Trinity Merchants Limited

Lynwood Lodge Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on the 21 and 22 September 2016 and was unannounced. The service was previously inspected in September 2014 and was found to be compliant with the regulations reviewed at that time.

Lynwood Lodge is registered to provide personal care and accommodation without nursing for up to 24 older people. At the time of our inspection there were 23 people living at the home. The home is a large Victorian property located in its own grounds close to Sale town centre. There are 20 single rooms and two shared rooms. Most rooms have en-suite facilities. The home has lift access to the main floors and chair lift access to other areas of the home. There are two lounges on the ground floor, with dining facilities spread between the two lounges and a small galley area.

The service had a registered manager 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 we spoke with, and their relatives, were complimentary about Lynwood Lodge. They said they felt safe, the staff knew their needs a well and there were enough staff on duty to meet their needs. We observed the home had a calm and relaxed atmosphere. Staff were positive about their role.

Staff had received training in safeguarding adults and knew the correct action to take if they witnessed or suspected abuse. Staff were confident that the registered manager would act on any concerns raised.

Care plans and risk assessments were in place with guidance for staff in how people wanted to be supported and the tasks they were able to complete independently. These were written in a person centred way and had been regularly reviewed and updated when people's needs changed. Care plans were in place for the support people wanted as they came to the end of their lives.

People we spoke with told us that the staff at Lynwood House were kind and caring. During the inspection we observed kind and respectful interactions between staff and people who used the service. Staff showed they had a good understanding of the needs of people who used the service and had received appropriate training in order for them to meet people's needs. The recruitment process was robust and all required checks were in place prior to staff commencing work. Staff received regular supervisions and said they felt well supported by the registered manager.

Medicines were administered and stored safely. Senior care workers had received training in the administration of medicines. However we found the two people had not received their medicines as prescribed as there was a discrepancy in the number of tablets currently held for these two people. The service had procedures in place when an error in administration was made. Weekly audits of medicines

meant the registered manager was able to action any errors found.

Systems were in place to help ensure people's health and nutritional needs were met. Records we reviewed showed that staff contacted relevant health professionals to help ensure people received the care and treatment they required.

We found the service was working within the principles of the Mental Capacity Act (2005). Capacity assessments and best interest decisions were made where required. Applications for Deprivation of Liberty Safeguards (DoLS) were appropriately made. Staff offered people day to day choices about their care and sought their consent before providing support.

All areas of the home were seen to be clean. Procedures were in place to prevent and control the spread of infection. Systems were in place to deal with any emergency that could affect the provision of care, such as a failure of the electricity and gas supply. Regular checks were in place of fire systems and equipment.

A plan of activities was in place including external entertainers, a weekly religious service and activities organised by the staff team.

Regular 'focus meetings' were held for people and their relatives to discuss the care and support at the home and make suggestions for changes. Regular staff meetings were held, with staff saying they were able to raise any issues and ideas during these meetings. This meant the registered manager sought the views of people about the service.

A complaints procedure was in place. People we spoke with said the staff and registered manager dealt with any issues they raised verbally without needing to use the formal complaints process. This was confirmed by the staff and registered manager.

We noted there were a number of quality audits in the service; these included medicines, care records, accidents and incidents, weekly and monthly health and safety checks and the environment.

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 felt safe and staff had received training in safeguarding adults and knew the correct action to take should they witness or suspect abuse.

A system was in place to recruit suitable staff. Sufficient staff were on duty to meet people's needs.

Medicines were administered safely. Any errors were identified through weekly audits and action taken to remedy them.

Risk assessments were in place and had been regularly reviewed.

Is the service effective?

Good

The service was effective.

Staff received appropriate training and support to meet the care needs of people living at Lynwood Lodge.

Systems were in place to assess people's capacity to consent to their care and treatment.

People received the support they needed to help ensure their health and nutritional needs were met. However totals of fluid people drank and the target amount to drink each day were not clearly noted on the fluid charts. One person had occasionally drunk more than the recommended daily amount.

