

Mrs Delores Matadeen

# Lyndel Homes

## Inspection report

9 Radnor Road  
Handsworth  
Birmingham  
West Midlands  
B20 3SP

Tel: 01215070708

Date of inspection visit:  
26 October 2017

Date of publication:  
15 December 2017

### 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 ●



# Summary of findings

## Overall summary

This inspection was unannounced and took place on 26 October 2017. At the last comprehensive inspection in October 2015, we found the provider required improvement under the question of 'Is the service caring'. At a focused responsive inspection in January 2017, we found the provider required improvement under the question of 'Is the service well led.' We found at this inspection improvements had been made.

Lyndal Homes, Radnor Road is registered to provide accommodation and support for up to 15 people with mental health needs. On the day of the inspection visit there were 15 people living at the home. The provider is also the registered manager. 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.

At the last comprehensive inspection in April 2015, the provider was found to be 'requires improvement' under the key question of 'Is the service caring.' At this inspection we found improvements had been made to the way people were supported which ensured their dignity and privacy was maintained. People told us staff were kind and caring and we observed caring interactions between people and staff throughout the inspection visit.

At the last focused inspection in January 2017, the provider was found to be 'requires improvement' under the key question of 'Is the service well-led'. At this inspection we found improvements had been made to the provider's recruitment processes to ensure staff were safely recruited and were suitable to work with vulnerable people. Improvements had also been made to the monitoring of the training delivered to staff to ensure they continued to meet people's individual support needs.

People were safe at the home, supported by staff that knew people's individual needs well. The provider had processes in place to support staff to protect people from the risk of abuse. Risk management processes had been reviewed to ensure staff received appropriate guidance on how to manage risks associated with people's safety, health and well-being. There were sufficient numbers of staff to meet people's care and support needs and respond to people when required. People received their medicines as prescribed and systems used to manage medicines were safe and effective.

The provider was taking the appropriate action to ensure people who used the service were not unlawfully restricted and had processes in place to protect people's rights.

People were supported with their nutritional and dietary needs and were offered a choice of meals. Snacks were also readily available to people to encourage a healthy nutritional intake. People were supported by staff who had the skills and knowledge to meet their care and support needs. People were supported to access healthcare professionals when they needed to and staff were aware of people's health needs and how best to support them.



People were supported to maintain their independence where possible and were involved in decisions about their day to day care and support. Visitors were welcomed and staff recognised the importance of people maintaining relationships that were important to them.

People were satisfied with the range of activities available for them to participate in. People were involved in the planning and reviewing of their support. People knew how to complain if they were unhappy about any aspect of their care and support and there was a system in place to manage complaints.

People and staff told us they felt the home was well managed. People were asked for their feedback on the provision of service and this feedback was used to drive improvement. The provider had notified us of incidents and events as required by law.



## 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 were supported by suitable staff that had been safely recruited.

People received their medicines as prescribed and medication management systems were effective and safe.

People's care and support needs were met by sufficient numbers of staff.

Risks to people had been assessed and were effectively managed to reduce the risk of harm.

### Is the service effective?

Good ●

The service was effective.

The provider was taking the appropriate action to ensure people who used the service were not unlawfully restricted and had processes in place to protect people's rights.

A choice of foods was available at each meal time and people received sufficient amounts of food and drink to maintain their health.

People were supported by staff who had the skills and knowledge to meet their needs.

People received support from staff to access healthcare professionals when required.

### Is the service caring?

Good ●

The service was caring.

People received support that maintained their privacy and dignity.

People described staff as friendly and caring.



People were supported by staff who knew them well and were involved in day to day decisions about their care and support.

### Is the service responsive?

Good ●

The service was responsive.

People were satisfied with the activities and hobbies that were offered to them.

People were involved in the planning and review of their support.

People knew who to contact if they were unhappy about the support they had received and felt confident to complain. The provider had a system in place to manage complaints.

### Is the service well-led?

Good ●

The service was well-led.

The provider had systems in place to monitor the quality of the service being delivered to people.

People had been asked for their views on how improvements could be made to the service.

The provider had notified us of incidents and events as required by law.



