Sanctuary Care Limited

Lyons Court

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

Overall summary

This inspection took place on 3 December 2015 and was unannounced.

Lyons Court provides accommodation and care for up to 26 people, some of whom may be living with dementia. There were 26 people living at the service at the time of our inspection.

The service has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe because staff supported them to understand how to keep safe and staff knew how to manage risk effectively. There were appropriate arrangements in place for medication to be stored and administered safely, and there were sufficient numbers of care staff with the correct skills and knowledge to safely meet people's needs.

Summary of findings

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act (MCA) 2005, DoLS and associated codes of practice.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found the provider was following the MCA code of practice.

People had access to healthcare professionals. A choice of food and drink was available that reflected their nutritional needs, and took into account their personal lifestyle preferences or health care needs.

Staff had good relationships with people who used the service and were attentive to their needs. People's privacy and dignity was respected at all times.

People and their relatives were involved in making decisions about their care and support.

People were treated with kindness and respect by staff who knew them well and who listened to their views and preferences.

People were encouraged to follow their interests and hobbies. They were supported to keep in contact with their family and friends.

There was a strong management team who encouraged an open culture and who led by example. Staff morale was high and they felt that their views were valued.

The management team had systems in place to monitor the quality and safety of the service provided, and to drive improvements where this was required.

Summary of findings

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.

The provider had systems in place to manage risks.

Staff understood how to recognise, respond and report abuse or any concerns they had about safe care practices.

Staff were only employed after all essential pre-employment checks had been satisfactorily completed.

Good

Is the service effective?
The service was effective.

Staff received effective support and training to provide them with the information they needed to carry out their roles and responsibilities.

Staff had a good knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and how this Act applied to people in the service.

Staff knew people well and understood how to provide appropriate support to meet their health and nutritional needs.

People had access to healthcare professionals when they required them

Good

Is the service caring?
The service was caring.

People were treated with respect and their privacy and dignity was maintained.

Staff were kind and considerate in the way that they provided care and support.

Good

Is the service responsive?
The service was responsive.

People and their relatives were consulted about the people's needs and preferences.

Care plans were comprehensive in detail. This enabled staff to provide care and support which reflected people's preferences, wishes and choices.

People who lived at the home and their relatives were confident to raise concerns if they arose and felt/believed ? that they would be dealt with appropriately.

Good

Is the service well-led?
The service was well-led

There was a positive, open and transparent culture where the needs of the people were at the centre of how the service was run.

Good

Summary of findings

The registered manager supported staff at all times and led by example.

Staff received the support and guidance they needed to provide good care and support and staff morale was high.

The service had an effective quality assurance system. The quality of the service provided was regularly monitored and people were asked for their views.

Lyons Court

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 3 December 2015. It was unannounced and was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service

We reviewed all the information we had available about the service, including notifications sent to us by the provider. A notification is information about important events which the provider is required to send us by law. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we spoke with six people who used the service, the registered manager, deputy manager, three care staff and the regional manager. We also spoke with five relatives that were visiting at the time of our inspection and spoke with one healthcare professional about their views on the service.

We reviewed four people's care records, three medication administration records (MAR) and a selection of documents about how the service was managed. These included, staff recruitment files, induction and training schedules and a training plan. We also looked at the service's arrangements for the management of medicines, and records relating to complaints and compliments, safeguarding alerts and quality monitoring systems.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. One person told us, "Oh yes, very safe, such good staff. If I was worried I would let the staff know."

All of the relatives we spoke with told us they considered the service was a safe place for their relative to live and had no concerns. One relative told us, "[Relative] moving in here has given me my life back, I don't need to worry."

There were policies and procedures regarding the safeguarding of people. Staff had received training, and understood their roles and responsibilities to recognise respond to and report any incidents or allegations of abuse, harm or neglect. It was evident from our discussions with them that they had a good awareness of what constituted abuse or poor practice, and knew the processes for making safeguarding referrals to the local authority. Our records showed that the manager was aware of their responsibilities with regards to keeping people safe, and reported concerns appropriately.