Is the service caring?

Good

The service was safe.

People who used the service and their relatives, told us staff were kind and caring in their approach. Throughout the inspection we observed kind and respectful interventions between staff and people who used the service.

Staff we spoke with were able to show that they knew the people who used the service well. Details of people's life history were

sought and recorded.

People were supported to make advanced care plans for their wishes at the end of their lives.

Is the service responsive?

Good

The service was responsive.

People's care records contained enough information to guide staff on the care and support people required. These were reviewed each month.

The new one page profiles being written provided a good overview of people's needs for staff, especially new staff or agency staff.

Relatives were kept informed of any changes in their loved ones health and well-being.

An activities programme was in place, including religious services to meet people's cultural needs. Staff organised additional activities which people said they enjoyed.

Is the service well-led?

Good

The service was well led.

There were a number of quality assurance processes in place. These were used to help monitor and improve the service.

A registered manager was in place as required by the service's registration with CQC.

Staff told us they enjoyed working in the service and found the registered manager to be both approachable and supportive.

The provider had systems in place for gathering the views of the people who used the service, their relatives and staff.

Lynwood Lodge Residential 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 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.

This inspection took place on 21 and 22 September 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.
We contacted the local authority commissioning and safeguarding teams as well as the local Healthwatch board. No one raised any concerns about Lynwood Lodge.

During the inspection we observed interactions between staff and people who used the service. As some people were not able to tell us about their experiences, we used the Short Observational Framework for Inspection (SOFI) during the lunch period in the lounge areas of the home. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with six people, six relatives, the registered manager and five care workers. We looked at records relating to the service, including three care records, three staff recruitment files, daily record notes, medication administration records (MAR), maintenance records, audits on health and safety, accidents and incidents, policies and procedures and quality assurance records.

The previous inspection took place in September 2014 and no concerns were identified.

Good

Is the service safe?

Our findings

Everyone we spoke with at Lynwood Lodge said they felt safe. One person told us, "I feel very secure here; I kept falling at home but I don't now" and another said, "On the whole it's a very good home; I feel safe here." A relative commented, "I'm confident when I leave here that [Name] will be okay."

We saw that suitable arrangements were in place to help safeguard people who used the service from abuse. The training records we saw showed that staff had undertaken training in safeguarding vulnerable adults. The staff members we spoke with confirmed this and were able to explain the correct action they would take if they witnessed or suspected any abuse taking place. They told us that they would inform a senior carer or the registered manager. We saw the service had appropriate safeguarding and whistleblowing policies in place to support the staff in providing safe care. This should help ensure that the people who used the service were protected from abuse.

The people, relatives and staff we spoke with thought there were enough staff on duty to meet people's needs. A relative said, "I don't see people having to wait for long." Our observations throughout the inspection confirmed this. We saw from the rotas there were one senior and two carers on duty between 7am and 9pm. There were two waking staff on duty from 8.45pm to 8am. This meant there were five staff on duty for 1 hour during the busy morning period. We saw staff had time to spend with people, playing games or talking together. Relatives told us there was a low turnover of staff, which meant staff were able to build relationships with the people using the service. This was confirmed by the registered manager. This showed there were sufficient staff employed by the service to meet people's needs.

The registered manager told us they were in the process of recruiting new care staff so there would be one senior and three care staff on duty during the day. This was because new people had recently moved to the service so the staffing was being increased accordingly.

We looked at the recruitment files for three members of staff. We found they all contained application forms detailing previous employment histories, two references from previous employers and showed appropriate checks had been made with the disclosure and barring service (DBS). The DBS checks to ensure that the person is suitable to work with vulnerable people. This meant the people who used the service were protected from the risks of unsuitable staff being recruited.

