Royal Mencap Society

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 caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected Lyndhurst Residential Home on 31 March 2016, the inspection was unannounced. The service was last inspected in May 2014 and we had no concerns at that time.

Lyndhurst provides care and accommodation for up to five people. At the time of the inspection five people were living at the service. 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.

Lyndhurst is part of the Royal Mencap Society group which provides services to people with a learning disability. The service is made up of one large detached property on the outskirts of Penzance.

The premises were well maintained, pleasant and roomy. There was a living room and a large kitchen and dining area allowing people choice about where and with whom they spent their time. One person had a large en-suite bedroom on the ground floor and there were an additional four rooms which shared bathroom facilities. People had chosen the décor of their rooms in line with their personal preferences. The garden was large, flat and pleasant and people spent time in it when the weather was fine.

Recruitment practices helped ensure staff working in the service were appropriate to work in the care sector. Staff had received training in how to recognise and report abuse. They were clear about how to report any concerns and were confident that any allegations made would be appropriately investigated to help ensure people were protected. There were sufficient numbers of suitably qualified staff to meet people's needs and keep them safe.

Staff had a good understanding of people's needs and support plans included clear information about how people preferred to be supported. There were clear guidelines for staff on how they could support people to help them avoid becoming distressed. When people did become anxious the care plans clearly informed staff about what actions to take. This helped ensure staff took a consistent approach to supporting people.

Families and other professionals were involved in regular discussions about how best to support people. The registered manager told us they were continually assessing people's needs to check these were still being met.

People's individual abilities and strengths were recognised and respected. People received as much support as they needed but were encouraged to be independent wherever possible. Staff took a flexible approach to support, according to the needs of the individual. People approached staff for assistance and reassurance as they needed it and staff responded with understanding and good humour.

The registered manager had a clear understanding of the Mental Capacity Act 2005, and how to make sure

people who did not have the mental capacity to make decisions for themselves, had their legal rights protected.

Information was presented in easy to read formats to aid people's understanding and facilitate meaningful involvement.

The registered manager took an active role in the home. There was a key worker system in place. Key workers had oversight of each individual's plan of care. There were clear lines of accountability and responsibility within the management structure. This helped to ensure the smooth and efficient running of the service. Staff told us they had confidence in the registered manager and were happy working at the service.

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. Staff had received safeguarding training and were confident about reporting any concerns.

Care plans contained clear guidance for staff on how to minimize any identified risks for people.

There were sufficient numbers of suitably qualified staff to keep people safe.

People were protected by safe and robust recruitment practices

Is the service effective?

Good

The service was effective. New employees completed an induction which included training and shadowing more experienced staff.

The service acted in accordance with the legal requirements of the Mental Capacity Act and associated Deprivation of Liberty Safeguards.

People had access to other healthcare professionals as necessary.

Is the service caring?

Good

The service was caring. Relatives and professionals told us staff were kind and caring.

People's preferred methods of communication were recognised and respected.

Staff recognised the importance of family and personal relationships and supported people to maintain them.

Is the service responsive?

Good

The service was responsive. Support plans were detailed, informative and updated regularly to reflect people's changing needs.

People had access to a range of activities that reflected their personal interests.

There was a satisfactory complaints procedure in place.

Is the service well-led?

Good

The service was well-led. The staff team told us they were well supported by the management team.

There were clear lines of responsibility and accountability within the service.

There was a system of quality assurance checks in place.

Lyndhurst

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 31 March 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed previous inspection reports and other information we held about the home including any notifications sent to CQC by the service. A notification is information about important events which the service is required to send us by law.

We spoke with one person living at Lyndhurst and observed staff interactions with people. We spoke with the registered manager, and two support workers. Following the inspection visit we contacted two relatives to hear their views of the service. We also contacted two external healthcare professionals.

We looked at care records for two individuals, people's Medicine Administration Records (MAR), staff rotas, two staff files and other records relating to the running of the service.

Good

Is the service safe?

Our findings

We spent time talking with one person who lived at the service and observed the support provided to them and one other person. The positive interactions between staff and people showed they felt safe and at ease in their home and with staff supporting them. People approached staff for assistance and reassurance throughout the day and without hesitation. Relatives told us they believed their family members to be safe. An external professional told us; "Lyndhurst is a safe and caring service."

