Hereward Care Services Ltd

Lyons Gardens

Inspection report

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Date of inspection visit: 14 December 2015
Date of publication: 31/12/2015

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

Overall summary

Lyons Gardens is registered to provide personal care for up to 11 people. People living at the home live with a learning disability and autism. The home offers respite care and also for people requiring an emergency admission for temporary care. At the time of our visit there were six people living at Lyons Gardens.

This comprehensive inspection took place on 14 December 2015 and was unannounced.

A registered manager was in post at the time of the inspection. They had been registered since 31 May 2015. A registered manager is a person who has registered with the Care Quality Commission [CQC] 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 were kept safe and staff were knowledgeable about reporting any incident of harm. People were looked after by enough staff to support them with their

Summary of findings

individual needs. Pre-employment checks were completed on staff before they were assessed to be suitable to look after people who used the service. People were supported to take their medicines as prescribed and medicines were safely managed.

People were supported to eat and drink sufficient amounts of food and drink. They were also supported to access health care services and their individual health needs were met.

The CQC is required by law to monitor the Mental Capacity Act 2005 [MCA] and the Deprivation of Liberty Safeguards [DoLS] and to report on what we find. The provider was acting in accordance with the requirements of the MCA so that people had their rights protected by the law.

Assessments were in place to determine if people had the capacity to make decisions in relation to their care. When people were assessed to lack capacity, their care was provided in their best interests. In addition, DoLS applications had been made to the supervisory body and the provider was following the conditions of authorised DoLS.

People were looked after by staff who were trained and supported to do their job.

People were supported by kind, respectful and attentive staff. Relatives were given opportunities to be involved in the review of their family members' individual care plans.

People were supported with a range of hobbies and interests that took part in and out of the home. Care was provided based on people's individual needs. There was a process in place so that people's concerns and complaints were listened to.

The registered manager was supported by a team of managerial and care staff. Staff were supported and managed to look after people in a safe way. Staff, people and their relatives were able to make suggestions and actions were taken as a result. Quality monitoring procedures were in place and action had been taken where improvements were identified.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Recruitment procedures and staffing numbers ensured that people's needs were safely met.

Systems were in place to reduce people's risks.

People were supported to take their medicines as prescribed by staff who were trained and competent to do so.

Good

Is the service effective?
The service was effective.

Staff were trained and supported to look after people and meet their individual needs.

People's rights were valued and respected.

People were supported to maintain their nutritional and physical health.

Good

Is the service caring?
The service was caring.

People were looked after by attentive and caring staff.

People's rights to make choices about their care were valued.

People or their relatives were included in decisions about the care provided.

Good

Is the service responsive?
The service was responsive.

People's individual needs were met.

People were supported to take part in social and recreational activities that were important to them.

There was a complaints procedure in place which enabled people to raise a complaint if they needed to.

Good

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

People and staff were enabled to make suggestions and comments about the running of the home.

Staff were managed to ensure that people received care that met their needs.

There were quality assurance systems in place which aimed to continually review and improve people's experiences of how they were being looked after.

Good

Lyons Gardens

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 was carried out on 14 December 2015 and was carried out by one inspector.

Before the inspection we looked at all of the information that we had about home. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law. We also made contact with two social workers and a learning disability nurse. Also, 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 home, what it does well and improvements they plan to make.

During the inspection we spoke with two people who were living at the home; two relatives; a visiting social worker; the registered manager; the deputy manager; an acting senior member of care staff and a member of care staff. We observed care to help us with our understanding of how people were looked after.

We looked at two people's care records, medicines administration records and records in relation to the management of staff.

Good

Is the service safe?

Our findings

People told us that they felt safe because they were treated well. One person said, "They are always looking after me. I like it here. I'm always happy here." One relative said that they had no concerns about the safety of their family member. They said, "It's not institutional care here. [Name of family member] gets everything they need here and gets on very well with everyone. I wouldn't have [name of family member] here if they weren't being treated right."

In their provider information return [PIR] the provider told us that staff had attended training in protecting people from the risk of harm. Members of staff confirmed this was the case. They were knowledgeable about the types of harm people can experience and the actions they would take in reporting such incidents. In addition, staff members were aware of the signs and symptoms people may show when they have experienced harm. One member of care staff said, "The person's behaviour would change or the way that they were speaking. Or they can become withdrawn." The deputy manager and acting senior member of care staff also added that people may show signs of bruising.