We looked at three people's care files. We saw risk assessments were in place, including for falls, pressure ulcers, manual handling, challenging behaviour and nutrition using the Malnutrition Universal Screening Tool (MUST). These were reviewed monthly and updated as required. Appropriate action was taken to reduce identified risks. For example people at high risk of falls had equipment such as sensor alarms in their bedrooms to alert staff to their movements. Where people had been assessed as potentially displaying behaviour that challenges a plan was in place to guide staff of the potential triggers and how to distract the person to diffuse the situation. This meant the risks were identified and mitigated by the service.

As part of our inspection we looked at whether medicines were being administered, stored and disposed of

safely. We saw an up to date medicines policy was in place. Training records showed, and we were told, that the senior care workers had received training in the administration of medicines. We saw evidence that observations of the senior staff members administrating medicines had been completed. This meant the senior care workers were provided with the skills and knowledge to administer medicines safely.

The night staff we spoke with told us they were being trained in the administration of medicines. This was so they would be able to administer any 'as required' medicines people needed during the night. This would help ensure people received the medicines they required. At the time of our inspection the night staff had to phone the registered manager or the senior carer on call so they could attend the home to administer any medicines people required during the night.

We looked at the medication administration records (MAR) for 13 people as well as checking their medicines. We saw the MAR were fully completed. We saw bottles of medicines and eye drops had been dated when they had been opened. This would help ensure the medicines were not stored longer than the manufacturer recommended. We checked the quantities for five medicines. In one case we found there was two more tablets in the box than would be indicated by the MAR sheet and in another case there was one tablet too many. This means the two people had not received their medicines as prescribed. The senior care worker and registered manager contacted the relevant GP's for advice about the missed dosages. A record was made of the missed dose and the advice given by the GP's. One tablet was to reduce stomach acid and the other was a vitamin supplement, therefore the GP advised no action was required.

This meant the correct procedures had been followed when an error in the administration of medicines had been identified and advice sought from a relevant health professional.

We looked at the weekly medicines audit completed by the senior care worker and registered manager. We saw the boxed tablets were counted and MAR sheet signatures checked. This meant the discrepancy we found during our inspection would have been identified during the next medicines audit. The action taken when any issues were found during the audit was documented. We saw that in the last 10 weekly audits there had been no other incidents where medicines had not been administered as prescribed.

At the time of our inspection there were no controlled drugs prescribed for people at Lynwood Lodge. We saw a medicines cabinet was available for any controlled drugs, with a bound book for recording all controlled drugs as required by law.

We observed senior care workers administering people's medicines and saw them explain what the medicines were for and sit with people until they had taken all of their prescribed medicines. People told us that they received their medicines when they should do. Guidelines were in place for people who were prescribed 'as required' medicines, such as for pain relief. This detailed if the person would communicate verbally or non-verbally, for example through behaviour or facial expressions, that they needed the 'as required' medicine to be administered.

Body maps were used to clearly show where any creams needed to be applied. Most body maps included the frequency the cream needed to be applied. The senior care workers updated the body maps we identified as requiring this information during our inspection.

We saw a pharmacist advice visit had been completed by the pharmacy in July 2016. This stated that there 'were no concerns' about the medicines management at the home.

We saw incidents were recorded and reviewed by the registered manager. A monthly summary was used to

identify any trends in accidents or incidents. Following an accident a 48 hour monitoring form was completed. We saw one person had had three falls in August 2016. The person's GP had been contacted, who had made a referral to the dementia crisis team. The falls team had been involved but had discharged the person. Care plans were updated as required following an incident.

Lynwood Lodge is a large Victorian building, which was warm, comfortable and well maintained.
The home was clean and tidy throughout with no malodour. A cleaning schedule was in place to help ensure all rooms and items were cleaned. One person said, "These are very pleasant surroundings; it's very clean." We saw that the local authority had completed an infection control audit in January 2016 and the service had been rated as 'amber' (medium compliance) overall. The registered manager told us at the time of the infection control inspection they had been one domestic staff short, a new domestic has now been employed. Other issues identified were about having dedicated facilities for cleaning commodes and handwashing. These were being considered; however there were some constraints due to the nature of the building.

