

Country Court Care Homes 2 Limited

Lyle House

Inspection report

207 Arabella Drive
London
SW15 5LH

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07 July 2021

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Lyle House is a 'care home' and provides personal care with nursing for up to 70 older people. At the time of our inspection, there were 65 people living across four floors. Some people were living with early onset or moderate dementia.

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

People using the service and their relatives were extremely satisfied with the care and support they received at Lyle House. They felt safe living there and well looked after. They were supported by staff who were recruited safely into the home and we found there were enough staff employed to meet people's needs. We were assured that the provider had safe infection prevention and control procedures in place, including in relation to the management of COVID-19. People were supported to take their medicines in a safe manner and risks to people were managed well. Referrals to external health professionals such as nurses and physiotherapist were made where required and the appropriate equipment was used to support people.

Care plans were comprehensive in scope and were reviewed on a regular basis. People were supported to take part in activities that they enjoyed and personal life histories were considered when planning activities. The provider listened when complaints or concerns were raised and responded appropriately.

The service was well-led. The registered manager managed a service that had a culture of openness and of continuous learning and improving care. The provider understood the importance of carrying out regular quality assurance audits to understand how the service was running and where it could be improved. The views of people, relatives, staff and visiting professionals were sought and considered. The provider worked well with other agencies to ensure people received good care.

Rating at last inspection

The last rating for this service was good (published 27 July 2018).

Why we inspected

We received some safeguarding concerns following an anonymous whistleblowing. As a result, we undertook a focused inspection to review the key questions of Safe, Responsive and Well-led only.

We reviewed all the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for the Key Questions of Effective and Caring were used in calculating the overall rating at this inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Lyle House

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 Care Act 2014.

Inspection team

This inspection was conducted by two inspectors, a specialist advisor who was a registered nurse 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.

Service and service type

This service is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the CQC. This means they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since it had registered with us. We used this information to plan our inspection.

The provider completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with the three people using the service, four visiting relatives, the registered manager, an area manager, two deputy managers, an activities co-ordinator, five care workers and an administrator.

We reviewed a range of records. This included seven care records, four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including complaints, incident forms, policies and procedures were reviewed.

After the inspection

We spoke with six relatives of people using 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

- We were assured that people were safe and protected from abuse and unnecessary risk. People and their relatives said, "The people are kind and look after me well" and "She's safe, without doubt."
- There was a safety and safeguarding training module that staff completed to refresh their knowledge about safeguarding matters. Care workers were aware of the tell-tale signs of abuse and how to raise concerns, including whistleblowing. They said, "residents need to be treated as how I would want my mum to be treated", "If I saw staff abusing residents, I would go straight to manager or deputy. Details of the whistleblowing resources within the service were posted on the noticeboard."
- We discussed some safeguarding concerns that had been raised with the registered manager. There was evidence the provider worked with safeguarding teams and other agencies to investigate concerns.

Staffing and recruitment

- Staff were recruited in a safe manner, including checks on work history, eligibility and Disclosure and Barring service (DBS) checks. A DBS is a criminal record check that employers undertake to make safer recruitment decisions. This meant that staff were safe to work with people.
- New staff attended an induction and onboarding process which included training in areas relevant to their role. Staff knowledge was assessed and checked.
- People and their relatives felt there were enough staff working on each shift to meet their needs. Comments included, "I feel there are enough staff around the home" and "It seems to be well staffed."
- The provider used a dependency tool looking at people's support needs to work out safe staffing levels. The registered manager said the staffing levels were allocated to be consistently over the hours shown on the dependency tool.
- The registered manager regularly carried out analysis on call bell response times, these included testing as observing 'real' instances and some simulated ones. Analysis showed that the majority of calls were answered in under 2 minutes which was in line with the providers expectations.

Assessing risk, safety monitoring and management

- Risks to people were assessed and reviewed to see how they could be supported in a safe manner.
- Where people were at risk of malnutrition, meals were fortified to reduce risk. Staff told us, "We are aware of who needs special meals and we work with the dietician and speech and language therapy team." Care plans to support a healthy diet were in place and where there was an identified risk, people's food/fluid intake and their weight was monitored. People with diabetes had specific diabetic care plans in place and the kitchen was also aware of their dietary needs.
- Risks in relation to mobility were also considered. There were mobility plans and assessment in place,

included falls risks. The number of staff needed to support people and any equipment needed was recorded in care plans. Staff were advised to keep people as independent as possible whilst maintaining safety. Staff we spoke with described safe moving practice and the mobility equipment we checked was regularly serviced.

- People at risk of pressure sores had skin integrity care plans in place, this included how often they were to be repositioned and the equipment needed to manage the risk such as the appropriate mattress.
- Appropriate referrals to district nurse services such as SALT, podiatry and tissue viability nurses were made when required.

Using medicines safely

- Medicines were managed consistently and safely in line with national guidance. People received their medicines safely and as prescribed.
- Medicines were kept securely in a medicine room and locked trolleys, only authorised staff had access to medicines.
- Medicines were managed by staff who had received the relevant training and who underwent annual assessments of their competency. Staff were aware of good practice guidelines.
- Medicine Administration Records (MAR) contained sufficient information such as photographs and allergies of each person to ensure safe administration of their medicines. MAR sheets were completed accurately and stocks checked tallied with the balances recorded. MAR charts were properly maintained and completed. Medicines information was clearly and accurately recorded.
- There were checks of medicines and audits to identify any concerns and address any shortfalls. Staff followed the guidance in place on managing 'when required' medicines for each person and documented the reasons why they had administered the medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. We saw several instances of staff and visitors undertaking self-test before coming into the service.
- 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 the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The provider demonstrated a commitment to learning and improving when things went wrong. One staff said, "It's an open house. We feel quite free to speak about issues."
- The registered manager had introduced a lessons learnt document, demonstrating that incidents/accidents and complaints received were used as an opportunity to make improvements to the service.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this Key Question was rated as good. At this inspection, this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- We were assured that people received care in line with their wishes and staff supported them according to their wishes.
- Care plans were comprehensive and covered relevant areas that people needed help and support with. Each area of support had an identified need, planned outcome and how people could be supported to meet their outcome. A senior carer was responsible for reviewing care plans and a deputy audited them.
- Some people using the service were reluctant to be supported with regards to their personal care, there was guidance in place for staff to prompt and encourage people as much as possible but where they had refused, this is not always documented. We raised this with the registered manager at the end of the first day of the inspection, which he acknowledged. By the second day the provider had put in plans to ensure that moving forward, personal care records would be checked for completion and signed off by a senior carer or shift lead. We saw some examples of these checks completed for the days between our first and second day of the inspection and were satisfied with this response. The registered manager had also arranged refresher training in documentation for staff.
- We received positive feedback from relatives about the support their family members received, including "When [person] went in she was in a state of duress and Lyle House was like light at the end of the tunnel – they are very positive."
- We received extremely positive feedback about the activities provision on offer at Lyle House. Comments included, "There is a pub, cinema, dining experience room. Everything is tailor-made for [Person]", "[Person] has thrived since they have been there, participating in activities, bingo, parties, Euro football" and "The deputy manager got to know [Person] before they went there. The staff understand [Person] and that in their working life they were a [job role], so they help in that area at Lyle House."
- The activities co-ordinator told us they were in the process of completing life histories for people to enable them to arrange more person-centred activities. They showed us some completed examples of these records. This was also confirmed by relatives who said, "They are currently doing holiday memories so we are looking for past family holiday photos with names on", "We have done photos for the staff of the family and dog", "The staff have asked lots of questions regarding their life story, likes, dislikes, sensitivities" and "Copious notes were taken of [person's] life history, past enjoyments."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There were communication care plans in place for people with identified communication support needs. Where people were not able verbally communicate clearly, there were care plans to mitigate risks and help staff support people. Staff were familiar with communication needs of people using the service.
- The provider ensured information about the service being available in accessible formats for people. There were alternative versions of documents available to support people and to also help staff communicate effectively with people. For example, the welcome pack that people were issued with when they first began to live at Lyle House was available in alternate formats including Braille. Pictorial menus and common gestures were available to support people to make informed decisions about their food choices and other aspects of their daily living, choices. Common words in other languages were also available to staff.

End of Life Care

- The registered manager confirmed there were no people receiving end of life care at the time of the inspection.
- End of life care plans were in place, there was evidence that people were consulted about their needs and wishes should they reach the last stages of life.
- The provider worked with a local hospice to support people at the end of their lives.

Improving care quality in response to complaints or concerns

- The provider had an effective complaints procedure in place and responded when concerns were raised.
- Relatives told us, "I have no complaints. [The Registered manager] is very on the ball. I dropped him an email and he phoned back straight away" and "I met the manager and when I contact him with a concern he responds."
- Formal complaints received were documented and responded to in an appropriate timeframe following an investigation. These showed that the provider used complaints as a learning opportunity to try and prevent similar concerns from being raised. Trends were identified in the complaints received to try and gain a deeper understanding about issues raised.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was supported by two deputies and a team of senior care workers. In addition, there were separate hospitality, housekeeping and activities teams which meant that care workers could focus on delivering care to people. We received positive feedback about the registered manager from relatives and staff.
- The management team completed a number of observations and audits were completed to monitor the quality of service. For example, mealtime observations, call bell analysis, nutrition tracker, medicines audits.
- The area manager completed 'provider visit reports', a comprehensive quality check on a number of areas including care plans, infections, falls, complaints, safeguarding medicines amongst others. These were effective in identifying areas of improvement which were then subsequently actioned.
- The provider completed quality improvement analysis which was used to identify any trends in relation to pressure sores, nutrition, infections, safeguarding, compliments/complaints, incidents/accidents, CQC notifications staff development – includes trends and actions required also done in June. These were all reviewed by a senior manager.

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

- We were assured that Lyle House was well run. There was a calm, pleasant atmosphere in the home with interactions between people and staff relaxed and relating well.
- The registered manager fostered a culture that was open and inclusive. Comments included, "From the outset the manager has been so understanding", "I can't fault the manager, he has gone above and beyond. The staff are all very welcoming and they recognise you. Nothing is too much trouble", "The manager is amazing and has done a brilliant job, he runs a tight ship" and "Everyone is friendly and like a big family."

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

- The registered manager was aware of his responsibilities under duty of candour. He demonstrated this in practice, writing to complainants apologising when things went wrong.

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

- The provider sought the views of a wide range of stakeholders which helped to identify any areas of

improvement.

- Relatives told us their views were considered when developing care plans and also as part of the providers ongoing quality assurance checks. They said, "[Staff] asked me what [person] liked and disliked, we were involved in the care plan", "We sat down and talked through the care plan. Staff talk with us and we received a questionnaire", "I get a phone call every two weeks with updates" and "I have had a questionnaire recently and I get a monthly call from the floor giving me updates on incidents, shopping needs."
- Regular meetings were held with both the general and senior staff, these were used to pass on any new information and to receive feedback from the staff team.
- The views of people, staff, relatives and healthcare professionals was sought through feedback surveys. The most recent one had been done in July and the provider was analysing the feedback received at the time of the inspection. The previous one was completed in February. People and relatives were asked for their views with regards to staffing, quality/choice of food and their support needs. The feedback from people, relatives and visiting professionals were all positive. The staff feedback surveys brought up some areas for the provider to consider in relation to staff rotas and training, the registered manager confirmed that these had been acted upon.

Working in partnership with others

- The provider was proactive and open to working with external partners to ensure people received good care.
- Relatives told us that professionals were involved as partners in supporting their family members. One relative said, "The Care Plan was with a social worker and I attended a couple of meetings."
- The provider was open and actively encouraged joint partnership working. The registered manager gave an example of partnership working with physiotherapy students from University supporting with regards to moving and handling needs.
- The provider made appropriate referrals to external healthcare professionals such as district nurses, the care home InReach team and The Behaviour and Communication Support Service if needed.