

Durham Care Line Limited

Lyons Court 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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Lyons Court Care Home is a care home providing nursing and personal care for up to 50 people, some of whom are living with a dementia. At the time of the inspection, there were 30 people living at the home.

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

People were supported nutritionally and mealtimes were well supported. Activities had improved and people enjoyed a range of group and individual sessions on the day of our visit. Care plans had improved but more work was needed to ensure a person-centred approach and positive behaviour support guidelines were completely embedded across the service. The provider had plans to do this via additional training and support to staff.

Medicines were managed safely. There were sufficient staff deployed to meet people's needs. Health and safety checks took place regularly regarding the environment.

Significant improvements had been made to the environment to ensure it was safe, clean and more stimulating. Staff were clear on the use of PPE and had been trained in infection control procedures. Measures to reduce the risk of COVID-19 were in place.

People and relatives were complimentary about the care provided by nursing and support staff. The atmosphere was calm and relaxed. Staff were respectful and interacting with people all the time.

People had the opportunity to give their views about the service. There was consultation with staff and people. Actions had been taken relating to improving activities available following feedback from people. People knew how to complain.

Staff spoke positively about working at the home and the people they cared for. Staff told us improvements had been made, and the registered manager listened to and supported them. The registered manager had worked with local partners such as the local GP practice and pharmacist to make improvements to medicines management.

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 requires improvement (published 14 October 2019).

Why we inspected

We carried out a focused inspection of this service in July and August 2019. We found issues in relation to staff training and supervision and ensuring people were supported to eat safely. This report only covers our

findings in relation to the key questions of safe, effective and well-led which contained those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has improved from requires improvement to good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last inspection, by selecting the 'all reports' link for Lyons Court Care Home on our website at www.cqc.org.uk.

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.

Is the service effective?

Good ●

The service was effective.

Is the service well-led?

Good ●

The service was well-led.

Lyons Court Care Home

Detailed findings

Background to this inspection

The inspection

This was a focused inspection to check on concerns that were found at the last comprehensive inspection in June 2020 where issues relating to infection prevention and control measures, medicines management, the environment, staff training and quality assurance were found.

Inspection team

The inspection team was made up of two inspectors (one carried out telephone interviews) and an expert by experience, who is someone who has experience of using or having a family member use this type of service.

Service and service type

Lyons Court is a 'care home'. People in care homes receive accommodation and nursing with personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

We gave short notice of the inspection. This supported the staff and ourselves to manage any potential risks associated with COVID-19.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also sought feedback from partner agencies and healthcare professionals. These included the local authority's contracts and commissioning services and the local GP practice.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

During the inspection

We spoke with five people living at the home at length. We spoke with two visiting relatives. Where people were not always able to express their views about the support they received, we spent time observing the support provided to them by staff. We spoke with a member of the domestic staff, the chef, the registered manager, two nurses, two Care Home Assistant Practitioners (CHAPS), two senior support staff, the activity co-ordinator and four support workers. The head of care delivery for the provider was also present during our time at the home.

We carried out checks on the environment and equipment. We reviewed a range of records including audits carried out by senior staff. We looked at the governance arrangements for the safe handling of medicines including the provider's policy and audits. We looked at medicine's records for five people and care records for four people. We also viewed staff records relating to recruitment and staff training and supervision records

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at records relating to safety, care records, quality and staffing which the registered manager sent to us electronically. We spoke with four further staff members who were not on duty during our visit by telephone to gain their views of the service.

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 focused inspection published in October 2019 this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Systems were in place for the management of medicines so that people received their medicines safely. However, the registered manager was continuing to embed changes that had been agreed with the local pharmacy and GP practice to improve medicine stock and ordering processes.
- Care plans around people's medication were in place.
- Guidance to support the administration of medicines prescribed on a 'when required' basis were in place.
- Staff were trained and were assessed as competent to administer medicines.

Staffing and recruitment

- There were safe staffing levels throughout the service.

People and relatives told us, "They (Staff) can tell I'm happy, there's always someone about," and "The staffing seems to be better now, it's mainly permanent staff. That's what I like, regular staff."