Our observations during the inspection showed that staff used personal protective equipment (PPE) such as gloves and aprons appropriately when carrying out tasks.

We checked the systems that were in place to protect people in the event of an emergency. We found personal emergency evacuation plans (PEEPs) were in place for people who used the service. These plans detailed people's mobility needs and understanding of a possible emergency situation. An emergency business plan was in place with contact information and guidance for staff to deal with any emergency situations such as a gas or water leak, heating failure or evacuation of the building.

The service held records of weekly and monthly tests completed for the fire alarm, emergency lighting and call bell system. The records for the monthly fire extinguisher and water temperature checks were held at the provider's office. The registered manager acknowledged a copy should also be held at the home. A fire risk assessment had been completed by an external contractor. The actions identified in the assessment had been completed. Records showed the equipment within the home had been serviced and maintained in accordance with the manufacturer's instructions. This should help to ensure that people were kept safe.

Good

Is the service effective?

Our findings

People we spoke with told us the staff knew their needs and how to support them effectively. One person told us, "Staff know how to support me with my mobility" and another said, "They (staff) know my needs; they're good at that." A relative commented, "The staff know [Name's] needs and how to respond to her."

Staff told us, and records confirmed they had received training relevant to their role. This included moving and handling, infection control, food hygiene, fire safety, dementia awareness and challenging behaviour. The service used e-learning courses, which staff could complete when on duty or at home. Assessments of knowledge were completed at the end of each course to check staff understanding. Practical training sessions were used for moving and handling courses.

We saw the 1st aid training had not been refreshed. The registered manager told us that this had been completed as part of the care certificate all staff had completed and a separate 1st aid course certificate was therefore not available. The care certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. We also saw that staff had completed or been enrolled on national vocational qualifications in health and social care.

New members of staff received an induction when they started work at the service. This involved an introduction to the people who used the service, the values of the service, training and the policies and procedures of the home. Staff were observed and assessed for their competency during their probationary period. New staff were enrolled onto the care certificate when they started their employment. A separate induction for senior care workers also included medicines training and the additional documentation required to be completed by senior care workers.

Staff told us, and records confirmed that they had supervisions every two months with the registered manager. Staff said they were able to discuss any training they wanted to do, concerns or issues they had and received feedback on their performance. We saw topics such as safeguarding, whistleblowing, infection control and dementia were discussed during the supervision.

This meant the staff received the training and support to undertake their role.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was

working within the principles of the MCA.

We saw each person had a mental capacity assessment completed by the provider. This detailed if the person was able to understand their care plan, what evidence there was to state they lacked capacity and who made the decisions in relation to their care plan. Where people lacked capacity we saw DoLS applications had been made to the local authority. A formal capacity assessment and best interest decision were recorded on the local authority's agreed forms. It was noted that people's families were consulted for the best interest decision.

The registered manager kept details of the DoLS applications made, those that had been authorised and when they needed to be renewed. We saw copies of any Lasting Power of Attorney were kept in people's care files. A Lasting Power of Attorney is a legal document giving another person the legal right to make decisions on a person's behalf if they are unable to make the decision themselves. This meant the service was working within the principles of the MCA.

We saw staff gained consent from people before providing any care or support. Staff explained what they were going to do and sought people's agreement before supporting them. This meant staff sought people's consent to their care.

Two people shared a room at Lynwood Lodge. A relative told us how their loved one did not like being on their own. The registered manager had suggested the possibility of moving to the shared room. The family looked at the room and decided it would meet their loved ones needs, particularly to be with people and was accessible by lift rather than a stair lift. This meant people, or their family, had the choice of whether they used a shared room or not.

Handovers were held between each shift to inform the incoming staff about the wellbeing of each resident and any changes that had been noted. Staff told us that if they had been off for an extended period of time, for example on annual leave, they would ask for an extended handover to ensure they were up to date with anyone's changing needs. A communications book was also used for seniors to note any health visits or changes in people's needs for the next shift to refer to.