# Lyndel Homes

## **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 took place on 26 October 2017 and was unannounced.

The inspection team consisted of 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 use this type of service. As part of the inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of certain events. The provider had sent us a Provider Information Return (PIR) before the inspection. A PIR is a form that asks the provider to give key information about the home, what the service does well and improvements they plan to make. We also contacted the local authority and commissioners for information they held about the service and reviewed the Healthwatch website, which provides information on care homes. This helped us to plan the inspection.

We spoke with seven people, five staff members and the registered manager/provider. We also looked at records in relation to three people's care and medication records to see how their care and treatment was planned and delivered. Other records looked at included three staff recruitment files to check suitable staff were recruited. The provider's training records were looked at to check staff were appropriately trained and supported to deliver care to meet people's individual needs. We also looked at records relating to the management of the service along with a selection of the provider's policies and procedures, to ensure people received a good quality service.



# Is the service safe?

## Our findings

At the last inspection in October 2015, we rated the provider as 'good' under the key question of "Is the service safe?" At this inspection, we found the service had remained 'good'.

All of the people we spoke with told us they felt safe living at the home. One person told us, "I feel very safe." People looked relaxed when in the company of staff and were happy to approach staff when they needed support. Staff knew how to keep people safe and were aware of how to report any concerns for people's safety and well-being. One staff member told us, "I would go straight to the manager with any concerns." The provider had a good understanding of their responsibilities in relation to protecting people from harm. There were safeguarding procedures in place and the provider had notified us of any significant incidents or events as required by law.

People were protected from risk of harm. We found the provider had risk management plans in place for people living at the home. For example, for people that had difficulties with their movement and mobility, we saw the provider had carried out appropriate risk assessments. This ensured staff had the information they needed about how to support each person safely. We reviewed people's care plans and found staff had taken action to ensure people were protected from the risk of harm in relation to their skin integrity. For example, two people were at risk of sore skin because they were cared for in bed. We saw that processes had been put in place to ensure they were regularly checked by staff. They were regularly repositioned to prevent pressure building up on their skin and this reduced the risk of skin damage. Guidance was available to staff about how to support people and staff we spoke with were aware of the risks to people's skin and knew how to support them safely.

People were supported by sufficient numbers of staff working at the home. One person told us, "There is always someone around." Another staff member said, "I woke up in the night and the staff member was there to help me straight away." We observed staffing levels throughout the day and found there were enough staff available to assist people with their support needs. The provider told us any staff absence was covered by existing staff members and agency staff were not used. This was confirmed by the staff we spoke with and they told us they were 'happy to pick up' the additional shifts when it was required.

We looked at three staff records to check their suitability to work with people living at the home and found there had been improvements made to the way staff were recruited. We found staff had completed the appropriate pre-employment checks that included an up to date Disclosure and Barring Service (DBS) check prior to their employment. The DBS check can help employers to make safer recruitment decisions and reduce the risk of employing unsuitable staff.

People we spoke with told us they were happy with the support they received to take their medicine. We observed staff administer medicines to people in a safe way. During our visit we saw medicines were stored in a secure facility with access only by authorised members of staff. There were processes in place for ordering and the supply of medicines and we found that people's medicines were available. We saw that medication administration records (MAR) were completed correctly and audits conducted showed the



amounts of medicine in stock balanced. Where people received their medicine on an 'as and when required' basis guidance for staff about when and how to administer these was available in people's care plans.



# Is the service effective?

## Our findings

At the last focused inspection in January 2017 we rated the provider as 'good' under the key question of "Is the service effective?" At this inspection we found the service had remained 'good.'

Throughout the inspection we saw people were asked for their consent before care was provided. For example, people were asked if they wanted their medicines or a drink or what choice of meal with would like.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff we spoke with had an understanding of the principles of the MCA and understood the importance of people being able to make their own informed decisions. Staff were aware of the implications of making decisions in people's best interests.

