

MyMil Limited

Syston Lodge Residential Home

Inspection report

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Tel: 01162603550

Date of inspection visit:
15 May 2018

Date of publication:
05 July 2018

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?

Requires Improvement ●

Summary of findings

Overall summary

Syston Lodge Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered to accommodate 25 older people; at the time of our inspection, there were 19 people living in there.

At our last inspection in March 2017, this service was rated overall as requires improvement. At this inspection, improvements had been made and sustained and the service is rated overall good. The inspection took place on the 15 May 2018 and was unannounced.

There was a registered manager in post. 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 received care from staff that knew them and were kind, compassionate and respectful. The staff were friendly, caring and passionate about the care they delivered.

Detailed care plans were in place, which enabled staff to provide consistent care and support in line with people's personal preferences and choices. End of life wishes were discussed and plans put in place.

People were cared for by staff who were respectful of their dignity and who demonstrated an understanding of each person's needs. This was evident in the way staff spoke to people and the activities they engaged in with individuals. Relatives spoke positively about the care their relative received and felt that they could approach management and staff to discuss any issues or concerns they had.

Staff were appropriately recruited and there were sufficient staff to meet people's needs; staffing levels were kept under review. People were protected from the risk of harm and received their prescribed medicines safely. Staff understood their responsibilities to keep people safe from any risk or harm and knew how to respond if they had any concerns.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the home supported this practice. There was a variety of activities available for people to participate in if they wished to and family and friends were welcomed at any time.

Staff understood the need to undertake specific assessments where people lacked capacity to consent to their care and / or their day-to-day routines. People's health care and nutritional needs were carefully considered and relevant health care professionals were appropriately involved in people's care.

Staff had access to the support, supervision and training they required to work effectively in their roles. Development of staff knowledge and skills was encouraged.

The service had a positive ethos and an open culture. The provider was committed to develop the service and looked at ways to improve the service. However, the systems in place to monitor quality and health and safety needed to be strengthened to ensure that shortfalls in the environment were identified and appropriate timely action taken.

People knew how to raise a concern or make a complaint and the provider had implemented effective systems to manage any complaints that they may receive.

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 told us they felt safe and there were risk assessments in place to mitigate any identified risks to people.

There were safe systems in place for the administration of medicines and people could be assured they were cared for by staff who understood their responsibilities to keep them safe.

There was sufficient staff to provide the care people needed. Recruitment practices ensured that people were safeguarded against the risk of being cared for by unsuitable staff.

Is the service effective?

Good ●

The service was effective.

People received support from staff that had the skills and experience to meet their needs.

People were involved in decisions about the way their support was delivered; staff understood their roles and responsibilities in relation to assessing people's capacity to make decisions about their care.

People had access to a healthy balanced diet and their health care needs were regularly monitored.

Is the service caring?

Good ●

The service was caring.

Positive relationships had developed between people and staff. People were treated with kindness and respect.

Staff maintained people's dignity and there were measures in place to ensure that people's confidentiality was protected.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed before they came to stay at the home to ensure that all their individual needs could be met.

People were encouraged to maintain their interests and take part in activities.

People were confident that they could raise a concern about their care and there was written information provided on how to make a complaint.

Is the service well-led?

The service was not always well-led

The systems in place to monitor quality and health and safety were not sufficiently effective to highlight areas in relation to the environment which needed improving.

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People, relatives and staff were encouraged to give their feedback.

Requires Improvement 

Syston Lodge Residential 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 checked 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 unannounced inspection took place on 15 May 2018 and was undertaken by one 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. In this instance, our expert-by-experience had cared for a relative.

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. The provider completed and returned the PIR in January 2018 and we considered this when we made judgements in this report. We also reviewed other information that we held about the service such as notifications, which are events that happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

We spoke with the local authority, which have commissioning and monitoring roles with the service. We also contacted Healthwatch for their information about the service. Healthwatch is a consumer organisation that has statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services.

During our inspection, we spoke with six people who used the service, eight members of staff, which included three senior care assistants, two care assistants, an activities co-ordinator, the deputy manager and the registered manager. We also spoke with two people's relatives, a family friend and a National Vocational Assessor who were visiting at the time of the inspection.