People's risks were well managed. Care records showed that each person had been assessed for risks before they moved into the home and again on admission. Any potential risks to people's safety were identified. Assessments included the risk of falls, skin damage, and nutritional risks, including the risk of choking. Where risks were identified there were measures in place to reduce them where possible. For example some people were on a fortified diet because of concerns around their weight. All risk assessments had been reviewed on a regular basis and any changes noted.

We saw that there were processes in place to manage risks related to the operation of the service. These covered all areas of the home management, such as gas safety checks and the servicing of lifts and equipment such as hoists used at the home. There were appropriate plans in place in case of emergencies, for example evacuation procedures in the event of a fire.

People mostly told us there were enough staff available to help them when they needed assistance. However one person told us, "There are moments where there do not seem to be enough staff, especially weekends." We discussed this with the manager and were told that the shift patterns had been altered, so that staff no longer worked long days which enabled staff to be used more flexibly to allow adequate staffing at weekends. A relative told us, "I think there are enough staff always seems to be someone around." Staff told us that the night staff had recently been increased as they had expressed concerns to the manager that at times there were not enough staff on shift during the night time period. This showed us that the manager had responded positively to staffs concerns.

The manager explained how they assessed staffing levels and skill mix to make sure that there were sufficient staff to provide care and support to a high standard. Staffing rotas showed the home had sufficient skilled staff to meet people's needs, as did our general observations. For example, people received prompt support and staff were unhurried. The manager told us that they employed a full time cleaner as well as two cooks, this enabled the care staff to focus solely on the care required to meet the needs of the people that used the service, without having to carry out any other duties.

Staff recruitment files demonstrated that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, the provision of previous employer references, proof of identity and a check under the Disclosure and Barring Scheme (DBS). People could be assured that their needs were being met by staff that had been assessed as safe and competent, with the necessary skills for the job role they had been employed for.

People were satisfied with the way their medicines were managed. People were protected by safe systems for the storage, administration and recording of medicines. Medications were securely kept and at the right temperatures so that they did not spoil. Medications entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled staff to know what medicines were on the premises. We saw staff administer medication safely, by checking each person's medication with their individual records (Mar) charts, before administering them, to confirm the right people got the right medication. Staff had received training to administer peoples' medication safely. Competency assessments had been carried out on staff on a regular basis this included observations carried out by senior staff and the manager.

Good

Is the service effective?

Our findings

People and their relatives told us staff met their individual needs and that they were happy with the care provided. One person told us, "I am quick to complain if something is not done. The staff are all lovely though." Professionals told us, "Excellent home, I recommend this home to people." Another person told us, "This is a really nice home, the staff are knowledgeable, I would put my [relative] in this home."

Staff told us they felt they were supported with regular supervision and annual appraisals with their manager. This enabled staff to discuss their performance and provided an opportunity to plan their training and development needs.

Staff had the necessary skills to meet people's needs. They communicated and interacted well with the people who used the service. Staff were appropriately trained and supported for the roles they were employed to perform. All staff we spoke with told us they had been supported with training relevant to their role and how this enabled them to understand and meet people's needs. For example, they were able to demonstrate to us through discussion and our observation throughout the day of inspection; how they supported people in areas they had completed training in such as moving and handling, dementia, and falls prevention.

The manager and staff had attended training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and had a good understanding of the Act. The manager had made appropriate DoLS referrals where required. Care plans for people who lacked capacity showed that decisions had been made in their best interest. These decisions showed that relevant people such as people's relatives and other health and social care professionals had been involved. Staff knew how to support people to make decisions, and were clear about the procedures they must follow if an individual lacked the capacity to consent to their care and treatment. People's capacity to make decisions had been appropriately assessed and regularly reviewed. Staff asked people's consent before care and support was given. We observed staff asking people throughout the day before assisting them, such as where they would like to sit or what would they like to eat and when supporting people to transfer.

