

Hillcrest & Lyndale Care & Support Services Limited

Lyndale

Inspection report

60 Green Lane
Featherstone
Pontefract
West Yorkshire
WF7 6JX






Date of inspection visit:
04 March 2016

Date of publication:
18 April 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

We inspected the service on 4 March 2016. Lyndale provides accommodation and support for up to 18 people with learning disabilities. There were 17 people living in the service at the time of our inspection with a number of other people regularly using the other room on a respite basis. The home was spread over two floors with communal areas where people could spend time as well as an enclosed garden.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe in the home. Staff told us they were confident people were safe and that they had not seen anything of concern whilst working in the home. Safeguarding procedures were in place which were understood by staff.

Risks to people's health and safety were assessed by the service and risk assessments which were in place were well understood by staff.

There were sufficient quantities of staff to ensure people were kept safe and ensure they had opportunities to participate in a varied programme of activities. Safe recruitment procedures were in place to ensure staff were of suitable character to care for vulnerable people.

Medicines were safely managed. People received their medicines as prescribed and clear records were kept.

The service was not compliant with the Deprivation of Liberty Safeguards (DoLS). The service had not taken steps to assess the restrictions placed on people and put in DoLS assessments where appropriate.

People and relatives told us that staff had the right skills and knowledge to care for them. Staff had access to a range of training. However training was not always provided in a timely manner to some staff.

People were supported appropriately to eat and drink and maintain a healthy lifestyle.

The service supported people to access a range of healthcare services to help ensure their healthcare needs were met.

People and relatives said staff were kind and caring and treated people with a high level of dignity and respect. During observations of care and support we saw people were treated well by staff. It was clear staff had developed strong relationships with people and knew them well.

People's needs were assessed by the service and plans of care put in place to help staff deliver appropriate care. People's care and support needs were reviewed on a monthly basis which helped ensure the service stayed responsive to people.

The service helped people develop and maintain their independence by encouraging them to assist with daily life within the home.

People had access to a range of activities and social opportunities. People were encouraged to go out into the community on a daily basis to undertake meaningful activity.

Staff told us morale was good and they felt the management team was supportive of them. People and relatives we spoke with also praised the way the service was run.

Key information was not always present within people's care and support plans to demonstrate that the service had fully assessed people's needs and provided the required care and support. For example in one case, records of fluid intake were not fully completed and other documentation was out of date and no longer relevant.

Systems were in place to assess and monitor the quality of the service. For example people were asked for their views on the service through quality questionnaires. The management team undertook a range of audits and checks. However there was a lack of structure to this with audits and checks taking place at inconsistent intervals.

We found two breaches of the Health and Social Care Act (2008) Regulated Activities 2014 Regulations. You can see what action we asked the provider to take at the back of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People told us they felt safe in the home. Risk assessments were in place which helped staff manage risks associated with care and support. These were well understood by staff.

Medicines were managed safely. People received their medicines as prescribed and appropriate records were kept.

There were enough staff deployed to ensure people were kept safe and appropriately supervised.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

The service was not compliant with the Deprivation of Liberty Safeguards (DoLS). The service had not taken steps to assess the restrictions placed on people and put in DoLS assessments where appropriate.

People were provided with a range of food which met their individual needs.

Staff received a range of support, supervision and training. However there was a lack of clear structure in the provision of some training.

Is the service caring?

Good ●

The service was caring.

People told us staff were kind, friendly and caring. Interactions we observed confirmed this to be the case.

We saw staff had regard for people's dignity and privacy and respected their choices. People were supported by regular care staff. This consistency enabled the development of meaningful relationships with the people they supported.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and plans of care put in place. These were well understood by staff.

People were encouraged to participate in a range of activities both during the day and in the evening. There were plenty of social opportunities for people.

Is the service well-led?

The service was not consistently well led.

Records relating to people's care and support were not always complete or fully accurate.

People's views on the service were sought and mechanisms were in place to involve them in the running of the service.

A range of audits and checks were undertaken to assess and monitor the quality of the service.

Requires Improvement ●

Lyndale

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 4 March 2015 and was unannounced. The inspection team consisted of two adult social care inspectors.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with five people who used the service, the deputy manager and four support workers. On the day of the inspection the registered manager was on annual leave, however we spoke in detail with another manager who worked for the provider and was familiar with the services provided. This person is referred to as 'the manager' throughout this report. Following the inspection we also spoke with two people's relatives over the telephone.