People told us they enjoyed the food at Lynwood Lodge. One said, "The food is very good. There's a choice of two meals at lunch, snacks, a choice of things for tea and then supper." We observed the breakfast and lunchtime experience at the service. Due to the layout of the home the dining tables were in small groups in three different rooms on the ground floor. Most people sat at the tables for their meals. People ordered what they wanted for breakfast as they got up and it was made fresh for them.

There was a choice of meals and people were encouraged to eat what they wanted. If a person did not want the options available the chef would make an alternative, for example an omelette or jacket potato. Where required, staff supported people with their meal. We saw this was undertaken sensitively, with the staff member talking with, and re-assuring, the person whilst providing support.

We spoke with the chef who was knowledgeable about the food people liked and disliked. They were aware of any dietary requirements, for example a soft or pureed meal. People were asked at 'resident focus meetings' what food they wanted and the chef would change the menu accordingly. This meant people were able to have their preferred meals on the menu.

We saw there were systems in place to meet people's nutritional needs. The care files we looked at all contained an assessment of people's risk of malnutrition using the Malnutrition Universal Screening Tool

(MUST). People at risk of weight loss were weighed weekly, other people were weighed monthly and their MUST score calculated. A relative told us, "[Relative Name] is not a big eater. Staff keep a good monitor on her weight." The registered manager compiled an overview chart of everyone's nutritional risk score. People's weekly or monthly weights were recorded so the trend of rising or decreasing weight was easily seen. Referrals to the Speech and Language Team (SALT) or dietician were made where there were concerns about people losing weight. Food and fluid charts were completed where required. We saw one person had to limit their fluid intake. The total amount of fluids they drank each day was not added up. Therefore occasionally the limit had been exceeded. Another person did not drink enough fluids. The target amount of fluid the person should drink as advised by the SALT team was not noted on the fluid chart. This meant staff would not know if they had drank enough that day or not. We discussed this with the registered manager who said these details would be added to the fluid charts to guide staff.

Each person was registered with a GP. We saw referrals had been made to district nurses and other medical professionals when required. Records showed health professionals had visited people at the home when required. One person told us, "They ring the doctor if I need them to." The health professional we spoke with said the home managed his patient's mental health well; there was always staff available to support the person they had come to see. They said the home rang the dementia crisis team for advice and support appropriately and would follow any advice given. This helped ensure people's health needs were met by the service.

Lynwood Lodge is an older building. The main floors were accessed by a lift. There were some rooms that were accessed using stair lifts. We saw people using these safely with support from staff. The registered manager told us they had plans to re-decorate the hallway and lounge areas of the home with a colour scheme recognised by best practice as suitable for people living with dementia. They planned to purchase different tactile items, for example fabrics, to create a more dementia friendly environment. We will look at this at our next inspection.

There was access to a secure garden area at the rear of the building. We observed people were able to sit in the sun in the garden whenever they wanted to. A relative said, "[Name] enjoys sitting outside whenever it's warm."

Good

Is the service caring?

Our findings

Everyone we spoke with said the staff were kind and caring. One person said, "The staff are very good; they know what I like and what I don't." Another person told us, "The staff are really kind and lovely; I'm happy here."

Relatives told us, "[Name] receives excellent support; it's first rate, we're really delighted" and, "I like the friendliness and homeliness; the most important thing is the attitude of the staff." Other comments were, "I'd have no hesitation in coming to live here if I ever needed to" and, "The staff are very good; friendly and approachable."

The care plans we saw included information about people's personal history. This included family members and details of their hobbies, interests and work history. For example one care plan noted the person enjoyed talking about aeroplanes. This meant staff members had the information to form meaningful relationships with the people they supported.

We observed positive, caring interactions between staff and the people living at Lynwood Lodge throughout our inspection. Staff were seen responding to people's needs quickly and in a caring way. We saw staff spending time chatting with people about their lives and the jobs and hobbies they used to do. One relative commented, "Staff know how to treat each person as an individual." The atmosphere within the home was calm and relaxed throughout our inspection.

