

Llysfield Nursing Home Limited

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Inspection report

Middleton Road
Oswestry
Shropshire
SY11 2LJ

Tel: 01691657511

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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

About the service

Llysfield Nursing Home is a nursing and residential care service, supporting up to 26 people aged 65 and over. At the time of the inspection there were 25 people using the service.

People's experience of using this service and what we found

People felt safe and well supported by the staff. The provider followed robust recruitment checks to employ suitable staff. There were sufficient staff employed to ensure care was carried out in a timely way. People's medicines were managed safely.

Staff provided effective care; they were confident in their knowledge and skills, understood people's needs and knew how to support them. Staff worked closely with professionals. If people were unwell, staff made sure they received the medical attention they needed.

People had 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.

There was a programme of activities open to everyone living in the service. These were tailored to people's individual preferences.

Staff knew about people's individual care needs and care plans were person-centred and detailed. People and relatives described staff as "Excellent, caring and friendly." They treated people with compassion, dignity and respect.

The service was well managed and organised. The registered manager assessed and monitored the quality of care. People and staff were asked for their views and their suggestions were used to continuously improve the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 14 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out the inspection.

Service and service type

Llysfield Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed information available to us about this service. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority that worked with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used

all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, administrator, nurses, senior care workers, and the activity person.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place. Staff had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate training in this topic area.
- People felt safe, confident and happy when being supported by staff. A person explained, "I'm safe here, the staff are 'on the ball' and make sure everything is okay."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff identified and assessed risks; care plans contained guidance to support staff on how to safely meet people's needs. This included information on how to avoid restrictive practices and safely support people if they became anxious or upset.
- Accidents and incidents were recorded and responded to appropriately to ensure outcomes could be achieved and lessons learned. The registered manager monitored these to reduce the risk of reoccurrence.
- The environment and equipment were safe and maintained. Emergency plans were in place to ensure people were protected in the event of a fire.

Staffing and recruitment

- The provider operated a safe recruitment process.
- Enough staff were deployed to meet people's needs. A person told us, "The staff are great, they come quickly when I use the call bell."
- Staff were available throughout the home and were patient and attentive when supporting people. A member of staff said, "The staffing levels are stable and manageable; we are always pretty busy, but we've got support if we need it."

Using medicines safely

- Medicines were safely received, stored, administered and returned to the pharmacy when they were no longer required. People were encouraged to manage their own medicines where they had those skills.
- Staff received medicine management training and competency checks were carried out.

Preventing and controlling infection

- The service was well-maintained, clean and tidy throughout. Staff followed infection prevention and control procedures to ensure people were protected from the risk of infections spreading. People told us, "My room is always clean and tidy" and "My room is kept very clean; I have no issues."

Is the service effective?

Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- There was a holistic approach to assessing, planning and delivering care and support. Staff regularly reviewed the support they provided to make sure it met people's needs.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. A relative told us, "[Name's] health and wellbeing has greatly improved since they came here. They are doing so well due to the staffs' care and attention."
- Information on people's support needs was effectively shared between staff. The handover of information at the start of every shift was detailed; staff used the written sheets to catch up should they be away from the service for a period of time.

Staff support: induction, training, skills and experience

- Staff had completed a comprehensive induction and training programme. They had opportunity for supervision and appraisal.
- Staff had the right skills to look after people. One person said, "Staff know what they are doing. They are nice people who look after us." Visitors commented, "Staff are very good" and "They understand people's needs."

Supporting people to eat and drink enough to maintain a balanced diet

- People had access to a varied and balanced diet. They told us, "The food is delicious" and "We get lots of choice."
- People received sufficient fluids on a regular basis and staff made them a drink when asked. People had drinks to hand in their bedrooms and communal areas.
- People's weight and nutritional intake were monitored by staff; appropriate action was taken if there were any concerns.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff monitored people's health and wellbeing and sought medical support when needed. Advice and guidance from professionals were documented in the care files and staff followed their instructions. One person told us, "Staff notice if I am unwell and call a GP."
- Information was recorded and ready to be shared with other agencies if people needed to access other services such as hospitals.

