

Glenfield Care Limited

Lyncroft Care Home

Inspection report

88 Alfreton Road
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Lyncroft Care Home is a residential care home providing personal care to up to 9 people. The service provides support to people with a learning disability and older people. At the time of our inspection there were 8 people using the service.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Right support: People were safeguarded from abuse and avoidable harm. Risks were assessed and mitigated to ensure people were safe. There were enough staff to meet people's needs and staff had received training to support people with a learning disability. People received their medicines safely and were protected from risks of infection.

Right care: People's capacity was assessed and they were able to make decisions about their care. The provider learned lessons and took action when things had gone wrong. People were supported to take part in community charity events raising funds towards holidays and days out.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right culture: The registered manager and staff were motivated about their roles and understood their responsibilities. The provider learned lessons and took action when things had gone wrong. Relatives were able to visit without restriction and were kept informed of incidents. The provider and registered manager were open and transparent. The provider engaged with people and staff involving them with the running of the service.

Based on our review of safe and well led, the service was able to demonstrate how they were meeting underpinning principles of "Right Support, Right Care, Right Culture.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was good (published 23 March 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●
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The service was safe.

Details are in our safe findings below.

Is the service well-led?	Good ●
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The service was well-led.

Details are in our well-led findings below.

Lyncroft Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Lyncroft Care 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 we looked at both during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with 8 people who used the service and 6 relatives about their experience of the care provided. We spoke with 3 members of staff including support workers and the registered manager. We reviewed a range of records. This included 2 people's care records and multiple medication records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- People were safeguarded from abuse and avoidable harm.
- Staff were trained in the provider's safeguarding procedures and knew how to apply this in practice.
- People and their relatives told us they were safe. One person told us, "I feel safe and I would speak to the manager if I wasn't happy."
- The registered manager reported any concerns about people's safety to relevant authorities such as the local authority safeguarding team. They also notified us of any concerns. This ensured appropriate agencies had oversight of any allegations of abuse. The registered manager and staff worked with appropriate agencies to ensure people were safe.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- The registered manager reviewed people's care records and risk assessments regularly, so staff had accurate, up to date information on how to support people.
- People were involved in assessing risks. For example, personal evacuation plans which would be used in the event of an emergency contained information from people. Suitable plans were in place to follow in the event of a fire or other emergency situations.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA.
- People's capacity was assessed and they were able to make decisions about their care.
- Staff received training in MCA and DoLS and refreshed it regularly.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff. The registered manager monitored

staffing levels and ensured staff had the right skills to meet people's support needs.

- The provider operated safe recruitment processes. This included obtaining references and carrying out a Disclosure and Barring Service (DBS) check.
- Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff told us there were enough staff to ensure that people's needs were met.
- Relatives were complimentary about staff, one relative told us, "Staff are happy to help and assist. They are there all the time."

Using medicines safely

- People were supported to receive their medicines safely.
- Staff who handled medicines had completed training and their competence in handling medicines safely had been regularly assessed.
- People's medicine support needs were assessed and recorded in their care plans. The records were checked to make sure they were accurate as part of a regular audit.
- Guidance was in place to help staff identify when people required medicines that were prescribed to be taken 'as required' (PRN).

Preventing and controlling infection including cleanliness of premises

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- The home was clean and free from malodours. Staff received training in infection, prevention and control and were observed to follow safe use and disposal of Personal Protective Equipment (PPE).
- One relative told us, "The place is nice and clean."

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- The registered manager reviewed accidents and incidents then followed up any actions required. This helped to reduce the possibility of incidents reoccurring. For example, 1 person had fell climbing to reach the top shelf of their wardrobe, the registered manager took action and removed the top shelf and placed items in reach for the person.
- Relatives were informed about accidents and incidents. One relative told us, "If any situation comes up then they let me know straight away."

Visiting in care homes

- People were able to receive visitors without restrictions in line with best practice guidance. Relatives told us they were able to visit. One relative told us, "I can visit any time."

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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

- There was a positive and open culture at the service.
- The provider had systems in place to provide a person-centred caring culture and the care people received met their needs and outcomes.
- Staff had received specific training to support people with a learning disability and knew people well.
- We received consistently positive feedback about people's experience of the service from relatives and people. Comments included, "[relative] looks well and happy", "I am happy and pleased with everything", "Staff are always happy to help and assist."

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 provider understood their responsibilities under the duty of candour.
- The registered manager understood their regulatory responsibility to submit statutory notifications to CQC when significant events occurred. This meant we could check they had taken appropriate action in response to incidents.
- The registered manager was open and transparent throughout the inspection process.

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

- The registered manager and staff were motivated about their roles and understood their responsibilities.
- Staff displayed a clear desire to achieve good outcomes for people.
- There were systems in place to monitor how the service was being delivered, to help ensure people were receiving safe, good quality care. This included regular audits and completion of action plans.
- Spot checks and competence evaluations were completed with staff regularly. This helped management to monitor the quality of care being provided and to understand where further training, mentoring and support was required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and staff were involved in the running of the service. The provider understood and took into account people's protected characteristics.

- Staff had regular opportunities to share their ideas about how to improve the service, via staff meetings and supervision sessions. Staff told us they were listened to and managers would deal appropriately with any concerns or issues they raised.
- People using the service and their relatives had opportunities to give feedback via surveys. When people and relatives provided feedback, this had been shared with relevant staff members and acted on.
- The provider had created a learning culture at the service which improved the care people received.

Working in partnership with others

- The provider worked in partnership with others. They had good links with local healthcare professionals, including GP's, dentists and opticians. We also observed a tutor visiting the home on the day of the inspection undertaking arts and crafts activities with people.
- People were supported to take part in community charity events. People told us the funds raised were used towards holidays and days out.