Staff clearly explained how they maintained people's privacy and dignity. A screen was used in the shared room to provide people with privacy when required. One staff member said, "I always talk with the person about the support I'm going to give them. If they are okay with this I will then start." One staff told us if the person did not want their support at that time they would respect their wishes and come back a little later and offer support again. We observed staff being discreet when discussing people's personal care needs with them.

Staff described how they prompted people to complete tasks for themselves and so maintain their independence. We saw people's care files contained information about what tasks a person was able to complete themselves and which ones they required support with.

The service had a 'service user' guide which gave details about the home including facilities, meals and activities.

We saw information in people's care plans about their wishes for their care at the end of their lives. This included discussions with people's family members where appropriate. The service used a 'values checklist' to aid discussions with people about the care they wished to receive at the end of their lives. This included whether the person wanted to go into hospital for treatment or stay at the home, what treatment they wanted at the end of their lives and any wishes they had for after their death.

The registered manager told us two staff had started to undertake the Six Steps end of life programme. This aims to support staff in their roles at the end of a person's life. The course provider cancelled this training part way through the programme. The registered manager had all the course material available and was going to enrol the staff on another Six Steps programme.

The person's GP was involved when a decision to not resuscitate was made. Some people had funeral plans and arrangements in place, the details were recorded so the staff members would know people's wishes. Staff described how the district nurses provided support at the end of a person's life. We saw details of all people who had a do not resuscitate notice in place were held on a central form.

Good

Is the service responsive?

Our findings

We reviewed three care files and found they were written in a person centred way. They contained clear information about people's social care needs and preferences. The care plans contained guidance for staff on the support people required and what people could complete for themselves.

We saw initial assessments were completed by the registered manager prior to anyone moving to the home. This involved the person, their families where appropriate and any health professionals involved in the person's care. The registered manager said people and their relatives visited the home before they made a decision if they wanted to move to Lynwood Lodge or not. This was confirmed by the relatives we spoke with. One said, "We visited three different homes before choosing this one for [Name]." Staff confirmed they were able to read the initial assessment prior to a person moving in. They also received a verbal handover of the person's needs.

Detailed care plans and risk assessments were developed as staff got to know the person. We observed that the staff had a good knowledge of people's individual needs. Staff explained to us people's individual's needs, for example the people who were diabetic and those they needed to monitor fluid intake for.

A one page summary of people's needs, communication, capacity, preferences and family contacts was seen in two of the three care files we reviewed. The registered manager told us they were in the process of introducing these summaries and had completed 75% of files. This gave staff, especially new staff or agency staff, a clear overview of people's needs.

We saw care plans were reviewed monthly and updated when people's needs changed. This meant staff had the information to meet people's needs when they moved to the service or their needs changed.

Relatives we spoke with said they were kept informed of their loved ones health and any changes in their wellbeing. One relative told us, "We get updates all the time. If anything changes they will phone us to let us know." Relatives told us the staff, senior care workers and registered manager were approachable. One said, "If I have any questions I can talk to any staff on duty. If they don't know the answer they refer my query on to the senior."

We saw people who were funded by the local authority had annual reviews. Feedback from the local authority social work team was positive about the reviews they completed at the home. They commented the care plans were up to date, person centred and regularly reviewed. Formal reviews for people who self-funded were not currently held; however all the relatives we spoke with said they were kept well informed about the support their relative needed and any changes there had been. One relative told us they had gone through their loved ones care plans with staff two months after they had moved to the home. The registered manager told us the local authority was starting to complete reviews for people who self-funded as well.

Staff explained how they provided person centred care and gave people day to day choices. We observed staff on one occasion write down what they wanted to communicate to one person who was hard of

hearing. They waited for the person to respond. This was also confirmed by the people and relatives we spoke with. A relative said, "The staff know the people living here and their needs; they are all different."