There was a disciplinary procedure in place that was carried out when individual members of staff had placed people at risk to their health and safety. The registered manager told us that this had been carried out when members of staff were deemed not suitable to look after people who lived at the home.

Sometimes people were admitted to the home as a safe place for them to stay. Social workers told us that they had no concerns about how people's risks were reduced once they had been admitted to the home. One person said that they now felt safe being at Lyons Gardens. In addition, there was a signing in and out process in place to monitor visitors' comings and goings. Representatives from the police service, adult social care and CQC organisations were made to show their identity before signing in. Furthermore, a member of care staff also told us that there was a procedure in place to ensure that people had a member of staff close by when receiving their guests.

The provider told us in their PIR that all staff had checks carried out on them before they were allowed to look after people. The checks included written references and a satisfactory Disclosure and Barring Service [DBS] check.

The deputy manager described the recruitment process of new staff and confirmed that job candidates had to have satisfactory checks in place before they were allowed to work. In addition, the deputy manager told us that, during the interview stage, candidates' attitudes were assessed. They said, "An applicant could be anyone who may not have had previous experience but it's their attitude that could be good, caring, for us to decide that they are right for the job." Staff recruitment files demonstrated that staff were allowed to work after satisfactory checks had been completed.

One relative said that there was always staff available when they visited the home. Members of care staff said that there were enough staff to look after people. Measures were in place to cover staff absences. The deputy manager said, "Sometimes we can be short of staff but staff will pick up overtime. We also look at planned admissions and work out what staff we need." The registered manager told us that staffing numbers were also reviewed when people were due to be admitted as an emergency. They told us that staffing numbers increased, if needed, with care and managerial staff working together to support people. The deputy manager also told us that there was an increase in staffing numbers to enable people to go out. They said, "We occasionally have agency staff for night cover, but rarely during the day. We had extra [permanent] staff because we recently took people out to a Christmas party." We saw that there were enough staff to meet people's individual needs, which included personal care and nutritional needs.

People's risks were assessed and measures were in place to manage the risks. These included risks of choking and having a bath/shower. Members of staff were aware of people's individual risks and how to manage these. One member of care staff told us that a person had softened/blended food so that they could safely eat their meals and we saw that this was the case. The acting senior member of care staff said, "Everything we do is a risk to people, such as moving and handling with the use of a hoist or helping a person with their personal care. We make sure the water is not too hot and that hand rails are in place." People were also provided with pressure-relieving aids to aid comfort and reduce the risk of pressure ulcers developing.

Moving and handling equipment had undergone safety checks and members of staff had attended training in safe

Good

Is the service safe?

moving and handling techniques. We saw that the registered manager reminded a member of care staff of the correct moving and handling procedures. This was when they were helping a person to stand from a sitting position.

One relative told us that they assumed their family member was given their medicines as prescribed because their health conditions were maintained with the use of medicines. The records of medicines showed that people were given their medicines as prescribed. In addition, medicines were kept secure and were safely stored.

The provider told us in their PIR that two members of staff checked people's medicines to reduce the risk of errors. The deputy manager confirmed this was the case. Members of staff told us that they had attended training and were also assessed to be competent in the management of people's medicines. Training and competency assessment records demonstrated that this, too, was the case. Information in notifications told us that the provider had taken appropriate action when there were errors in the management of people's medicines. This included reassessing individual staff member's competency in handling medicines.

Good

Is the service effective?

Our findings

One relative said that they believed the staff were trained and competent to do their job. They said, "When you talk to the staff here, they have a common sense approach. When [family member] has been poorly, the staff know what they need to do. They make the right decision in what they need to do." A social worker told us that staff were trained and competent in meeting the individual needs of each person. This included the management of epilepsy and helping people to keep their airways clear so that they were able to breathe more easily.

The provider told us in their PIR that all permanent staff members have attended training in a range of subjects. These included fire safety, health and safety, food hygiene, autism, first aid, the application of the Mental Capacity Act 2005 [MCA] and nutrition.

Members of care staff and the deputy manager told us that they had the training to do their job and their records confirmed this was the case. One member of care staff told us how they applied their recent training into their practice. They said, "We've done Makaton [a form of sign language] training last week and we can now sign back to people who sign to us. That's helped increase our conversations with people. They can tell us how they are feeling and what they have been doing during the day. We can understand people more." They also said that they had "learnt a lot" since working at Lyons Gardens. The deputy manager told us that they had attended training in managing people's behaviours that challenge. They gave an example of how they successfully supported an unsettled person to become calmer; this was with accessing quieter places in the home, which included a sensory room and garden area.