We looked at four people's care records and other records which related to the management of the service such as training records and policies and procedures.

As part of our inspection planning we reviewed the information we held about the home. This included information from the provider, notifications and contacting the local authority contracts and safeguarding teams.

We asked the provider to complete 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. This was completed and returned to us in a prompt manner.

Is the service safe?

Our findings

People told us they felt safe living in the home. For example one person said "I feel safe here. Everything's fine." Staff we spoke with told us they were confident people were protected from harm and told us they had no concerns about people's safety.

Staff were aware of safeguarding policies and procedures and able to give examples of what to do if they suspected a person was at risk of harm or neglect. No recent safeguarding incidents had occurred but we were assured through speaking with staff and the management that the correct process would be followed should an incident occur. We saw one safeguarding incident had occurred in 2013 and this had been appropriately managed to help keep the person safe.

Risk assessments were in place to assess and manage risks to people's health and safety. These were individualised and covered topics such as behaviour, epilepsy management and eating and drinking. Where people were at risk of falls, risk assessments were put in place and appropriate control measures such as additional monitoring of their night-time activity.

Procedures were in place in case of emergency. For example Protocols were in place should staff discover a person had gone missing from the home. Personal evacuation plans were in place to assist staff to safely evacuate people in case of fire.

Medicines were safely managed. Medicines were given to people by trained support workers whose competency had been assessed to ensure they had the correct skills and knowledge to administer medicines safely. Systems were in place to order, and dispose of medicines

Most people's medicines were supplied in dossett boxes. These are boxes that contain medications organised into compartments by date and time, to simplify the administration of medications. We saw a system was in place to ensure these medicines were checked by staff before administering.

We looked at medication administration records (MAR) and saw these were well completed and showed people received their medicines as prescribed. People received their medicines at the times that they needed them. Where people refused medicines this was appropriately documented.

Stocks of medicines were monitored to identify any discrepancies. We counted a random selection of medicines and found the number of medicines present matched with the stock levels recorded, indicating people had received their medicines consistently as prescribed.

Some people received their medicines in liquid form. However the service was not routinely writing the date of opening on the side of the bottle. Although on this occasion, we identified from the prescription dates that all medicine bottles were currently within their use by date, this omission meant there was a risk staff may not identify if medicines had passed their safe use by date. We raised this with the manager who agreed to ensure this was actioned.

'As required' protocols were in place which detailed when people should receive these types of medicines. This helped ensure these medicines were offered by staff in a consistent way.

Some medicines are controlled under the Misuse of Drugs legislation. These are called Controlled Drugs. The manager told us nobody within the home had ever been prescribed controlled drugs and at the time of the inspection we established this was currently the case. However, we identified that there was not appropriate and safe storage for controlled drugs on the premises should they be needed. We raised this with the manager who told us they would ensure a controlled drugs safe was purchased.

Where medicine errors had occurred we saw these had been recorded and investigated to help prevent a re-occurrence. Periodic medicine audits took place to check the safety of the medicines management system.

Sufficient staff were deployed to ensure people were safe. Relatives told us they thought there were always enough staff working at Lyndale. The manager told us that the service was fully staffed and there were no vacancies at present. During the inspection we observed there were enough staff to ensure people were supported safely. Staff were highly visible in ensuring people were kept occupied in a range of activities and ensuring people were appropriately supervised to keep them safe. Staff we spoke with told us there were enough staff and they were not overly rushed. Safe staffing levels were in place, and rota's showed these levels were consistently maintained. Systems were in place to ensure that if staff were absent, staff from the provider's other services were utilised, preventing the need for agency staff who would be unfamiliar with people's individual needs.

Safe recruitment procedures were in place. This included ensuring staff completed an application form detailing their previous employment and qualifications. A thorough selection process was in place which included face to face interviews which focused on ensuring prospective staff had the right attributes to care for vulnerable people. Checks on people's backgrounds took place including ensuring a Disclosure and Barring Service (DBS) check and ensuring references were undertaken. Staff we spoke with confirmed that when they were recruited the required checks had been undertaken.

Checks were undertaken on the safety of the building such as the fire systems, electrical and gas. The home had a number of communal areas such as a dining rooms, lounges and a garden where people could spend time. Bedrooms were personalised to people's individual needs and requirements. We identified that a number of areas of décor were tired, however we saw the provider had a plan in place to refurbish the building to improve people's living environment.