We looked at the care records of two people to see whether they reflected the care given and three staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, minutes of meetings with staff and arrangements for managing complaints.

Is the service safe?

Our findings

At the previous inspection in March 2017 'safe' was rated as requires improvement as records were not always updated to accurately reflect people's injuries following an accident/incident and the recording of the administration of medicine was not always safe. We saw that at this inspection, improvements had been made and sustained and the rating has now improved to good.

Accidents and Incidents were monitored and action taken to address any identified concerns. The registered manager told us if there were any lessons to be learnt from incidents these would be discussed with staff and action plans put in place to ensure similar incidents did not happen again. People's records had been updated to reflect any injuries sustained and action taken.

People received their medicines, as prescribed, in a safe way and in line with the home's policy and procedure. Medicine administration records were consistently kept. We saw staff spent time with people explaining their medication and ensuring they had taken their medicines. One person said, "I get my tablets regularly and they stand and watch me take them because sometimes they have to bring me a drink to take them."

Medicine records provided staff with information about a person's medicines and how they preferred to take them. There was also information about medicines people could take on an 'as and when needed basis' such as pain relief medicines, which included when and how they should be used. People's medicine was stored securely in a locked cabinet within a locked room. Staff competencies to administer medicines were tested on a regular basis and audits of the medicines were undertaken. If any issues were identified, they were dealt with in a timely fashion to ensure medicine errors did not happen, and if they did, they could be rectified. There was a system in place to safely dispose of any unused medicines.

People could be assured that they were being cared for safely. There were risk assessments in place, which gave staff clear instructions as to how to keep people safe. We saw that assessments had been undertaken to identify any risk of people falling; appropriate controls had been put in place to reduce and manage these risks. For example, we read in one person's risk assessment that an alert system was to be put in place in their bedroom and on the chair the person sat in. If the person moved this alerted staff to be aware the person was mobile, we saw that this was all in place.

There was sufficient staff to meet people's care needs, although a number of people commented that there was not as many staff around at weekends. We spoke to the registered manager who was able to confirm that there was the same number of care staff as during the week and that both they and the deputy manager also worked at the weekend. We saw that staff were attentive and no one raised any concerns about being left to wait for their care needs to be addressed. The staff were visible and people were not left unattended in communal areas. There were regular checks on people when they spent time in their rooms and everyone had access to a call bell. One person said, "The staff are always popping in and asking if I want a drink or if I am ok."

People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place. All staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started work at the home. We looked at the recruitment files for three staff. They contained the necessary employment checks, for example, Disclosure and Barring Service (DBS) checks, employment histories, references and up to date photographic identification.

People looked relaxed and comfortable in the presence of the staff. People told us they felt safe in the home. One person said, "I'm safe here. I have everything I need and kind staff supporting me." Another person said, "I like it here. It's nice and the people (everyone) are nice to me. I don't have to worry and my family come often."

Staff understood their roles and responsibilities in relation to keeping people safe and knew how to report concerns if they had any. One member of staff told us, "If I had any concerns people were not being treated properly I would speak to a senior or [Name of registered manager or deputy manager]. I would ring the Care Quality Commission if I needed to." We saw from staff training records that all the staff had undertaken training in safeguarding and that this was regularly refreshed. There was an up to date policy. The registered manager had contacted the local safeguarding team when any concerns had been raised and notified CQC as required. There had been no safeguarding investigations undertaken by the registered manager in the last 12 months.

People were protected by the prevention and control of infection. We saw that the home was clean and tidy, and that regular cleaning took place. Staff were trained in infection control and had the appropriate personal protective equipment to prevent the spread of infection.

The provider had ensured that environmental risk assessments were in place and there were effective systems in place to monitor the health and safety of people, which included regular fire tests and maintenance checks. However, we did ask the registered manager to address the access to the grounds to ensure all risks had been identified and action taken to ensure everyone could easily access the garden.

Is the service effective?

Our findings

At the previous inspection in March 2017 'effective' was rated as requires improvement as staff training had not always been renewed to ensure that staff had the most up to date knowledge and practice and people were not always given a choice as to where they ate their evening meal. We saw that at this inspection, improvements had been made and sustained and the rating has now improved to good.

Staff training had been updated so people could be assured they were being cared for by a staff team who had undertaken training, which followed current legislation and best practice guidance. We observed staff using equipment to move people. They were competent and ensured that the person was at ease at all times. There was a schedule of training in place, which ensured that all staff regularly refreshed their training. We spoke to a National Vocational Qualification (NVQ) Assessor who was visiting at the time of the inspection. They were able to confirm with us that the provider and registered manager were proactive in encouraging staff to further develop their skills by undertaking NVQ's at different levels. A number of staff told us they were undertaking their Level 2, 3, 4 and 5 NVQ.

All new staff undertook an induction programme and worked alongside more experienced staff before they were allowed to work independently. One staff member said, "I was initially shown around and then worked alongside staff for a few weeks; there was lots of training to do as well. I was not allowed to work alone until I had completed my manual handling training."

Staff had supervision and annual appraisals, which gave them the opportunity to discuss their performance and personal development. However, there was a need to ensure consistency as to when supervisions took place. Staff had varied experience.

People's needs were assessed prior to them moving into Syston Lodge to ensure that the provider was able to meet their care and support needs. Thorough assessments of needs were completed and individual plans of care developed to guide staff in providing personalised care to people.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

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 decisions made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager and staff were aware of their responsibilities under the MCA and the DoLS Code of Practice. We saw that DoLS applications had been made for people who had restrictions made on their

freedom and the management team were waiting for the formal assessments to take place by the appropriate professionals. Best interest decisions were recorded in care plans, for example, where people were unable to consent to medication.

People were encouraged to make decisions about their care and their day-to-day routines and preferences and staff gained people's consent before they undertook any care or support. We observed people freely moving around the home and spending time in different communal areas and outside in the garden. One relative told us "[Relative] really can decide for them self. For instance, they didn't like sitting at the dining table in the small lounge, so they now have their meal on a tray table. They are happy." People were all given the option at mealtimes where they sat.

People were supported to maintain a healthy balanced diet and those at risk of not eating and drinking enough received the support they required to maintain their nutritional intake. We saw that referrals to a dietitian and Speech and Language Therapist had been made when required and advice followed. Drinks and snacks were available throughout the day and fortified drinks and food were given to those people at risk of not eating enough.

There was a choice of meals each day and an alternative was available should anyone not wish to have any of the choices. People and their relatives told us the food was good and there was always a choice. One person said, "I like the food here. I don't eat as much as I used to because I am not doing as much as I did do, but I like my egg on toast for breakfast. We get three square meals a day and there is a choice at lunchtime. I can also choose what goes in my sandwiches for tea." Another person said, "The food is good and I get plenty. I got a cake for my birthday."

We spent time observing people over lunchtime. Care staff took time to support people and no one was rushed; there was plenty of support and encouragement for those people who needed it. Specially adapted tableware was available to assist people to remain as independent as possible. The food was cooked from fresh and there was a quiet relaxed atmosphere. Staff asked people whether their meals were okay and whether they wanted anything else.

People told us they saw the GP when they needed to and a chiropodist and optician visited regularly. One person said, "I don't see a lot of the GP, but like the chiropodist, they are there if you need them."

Syston Lodge was purpose built and people could easily access various areas of the home. We saw signage to help people identify which room was theirs and where the bathrooms and toilets were. There was a garden for people to use. On the day of the inspection, a couple of people chose to sit outside. However, there was a need for the provider to review the access to the grounds to ensure that it was more easily and safely accessible for everyone. The path between the flowerbeds was narrow so a wheel from a walking frame or wheelchair could easily come off the path. We pointed this out to the registered manager who agreed to discuss this with the provider.

People had been encouraged to personalise their bedrooms; people had brought in personal items from their own home when they had moved in, which had helped them in feeling settled in the home. There were areas of the home that would benefit from refurbishment. One relative said, "[Relative] likes it here. It's a bit shabby in places, but they are comfortable and well looked after."

Is the service caring?

Our findings

At the previous inspection in March 2017 'caring' was rated as requires improvement as staff did not always respond to people in a kind and considerate way. We saw that at this inspection, improvements had been made and sustained and the rating has now improved to good.

There was a friendly and welcoming atmosphere around the home. People looked happy and relaxed and we observed positive relationships between people and staff. Some of the comments made to us about the staff included, "The staff here are very kind to me." "The carers are very kind and affectionate; you sometimes get a hug from them." "The staff make me welcome when I come and they always get in touch if there is a problem. They are kind to [relative]. It's the nearest to being at home that they are going to get."

Care plans contained detailed information to inform staff of people's life history, likes and dislikes, their preferences as to how they wished to be cared for and their cultural and spiritual needs. People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, and their cultural background.

People were treated with respect and staff responded to people by their chosen name. In our conversations with staff, it was clear they knew people well and understood their individual needs. They spoke fondly of people and were able to explain people's likes and dislikes to us. People told us that staff knew them. One person said, "I like to go up to bed about 8pm and the carers know that. It's usually around that time depending (on what is going on)." Another said, "I prefer my shower in the evening before I go to bed as it helps me to sleep, so that's what happens. I can have as many (showers) as I like if they are not too busy."

Staff spoke politely to people and protected people's dignity; staff knocked on bedroom doors before entering and checked with people whether they were happy for them to enter. We observed staff using a hoist with one person; they initially knelt down by their side, checked with them if they were ready to move; when the person said yes the staff continually spoke to the person as they manoeuvred the hoist. The person remained relaxed and calm. The staff made sure that the person's clothes kept them covered and their dignity was retained at all times.

People were valued and encouraged to express their views and to make choices. One person said, "I can go up to my room whenever I like, I just ask for assistance and the staff are usually around to help me, they will let me know if they may need a little more time." Another person said, "I can get a wash whenever I want." We heard staff asking people whether they could do something for them, for example, one staff member asked a person, "Do you want me to put this in your handbag for you?" Another asked whether someone wanted a serviette at dinner.

The people who were unable to communicate with us looked relaxed around staff. Staff were attentive and sat or knelt by people touching their hand when trying to communicate with them and explaining the care they were being given. Staff spoke softly to people and were mindful to protect people's confidentiality.

If people were unable to make decisions for themselves and had no relatives to support them, the registered manager had ensured that an advocate was sought to support them. An advocate is an independent person who can help people to understand their rights and choices and assist them to speak up about the service they receive.

Throughout the day of the inspection, we observed family and friends welcomed as they visited their loved ones. Relatives and friends could visit at any time. One relative said, "They make me welcome when I come." Another said, "They (staff) couldn't be nicer to residents here. It is small enough that it is intimate and they know everyone well. It runs very smoothly and if you have a question, you just have to ask and they try and sort it."

Is the service responsive?

Our findings

At the previous inspection in March 2017 'responsive' was rated as requires improvement as people had not always been involved in any review of their care and activities were not always specific to people's preferences. We saw that at this inspection, improvements had been made and sustained and the rating has now improved to good.

People had been involved in developing their care plans, which detailed the care and support people needed. There was a 'My personal life plan' which detailed people's like and dislikes and their preferred routine. This ensured that staff had the information they needed to provide consistent support for people. Relatives told us that they were kept informed if any changes were needed and had confidence in the staff team to ensure that the care delivered met people's individual needs. One relative said, "The management communicate well and keep us informed of what is happening. We have been asked if we are okay with what they are organising for [Relative], but to be honest, they are the professionals, so we leave it to them." The plans were reviewed regularly and any changes communicated to staff, which ensured staff remained up to date with people's care needs.

There was a document entitled 'My Life History', which included information about where people had gone to school, the work they had undertaken, their family and included their hobbies and interests. This ensured staff had an understanding of people's life history and what was most important to them, which enabled staff to interact with people in a meaningful way.

People were encouraged to take part in activities both as part of a group or individually. An activities co-ordinator came in twice a week and supported people individually or in groups. On the day of the inspection some people were having their nails painted and hands massaged and there were small groups of people playing dominoes and taking part in armchair exercises. A number of people were knitting or reading books and a couple of people spent time in the garden. Some people told us there were plenty of things to do others felt there was not always enough to do. Several people expressed a wish to be able to spend more time outside but felt there was not always enough staff to support them to do this and they did not want to be a burden. A relative said, "I wish they would make better use of the garden, but that may need more staffing and the fees may then go up."

People's spiritual needs were met. A local faith minister visited regularly and people were supported to practice their religious beliefs. One person told us, "I see my priest each week."

At the time of the inspection no one was receiving end of life care, however we saw that some people had plans in place, which detailed their preference for care at the end of life. The home was prepared to support people's wishes in any way they could.

People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint. A relative said, "If [relative] has had concerns about anything, they just speak up and they listen, especially [name of registered manager]." Another relative told us when they

had had a concern they spoke with the manager and the situation was soon rectified. Overall people were happy with the service they received and felt they could speak to any of the staff if they needed to.

We saw that there had been one complaint made within the last 12 months in relation to the garden fence, which had been addressed. The fence had been replaced.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager told us that they would make information available in any format to meet people's needs. We saw that staff wrote information down to one person who was very hard of hearing.

Is the service well-led?

Our findings

At the previous inspection in March 2017 'well-led' was rated as requires improvement as no action plans were developed following feedback from people. At this inspection, 'well-led' remained as requires improvement.

The systems in place to monitor the service were not always effective. We could see that the registered manager and senior staff had checks in place to monitor and audit areas such as care plans, risk assessments, health and safety and medicine administration. However, the health and safety audits had failed to pick up any concerns about the access to the garden and general environment.

On arrival at the home there was a broken and dilapidated bird table at the entrance of the home, there was a discarded commode and mattress to the side of the building. The garden, although well kept, was not easily accessible; the pathways were narrow which could prove to be an obstacle for someone with a Walker or Roll-along Walking aid. Some of the garden furniture looked as if it had seen better days. Internally there were areas of the home that needed redecorating and some repairs, for example, bathrooms look dated and in one toilet there was a plastic jug under the waste pipe which was catching leaking fluid. The waste bin in the same room was very badly marked and either rusty or just old and dirty on the lid.

People and relatives also commented about the general décor and environment. One person said, "Some bits of the home are a bit shabby, but it's homely and everything gets a good banging at times (as hoists/wheelchairs etc. are moved around)." A relative said, "The bedroom is adequate. It can be a bit depressing at times as it's a bit dark and can smell on the odd occasion, but then another time its ok."

We saw that the provider visited at least once a month and records kept of visits with actions to be taken. Although the reports contained some actions in relation to refurbishment, these needed to be developed further to include the whole of the environment, with a more detailed plan for refurbishment and improvements.

The provider did seek feedback from people, their relatives and staff and we saw that overall people were satisfied with the care and support they received. We saw that from feedback, a new chef had been employed and new menus had been put in place.

Staff demonstrated their knowledge and understanding around such things as whistleblowing, safeguarding, equalities, diversity and human rights. The training programme in place ensured that staff received the level of support they needed and kept their knowledge and skills up to date.

Staff attended regular staff meetings; minutes of the meetings confirmed that staff had the opportunity to raise concerns, share ideas around good practice and learn together from any outcomes to safeguarding investigations or complaints. We read in one set of minutes that following a meeting staff had enrolled on refresher training around safeguarding and dignity.

The provider looked at ways to improve the service. A member of staff had been identified as a Dignity Champion. Their role was support staff to develop their skills and awareness around dignity.

We saw that people were encouraged to be part of their local community, a local pub provided opportunities for social events with the people and their families. The registered manager worked with the local authority and District Nurses and was receptive to any advice and support offered to enhance the life experiences of people.

The CQC had been notified of events and incidents that occurred in the home in accordance with our statutory notifications. This meant that CQC were able to monitor information and risks regarding the home.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had displayed their rating at the service.