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). DoLS require providers to submit applications to a 'Supervisory Body' for authority to deprive people of their liberty. 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 were being met. At the time of the inspection most of the people living at the home was not subject to an authorisation to deprive them of their liberty. However, we had observed one person was consistently asking to go home and was being restricted from doing so on their own. The provider explained how consideration had been given to ensure the person's rights and freedoms were lawfully protected. We saw from mental capacity assessments that the person had fluctuating mental capacity and could make certain decisions about their support. The provider had submitted a DoLS application to the Supervisory Body, for their consideration, to ensure the person's rights were not unlawfully restricted.

People were positive about the food and drink provided and when asked about the quality of the food, a number of people expressed their satisfaction with a 'thumbs up'. One person told us, "It's a better menu that eating out at restaurants." We saw that people were offered a choice of food at lunch time. Conversations took place between people and staff and the atmosphere was calm and relaxed. During the morning people had access to drinks from a 'drinks station' that was located in the dining area. We saw that people had access to snacks and drinks throughout the day, which people enjoyed. Cakes were also offered. Staff we spoke with were aware of people's dietary needs and preferences and we saw people were offered food that staff knew they would enjoy. For example, one person had changed their mind and no longer wanted their choice of meal. The staff member suggested another choice which the person said they would like.

People told us they felt that staff had the skills and knowledge required to support them. One person said,



"The staff are very good." Staff we spoke with told us overall they felt the training they received equipped them for their roles. One staff member said, "We do have lots of training but the best training we have had was face to face, which I prefer. The DVDs are ok but I learn better with face to face because you can ask questions there and then." Another staff member told us, "I like the training but we could do with more face to face." Staff told us they received an induction when they first started working at the service, which helped them to understand their role. One staff member told us, "The induction training includes shadowing other staff, completing the DVDs, then I was tested on my knowledge and signed off by the manager." The provider supported staff to undertake training to further develop their skills and knowledge. The training did not include the Care Certificate but we saw the provider's training covered the same principles. The Care Certificate is an identified set of induction standards to equip staff with the knowledge and skills they need to provide safe and effective care to people. Staff we spoke with confirmed they had received supervision from the provider. They continued to tell us they felt supported by the provider and that they would speak with them if they were concerned about anything.

People we spoke with told us they were regularly seen by health care professionals, for example, the GP, tissue viability nurses, optician or dentist. One person said, "If I'm unwell the staff will make the appointment and come with me to the doctor." Another person told us, "The district nurse comes in twice a day to see me." People's care plans reflected how staff supported them to maintain their health and any changes to people's health were documented giving guidance for staff on actions they should take. Staff we spoke with were aware of people's health needs and we observed them checking on people's well-being throughout the day.



## Is the service caring?

### Our findings

At the last comprehensive inspection in October 2015 we rated the provider as 'requires improvement' under the key question of "Is the service caring?" At this inspection we found improvements had been made.

We found people's privacy was respected and staff understood the importance of treating people in a dignified way. People told us they felt staff treated them with respect and staff were able to share with us how they maintained people's dignity while supporting them. For example, staff explained how they would cover a person with a towel during personal care and keeping doors and curtains closed.

People told us they were happy with the way staff supported them. One person told us, "You get what you want when you want it, all my support needs are being met." We saw that staff talked to people in a kind and friendly way. People were confident to approach staff if they needed anything and interactions between people and staff were relaxed. One staff member told us, "We all work very well together to make sure people are well cared for."

Staff we spoke with understood the importance of people being supported in the way that they preferred. One staff member shared with us how they were mindful of how one person was feeling emotionally, as this could affect whether the person refused their meals or not. We observed a number of caring interactions between people and staff. One person had become increasingly upset and a staff member approached the person, put their arm reassuringly around them and suggested they might feel better after a cup of tea. The person became more relaxed and followed the staff member into the dining area where we observed later they were having a cup of tea. Where people had specific cultural or religious needs staff were aware of these and ensured people's needs and preferences were met. Staff shared with us examples of people being supported with culturally appropriate diets and people receiving visitors from their chosen place of worship to ensure their individual diverse needs were met.

People were involved in decisions about their day to day care and support. We observed staff asking people whether they would like to take part in activities and what they would like to eat for their meal choices. We saw a number of people completing some domestic chores to help around the home, for example clearing tables. One person was encouraged to manage their own medicine with staff taking on the role of observation only. People we spoke with confirmed their independence was encouraged. One person said, "I try to be as independent as possible."