Is the service effective?

Our findings

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS requires care homes to make applications to the local authority where they suspect they are depriving people of their liberty.

The manager told us the home had not submitted any DoLS applications. Through discussions with staff and on reviewing documentation we established there were a number of people who did not have the capacity to fully consent to their care and support. We were concerned that the restrictions placed on these people could amount to a deprivation of their liberty. The capacity of these people had not been formally assessed and the restrictions placed on these people assessed as part of care and support planning to determine whether they constituted a deprivation of their liberty. The manager told us they realised that DoLS 'needed to be addressed' and said they would take action to assess people and put in applications where appropriate. However at the time of the inspection, this led us to conclude that people were likely deprived of their liberty without the necessary authorisation.

This was a breach of Regulation 13 (5) of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations).

We saw evidence of best interests meetings where people lacked capacity to make decisions for themselves for example around the provision of bed rails.

Care was delivered to people by a stable staff team. This allowed them to develop the skills and knowledge needed to care for people. People we spoke with told us they were familiar with staff and that staff understood their individual needs.

New staff without previous experience were required to complete the Care Certificate. This is a recognised training qualification for new care workers to ensure they achieved a standardised set of skills and knowledge. New staff were also required to read the company's policies and procedures and complete a period of shadowing so were introduced to and became familiar with the people they were caring for.

We spoke to staff who told us they were provided with a range of training, for example in moving and handling, food hygiene, health and safety, first aid, medication, epilepsy, dementia awareness and safeguarding. We looked at training records which confirmed staff received this training. Staff had received

specialist training for example in meeting the physical needs of people with learning disabilities.

Whilst a range of training was available to people, we identified there was a lack of structure to the management of training which meant some staff did not receive timely training or received training updates at inconsistent intervals. For example we identified whilst five staff had received training in managing behaviours that challenge, other staff had not. This could lead to people being unsafely managed or to behaviour escalation.

Staff were supported to achieve further qualifications in health and social care to increase their skills and knowledge. Staff told us they felt well supported. They received periodic supervisions. As well as providing a mechanism to support staff, these assessed staff competency in a range of topics such as medication and infection control to help monitor and improve staff skill.

Relatives we spoke with told us that their relatives were supported appropriately at mealtimes. We observed the lunchtime meal and found it to be a pleasant experience. We saw from the chatter at lunchtime that meal times were relaxed and informal. People were given a choice of freshly prepared food and told us they enjoyed what they were eating. Food was served individually and people were not hurried with their meals. Adapted cutlery was used to enable people to maintain their independence whilst eating.

Menus were developed in conjunction with people who used the service, to ensure food met people's individual likes, dislikes and preferences. These regularly changed to ensure people received a varied diet. People were supported to maintain a healthy weight with healthy options promoted. Staff we spoke with understood people's dietary needs and how to meet them.

Care plans were in place which assessed people's capabilities to eat and drink independently and detailed the support they required. We saw in one person's care plan that they were nutritionally at risk due to needing help with food and fluids. They had been assessed for a drink thickener and we observed this being given at lunchtime.

People's healthcare needs were assessed by the service. Each person had a health file in place which provided staff with information on how to meet their healthcare needs, for example detailing their health appointment schedules. Each person who used the service had a clear health action plan in place. A health action plan is a personal plan about what people with learning disabilities need to do to stay healthy. It lists any help that they might need in order to stay healthy and makes it clear about what support they might need. We identified that some of these were not up-to-date and therefore there was a risk they did not contain the most current information on people's health priorities.

People had access to a range of external health professionals to help ensure their healthcare needs were met for example psychiatrists, dentists and hospital appointments. Professional input had been used to form robust care plans to help assist staff.

Is the service caring?

Our findings

People told us they enjoyed living in the home and that staff treated them kindly and respectfully. For example, one person said "I love to live here". Another person said "Everything's fine. Everyone is good to me." and "I have my own key for my bedroom. Staff knock before they come in."

We observed staff to be kind and patient in their approach. Most of the people and staff had been at the home for a number of years and this had allowed strong relationships to develop. A staff member said "It's the second part of your family" and another said "I have a good relationship with all the residents" and "It's more like a family home." We observed a pleasant and friendly atmosphere throughout our inspection with staff and people getting on well together.