People told us they enjoyed the food and were given a choice of meals and drinks. One person said, "On the whole excellent." Another person said, "The food is ok, sometimes not a massive choice, if you don't like something they will make you an omelette." We saw people supported to have sufficient to eat and drink. People's likes, dislikes and special dietary requirements had been considered when planning the menus. The chef was part of a daily meeting to discuss anyone's change in health needs which may affect their appetite. The atmosphere in the dining room was relaxed and gave the experience of being more like a café than a dining room, it was bright and airy the food looked appetising and there was lots of chatter and banter between residents and staff. We saw that drinks and snacks were available throughout the day.

People's health requirements were known to staff so that people received the food they needed. People's weight and nutritional intake was monitored in line with their assessed level of risk and referrals had been made to the GP and dietician as needed. For instance, one person had their meals fortified because of concerns around their weight. This showed us their individual needs were being appropriately addressed and managed. The service had appropriately assessed people's nutritional needs and the malnutrition universal screening tool (MUST) had been used to identify anyone who needs support with their diet.

People told us their health care needs were well supported. One person said, "I had the GP visit to give me a diabetes check." Another person told us, "I asked for a high rise chair which is what I had at home, it enables me to be independent they got one for me." The service also had regular contact with the GP and other health care professionals that provided support and assisted the staff in the maintenance of people's healthcare. These included district nurses, the chiropodist, dietician, speech and language therapists (SALT) and social workers.

Good

Is the service caring?

Our findings

All of the people we spoke with including relatives were complimentary about the staff and the manner in which people were cared for. People told us that the staff were gentle, caring and kind. One person said, "I am very happy here the staff without fault have been excellent." Comments from relatives about their positive experiences when visiting the service included, "This is a fantastic place, and I am getting to know the staff and would recommend to anyone." Another person said, "We looked at many homes before we chose this one. There was no smell, it's homely. I feel so comfortable coming here to visit."

Staff demonstrated affection, warmth and compassion towards the people they were supporting. For example, staff made eye contact by kneeling or sitting next to them and listened to what people were saying, and responded accordingly. People were not rushed and were given time to respond to a question. One person told us, "The staff listen, if you want something they will bring it to you." There was a warm and friendly atmosphere in the home with lots of laughter and humour being shared amongst the staff and residents. During the day of inspection we observed visitors visiting and were told they can visit whenever they want to. One visitor told us, "I like to come when the activities are taking place so I can chat to the other residents as well as my [relative]."

People we spoke with said they had no concerns that they were supported by female staff and that they felt their dignity was protected at all times. We observed people being spoken discreetly when checking whether they needed any support with personal care such as using the bathroom.

The manager told us that as all of the care staff were female, they felt it was important for there to be male interaction for people especially those who did not have any visitors. Therefore the maintenance man had extended their role to include spending some time with people who would benefit from some male interaction. We saw this staff member interacting with a male resident and it was evident from the laughter and banter that they were enjoying this interaction.

People were involved in their care planning and were included in making decisions about how their care needs should be met. Where this was not possible relatives were involved where appropriate. One relative told us, "We are fully involved in [relative] care plan and are kept updated with any changes."

We looked at four people's care plans and saw that they contained comprehensive information about people's needs and preferences. The information was clear and there was sufficient detail to enable staff to provide consistent care.

There were systems in place to request support from advocates for people who did not have families. Advocates are people who are independent of the service and who support people to have a voice and to make and communicate their wishes.

Good

Is the service responsive?

Our findings

People and their relatives told us the service met their needs and they were satisfied with the care and support they received. They said they had been given the appropriate information and the opportunity to see if the service was right for them prior to moving in.

The manager carried out a detailed assessment before people moved into the service. Following this initial assessment, care plans were developed detailing the care, treatment and support needed to ensure personalised care was provided to each person. This assessment identified choices of life-style so this could be integrated into the care plan. This included details such as the time people liked to get up and any interests and hobbies they had or would like to pursue.