- Staff had checks on their references and Disclosure and Barring Service prior to commencing work at the service.

Preventing and controlling infection

- Systems were in place to ensure there were effective and robust infection control processes at the service.
- Staff wore PPE correctly, and there was plenty of securely held stocks.
- The registered manager continued to learn from audits relating to infection control and took appropriate action.

Assessing risk, safety monitoring and management

- Risks related to the delivery of care and the safety of the environment within the home were safely managed.
- The service was embedding the Positive Behaviour Support approach to ensure that guidance and training for staff regarding de-escalation when people became distressed was consistent across the service. Some care plans were more explicit and detailed than others. The provider did have this as an area for improvement and was working towards reviewing all plans to make the approach consistent.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were safeguarded and protected from potential abuse. Staff knew how to recognise, and report safeguarding concerns and felt they would be listened to.
- Safeguarding matters along with incidents and accidents were recorded and reviewed. Any actions to reduce any risks were implemented.

- The provider's therapy team had been working alongside the Positive Behaviour Support team from the local authority. Staff felt more confident in supporting people when they became distressed. One visiting relative told us, "She looks like she's being looked after. She's calm, not looking frightened or stressed. Since being here she's improved."

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people with their healthcare needs and worked with other healthcare professionals. The provider's own in-house therapy team had also undertaken various pieces of work to assist supporting individuals at the home and in training and supporting the staff team.
- One relative told us, " (Registered Manager) is really good, on the ball with anything on the medical side."
- People's specific dietary needs were catered for.
- People were well supported by staff during mealtimes. Comments from people included, "The food is lovely", and "It's a very good menu."

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The registered manager and staff had been trained in the MCA. They were aware of the need for decisions to be made in a person's best interests, if they were unable to make those decisions for themselves.
- Work was still needed to improve the understanding, quality and recording of the assessment process. The provider had identified this in their ongoing improvement plan and had scheduled further training for staff.

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

- Staff carried out assessments of people's needs before they started using the service. Relatives were involved in these assessments and could share their views about peoples' care and support.
- People's needs were regularly assessed and reviewed to ensure they continued to be met. The provider

had an improvement plan which included work to ensure staff completed reviews in a detailed manner.

Staff support: induction, training, skills and experience

- A programme of supervision, training, debriefs and appraisals were now in place for all staff.
- Staff received additional training relating to specific needs of people living in the home such as pain management and Positive Behaviour Support.
- Staff were appropriately trained and skilled. One person said, "The staff all know what they are doing." A staff member told us a recent course regarding triggers in behaviour had "helped us intervene and support people better."

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality systems within the home were in place. This included a range of audits along with observations and feedback from people and staff.
- The registered manager and provider had responded to concerns from our last visit regarding staff knowledge and support by providing additional training, focus groups and a more robust approach to debriefs and supervision.
- Areas of improvement were highlighted within audits and via a clear action plan with timescales.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had made significant improvements to the environment and culture at the service.
- There was evidence of regular staff meetings and ways of seeking views with people who lived at the service. Relatives were happy with the support and care their loved ones received and they received regular communication from the service.
- Staff felt morale had improved at the home, that the registered manager listened and had driven positive changes.

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 aware of their responsibility under the duty of candour.

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

- People were involved in the running of the service.
- People's feedback and views had driven changes and improvements within the home.
- One relative told us the service had worked with them to create a family video for their relative's birthday. They said "[Staff member] asked us to do another one. [Staff member] is keen to try new things to get a new reaction each time and they are very communicative with us."

Continuous learning and improving care

- Staff had access to information about care matters and issues related to the COVID-19 pandemic. Staff

were also receiving training relating to Positive Behaviour Support and advice and guidance from the local infection prevention and control nurse team.

Working in partnership with others

- The home worked in partnership with a range of professionals to support people's health and wellbeing.
- The registered manager had initiated a working group with the local GP practice, pharmacy and other key stakeholders to address issues that had arisen relating to medicine stock and ordering. The local GP practice manager who told us, "Sarah initiated these meetings and she has been proactive. They have been really helpful and improved our working relationship