CareTech Community Services Limited

Lyndhurst

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We inspected Lyndhurst on 31 May 2017. This was an unannounced inspection. At our previous inspection in September 2015 the home was rated as good.

Lyndhurst provides accommodation and care for to up to 21 people with mental health needs. The home is made up of three, two-storey terraced houses. Two of the properties were adjacent, while the third was very close by and accessible from the others through the back garden which contained a large, open-plan office built between two of the properties.

On the day of our visit there were 13 people living in the home.

The service had a new manager in post who was in the process of being registered with the Care Quality Commission. 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 and associated Regulations about how the service is run.

People told us they were very happy with the care and support they received. Staff working at the home demonstrated a good knowledge of people's care needs, significant people and events in their lives, and their daily routines and preferences.

Staff told us they enjoyed working in the home and spoke positively about the culture and management of the service. Staff told us that they were encouraged to openly discuss any issues and had been supported with promotion opportunities within the service. Staff described management as supportive. Staff confirmed they were able to raise issues and make suggestions about the way the service was provided.

The manager and deputy managers provided good leadership and people using the service and staff told us they promoted high standards of care.

The service was safe and there were appropriate safeguards in place to help protect the people who lived there. People were able to make choices about the way in which they were supported and staff listened to them and knew their needs well. Staff had the training and support they needed. There was evidence that staff and managers at the home had been involved in reviewing and monitoring the quality of the service to drive improvement.

There were some issues with recording of risk assessments, but we saw that the manager was taking action to address this. Recruitment practices were safe and relevant checks had been completed before staff worked at the home. People's medicines were managed appropriately so they received them safely

There were sufficient numbers of suitably qualified, skilled and experienced staff to care for the number of

people with complex needs in the home

The service was meeting the requirements of the Deprivation of Liberty Safeguards(DoLS). Appropriate mental capacity assessments and best interest's decisions had been undertaken by relevant professionals. This ensured that any decisions were made in accordance with the Mental Capacity Act, DoLS and associated Codes of Practice.

Staff were caring and always ensured they treated people with dignity and respect.

Some people participated in a range of different social activities and were supported to attend health appointments. They also participated in shopping for the home and their own needs and were supported to maintain a healthy balanced diet.

The providers head office regularly completed robust quality assurance checks, to make sure the high standards of care were maintained. There was an open culture and staff said they felt well motivated and valued by all of the managers.

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 remains safe.	Good
Is the service effective? The service remains effective.	Good
Is the service caring? The service remains caring.	Good
Is the service responsive? The service remains responsive.	Good
Is the service well-led? The service remains well-led.	Good

Lyndhurst

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

We inspected Lyndhurst on 31 May 2017. This was an unannounced inspection. The inspection team consisted of one inspector, a pharmacist 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.

Before our inspection, we reviewed the information we held about the home which included statutory notifications and safeguarding alerts.

We spoke with six people who use the service. We also spoke with the manager, two deputy managers, two support staff and a visiting healthcare professional.

During our inspection we observed how staff supported and interacted with people who use the service. We also looked at a range of records, including ; three people's care records, three staff files, a range of audits, the complaints log, minutes of various meetings, staff training records and Medicine Administration Records(MARs) for all the people using the service

Good

Is the service safe?

Our findings

People told us they felt safe living at the home comments included "Yes I do feel safe knowing the staff are on hand if you need them. We have got cameras." and "Yes I do because there is no danger, in house 24 it is good and quiet. There is no drugs and alcohol and they test you on a random basis."

Staff demonstrated a good level of understanding of safeguarding and could tell us the possible signs of abuse which they looked out for. Staff had received training in safeguarding people. They were able to describe the process for identifying and reporting concerns and were able to give example of types of abuse that may occur. One support worker said, "We have a lot of incidents here, we always have to assess the situation to see if it is a safeguarding case " and another told us, "We are very proactive in safeguarding our clients, sometimes the risk is from people coming from outside."Staff told us they were careful to observe the people using the service for any changes in temperament which might indicate they had become unhappy.

The manager confirmed that during the day there were always at least four staff on with two waking night staff and a manager on call at all times. The service was currently using regular agency staff as a number of staff had recently left the service.

People we spoke with told us there were enough staff available to meet their needs. One person told us, "There are enough and I like the staff."

During the course of our inspection, we observed how at no time staff appeared to be under pressure whilst performing their role. There was a calm atmosphere in the home and those who used the service received staff attention in a timely manner.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw that people's risks were identified in respect of their mental health. Indicators of deterioration in people's mental health were set out in people's files and we saw that staff were monitoring the signs . Where concerns were identified staff told us that action was taken swiftly including liaison with health and social care professionals. Risk assessments formed part of the person's agreed care plan and covered risks that staff needed to be aware of to help keep people safe. Staff showed an understanding of the risks people faced. We found risk assessments had been done, specific to the individual, amongst which were medication; smoking; kitchen risks; risk to self and risk to others. However we found that these were not reviewed on a regular basis but there was evidence on daily notes that actions were taking place to mitigate risks following an incident. We saw that the manager had an action plan in place to improve the risk assessment documentation.