We looked at care records and saw that people had assigned key workers. However, staff we spoke to knew the personal histories, likes and dislikes of all the people we asked them about. For example, they were able to tell us about peoples' individual likes, routines, and the way they liked their drinks. Staff told us about the activities that one person liked to undertake. We spoke with the person who confirmed this was correct, demonstrating staff had a good understanding of them.

We noted that people had clearly received good support from staff with their personal hygiene and grooming. For example, resident's hair looked cared for and their clothing was smart. This is important in supporting people to retain their dignity.

People were supported appropriately to meet their privacy and dignity needs. For instance, we saw staff take people to a separate area for personal care rather than be done in the communal areas. Some people had their own room keys. Staff told us that they always knocked before entering people's bedrooms, toilets or shower rooms. A resident confirmed this, telling us "They knock before they come in". The home did not have en-suite facilities so staff assisted people to take everything they needed into the bathroom. People were encouraged to wear their own dressing gowns to walk from the bedroom to the bathroom in order to maintain dignity.

The service supported people to express their views. For instance, one person was given post, containing greetings cards. The staff member asked them "Do you want to open them or shall I?" and "You tell me where you want to put your cards. You choose – they're your cards". This showed us that staff supported people to make decisions and these were respected.

Staff encouraged people to maintain their independence. For instance, one person was encouraged to get up from the chair by themselves rather than be given assistance. The staff member said "You can do it, [person's name]". We saw another person assisted around the home emptying the bins and staff told us some people liked to get involved in meal preparation. People could choose what time they got up and went to bed. One person told us "I go to bed at about half past nine and get up at about quarter past eight and get myself dressed." This showed us that choice and independence was important for people and respected by staff.

We observed staff involving people in decisions about their care and social activities, for instance asking people where they wanted to go on their holidays. We saw in care plans that people had choice meetings about holidays and these were signed by the resident. Another person had expressed a desire to move rooms. A meeting was held and staff had acted on that. The manager told us people were involved in the selection of new staff in an informal way by making sure candidates sat in the lounge area before interview, then asking the residents what their opinion was after the candidate had left.

The manager told us that advocates were used where people had no relatives involved in their care and we saw evidence of this in a number of people's care plans, as well as evidence of best interests meetings where people lacked capacity to make decisions for themselves.

We reviewed a number of people's care plans and saw personalised care plans, containing likes and dislikes with pictorial representations as well as information about personal histories. This showed that people had been actively involved in their care plans. We saw a communication dictionary and passport in one person's file with photos and guides for communication. Staff told us that they used a form of Makaton with one person who had communication issues, but the person had developed their own version of this that they had adopted. We asked staff to tell us about specific people and their care needs, and they were able to do so, reflecting how they used the information from the care plans to help communicate with and support the person with their daily care.

Is the service responsive?

Our findings

People and relatives told us the service provided good care which meet people's individual needs. For example one relative told us "I think its brilliant [relative] is happy"

People's needs were assessed by the service and plans of care put in place for staff to follow. Care plans contained person centred information on how staff should meet people's needs in areas such as dignity, independence, eating and drinking and social activities. Care plans identified what was important to people to ensure they were happy and well supported. People's cultural and spiritual needs were considered during the care planning process. Staff we spoke with demonstrated a good understanding of the people they were caring for and how to meet their needs.

During the inspection we saw staff responding to people's requests and delivering care and support in line with people's plans of care. People's capabilities were assessed as part of care planning and they were supported to maintain and develop their independence around the home and in the local community.

People had access to a range of activities and social opportunities. Relatives we spoke with praised the number and variety of activities on offer. A minibus and cars were available to the service to maximise the activities people could participate in. The service ensured people were engaged in meaningful activity each day. For example on the day of the inspection all 17 people left the home to participate in a variety of activities. This was a combination of community outings with staff and visits to other centres run by the provider. The provider had a private swimming pool built in the grounds of one of the sister homes for people within the service. We observed two people leaving with a member of staff to use the pool and spoke to them on their return. They said that they had had a good time and were smiling and happy to have gone swimming. We also observed people knitting and making pompoms, as well as craft activities in a day centre the provider ran adjacent to Lyndale. People were also able to go to the provider's garden base where they were encouraged to become involved in gardening and cultivating vegetables.