In their PIR the provider told us that all of the staff had one-to-one supervision and members of staff told us that they had supervision at least every four to six weeks. They told us that they discussed work-related matters and any training needs they had. One member of care staff said, "I get supervision once a month and you can discuss any work related problems. Any maintenance issues or issues with equipment. If we are having the right training and we are put forward for any training we suggest."

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards [DoLS]

The registered manager was aware of the process to follow in making new DoLS applications to the local authority. This also included requesting the local authority to review existing DoLS before the current one had reached its expiry date. Authorised DoLS applications were in place and the conditions of these were being followed. This included where people were to live and the use of equipment that is considered restrictive such as feeding equipment. In addition, people were assessed whether they had mental capacity to make decisions about their care. Where they were assessed not to have mental capacity, they were supported as part of a best interest decision-making process. This included best interest based care for support with personal care and medicines. A member of care staff said, "If people do not have mental capacity, we make decisions for them based on their best interest."

People said that they had sufficient amounts to eat and drink and were able to choose what they wanted. One person said, "They [staff] ask me what I want to eat or drink." Another person told us that they had enjoyed their bowl of vegetable soup for lunch. One relative said, "[Name of family member] is well-fed as far as I can see. I've been here at breakfast, lunch and tea time and they have always eaten the meals. [Family member] always gets a choice and they won't eat anything they don't want." In their PIR the provider wrote, "We offer well balanced and nutritional meals, catering for any cultural dietary needs, also those with e.g. diabetes, lactose intolerance." The registered manager confirmed that people's individual nutritional needs were met, which included halal and vegetarian diets. Nutritional supplements were provided to maintain people's calorific intake. Menus demonstrated that people had a choice of meals to choose from. Where people were unable to eat or drink by mouth, they were supported to maintain their nutritional health by means of artificial feeding.

Good

Is the service effective?

People were helped to maintain their health. One relative said, "[Name of family member] is registered with the local GP. There's also a person [chiropodist] who comes around and does their feet." Another relative said, "There are signs that [name of family member] gets the same good care that they get when they are at home." Care records demonstrated that people were helped to gain access to other health care professionals, which included district nurses and learning disability nurses.

Good

Is the service caring?

Our findings

The care records demonstrated that information about people's individual likes and dislikes was obtained and care was carried out based on people's wishes. For instance, people's recorded preferences in how they wanted to be looked after were respected. One person said, "I always get a shower in the morning and men do this for me. And did it this morning." Another person was helped with their personal care by members of staff who were of the same gender.

A learning disability nurse told us that there was a "caring environment" within the home. A social worker also told us that staff were friendly and that they had seen staff interact with people in an attentive and appropriate way. We saw that staff were kind, patient and attentive when they interacted with people. This included when people talked to members of staff, when they were eating and when staff walked alongside a person.

Members of staff told us their views about caring for people. One member of care staff said, "Our job is to support people with their personal care. To develop their skills and independence. To try and not do too much for them and get themselves to do it." The deputy manager said, "The job is to provide a high standard of care. To develop any skills people have. To promote independence and build up people's confidence." We saw people's independence with making a sandwich, eating and walking was maintained.

The deputy manager said, "Caring is about building good relationships with people's relatives." One relative said, "It is definitely respite care here. We, the family, become quite relaxed when [family member] comes here. It gives us more freedom to go out as a family and we are more relaxed [when not having to look after their family member at home]."

The premises maximised people's privacy and dignity. All bedrooms were used for single occupancy only. In addition, bathing and toilet facilities had lockable doors so that people's personal care took place in private.

People were supported to maintain contact with their relatives. Relatives told us that they were able to visit their family members at any time. The registered manager advised us that there were no restrictions on visiting times. People were also enabled to make friends with people in and out of the home. This included when taking part in social and recreational activities.

Advocacy services were used to support people in their decisions where to live. There was information publicly available for people in relation to mental capacity and general advocacy services. Advocates are people who are independent and support people to make and communicate their views and wishes.

Good

Is the service responsive?

Our findings

People's individual social and health care needs were met. One relative said, "The staff really stepped up pretty quickly in meeting [family member's] needs and we then became really relaxed with [family member] coming here." One social worker told us that members of staff were "understanding" of people's individual needs. Another social worker told us that members of staff met people's individual needs and this included people who were admitted as an emergency. We were also told by another social worker that they were confident in placing people at the home. They told us that this was because people's individual and "broad range" needs, which included behaviours that challenge, were met. One member of care staff said, "It's about seeing the situation and calming people down. When you get to know people you get to know the signs of when they are getting upset. You talk to them and you get help from other staff, if you need to."

