Lyngate Healthcare Ltd

Lyngate Care Home

Inspection report

236 Wigan Road
Bolton
Lancashire
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Tel: 0120462150

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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?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 25 April 2017 and was unannounced. Lyngate Care Home is registered to provide accommodation for up to 41 adults requiring personal care. At the time of the inspection there were 26 people using the service. The home is situated on a busy main road in the Deane area of Bolton. There are car parking facilities to the rear of the building and there is good access to local amenities.

The last inspection was undertaken in August 2016. During that inspection we found multiple breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 with regard to staffing, safe care and treatment, meeting nutritional and hydration needs, need for consent, dignity and respect, person centred care and good governance.

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. There was a registered manager in place, but they were currently on sick leave and had given their notice. The service were planning to advertise the post internally. In the meantime the operations manager and care manager were undertaking all management duties.

People we spoke with said they felt safe at the home. Staffing levels were sufficient to meet the needs of the people who used the service and they were now using a dependency tool to calculate staffing levels based on need. There were medication systems in place to ensure that people who used the service received their medicines as prescribed and medicines were ordered, stored and disposed of safely.

The service had a robust recruitment system which helped ensure people employed were suitable to work with vulnerable people. Safeguarding procedures were in place and staff had undertaken training in this area and were able to demonstrate a good understanding of the issues.

The latest infection control audit had highlighted areas which were below standard and required improvement. The service was working on an improvement plan to help raise standards.

The induction programme was appropriate and staff received training and shadowing experience. Staff spoken with confirmed they had opportunities for training and development and we saw an on-going programme of training. A new supervision schedule had been implemented and supervision sessions were being completed on a regular basis.

People's nutritional needs were recorded and met appropriately. There was a good choice of food and drink and we observed friendly, respectful interactions when meals were being served.

The service were working within the legal requirements of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS).

We saw that staff were kind and courteous with people who used the service. Staff were clear about their roles and demonstrated a good understanding of the people they cared for.

People's dignity and privacy was respected and they were encouraged to be involved in care planning and reviews. Residents and relatives meetings were held and this gave people further opportunities to be involved in aspects of the service delivery, such as menu choice and activities.

Care plans were person-centred and included a range of information around people's health and personal preferences, background and interests.

There were a range of activities on offer and the service were considering suggestions from people who used the service for future outings.

The complaints procedure was clearly displayed and concerns and complaints dealt with appropriately. The service had received a number of compliment cards from relatives of people who used the service.

The management team were described as approachable and supportive by staff. However, the operations manager was a new addition to the staff team and a new registered manager had not yet been appointed. Therefore, although there were clear improvements in leadership, there was not yet evidence to show sustainment in this area. Staff were supported by regular supervision sessions and team meetings.

Surveys were sent out to seek opinions of people who used the service, relatives and staff. The results were used to continually improve the service.

A number of audits were undertaken to help ensure quality of service delivery. The provider and the operations manager were involved in a number of local groups to enable them to keep up to date with best practice and current guidance.

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 we spoke with said they felt safe at the home. Staffing levels were sufficient to meet the needs of the people who used the service. There were appropriate and safe medication systems in place.

The service had a robust recruitment system which helped ensure people employed were suitable to work with vulnerable people. Safeguarding procedures were in place and staff were able to demonstrate a good understanding of the issues.

The latest infection control audit had highlighted areas which were below standard and required improvement and the service was working on an improvement plan to help raise standards.

Is the service effective?

Good

The service was effective.

The induction programme was appropriate staff had opportunities for training and development. Supervision sessions were being completed on a regular basis.

People's nutritional needs were recorded and met appropriately. There was a good choice of food and drink and we observed friendly, respectful interactions when meals were being served.

The service were working within the legal requirements of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring.

Staff were kind and courteous with people who used the service. Staff were clear about their roles and demonstrated a good understanding of the people they cared for.

People's dignity and privacy was respected and they were

encouraged to be involved in care planning and reviews. Residents and relatives meetings gave people further opportunities to be involved in aspects of the service delivery.

Is the service responsive?

Good

The service was responsive.

Care plans were person-centred and included a range of information around people's health and personal preferences, background and interests.

There were a range of activities on offer and the service were considering suggestions from people who used the service for future outings.

The complaints procedure was clearly displayed and concerns and complaints dealt with appropriately. The service had received a number of compliments.

Is the service well-led?

Requires Improvement

The service was well-led

The management team were described as approachable and supportive by staff. However, this team had not been in place for long enough to evidence whether this could be sustained long term. Staff were supported by regular supervision sessions and team meetings.

Surveys were sent out to seek opinions of people who used the service, relatives and staff. The results were used to continually improve the service.
A number of audits were undertaken to help ensure quality of service delivery.

The provider and the operations manager were involved in a number of local groups to enable them to keep up to date with best practice and current guidance

Lyngate 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 checked 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.

The inspection took place on 25th April 2017 and was unannounced. The inspection team comprised of two adult social care inspectors from the Care Quality Commission (CQC).

Prior to the inspection we looked at information we had about the service in the form of notifications, safeguarding concerns and whistle blowing information. We also received a provider information return (PIR) from the provider. This form asks the provider to give us some key information about what the service does well and any improvements they plan to make.

Before our inspection we contacted Bolton local authority commissioning team to find out their experience of the service. We contacted the local Healthwatch to see if they had any information about the service. Healthwatch England is the national consumer champion in health and care. We also contacted the local safeguarding team and health and social care professionals who regularly visit the service. This was to gain their views on the care delivered at the home.

During the inspection we spoke with five people who used the service and a visitor. We also spoke with one professional visitor and contacted others who used the service regularly to gain their views. We spoke with the operations manager, five members of staff, including care staff, kitchen staff, and the activities coordinator. We reviewed records at the home including three care files, three staff personnel files, meeting minutes, training records, health and safety records and audits held by the service.

Good

Is the service safe?

Our findings

We asked people if they felt safe at the home and they told us they did. Feedback from the service user survey in April 2017 was positive with one comment stating, 'I do what I want to do knowing I am safe and well cared for'.

We looked at three staff personnel files and saw a safe system of recruitment was in place. The recruitment system was robust enough to help protect people being cared for by unsuitable staff. The staff files contained a written application form, references and other forms of identification. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with vulnerable people. One of the DBS records we looked at was from 2004. We discussed with management that it would be good practice to renew DBS checks every three years and they agreed to consider this.

Although a member of care staff had rung in sick, staffing levels were sufficient on the day of the inspection to meet the needs of the people who used the service. In the event of being a member of staff down, the service would try to cover this from their existing staff or regular agency staff. Failing this, the operations manager and care manager filled in with hands on care when necessary. We saw that a new dependency tool had been implemented to help ensure staffing levels were appropriate at the home. The dependency tool was evident within the care files we looked at.

Since the last inspection we saw that daily walk rounds had been implemented. These identified whether call bells were within reach so that people were able to summon assistance when required.

Safeguarding policies and procedures and a whistle blowing policy were in place and we saw that safeguarding training had been undertaken by staff at the home. We spoke with staff who demonstrated a good understanding of safeguarding issues and how to record and report any concerns. They were aware of the whistle blowing policy and how to report any poor practice they may witness.

We saw the infection control procedures were in place and a recent audit by Bolton Infection Control team rated the service at 69%, which was an amber rating, meaning a significant number of actions were required to improve in this area. The operations manager had completed an internal infection control audit on 28 March 2016 scoring 53%, which was a fail. The service were currently working on an improvement plan to help ensure infection control standards were raised immediately.

Infection control was an essential part of the staff training programme and further training had been booked for May 2017. We saw staff wore protective clothing such as disposable gloves and aprons when carrying out personal care tasks. This helped to eliminate the risk of any cross infection. Hand sanitizers were situated around the home and liquid soap and paper towels were available in bathrooms and toilets.

There was a policy in place referring to the safe administration of medicines. We looked to see how the medicines were managed. The service used the Biodose system. This is where medication is stored in a

sealed pod. Each pod contained either tablets or liquid. There was photographic identification on the front of each person's tray, this helped minimise medicines mistakes. We saw medicines were checked before being offered to people and then recorded on the individual's medication administration record sheet (MARs). We saw medicines including controlled drugs were securely stored. Controlled drugs were recorded in the controlled drugs register and these had been signed and countersigned when administered, as required.

We looked around the building and in several bedrooms that were currently occupied. We found the home to be clean and fresh. The operations manager confirmed that there was a rolling programme of refurbishment planned and this included bedrooms and communal areas.

A recent visit from Greater Manchester Fire and Rescue Service highlighted some minor concerns. On the day of our inspection we found that all areas of the report had been addressed. We saw records of weekly checks of fire equipment and tests of fire alarms and call points. The records were complete and up to date. Emergency lighting, fire exits and hot water were also checked on a weekly basis.

General and individual risk assessments were complete and up to date. We saw gas safety certificates, maintenance records for the passenger lift, records for servicing and maintaining lifting equipment and electrical installation safety. All records were complete and up to date.

Good

Is the service effective?

Our findings

We looked at the three staff files. We saw that new members of staff completed a comprehensive induction and essential training for example moving and handling, caring for people living with dementia and safeguarding. Staff spoken with confirmed they had opportunities for training and development and that the induction programme was robust.

There was a new supervision schedule and supervision sessions were now being undertaken on a regular basis and appropriate records completed. Supervision meetings help staff to discuss their progress at work and any learning needs they have. Records showed that staff also received annual appraisals from the management team. Staff spoken with confirmed they had received a supervision meeting. We saw evidence that the operations manager had planned supervisions and appraisals for all staff throughout 2017.

We checked to see if people were provided with a choice of suitable nutritious food and adequate hydration to ensure their health care needs were met. We spoke with the cook who confirmed there was always an ample supply of fresh and dried food including fresh milk, fruit, fish and meat. The cook had a good understanding of the importance of fortified diets and any special diets required.

We spoke with the assistant cook who helped serve people with their meals. The assistant cook told us this provided her with the opportunity to see how people enjoyed their meal. The operations manager, with the input from people who used the service and staff, was currently devising new menus and these were to be displayed on each table.

One person who used the service told us, "The food here is not bad at all". Another said, "The food is all very nice. You can choose what you want".

We observed a flexible time for breakfast was offered and people had the choice of a cooked breakfast or cereals and toast. Lunch was the main meal of the day and people spoken with said they had enjoyed their lunch. The mealtime experienced was relaxed and unhurried. There was good staff interaction with people during the meal. The dining tables were nicely set. For those people who required assistance with their meal we observed this was done in a discreet and sensitive manner.

Since our last inspection there had been changes to the dining area. Previously people were sat in different areas of the home which made it difficult for staff to serve and assist people. The operations manager explained that the changes meant that for most people they came into the dining room for meals. This also meant this encouraged and promoted peoples mobility and mealtimes became a more sociable time for people to chat. People's preferences of where they ate their meals were adhered to.

Records showed staff recorded what people had eaten and drank throughout the day. This helped to ensure that people were having sufficient amounts of food and fluid and to monitor weight loss or excessive weight gained. Where concerns had been raised with regard to risk of inadequate nutrition actions were taken and referrals to the dietician or Speech and Language Therapy team (SALT) had been made as required.

The care records showed people had access to external health and social care professionals, such as GPs community nurses and specialist nurses. We saw that a meeting with the operations manager and the district nurses had taken place in March 2017. This introduced the new operations manager to the team and gave the operations manager a clear overview of the care and support the team were providing at Lyngate.

During the inspection we spoke with one of the district nurses who told us, "The staff are very proactive and enthusiastic and we are now working more closely together. There is a new handover sheet in place to help ensure we are all clear about what is being done and needs following up. There has been an improvement in making appropriate referrals and following advice".

The home provided care and support for people living with early onset of dementia. There was some signage around the home to help people with orientation around the home. The operations manager told us the lay out of the home was not suitable for people with advanced stages of dementia and they were clear about the people they could and could not accommodate to ensure care needs were met appropriately.

There was a consent policy in place and care records we looked at showed people, where possible had given their consent to any care and treatment provided. Where people were deemed as not having capacity to agree to their care and treatment this had been discussed with relatives and reasons as to why they had been consulted were recorded.

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.

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. There were appropriate up to date policies in place. We saw that mental capacity was considered when required and decisions made in people's best interests if capacity was an issue. DoLS authorisations were sought appropriately and renewed as required and records were complete. Records showed that staff had undertaken training in MCA and DoLS and those we spoke with demonstrated a good understanding of the principles of MCA and the importance of having DoLS in place when required.

Good

Is the service caring?

Our findings

We spoke with people who used the service about the care they received. One person said, "They are doing everything I need. They make sure I'm alright every day and are respectful". Another told us, "All the girls are pleasant".

Staff roles and responsibilities had recently been defined with the arrival of the operations manager. Staff we spoke with were clear about their roles and responsibilities. One staff member when asked about their job said, "I enjoy it, it's fun". Another said, "I love it, I actually love coming in each morning. It's so pleasant". The operations manager told us there were plans in place to have champions amongst the staff for areas such as dignity, safeguarding and infection control. They felt this would help staff feel more valued and give them focus.

The operations manager had an overview of all aspects of the service and often provided care when required. The main tasks of ensuring the care needs and support to people who used the service was the responsibility the care manager. We saw from care plans we looked at that people and their relatives, where appropriate, were included in care planning and reviews.

We saw people looked well groomed, well cared for and wore clean and appropriate clothing. Ladies had their hair done and gentlemen were clean shaven if this was their choice. We noticed that attention had been given to nail care.

Discussions with staff showed they had a good understanding of the needs of the people they were caring for. Staff told us they helped and supported people to maintain their independence. We saw that the staff respected and attended to their needs discreetly. We found the atmosphere within the home was friendly and relaxed. There was a respectful rapport with staff and people who used the service. We observed that a person whose friend was visiting was asked if they wanted their friend to remain or leave whilst they had some minor health checks. This demonstrated a commitment to preserving dignity and privacy.

We asked the operations manager how they provided information to people who wished to use the service and their relatives. The service user guide was under review adding the new staffing structure and changes that had recently occurred.

We saw evidence of residents and relatives meetings which had been held. This gave people the opportunity to put forward suggestions, raise concerns and discuss issues at the home. Discussions had been held about outings, daily activities, food preferences and menus.

We asked the operations manager to tell us how staff cared for people who were very ill and at the end of their life. We were told the home was not currently providing end of life care to people. The operations manager told us the priority was to address the service improvement plan in place then moving forward would be looking at training for staff using the Six Steps end of life training programme.

Good

Is the service responsive?

Our findings

We asked people who used the service if the service was responsive. One person told us, "If I ask for something they get it for me". We looked at the care records of three people who used the service. The operations manager told us the care records were being reviewed and streamlined. We were provided with a new style care record as well as the original care records which were still working records.

The new care records were seen to be person centred and easier for staff to find information. The records contained sufficient information to guide staff on the care and support to be provided. We saw the care records were reviewed regularly to ensure the information was up to date and reflected the person's current support needs. The records also included observation charts, position change charts, checks on skin condition and records of creams applied.

We spoke with the activity coordinator and looked to see what activities were provided for people. The activity programme was displayed. Activities included entertainers, board games, gentle exercises, quizzes, sing-alongs, conversational ball and arts and crafts. We saw that there were regular communion services and visits from the local clergy for those who wanted this. On the day of the inspection people were seen enjoying playing games of bingo. One person who used the service said, "I join in everything that's going. I like Zumba and we have our quiz on Monday and picture bingo".

Notes from the residents meetings showed that people who used the service had been asked about activities and trips out; suggestions included reinstating the barge trip and maybe a visit to Blackpool illuminations. For some people those trips may be too adventurous and suggestions had been made about taking people in the home's mini bus to more local places, for example nearby garden centres.

We saw and staff told us they had enough equipment to meet people's needs. This included wheelchairs, walking aids and hoists. Suitable adaptations were in place such as grab rails and assisted bathing facilities to help promote people's safety, comfort and independence.

The complaints procedure was displayed and we saw the provider had a clear procedure in place with regards to responding to any complaints and concerns. People we spoke with told us they had no complaints. Feedback from the service user survey in April 2017 was positive with one comment stating, 'Don't really know who to make a complaint to but I have never had any complaints'.

We saw that the service had received a number of compliment cards from relatives and comments included; 'Thank you to all the staff for looking after [person] so well, he appreciated the care you gave him and so did we".

Requires Improvement

Is the service well-led?

Our findings

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. There was a registered manager in place, but they were currently on sick leave and had given their notice. The service were planning to advertise the post internally. In the meantime the operations manager and care manager were undertaking all management duties.

On arrival we were met by the operations manager who was quite new to the service. Along with the care manager he had begun to make positive changes to the service and we found staff morale to be much improved. The operations manager demonstrated a confident, capable and knowledgeable approach to running the service. However, this management team had not been in place for long enough to evidence whether this could be sustained in the long term.

Comments from staff included; "He's [operations manager] like a breath of fresh air, he makes decisions which benefit staff and people who the use the service. It's a pleasure to come to work now; the atmosphere within the home is great"; "He's great I hope he stays"; "He [operations manager] is an absolute gem. If I have a problem I am quite happy to speak to him". A visiting health professional we spoke with told us, "[The operations manager] has a willingness to make changes. He keeps staff morale in a good place which benefits people who are living here".

We asked staff if they felt morale had improved. One staff member said, "Yes, there is a lot of team work and banter. It doesn't feel like work, I smile when I come to work, it's fun". Another told us, "My colleagues are brilliant and that's what you need. The management are very nice and very approachable".

Handover meetings were undertaken at the start of each shift to help ensure that staff coming on duty were fully updated of any changes in a person's condition and subsequent alterations to their care plan was properly communicated and understood.

A new schedule for staff supervisions had been implemented to help ensure staff were fully supported within their jobs. We were told that formal staff meetings and residents meetings as well as combined resident and relatives meeting had been held. Minutes of the meetings were available. Topics of discussion included; changes to the management of the home, planned changes to the environment, menus, activities and staff training.

We saw that the management sought feedback from people who used the service, their relatives and staff. Results from April 2017 were positive and comments from relatives included, 'Very happy living at Lyngate'; 'Very happy with the level of care' and 'Very happy with the skills and ability of the staff'. From the relatives survey comments included, 'My relative is well cared for'; 'My relative is treated well by the staff and their privacy is respected'. The survey also asked if relatives wished to be involved, with the agreement of the person who used the service, in care planning and reviewing.

We asked the operations manager how they monitored and assessed the quality of the service. We found the operations manager had implemented a number of audits to help assess where the home was up to and what improvements they needed to make. The operations manager had a service action improvement plan which detailed what needed to be done, by whom this would be done and a timescale and date of completion. Medication audit checks were being completed weekly. Monthly infection control audits were completed. Pressure care checks were on-going and care plans were being rewritten. Risk assessment, falls, accidents and incidents were monitored and an analysis was carried out to help prevent reoccurrences.

We spoke with the provider and the operations manager about their involvement in local partnership agencies. The operations manager had plans to become more involved with these groups in order to help keep up to date with new guidance and to share good practice.