Relatives told us they were happy with the care and support their family member received and believed it was a safe environment. One relative said, "We are really happy with Lyndhurst and believe it's a safe place for [person's name]." Another relative said, "Staff do their best and genuinely care for everyone who lives at Lyndhurst."

People's medicines were safely managed and stored securely. The amount of medicines held in stock tallied with the amount recorded on Medicine Administration Records (MAR). MARs were completed consistently and in line with current guidance. People told us they received their medicines when they should and were supported by staff to take the medicines they needed for their health. The service had a clear plan for the safe administration and management of medicines. Staff had all received recent training in medicines administration and the service operated an annual competency based assessment of staff skills to help make sure staff knew what they were doing and felt confident when handling medicines. Medicine Administration Records all had a photograph of the person on them to help staff in making sure medicines were given to the correct person.

Regular auditing of medicines took place. This included daily checks by staff to ensure medicines had been administered and recorded correctly. Weekly stock checks took place before new orders for medicines were made and again when medicines were delivered to the service. One staff member had been given a lead role in making sure medicines were safely managed. Any issues identified by audits were corrected as quickly as possible.

There was a system of health and safety risk assessment being used. There were smoke detectors and fire extinguishers in the premises. Fire alarms and evacuation procedures were regularly checked by staff, the fire authority and external contractors, to ensure they worked effectively.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately. Staff received safeguarding training as part of their initial induction and this was regularly updated. There had been no recent safeguarding referrals made to the local authority.

The service had detailed risk assessments in place which identified risks and the control measures in place to reduce the risk. For example, how staff should support people when they accessed the local community. Records had clear guidance and direction on how to support people when outside of the service. We saw

evidence of communication between staff and other job and day placements used by people. This included support reviews undertaken by day placements which Lyndhurst staff had been involved in.

Incidents and accidents were recorded in the service. Records showed the right action had been taken and changes made to learn from the events. Management looked to identify any patterns or trends in accidents and incidents which could then be corrected to help reduce any apparent risks.

There were enough skilled and experienced staff to help ensure the safety of people who lived at the service. The service had a robust recruitment process to help make sure new staff had the right qualities and experience for the job. Staff recruitment files contained all relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks. The registered manager told us recruitment was on-going and a member of relief staff had begun to work at the service to cover shifts when additional staff were required. We spoke with a new staff member who said they were just finishing their service induction.

Good

Is the service effective?

Our findings

People received care and support from staff who knew them well and had the knowledge and skills to meet their needs. For example, a member of staff had identified that one person appeared unwell and had arranged for them to see the GP. This resulted in a referral for further specialist treatment. This demonstrated staff's knowledge of people and meant they were able to identify changes in their health needs quickly and take the appropriate action.

Relatives told us they believed staff were familiar with their family members' needs. One person commented, "I could not ask for a better place for [person's name] to live. The key worker is excellent. They understand [person's name] very well and meet [person's] needs to the full. An external professional commented, "The experience I have had of Lyndhurst has been positive. Staff were supportive and reassuring to the person I was working with who was very anxious about the meeting."

New staff were required to complete an induction process consisting of a mix of training and shadowing and observing more experienced staff. The induction process had recently been updated to include the new Care Certificate. This is a national qualification designed to give those working in the care sector a broad knowledge of good working practices. We met with a new employee who was just completing the induction period. They told us it had been a useful process and colleagues had been supportive and available for any advice at all times.

Training identified as necessary for the service was updated regularly. Staff told us they were happy with the amount of training they received and believed it equipped them to do their jobs effectively. One staff member told us they had received a range of training including regular updates for First Aid, fire training, medicines management and infection control. Two staff members had completed a communication leader training course. This involved learning about different methods of communication to help people to communicate using a method meaningful to them.

Staff received regular supervision and appraisal from the registered manager. Staff told us they felt well supported and were able to seek additional help and advice from the registered manager whenever necessary.

The registered manager demonstrated a good knowledge of their responsibilities under the Mental Capacity Act (MCA) and an understanding of the underlying principles. 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. The service had carried out best interest meetings when needed to ensure that decisions made were in the person's best interests. For example, there had been discussions with external health care professionals about the complexity of care required for one person who had a life changing health complaint. Healthcare professionals, commissioners, relatives and Lyndhurst staff had worked together to develop a care package to meet the

needs of the person. Regular best interest meetings were held and documented to help ensure the decision was the right one for the person.