A weekly activities plan was in place. This included external entertainers visiting the home twice per week and a religious service being available on a Sunday. We saw people had daily newspapers delivered. Staff encouraged people to participate in games such as dominoes and craft sessions. One person said, "There are quite a lot of activities here, especially in the afternoons. Staff don't push me to join in; I can choose whether I want to or not." The registered manager told us the provider had recently employed an activities co-ordinator who would work between the two care homes the provider had. They planned to organise outings for people living at both homes. The registered manager also said the planned increase in the numbers of staff on each shift to enable staff to do more activities with people, including going out to local shops.

We saw 'focus group' meetings were held every six months which people who used the service and their relatives could attend. The menus and activities organised at the home were discussed and people encouraged to make suggestions about what they wanted to be arranged.

We saw the service had a complaints policy, with a copy displayed by the front door. We saw one complaint had been received in the last 12 months. This had been fully investigated and documented. The registered manager told us most issues people had were resolved verbally without the need for a formal complaint to be made.

Lynwood Lodge is a residential service and does not provide nursing care. We asked the register manager about the process if people's needs increased and they could no longer be met by the home. We were told the service would involve the person, their family and any relevant professionals, for example social workers and GP. The person's needs would be re-assessed and a best interest decision made. If the person did need to move to a different home Lynwood Lodge would provide the new provider with any information they required. This meant people would be supported to transition to a new service if they needed to.

Good

Is the service well-led?

Our findings

The service had a registered manager in post as required by their registration with the Care Quality Commission (CQC).

All the people and staff we spoke with were complimentary about the registered manager. We were told they were approachable and would listen to, and act upon, any concerns raised. We saw the registered manager was visible within the home throughout our inspection and relatives were able to discuss their loved ones care and support with the registered manager when they visited. One relative said, "We can talk to [registered manager] whenever we want; she always has an open door" and another told us, "[Registered manager] is happy to discuss anything; information is freely given."

All the staff members we spoke with were positive about their role at Lynwood Lodge. Comments included, "I love it here; I find it very rewarding" and "I like it here; it's friendly and we get time to spend with people; to get to know them and their families."

We saw there was a quality monitoring system in place to audit various aspects of the service. These included a weekly overview check sheet covering areas such as safeguarding, cleanliness, staffing, accidents correctly reported and nutrition. Other monthly audits were made for medicines, care plans, health and safety, staff training, incidents and infection control. Staff completed hourly check sheets for people throughout the day and an electronic system was used by night staff to log the support people had required throughout the night. This meant the registered manager could review the support each person was receiving.

Daily health and safety checks were completed. Any issues noted, for example if maintenance was required to fix a leak, were documented and the action taken noted.

Directors of the provider had completed an annual audit in November 2015. This looked at all areas of the home and the care plans in place. An action plan had been written following the audit, which had been completed by the home. The registered manager told us the directors were supportive and had contact with the home on a weekly basis.

The service did not use surveys to gain the views of people who used the service. However focus groups were held every six months for people and their relatives to attend to provide feedback on the service. Minutes of these meetings were kept.

Staff meetings were held every six months, with minutes being kept. Staff confirmed they were able to discuss any issues openly with the registered manager at these meetings. We saw suggestion forms were available for staff to use to inform the registered manager of any ideas they had about the service. Additional meetings for senior care workers were also held to discuss items relating to the senior's role within the home. This meant the registered manager sought the views of people who used the service, their relatives and staff and responded to any suggestions made.

The service had detailed policies and procedures in place to guide staff. These were purchased from a recognised external company and were printed off whenever they had been updated.

We asked the registered manager what their greatest achievement had been since the last inspection. They said it was knowing each person who used the service and developing person centred care plans based on this knowledge.

Services providing regulated activities have a statutory duty to report certain incidents and accident to the Care Quality Commission (CQC). We checked the records at the service and found that all incidents had been recorded, investigated and reported correctly.