Members of staff were aware of people's other individual needs and these were met in line with people's care plans. This included meeting people's nutritional needs, by means of artificial feeding, maintaining people's airways for easier breathing and understanding people's individual communication needs.

Equipment was provided to meet people's individual needs. This included specialist beds and over-head tracking to enable people to be safely supported with their moving and handling needs.

People were helped to take part in activities and interests that were important to them. One person said, "I'm always happy here. I enjoy looking out the window. They [staff] always gives me things to do. I was taken to the pub the other night and I enjoyed it. I listened to the music. I enjoyed the Christmas party. Last summer they [staff] took me to the seaside." Another person told us that they attended college where they practised cooking, managing money and shopping. One relative said, "[Family member] is probably doing more here than when they were at home." There were on-site recreational activities which included an arts and crafts and sensory rooms. Care records showed that people were assisted to go shopping and eating out.

People's care records and risk assessments were in easy-to-read format and were kept-up-to-date and reviewed. Changes were made in response to people's health conditions and the risks to their health. These included risks of acquiring chest infections and inadequate nutrition.

People's relatives were actively involved in reviewing their family members' care plans. One relative said, "My wife did come and stayed for about a couple of hours during the review of [family member's] care plan." Another relative said, "I am involved in [family member's] care plan and reviewing how things are going." Social workers told us that they were satisfied with how people's care plans were developed and written. However, it was unclear how people who used the service were actively involved in reviewing their care plan, where this may have been possible. There was no recorded evidence to show that people had been involved. People who we spoke with were unable to remember or tell us if they had been involved in reviewing their care plan. Nevertheless, they told us that they were satisfied with how their needs were met.

People told us that they knew who to speak with if they were unhappy and were able to tell us their names. Members of staff were aware of the process to follow should any person choose to raise a complaint. A member of care staff said, "There is a complaints form to fill in. You wouldn't be biased as you write their complaint as it's not your complaint."

Good

Is the service well-led?

Our findings

The registered manager was experienced in caring for people and managing care services and they were supported by a team of managerial and care staff. We received positive comments about the registered manager's leadership style. One person said, "[Name of registered manager] always helps me." One member of care staff said, "[Name of registered manager] is very 'hands-on'. He takes people out and he will help us out. He's supportive and part of the team." One relative said, "[Name of registered manager] is very good. He certainly has stepped up to the level required to get this place up to shape. It's better run and organised here." A social worker described the management of the home to be approachable and co-operative with external agencies, which included local authorities.

Staff were aware of the whistle blowing policy. One member of care staff said, "Whistle blowing is if any member of staff may need reporting." The deputy manager expanded on this and said, "Whistle blowing is when you report a concern to senior member of staff. It could be suspicions you may have about a member of staff's bad practice." Members of staff told us that they would have no reservation in following the whistle blowing procedures if they needed to.

The registered manager submitted their PIR when we requested it. It identified areas where the provider did well and areas that the provider aimed to make improvements. One of the improvements areas was in relation to increasing members of staffs' awareness in the application of the MCA and DoLS. Another identified improvement was to gain feedback from people who had spent short stays at the home.

People were enabled to take part in meetings during which they were encouraged to discuss their views and make suggestions about the home. Minutes of the meetings demonstrated that people had made suggestions in relation to meals and activities. Action was taken, for instance, in response to suggestions to visit the seaside. People were also provided with other opportunities to contribute in the running of the home. The registered manager and deputy manager told us that people were enabled in choosing colours for redecoration of the home and selecting replacement carpets.

Meetings were held during which members of staff were reminded of their roles and responsibilities in providing people with safe care. This included improving the handling of people's medicines and reviewing and up-dating people's care records.

Members of staff were enabled to contribute to the running of the home during the team meetings and also on an informal basis. One member of care staff gave an example when their suggestion for improved storage of food belonging to staff was acted on. They told us there was now a 'fridge for staff to store their food separately from that which was for people who lived at the home. They also told us that any training suggestions they had made were acted on.

Quality assurance systems were in place and these included audits of incidents, medicines and of the premises. The registered manager advised us that the audits had resulted in making sure two staff members checked people's medicines to reduce errors and redecoration and refurbishment of Lyons Gardens to make it a more homely place.