There was evidence that people's wishes and preferences were included in their care plans wherever possible. Relatives said that they were fully involved in decisions about their relative's care. Each person who lived at the home had been involved with recording their life history, in addition support had also been sought from relatives where it was appropriate. This information enabled staff to chat with the people about their family and reminisce about their life and personal experiences. We observed this during our visit, staff sat next to one person and chatted to them about their past working life.

There was a range of activities available in the home, and people were encouraged to make choices about where they wanted to be during the day and what activities they wanted to participate in. The service had a 'quiet lounge' for those people not wanting to take part in activities. The service employed an activities co-ordinator and most of the people we spoke to were very positive about the range of different activities on offer each day. However one person told us, "I would like more chair exercises, I don't move enough." we mentioned this to the manager and she decided to try and incorporate these on a daily basis into the activity programme before and after an activity session, as it was felt that this would benefit everyone to be more active. The service held a monthly coffee morning as a fund raising event for charity and everyone was welcome. Relatives told us, "I like to come to the coffee mornings it gives me a chance to meet and talk to other relatives." During our inspection we observed staff reading the daily newspaper with people and having discussions about its contents. People's individual interests and hobbies were encouraged and supported whenever possible, this included painting and supporting people to complete jigsaws or to play the piano. There were outside entertainers arranged, who regularly visited the home and people spoke about these with enthusiasm.

We saw that the manager routinely listened to people through care reviews and organised meetings. The staff said that 'residents meetings' were held once a month. From looking at the minutes of the meetings, we saw that feedback was sought about the entertainment and any preferences about what they would like to do were considered when the activity schedule was planned.

The service had a complaints policy and procedure which was available and within easy access to all people that used the service. One person told us, "I have no complaints; I would speak to the manager." Relatives informed us they would have no hesitation in complaining if the need arose. At the time of inspection there were no outstanding complaints however, records of complaints received previously showed that they were acted upon promptly and were used to improve the service. Feedback had been given to people explaining clearly the outcome and any actions taken to resolve concerns.

Good

Is the service well-led?

Our findings

People and their relatives told us they were happy with the management and staff. A relative told us, “The manager is very nice and very approachable.” Relatives told us the manager was available at any time if they needed to speak with them.

Staff said they enjoyed working at the home, one told us, “I enjoy working here. Morale is good at the home and the manager is approachable, always there for us.” They explained that the team, which consisted of both new and more established members, worked well together and supported each other. Staff felt able to raise concerns or make suggestions for improvement. They told us that communication was always inclusive and they were kept fully informed about any proposed changes. We saw evidence of this in the staff meeting minutes and also daily handover logs. On the day of inspection, we sat in on a daily meeting which involved discussions about the day to day running of the home, as well as the needs of the people that lived there and this was an opportunity for staff to raise any issues or concerns they may have.

The provider carried out quality assurance checks to identify areas for improvement and appropriate actions to address any identified concerns were carried out. For example, it was noted that not all care plans were as up to date as they should be therefore an action plan had been put in place to address this. The manager also carried out a range of audits to monitor quality within the service. These included health and safety checks, monitoring the management of medication, support plans and infection control monitoring. There was evidence that action plans had been implemented and followed up when areas for improvement were identified.

Actions were taken to learn from accidents and incidents. These were monitored and analysed to check if there were any emerging trends or patterns which could be addressed to reduce the likelihood of reoccurrence. Attention was given to see how things could be done differently and improved, including what the impact would be to people.

We saw evidence of quality assurance surveys and comments included, “I feel well looked after and am able to maintain my independence.” Relative comments included, “Lyons Court really is a home from home for my [relative].” Another person had commented, “We really cannot praise them highly enough, for making this awful time a little bit better.”

Care files and other confidential information about people were kept in the main office. This ensured that people such as visitors and other people who used the service could not gain access to people’ private information without staff being present.