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). We checked whether the service was working within the principles of the MCA and found they were meeting requirements. Mental capacity assessments and best interest meetings had taken place where appropriate and were recorded as required.

Daily records confirmed people were supported to make everyday decisions about things such as how people chose to spend their day and what they wanted to eat and drink. A relative told us, "[Person's name] can't go out on their own but there has been agreement about this. Other than that they make every decision about how they live their life. [Person's name] is very content at Lyndhurst."

People were supported to be involved in planning menus, shopping for food and preparing meals. Staff were aware of people's individual likes and dislikes and took these into account. Some people took responsibility for keeping their living space clean and buying and preparing their own food. Other people needed more support in this area, which was provided. This demonstrated staff recognised individual's strengths and abilities and were able to adjust the level of support accordingly.

People were supported to access other health care professionals as necessary, for example GP's, opticians and dentists. Health files contained information about past appointments and any action taken as a result. We saw evidence that people's medicines were reviewed regularly and people had access to annual health checks. One person's health needs were being regularly monitored and the service worked with other healthcare professionals to try and ensure this was done effectively. A relative told us their family member attended regular health checks and saw the GP whenever necessary.

The interior of the building was well maintained and decorated. One person agreed to show us their room which was decorated to suit their personal taste. The service had adapted people's living spaces to suit their changing needs. For example, one person had a wet room installed to suit their needs. Another person had a walk-in bath to replace the original bath because they felt anxious about falling or slipping. This meant the service was able to develop the service to meet people's changing needs.
The building was not owned by Royal Mencap and maintenance was contracted through the owners of the building to carry out any repairs or improvements. Smaller maintenance jobs were carried out by the staff team.

People had access to outdoor spaces. There was a large and level garden for people's enjoyment. Staff told us the service was building raised planting beds because one person wanted to grow vegetables.

Good

Is the service caring?

Our findings

We observed staff interacting with people and noted the care and support they provided. People were treated kindly and respectfully by the staff team. One person was interested in how the inspection was carried out and staff encouraged the person to be involved and speak with the inspector when they wanted to.

Relatives told us they were happy with the service provided. Comments included, "I can't see that [person's name] could do better anywhere else. I am thoroughly satisfied with it." And, "[Person] is very well cared for and is content." External healthcare professionals told us they thought staff were caring. Comments included, "I have found the staff to be caring and supportive of people. There is a caring and kind feel to Lyndhurst."

People were involved in decisions about their care and the running of the service. Easy read questionnaires had been developed to gather people's views and establish their satisfaction with how they were supported. Easy read information uses limited text supplemented with pictures and symbols. It can be a starting point for facilitating meaningful communication with people who have limited reading skills.

Support plans contained information about what was important to people and their personal likes and dislikes. There was limited information about people's past, interests and relationships. This meant staff were not able to learn much about the person's history or gain an understanding of who they were as a person. Information about people's background is important because it helps staff to understand the key life events that make people who they are and aids understanding of people. We discussed this with the registered manager who told us this was an area of the support plans that would be developed.

Staff recognised the importance of family relationships and friendships and supported people to maintain them. One person regularly spent time at their family home and we saw this person's close family relations were welcomed into Lyndhurst . They told us they were 'always welcomed' when spending time at the service. The registered manager spoke with families regularly to help ensure they were kept up to date with any developments or changes in routines. Another relative told us, "I am always told if there are any changes to [person's name] care, I'm kept up to date with any changes to [person's] routine and [person's name] has their own phone so we speak several times a week as well."

People's privacy and dignity was respected. Staff knocked on people's doors and waited to be invited in. Bedrooms reflected people's personal preferences. People were supported to be independent and develop daily living skills according to their needs, for example, some people did their own laundry while others were supported to do laundry.

Good

Is the service responsive?

Our findings

People were supported to take part in a range of activities which reflected their personal interests and were relevant to them. For example, one person was keen to work in the local community as a volunteer. This had been arranged and the person told us how much they enjoyed their work at a local day centre where they had made many friends. Staff told us the person enjoyed this and the work gave them a sense of pride and involvement in their local community. Another person had recently joined a local gym as part of their rehabilitation following surgery. The person's relative told us how much they valued this. They said, "[Person's name] needed therapy, exercise and swimming to help with rehab and their key-worker has been excellent at sorting this out."

