The registered manager understood when notifications were required and had submitted these as needed. Notifications are changes, events or incidents that providers must tell us about. We also saw the CQC's rating for the service was on display as required.

The registered manager spoke highly of the staff team. Staff told us they received regular supervision with the registered manager where any training and development needs were considered. Supervision provides staff members with the opportunity to reflect and learn from their practice, receive personal support and professional development. People and staff also knew and had regular contact with the provider. The provider and registered manager had taken steps to ensure staff could approach them, be listened to and took steps to ensure an open and transparent culture.

Staff we spoke with were enthusiastic and positive about the quality of care they provided. Staff told us communication between different members of the staff team worked well. Minutes of a staff team meetings showed staffs' views, opinions and ideas were welcomed and discussed. If staff had any concerns, records

showed they had been able to raise these in team meetings. Staff were committed to their job and were motivated to provide high quality care for people.

People told us they had opportunities to be engaged and involved with how the service was provided. People and their families had been asked for their views on the quality and safety of services. Records showed people's feedback had been positive; it included positive comments about the helpful and friendly staff and the availability of the registered manager. People and staff both told us they found the registered manager easy to approach and talk with. Steps had been taken so that people and their families were involved in improving the service.

The service's aims were centred on the needs of people using the service. For example, staff were trained in areas consistent with the service provided, for example in person centred care planning. Throughout our inspection we found examples of how people received personalised care that promoted their independence and involvement. The service was focussed on achieving good outcomes for people and promoted a culture that centred on people's needs and promoted their independence and involvement.

People told us, and records confirmed where other professionals, such as GP's had been involved in their care and treatment. In addition, we saw links had been established with the local church. Other social opportunities had also been explored with other agencies. The service worked in partnership with other agencies and the local community.