Everyone we spoke with told us their friends and relatives could visit anytime. There was a separate room for people to meet with their relatives in private or they could meet in the person's bedroom. We found people living at the home were supported to maintain contact with family and friends close to them.



## Is the service responsive?

### Our findings

At the last comprehensive inspection in October 2015, we rated the provider as 'good' under the key question of "Is the service effective?" At this inspection we found the service had remained 'good.'

People told us they were involved in the planning of their support. One person said, "I'm involved with my support planning, I am asked what I would like." We saw there were systems in place to review people's care plans to ensure they were relevant and up to date. Staff we spoke with were able to tell us how they would identify a change in someone's needs. For example two people's needs had significantly changed placing them at risk of developing sore skin. We reviewed their care plans and found staff had taken appropriate action in response to this and relevant professionals had been requested to support the home to ensure the people continued to receive effective support from the staff.

People we spoke with were satisfied with the activities they were offered and told us they enjoyed them. One person said, "I play dominoes with the staff and I always beat them." We saw one person was engaged in painting pictures with a staff member. Other people were reading newspapers or watching television, whilst others had gone to the local shops or day centre. Staff told us they felt there was enough for people to do. One staff member said, "We do try very hard to involve people but sometimes they just don't want to do anything."

People we spoke with told us they knew how to raise concerns if they were unhappy with their support. One person told us, "I'd tell the staff if I was not happy". One staff member told us, "If anyone raised a complaint I would let the manager know straight away." The provider confirmed that no complaints had been received since the last inspection. We found there were systems in place to ensure any complaints received were investigated and responses provided to the complainants.

We asked staff how people's cultural and spiritual needs were being met. One staff member told us, "We have people living here that can only eat food prepared in a certain way, we make sure that it is." Staff we spoke with confirmed they had received training on respecting people's equality and diversity needs.



## Is the service well-led?

### Our findings

At the last focused inspection in January 2017, we rated the provider as 'requires improvement' for the key question, "Is the service well-led?" At this inspection we found improvements had been made. The provider's systems for monitoring and checking that employees' employment and training information had improved. We found the provider had also introduced a new system to monitor when staff had completed their training. The provider explained the new system provided a more accurate record when staff had completed their training.

People we spoke with told us they felt the home was well managed. One person said, "We all look out for each other, we're like a family." Another person told us, "There is always a staff member around." Staff we spoke with told us they enjoyed working at the home and felt there was a strong sense of team work amongst the staff and the provider. One staff member said, "I think the home is well managed, the manager is very good to us and you can always go and talk to them if you're worried about anything." Other staff we spoke with felt there was a good team approach to providing the support people needed. A staff member told us, "I would stay here if I didn't enjoy the work, I love it, we are a good team."

We were told by people living at the home and staff members that the provider was present in the home on a regular basis and we observed people knew who they were. People told us they could contact the provider whenever they needed to and were happy with the support they received from staff members. The management structure was clear and staff knew who to go to with any issues. The provider had a whistleblowing policy that provided the contact details for the relevant external organisations for example, the local authority and CQC. Staff told us they were aware of the provider's policy and would have no concerns about raising issues with the provider, and if necessary external agencies.

The provider was also the registered manager and they have a legal responsibility for making sure the service meets the requirements of the Health and Social Care Act 2008. This includes ensuring the Care Quality Commission (CQC) are notified about events that had occurred, within the service. We saw the provider had procedures in place to meet their legal requirements as required to by law.

The provider had quality assurance processes in place to monitor and assess the quality of the care of the service provided in the home. This included seeking feedback from people living at the home, their relatives and health care professionals. The provider also completed regular audits, for example of health and safety, care records and staff training. This ensured the provider had procedures in place to monitor the service to ensure the safety and wellbeing of people living at the home.

It is a legal requirement that the overall rating from our last inspection is displayed within the home. We found the provider had displayed their rating as required. Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider was working in accordance with this regulation within their practice. We also found the provider had been open in their approach to the inspection and co-operated throughout. At the end of our site visit



we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively with clarification sought where necessary.