During the inspection people were in and out of the service taking part in planned appointments and leisure activities. For example people were taking part in, shopping, medical appointments and community activities. One person told us they were enjoying a day at home and spent time watching television and talking with staff. People had their own televisions and music and DVD collections in their rooms. There was space in shared areas of the building so people could spend time on their own or with others as they chose.

People received care and support when they needed it. For example, one person had a serious eye condition which required close monitoring and regular medical checks. Staff were observant and took quick action to make sure the person remained in good health.

People were supported by staff who knew them well and understood how they wished to be supported. Support plans contained clear and detailed information about people's preferences, and support needs. One member of staff commented; "We are a small team at Lyndhurst. We talk all the time about things affecting people's lives and everything is recorded properly in care plans and daily logs." People and their families were involved in the development of support plans and review meetings were held regularly.

Daily logs were completed throughout the day for each individual. These recorded any changes in people's needs as well as information about appointments, activities and people's emotional well-being.

There was a clear complaints procedure in place which gave the details of who to contact and provided the time scale within which people should have their complaint responded to. One person told us they had spoken with the manager and staff about the time it took to fill their bath. This was important because it was a walk-in bath and the person said they got cold sitting in the bath waiting for it to fill. We saw this issue had been formally recorded and responded to by the manager. A request for maintenance to fix the water pressure issue had been made and arrangements put in place to ensure the comfort of the person while this was being resolved. Relatives told us they would be confident to raise any concerns they had with the registered manager or deputy manager but had not needed to. People told us they were aware of how they could make a complaint should they need to do so. They said they could speak to the staff about any issues and all said the registered manager was approachable should they have any concerns.

Good

Is the service well-led?

Our findings

People said the service was well led. One relative of a person who lived at Lyndhurst told us, "I was so impressed with the set up at Lyndhurst from the beginning. I feel I can approach any one of the staff and the manager at any time." Another person commented, "It has the feel of a family home, just a well organised one. [Person's name] has told me they don't want to move and they are very happy there."

People who used the service, their representatives, and staff were asked for their views about the service provided and these were acted on. We saw that 'resident meetings' occurred which allowed people who used the service to have an opportunity to express their views about the service. It was also clear in care records that people's views were sought in the care planning review process. Staff told us they spoke to people individually about any matters relating to the service.

People and their relatives described the atmosphere at the service as 'happy' and 'relaxed'. The registered manager ensured people were at the centre of how the service was run; most feedback was sought by talking to people as well as the house meetings and use of quality surveys, which were available in an easily understandable format.

The registered manager took an active role within the service. This meant they were aware of the day to day issues that affected the delivery of care and support. The Royal Mencap Society promoted a set of positive values entitled 'Our Big Plan'. These focused on providing a people first service where equality and inclusion for all people was central. A newsletter was published regularly and made available to keep everyone of up to date with news and developments.

There were clear lines of accountability and responsibility within the service. For example people were supported by key workers who had oversight of their plan of care and responsibility for organising any external health appointments. Key workers also acted as the first point of contact for the person. One relative of a person who lived at Lyndhurst spoke positively about their family member's relationship with their key worker. They said, "[Person's name] keyworker is probably the best [person] has ever had. [Person] has been encouraged to do things they wouldn't have had the confidence to do before moving to Lyndhurst."

Regular staff meetings and supervision and appraisal systems were in place to support staff and provide an opportunity for open discussion. Staff said they felt well supported and considered the service to be well organised. Staff told us they could approach the manager to discuss the running of the home. They felt encouraged to raise any issues/ or ideas, and believed their contributions would be listened to .

Quarterly audits on areas such as infection control and quality checks on support plans were carried out by staff and management. Any highlighted issues or areas requiring improvement would result in an action plan with a clearly defined time frame. In addition, the registered manager had responsibility for producing a monthly compliance report. Management had a clear overview of where improvements were required. For

example, we discussed the replacement of flooring in an upstairs toilet. We looked at records which demonstrated management had requested the re-furbishment and we were contacted a few days after the inspection to confirm the new flooring had been installed.

We reviewed the records of accidents and incidents. Learning logs and incident sheets were completed giving detailed information when incidents and accidents occurred. Incident sheets were analysed on a monthly basis in order to highlight any trends or patterns.