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

- Appropriate equipment was in place to assist staff when moving and handling or supporting people with their care. This included specialist beds, hoists and sensor mats; which helped staff provide safe and effective care.
- People were able to access outdoor space. A relative told us, "There is a lovely garden area, which we get to down a ramp. It is a nice place to sit during the warmer weather."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People were routinely involved in decisions about their care; staff sought people's consent and supported them to have choice and control over all aspects of their support.
- People's rights were protected; staff assessed people's mental capacity and made best interest decisions when needed.
- Appropriate applications had been made to deprive people of their liberty.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff spoke with people in a caring and compassionate way. People were well looked after. They said, "My favourite thing about living here is the staff" and "The staff are lovely, everybody is."
- Staff listened to people and provided sensitive support to ensure their views were promoted. People were happy and relaxed in the company of staff.
- The provider had a policy and procedure for promoting equality and diversity within the service and staff had received training on this.
- Staff treated people as equals. They showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.

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

- Staff supported people to be as independent as possible whilst respecting their choices. They had good knowledge and understanding of people's needs, wishes and choices around their care.
- Staff included people in decisions about how their care was provided. A person told us, "Staff involve me in decisions about my care" and a visitor said, "I have seen my relative's care plan and it is discussed with me on a regular basis."
- Information on how to access an advocacy service was available from the registered manager. An advocate is an independent person who supports someone so that their views are heard, and their rights are upheld.

Respecting and promoting people's privacy, dignity and independence

- Staff demonstrated a high regard for people's dignity and respect. Their approach was professional, but friendly and caring. A person told us, "Everything here is great. Staff don't make a fuss about things so there is no embarrassment when you need help."
- Staff spoke with people in a polite and respectful way and showed an interest in what people wanted to say to them. They called people by their preferred name, knocked on bedroom doors before entering and ensured people had privacy when supporting them with personal care.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People received person-centred care; staff had a detailed understanding of their needs and what was important to them. A person told us, "I can talk to the staff about what I want. They listen to me and do their best to accommodate my wishes."
- People and their representatives were involved in reviews of their care. This made sure care plans were current and reflected people's preferences as their needs changed.
- Staff were aware of good practice and guidance in end of life care and knew to respect people's religious beliefs and preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported to tell staff about their wishes and views; their care plans included detailed information about how they communicated.
- Staff gave people information in different ways to help them understand and be involved in decisions to maintain their independence. For example, one person liked to receive information in an easy-read picture format.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People attended meetings when they occurred and enjoyed the social activities arranged for them.
- Activities were based on what people wanted to do on the day. One person was listening to a talking newspaper, which the activity person changed for them each week. Many said they liked their own company to read and watch their television. Some were looking forward to the good weather when they could enjoy the garden and activities there.
- The activities person carried out one-to-one interactions with people such as nail care, putting music and films on, where people needed assistance, and ensuring everyone had quality time spent with them.
- Relatives were made welcome when they visited. One said, "Staff always greet me with a friendly smile and offer me a drink when I visit."

Improving care quality in response to complaints or concerns

- People and relatives had good communication with the staff and felt comfortable if they ever had to raise

a concern. One relative said, "We feel happy that any issues or concerns are taken on board."

- The registered manager acted upon complaints in an open and transparent way. They used any complaints received as an opportunity to improve the service.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was committed to providing good quality care to people. Relatives said, "Communication is very good, I have never had a problem getting hold of a member of staff when it's needed" and "I can highly recommend the service to anyone who needs care and support."
- Staff morale was high. They felt listened to and told us the registered manager was approachable. They understood the provider's vision for the service and worked as a team to deliver high standards of care.
- The service was well run. It was welcoming and friendly; people were treated with respect and professionalism.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Regular checks were completed by the staff and registered manager to make sure people were safe and happy with the service they received. All issues found had been used to continuously improve the service.
- The registered manager communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives, staff and health care professionals were asked for their opinions of the service. Meetings, satisfaction surveys and one to one discussion were used to gather feedback. This was analysed and followed up by the registered manager.

Working in partnership with others

- The service had good links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing.