

# CareTech Community Services Limited

# Lyndhurst

## 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?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Lyndhurst provides accommodation and care to up to 21 people with mental health needs. The home is made up of three, two-storey terraced houses. At the time of this inspection there were 9 people living in the service.

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

At this inspection we identified shortfalls related to the lack of adequate assessment of risks and relapse indicators to some people's health and wellbeing. However these were addressed immediately after our inspection visit and therefore people were not at risk of harm.

People had access to healthcare services and were involved in decisions about their care. Partnerships with other agencies and health professionals enabled effective outcomes for people.

Staff had completed safeguarding training and understood their role in identifying and reporting any concerns of potential abuse or poor practice. Staff supported people to take medicines safely.

The staff team was committed to providing a high-quality service. They had undertaken training so that they were skilled and knowledgeable to effectively meet people's needs. Staff understood their responsibilities to report any concerns.

Staff encouraged people to be as independent as possible and respected people's privacy and dignity.

People lived in a homely, clean environment. Bedrooms were personalised and people had access to multiple communal rooms. People were able to choose to take part in activities, stay in their room or go into a communal room for company.

People were given choices about the way in which they were cared for. Staff listened to them and knew their needs well.

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.

Recruitment practices were safe and relevant checks had been completed before staff worked at the service.

The manager of the service actively sought the views of people and their relatives about the running of the service and they dealt promptly with any concerns that people raised.

There was a positive culture throughout the service. Staff told us they enjoyed working at the service and felt valued.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

At the last inspection we rated this service Good. The report was published on 9 November 2021,

Why we inspected.

This inspection was prompted by information received from the local authority about this service

We undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of 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.

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?

The service was safe.

Details are in our safe findings below.

**Good** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led

Details are in our well-led findings below.

**Requires Improvement** ●

# Lyndhurst

## Detailed findings

### Background to this inspection

#### The 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,

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team consisted of 1 inspector and 1 nurse who had experience in mental health.

#### Service and service type

Lyndhurst is a 'care home'. People in care homes receive accommodation and nursing or 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.

#### Registered Manager

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

Inspection activity started on 5 December 2022 and ended on 14 December 2022. We visited the location on 7 December 2022. It was unannounced.

#### What we did before the inspection

Before our inspection, we sought feedback from the local authority who work with the service. We reviewed the information we held about the home which included statutory notifications and safeguarding alerts, and the Provider Information Return (PIR), which the provider completed before the inspection. The PIR 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

During the inspection

We spoke with the registered manager, the positive engagement officer, 2 support workers and 3 people who used the service. We also spent time observing care to help us understand the experience of people who did not want to talk with us. We looked at 4 care records and 3 staff records; we also looked at various documents relating to the management 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 inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- Care plans contained information about people's individual circumstances, what was important to them, as well as the care and support they needed.
- Some of records lacked specific detail on how to mitigate and manage risks to people and had not been recently updated..
  - For example, for one person was diabetic and another was at risk of choking there was no information in their care plan on how to mitigate these risks and provide support for staff.
- Relapse triggers (events or experiences that contributed to a past setback) were not always available on the care plans we looked at.
- The provider addressed these issues immediately following our inspection
- It was clear from discussions with staff that they knew these people well and were minimise in the risks in practice despite relevant documentation not being in place at the time of our inspection.
- The service had systems in place to protect people from abuse and avoidable harm. Staff knew what to do and to whom to report if they had any concerns about people's safety.
- People were protected from the risk of abuse. Staff had completed safeguarding training and staff we spoke with were able to demonstrate how they recognised signs of abuse and poor practice. Staff told us they were able to raise any concerns to the management team and were confident actions would be taken
- All the people we spoke with told us they felt safe and looked after by the staff. Comments included "I feel very safe here, there are always staff around" and "yes I feel safe and supported."
- A staff member told us, "We make sure everything is safe for people and know when to report anything."
- Regular checks of the building and equipment took place, including fire safety equipment. The service had recently recruited its own maintenance person
- Fire drills were regularly held, and people had individual personal evacuation plans in place to guide staff in the event of a fire.

Staffing and recruitment

- There were enough staff to keep people safe and meet their individual needs.
- Staff had been recruited in a safe way Appropriate checks were made of an applicant's work references, full employment history, relevant qualifications and of the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager had recently recruited a number of new staff and had increased the staffing ratio for people during the night. A person using the service told us " They are so friendly and helpful."

### Using medicines safely

- There were suitable arrangements for ordering, receiving, and storing of medicines. Storage temperatures were monitored to make sure medicines would be safe and effective.
- Medicines were clearly recorded within people's medication administration records. Staff kept and regularly updated a log of medicines people were prescribed. Protocols for 'when required' medicines were in place to guide staff in supporting people with their medicines.
- Staff were unable to administer medicines unless they were trained to do so. This included regular training and competency checks to ensure they had the suitable skills to carry out the task safely. This was confirmed by staff we spoke with.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Visiting in care homes

- The provider followed government COVID-19 guidance on care home visiting. People were able to receive visitors into the home

### Learning lessons when things go wrong

- The service had a system in place to monitor incidents and understood how to use them as learning opportunities to try and prevent future occurrences.
- The registered manager explained that following any incident or accident, a review would be undertaken so that any learning or improvements could be considered to prevent any re-occurrences.



# 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 good. At this inspection this key question remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Initial assessments of people's needs before they started to use the service were in place and were completed by the registered manager to ensure the service could meet the person's needs before they made the decision to move in.
- People's preferences and care needs had been recorded and those who used the service and their families were given the opportunity to be involved in the care planning process.
- The registered manager considered people's protected characteristics under the Equality Act. For example, they asked people about any religious or cultural needs they had so that they could plan for those needs to be addressed. Staff were aware of equality and diversity issues.

Staff support: induction, training, skills and experience

- Staff were supported to carry out their roles and responsibilities
- Staff told us the management team supported them and they received one to one support with their line manager.
- Staff told us they had received training, and this was refreshed on a regular basis to keep their knowledge up to date
- Supervisions were happening to allow staff the time to express their views and reflect on their practice.
- Staff felt very well supported. One staff told us "We are supported in our jobs the manager is always very good and always available to us."

Supporting people to eat and drink enough with choice of a balanced diet

- People were given the required support to meet their nutritional requirements.
- Staff demonstrated a good understanding of how to ensure people had adequate nutrition and dietary preferences were set out in people's care plans.
- Some people prepared their own meals with staff support.
- The menus were regularly discussed with people who lived at the service.
- Comments included "The meals are pretty good" and "The food is great, and they give me African food which I really like."

Adapting service, design, decoration to meet people's needs

- The home had recently been refurbished and people using the service told us they had been consulted and involved during this process
- People had access to outside space and pleasant garden areas.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service documented people's health conditions in their care plan.
- People's care plan had details of their GP and any other health professional's involvement. People were supported to attend annual health checks, screenings and primary care service.
- People had access to health professionals as required. If staff were concerned about a person's health and wellbeing, they would relay these concerns to the registered manager for escalation and action.
- Information available showed people experienced positive outcomes regarding their health and wellbeing.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments (MCA) were completed for people.
- Staff empowered people to make their own decisions about their care wherever possible.
- Staff knew about people's capacity to make decisions and were able to communicate with people well in a variety of ways to support this.
- Staff demonstrated best practice around assessing mental capacity, supporting decision making and best interest decision making.
- Staff confirmed that they had undertaken training in relation to the MCA.

# 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 good. At this inspection this key question has deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Auditing systems to monitor the provision of the care being delivered were not always effective as we found risk assessments had not always been adequately completed and reviewed ,audits had not identified the issues relating to the lack of relapse indicators in people's care plans.
- In addition, there was a lack of support and oversight from the provider
- The registered manager had a very good understanding of people's needs and had made several improvements since taking up their post. This included a refurbishment program .an increase in staffing levels and the recruitment of a dedicated maintenance person.
- Staff were positive about working at the service and told us they were supported by the registered manager. Comments from staff included "She is a really good manager and has really improved things here" and "The manager is good and understands the people here very well."

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

- The management team and staff were motivated to provide the best possible person-centred care and support for people.
- People and staff told us the registered manager was very approachable and that they would have no hesitation in raising concerns or making suggestions.
- Staff said they felt comfortable to put forward any ideas they may have to improve the care, support or wellbeing for people and were confident these would be acted upon.
- People, and staff told us that they felt involved in changes and were provided with opportunities to give feedback and offer suggestions for improvements.
- Care plans included information about people's diverse needs and how these could be met. For example, supporting people with religious needs.
- People were involved in the home and asked for their opinions. For example, the manager had involved people in the refurbishment and helped people choose their own colours for their bedrooms.

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; Continuous learning and improving care

- People using the service and staff were complimentary regarding the registered manager. We had no concerns regarding duty of candour. We found the registered manager was open and transparent

throughout the inspection.

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

- Effective arrangements were in place for gathering people's views of the service they received and those of people acting on their behalf.
- A recent survey was carried out with people whom used the service which showed good levels of satisfaction
- Staff meetings were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service

Working in partnership with others;

- Staff worked well with people, their relatives and professionals to ensure people were supported safely and in the way they wanted.
- Records showed people were supported to access services in the community including GPs, community psychiatric teams, specialist professionals and other relevant services to promote people's health and wellbeing when required.
- Information showed the service worked closely with others, for example, the Local Authority and healthcare professionals and services to support the delivery of care provision.