Each person had a monthly plan of activities that was created through discussion meetings with people. Although the manager told us people were fully involved in the selection of activities, there was no documentation of these meetings. As well as daytime activities, staff told us activities such as visits from entertainers and "taster evenings" took place in the evening time. We reviewed activity planners which confirmed people these activities took place.

People's achievements, goals and their care and support plans were reviewed on a monthly basis. This helped the provider provide responsive care that adapted to people's changing needs and preferences.

A complaints system was in place and this had been brought to the attention of people who use the service through the service user guide. People and relatives we spoke with told us they were happy with the service and had no cause to complain. One relative told us when they had previously had minor issues they were sorted out by the management team. We looked at the system for recording complaints and saw that there had been no complaints recorded since 2003. The manager confirmed this was the case.

Is the service well-led?

Our findings

People told us they were happy living in the service and relatives told us they thought the service was of high quality and well managed. Relatives said they found the management team to be approachable and responsive.

Staff told us that they all enjoyed working at the home and that morale was good. For example a member of staff said "I absolutely love working here," and "I don't have a problem with any of the staff at all – they're all nice. Everything we do is all teamwork". We spoke to a number of staff about the support from management. One staff member said "They're always happy to help" and told us that the manager also work on the floor. Another staff member said they felt management were supportive of them progressing within the organisation and they wanted to continue working at the home.

Staff told us they felt able to raise any concerns with management. For example a staff member told us "If we have any concerns, they want us to voice them then and there. They want the residents to be happy."

We identified that records relating to people's care and support were not sufficiently robust. One person who used the service had lost nearly two stone of weight in a year. Although they were not underweight, there was no indication that this weight loss had been identified by the service. The manager told us they were supporting this person to achieve a healthy weight, however this plan was not recorded. The person's dietary needs assessment was not up-to-date and stated that the person had not lost any weight.

Another person was having their fluid intake monitored. However, we noted that the fluid chart only indicated an average of 600mls of fluid taken per day. We spoke to the manager about this who said they knew more had been given but that charts weren't always fully completed. Another person's care records stated they should be weighed weekly, we saw they had not been weighed weekly. Although we established it was not necessary to weigh them weekly for their safety, it demonstrated that the records were not up-to-date.

Some documents in people's care plans were not dated, therefore it was not possible to determine whether they were still current and relevant and other documentation was overdue a review. There was also a lot of historic information within people's care records that needed reviewing. For example we identified one person had consented to support with medication but this was dated 2002.

We saw one person had a risk assessment in their care plan around heating appliances and the potential scalding concern. However, there was no radiator cover in their bedroom or on any of the radiators in the home. We spoke to a member of staff and they said that the person was no longer mobile so this now wasn't an issue, however this demonstrated that the risk assessment was not up-to-date.

Activities records were maintained for people, however there was a lack of detailed information about people's daily lives to provide evidence that care and support had been delivered in line with people's care and support plans. This meant that a record of the care and treatment provided to the service user was not

being kept. One person's activity record showed only two activities were recorded in February 2016 despite it being clear they had been involved in a range of activities.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities 2014 Regulations).

A system was in place to record any untoward incidents, we saw evidence that action was taken to reduce the likelihood of a reoccurrence.

Systems were in place to monitor and improve the quality of the service. For example audits had taken place in subjects such as privacy, activities, food and drink, safety and infection control. However there was no formal structure to the frequency of these audits. Audits of management documents such as staff recruitment files took place.

People's and their relatives views were regularly sought on the quality of the service through the completion of annual satisfaction surveys. We looked at the most recent survey results and saw they were very positive, for example one questionnaire read "I think you do a very good job. You always make me and my family feel welcome."

The manager showed us a copy of the quarterly newsletter, which was displayed on the noticeboard and sent to relatives and given to people. The most recent newsletter showed pictures of recent activities and outings, birthday parties, a pampering evening, shopping and baking. This kept people informed about the service.

Period residents meetings were held. These were an opportunity for people to air their views on a range of subjects. We reviewed meeting minutes which showed topics such as activities and food were discussed.

Staff told us there were regular team meetings in place and documentation confirmed this was the case. We saw these were an opportunity for training and development to be discussed and residents and their individual needs. Staff skill and development was monitored through periodic supervision and appraisal.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment (5) Service users were likely being deprived of their liberty without lawful authority.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance (2c) The service was not maintaining an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user.