

Glenfield Care Limited

Lyncroft Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 15 November 2016 and was unannounced.

There is a requirement for Lyncroft to have a registered manager and a registered manager was in place. 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.

The service is registered to provide residential care for up to nine people who have a learning disability or who are on the autistic spectrum. At the time of our inspection eight people were using the service.

Risks to people's health and safety, including risks if there was a fire, were not consistently identified. In addition, risks to people's health conditions and actions to reduce those risks were not always identified in care plans and risk assessments. Guidelines to ensure the safe management of medicines were not always followed. Medicines were not always disposed of when they were out of date and the effectiveness of medicines could not be confirmed as no record had been made of how long they had been open for. Other medicines were seen to be managed and administered safely.

Staff recruitment practices did not record all checks on people's suitability to work at the service had been completed prior to them starting work. This included records to confirm staff had a satisfactory criminal records check in place before starting work. In addition, not all staff had been asked about their health prior to starting their employment nor had people's employment history been checked to ensure any gaps had a satisfactory explanation.

Systems were not effective at identifying shortfalls in the quality and safety of services provided. Audits were not comprehensive and did not identify how compliance was measured. Policies and procedures did not ensure the services provided met with the requirements of the current Health and Social Care Act 2008. Records for the management of the service were not always well organised.

The registered manager had not fully applied the principles of the Mental Capacity Act (MCA) 2005 to people's care, support and decision making. Staff checked people consented to their day to day care and support, however not all staff had a full understanding of the MCA and DoLS and how it applied to people's care.

Staff had training on how to safeguard people and people and families told us they felt cared for safely.

People made choices from healthy, nutritious food and drink menus. People received effective care for any health conditions and had access to specialist health professionals when required.

Staff were thoughtful and caring, and supported people to maintain their dignity and independence. People were supported to develop their confidence. People's views were sought and respected and they were involved in planning their own care.

People received personalised and responsive care as staff understood their needs and preferences. People contributed to their care planning and were asked for their views at regular meetings and by completing questionnaires.

The registered manager was supported by a enthusiastic and caring staff team. Staff were motivated and understood their roles and responsibilities.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the end of the full report.

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 not safe.

Risks, including those associated with medicines, people's health and their environment were not always identified and managed to promote people's safety. Not all checks were completed to help ensure people working at the service were safe to do so. Staffing levels met the needs of people using the service. Staff understood and had been trained in safeguarding people.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

The principles of the MCA were not fully applied to people's care where people lacked the capacity to make decisions. Staff received training in areas relevant to people's needs. People received support from external health professionals when required. People enjoyed their meals and received healthy and nutritious food and drink of their choosing.

Requires Improvement ●

Is the service caring?

The service was caring.

People were supported by thoughtful and caring staff. People's views and opinions were respected and people were involved in planning their own care. Staff respected people's privacy and promoted their independence.

Good ●

Is the service responsive?

The service was responsive.

People's preferences were understood by staff and people maintained relationships with those that were important to them. People could raise concerns and suggestions. People received responsive and personalised care.

Good ●

Is the service well-led?

The service was not well led.

Requires Improvement ●

Systems and processes were not effective in checking and improving the safety and quality of services provided. The service did not have policies and procedures to ensure care was provided to meet the current regulations. The registered manager was supported by a motivated and supportive staff team. The service was managed with an open and approachable leadership style.

Lyncroft Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 was unannounced and took place on 15 November 2016. The inspection was completed by one inspector and a specialist professional advisor. Their area of specialism was in learning disability nursing and care home governance.

We spoke with three people who used the service. We also spoke with three relatives of people. We spoke with two members of staff and the registered manager. We looked at seven people's care plans and we reviewed other records relating to the care people received and how the home was managed. This included some of the provider's checks of the quality and safety of people's care, staff training and recruitment records.

Is the service safe?

Our findings

Procedures to reduce risks from fire were not consistently followed. This was because the registered manager was aware a fire door had been routinely propped open; they told us they ensured the door was closed at night. Fire doors are designed to close and offer protection in the event of a fire; this fire door was ineffective as the door had been propped open. Alternative methods are available to safely hold open fire doors, such as ones that close automatically on activation of the fire alarm. The registered manager agreed to keep the fire door closed and review other safer methods of holding open the door if needed.

In addition, we found some doors had incomplete fire strips fitted. These fire strips are designed to prevent smoke and fire spreading into a room in the event of a fire. This meant that people had not been fully protected from the risks associated with a fire.

Although the registered manager told us fire drills were practised and people knew how to evacuate the building, personal emergency evacuation plans (PEEP's) were not in place. PEEP's help to reinforce the actions to take in to keep people safe should there be a need to evacuate the building. We discussed this with the registered manager who agreed to implement individual PEEP's.

Medicines and equipment were not always managed safely. We found a digital thermometer and five homely remedies were out of date. Homely remedies are medicines that can be obtained without a prescription to relieve minor ailments, such as coughs and colds. When medicines are out of date their effectiveness may become impaired. In addition, dates of opening had not been recorded on three creams. This meant the provider could not be assured they would be disposed of, in line with any guidance. This meant that the correct and proper guidelines for the safe management of medicines were not being followed.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider's policy for staff recruitment did not reflect the requirements of the Health and Social Care Act. Nor did it provide a procedure that ensured all the required checks for people who applied to work at the service would be completed. Checks used during staff recruitment help providers make judgements as to whether people are of suitable character and are safe to work with the people using the service. Providers are required to ensure staff are recruited safely with evidence of completed and returned Disclosure and Barring Service (DBS) checks. The registered manager told us they checked staff had a DBS check when they started employment. However, they had not retained any record of this. The registered manager had completed their own DBS checks, however these had not been completed until people had been working at the service for some time. For one person there was a gap of over a year and for another person a gap of two months. We found the registered manager had not always checked people's employment history to ensure any gaps in their employment had satisfactory explanations. In addition, they had not always obtained satisfactory information about people's health and whether any adjustments were needed to ensure their capability to care for people. The registered manager could not assure us the required checks had been

completed as part of staff recruitment processes. This meant not all assurances were in place to ensure people working at the service had been checked to ensure they were safe to do so.

This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although risk assessments were in place for some areas of people's care and support, these did not always identify all risks. This was because some people had health conditions, such as dementia, that had not been assessed. Another person's care plan identified they had eye drops for glaucoma, however there was no separate risk assessment for this condition. Having people's needs identified and assessed in care plans and risk assessments helps to keep them under review and identify any changes in people's conditions. We discussed risk assessments with the registered manager who agreed to review people's care plans and risk assessments to ensure they were comprehensive.

Other risks in relation to the premises were completed. For example we saw up to date tests had been completed for legionella safety. Procedures were also in place to record accidents and incidents; however no accidents or incidents had occurred since our last inspection.

People told us staff supported them to take their medicines. One person told us, "If I'm a bit poorly I can have paracetamol to help." One family member told us they were happy with how their relative was supported to have their medicines because staff, "Do check they've taken them." Staff had completed medicines administration record (MAR) charts whenever medicines had been administered to people. Medicines were kept safely, however an improvement was needed to ensure the levels of security met with guidance. This was discussed with the registered manager who confirmed this improvement would be made.

People told us they felt safe. One person said, "I know staff and I feel safe here." Families we spoke with shared this view. One family member told us they felt their relative was safe as, "All the carers are lovely." Records showed people were asked if they had any concerns when their care and support was reviewed with them. In addition, regular meetings involving all people at Lyncroft included a section where people were asked if they had any worries.

Staff understood how people could be at risk from abuse and told us what actions they took to ensure people were properly safeguarded. For example, staff told us receipts were always kept for any purchases people made. They told us this helped to ensure people's finances were kept safely and accounted for. Staff told us, and records confirmed they had been trained in safeguarding. They were able to tell us how they would raise any concerns about people's safety or wellbeing should they need to. The provider had taken steps to ensure people were protected from abuse.

People told us staff were always available to help them. One person told us, staff were, "Always," available, including at night time. Families told us staff were always present whenever they visited. The registered manager said staffing levels were planned so people could be supported to be active in the community. They told us there was enough staff available for people to choose whether to go out in the community or stay at home. During our inspection we saw the numbers of staff available enabled people to choose to do different things. Some people chose to go out and some people chose to stay at home. In addition, staff had time to spend time talking and sharing activities with people. Sufficient staff were deployed to meet people's needs safely and provide the support they required.

Is the service effective?

Our findings

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 they are appropriately supported to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be made in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can 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 whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection the provider had identified which people required an assessment for DoLS. They had applied for five people and told us they were making a further three applications. However not all staff were aware DoLS applications had been made for people. Records confirmed staff received training on the principles of the MCA and DoLS.

Where people may not have capacity to make a decision, the registered manager was not able to demonstrate that any decisions relating to their care would follow the principles of the (MCA). Care plans did not contain evidence of any best interest decision making in areas where people lacked capacity to consent to their care and treatment. We discussed this with the registered manager who agreed to review people's care to ensure any decision making followed the principles of the MCA.

People's consent for their day to day decisions was sought by staff before they provided any care or support. For example, people were asked whether they wanted to go out with staff or stay in. For those people that chose not to go out with staff, their decision was respected. Staff told us they would try and give everyone the best possible chance to make a decision. They provided examples of when they would bring in holiday brochures for people to look through and talk about the places they were interested in visiting. People were asked for their consent and given choices over their care.

One family member told us, "I don't think [staff] could improve anything; they're brilliant with them [people]." When we spoke with staff they demonstrated they understood the needs of people and told us about the training they had completed to help them work effectively. This included, moving and handling and medicines training. Records confirmed staff had completed training to help them care for people effectively. Staff and the registered manager had identified where they needed additional training, such as in dementia awareness. The registered manager told us dementia training would be arranged so staff could develop their knowledge about people's developing needs.

Staff told us they felt supported by the registered manager and their colleagues. One staff member said, "We have a very good support team; we all work to support one another." Staff told us they had regular contact with the registered manager for support. Records showed supervision meetings with staff reviewed their performance. This showed staff had relevant skills and knowledge and were supported to meet people's

needs effectively.

People told us they were given different choices of food and they enjoyed their meals. We saw people enjoyed a social dinner time together and their different food choices were respected. One person told us, "I wanted a ham sandwich and I had that." People were asked if they wanted anything more to eat and were given drinks throughout the day. People were supported to receive nutritional food and sufficient drinks of their choosing.

One person told us they saw, "The doctor in the village," when they needed. Families told us staff supported their relatives' health care needs well. Records showed people accessed appropriate healthcare services when needed, for example one person's records showed they had recently seen the nurse, dentist and optician. This meant people received appropriate care and support for their health and care needs.

Is the service caring?

Our findings

People shared fun and laughter with staff throughout the day and were at ease with each other and with staff. Families we spoke with told us they felt the service was very homely. One family member told us, "It's like a little family here; it's lovely." Another family member told us, "All the staff are caring."

Staff spoke with enthusiasm about the people they cared for. Their comments included, "It's about them [people living at Lyncroft], that's why I come to work; I love my job. I care for these [people] like my own; I'm here for them," and, "I love each and every one of [these people]; if I [needed care] this is where I'd want to go."

Staff paid particular attention to building positive relationships with people. One staff member told us how they had spent time with a person compiling an album of their special memories and photographs. They also told us how they sat up with a person on their first night at the service, as they did not want to go to bed. They told us how another person had grown in their confidence to talk with people and take part in activities. We saw this reflected in a recent review of the person's care. Records stated, "[Person] is a lot more outgoing now than ever before and doing really, really well." Staff told us they felt, "Being there," for people when they needed them helped to build positive and trusting relationships. People were supported by staff who were thoughtful and caring and who went to particular effort to reassure people and build their confidence.

People were involved in planning their care and their views were respected by staff. Two of the people we spoke with showed us how they had been involved in planning their care and support. They showed us the care planning documents they had produced with staff. For one person, this included their comments on their care and support, such as, if they enjoyed going out with staff, or liked to cook with staff. Another person had produced a booklet with pictures and a written description that covered their care support needs. The service used flexible and creative ways to ensure people were involved in planning their care and support.

People were supported to develop and maintain their independence. Care plans identified what people needed support with and identified how to promote people's independence. One person told us they just needed staff to, "Put the shower on." They also told us how they would help with the laundry and would tidy their room on their own. Family members told us how their relatives had been supported with their independence. One family member told us staff helped their relative maintain their independence with medicines. Staff promoted people's independence and dignity.

Staff respected people's privacy and dignity. The registered manager asked people if they could go into their rooms when they needed to check the lights were working. One family member we spoke with told us, "[Staff] always knock on the door," so as to check the person was happy for them to enter their room. During our visit people spent time in their own private bedrooms as well as in or in the main lounge areas. People's privacy was respected by staff.

Is the service responsive?

Our findings

People we spoke with told us about the things they enjoyed doing. For one person this included having their hair done, art and craft activities and going to the library. They showed us their most recent library books and told us they enjoyed reading them. They also showed us the things they had bought when they went to the shops during our inspection. Another person spoke with us about their interest in jigsaw puzzles. They told us staff were going to help them frame their latest jigsaw puzzle and put it up on the wall for them.

Some people spoke with us and showed us some of their special pictures and belongings. From these discussions, we could see people were supported with their interests and hobbies. For example, staff had supported one person to visit the set of a popular soap opera they enjoyed watching, and had mementos of the visit in their bedroom.

Staff knew people's interests and hobbies and took steps to support and encourage these. For example, staff told us they brought in history books and sat and reminisced with one person who had a special interest in history. They told us another person was supported with their knitting and we saw this person enjoyed knitting during our inspection. We also saw that regular meetings with people discussed their preferences and aspirations. For example, people had expressed they wanted to visit a specific place for Christmas. People we spoke with confirmed staff had arranged this for them and they were looking forward to the trip. Staff listened to people and what they were interested in and helped to support those interests.

Families we spoke with told us they were free to visit at any time. One family member told us, "I can come anytime." We saw one person was visited by their family member during our inspection and enjoyed a trip out with them. People were supported to maintain relationships that were important to them.

Families we spoke with told us they were invited, along with their relative to contribute and agree to how any care and support should be provided. One family member told us they had recently contributed to their relative's review of care. Records showed reviews of care were held and supported people and, where appropriate, their relatives to contribute. For example, we saw care plans included letters from people expressing their views and preferences. Care plans also included people's views on their care and support, written in their own words. For example, one person's communication care plan stated, "[Person] said that if they needed anything they would speak to a member of staff." This showed the care plan had been discussed with the person and their understanding of it had been recorded.

People we spoke with and their families, told us they had no concerns or complaints about the service. However, should they need to, they told us they would feel confident to raise any issue with any member of staff or the registered manager. We saw that people were asked at their regular residents' meetings whether they had any concerns. The registered manager told us no complaints had been received; however the complaints procedure was out of date and we made the registered manager aware of this.

Is the service well-led?

Our findings

Policies and procedures were not up to date, for example they referred to standards that became obsolete when the Health and Social Care Act 2008 was introduced. The registered provider and the registered manager have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. We were concerned that policies and procedures for the service had not been updated to support the current Regulations.

During our inspection, we reviewed records relating to the care people received and how the home was managed. Records for the management of the service were not always well organised. For example, there were two fire risk assessments. This meant it was unclear as to which fire risk assessment was being kept up to date.

Audits were not always effective at identifying shortfalls in the quality and safety of services. For example, audits of the premises had not identified gaps in the fire strips on doors. Other areas of practice had not been identified as requiring improvement because systems and processes designed to identify improvements were not in place to audit these areas. For example, the provider's policies had not been audited to ensure they met with the current Regulations.

In addition, audits were not comprehensive and did not clearly identify how compliance was measured. For example, the medicines audit recorded, 'no missing signatures for MAR charts,' but did not ensure other areas of medicines management were audited. For example, that dates had been recorded for when creams had been opened or checks to ensure any out of date medicines were identified and disposed of. Nor had they identified the digital thermometer was out of date. This meant that systems and processes designed to assess, monitor, improve the quality and safety of services and mitigate risks relating to the health, safety and welfare of people were not effective.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

Lyncroft is required to have a registered manager and a registered manager was in place. The registered manager was aware when statutory notifications were required and had submitted them when required. Notifications are changes, events or incidents that providers must tell us about. The registered manager was supported by a motivated and enthusiastic staff team. Staff we spoke with told us they enjoyed their role and enjoyed working at the service.

People told us the registered manager was approachable and open. One family member told us, "I feel like I could approach [the registered manager]; they've been really helpful." During our inspection the registered manager spent time with people and with staff. People and families told us the registered manager would regularly spend time with people individually. The registered manager told us this was so people had regular opportunities to speak directly and openly with them. The service was managed with an open and approachable management style.

People's views and experiences were regularly gathered through residents' meetings and reviews of their care and support. The feedback we read was positive and confirmed people's choices were respected. Meetings also provided staff with opportunities to share views and agree actions to improve the service. The service sought people's views and experiences with a view to identifying improvements and developments.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Not all steps to reduce risks to people were taken, including the risks associated with medicines.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Policies and procedures were not up to date. Other records were not always up to date. Systems and processes to identify shortfalls in the quality and safety of services and to ensure improvements were not always effective.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Not all the requirements in relation to the recruitment of staff were followed.