Medicines were administered safely. We saw evidence of people's currently prescribed medicines on the Medicines Administration Records (MAR) and profile/allergy record, and copy prescriptions. The MAR recorded medicines administered by support workers and the profile listed also depot injections given by CPN and methadone given under a community pharmacy supervised administration programme. The

allergy status of all people was recorded to prevent the risk of inappropriate prescribing.

We looked at 13 Medicines administration records (MAR) in detail and saw one gap only in the recording of administration of a medicine. A stock count of this medicine suggested that the medicine was given but not recorded. Several people were able to self-administer some or all of their medicines and we saw records of the assessments to determine this. We counted 9 random samples of supplies of medicines and could reconcile all with the records. Overall we were assured that medicines were administered as prescribed. We noted from the MAR, GP record sheets and correspondence from hospital that medicines were reviewed regularly and dosage changes were clearly documented. Some people living in the home were able to visit the GP to collect prescriptions and then collect their medicines from the community pharmacy. Support staff collected medicines for other people. Diaries and records ensured that people always had a supply of their medicines and did not run out. Some people were prescribed high risk drugs which needed regular blood monitoring to avoid toxicity. Dates of blood tests were recorded in a diary and people visited a local hospital with or without a member of staff depending on their independence. Records showed that Community Psychiatric nurses visited the home at the prescribed intervals to administer depot injections. If people were prescribed medicines to be given as required (PRN) there were protocols in place so that staff knew when and how often they should be given.

Several people were self-medicating according to individual plans to encourage their independence. We saw that some prepared their own dosette boxes under supervision and we saw where they kept them securely in their rooms. A person using the service told us "I have just started to self-medicate. I started that last week. It is the next stage in my progression so I can be independent. I am really pleased about this."

All medicines were stored safely in the home in locked clinical rooms and trolleys. Temperatures were recorded daily in the clinical rooms and for the medicines fridge so that the potency of the medicines could be maintained. The home had medicines policies and procedures available in each clinical room together with the latest edition of the British National Formulary (BNF) for ease of reference.

Appropriate recruitment practices were in place. All of the relevant checks had been completed before staff began work; including Disclosure and Barring Service checks, previous conduct where staff had been employed in adult social care and a full employment history. This was to check that they were suitable for the role.

Good

Is the service effective?

Our findings

People were supported by staff with appropriate skills and experience. The staff told us they received training and support to help them carry out their work role. For example, all new staff worked alongside experienced senior care staff for a period of time, depending on experience. New staff completed a comprehensive induction and one member of staff spoke highly of the support, training and guidance given to them. Staff told us they were encouraged to pursue additional qualifications and were supported to do this by "being given time and working flexibly."

Staff told us that they felt supported by the management team and had regular formal and informal supervision with the deputy manager or one of the senior staff. Regular staff meetings were also taking place at the home to facilitate communication, consultation and team work within the service.

We looked at the training records and saw that each member of staff had completed training the provider considered mandatory. This included safeguarding adults, medicines management, health and safety, manual handling, fire safety and first aid. We saw that staff had also completed training on the Mental Capacity Act 2005 (MCA). In addition to this, staff had also completed specialist training which reflected the needs of those whom they supported. For example, they had completed training in mental health matters, conflict management and dealing with aggression. One member of staff told us, "we talk about training needs in supervision and I am reminded of any training I need to refresh." A healthcare professional told us that the staff were well trained and knew how to manage very complex cases.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The manager and staff demonstrated a good knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). There was no one subject to a DoLS at the time of our inspection. A member of staff told us "we always discuss their rights with them". We also saw that a referral to a psychiatrist had been made for a person who was consistently refusing their medication.

People were supported to maintain good health and had access to health care support. Where there were concerns people were referred to appropriate health professionals. People also had access to a range of other health care professionals such as a nurse specialist in diabetes, dentist, and optician. The care files included records of people's appointments with health care professionals and a section where health professionals could write notes. The manager told us there was good contact with the local Community

Mental Health Team, whose advice was frequently sought and followed as required.

Each week a menu was developed by the people who used the service with staff support. We saw this was displayed in each of the three kitchen areas. We viewed the menu which offered a good variety of healthy meals. Staff told us they prepared evening meals with a group of people who used the service, and people could also choose to cook for themselves if they wished to. A risk assessment was carried out for people who wished to cook without staff support to ensure they could do so safely. One person told us, "All of us get one meal a day. It is adequate; the fridge is filled with basics. But I do buy my own stuff."

Staff supported people with growing and then cooking their own vegetables. We saw there was a large vegetable patch in the garden and a variety of fresh herbs available. We saw that people had weight monitoring charts in their records to ensure they maintained a healthy weight.

The premises were clean and well maintained. The home was surrounded by picturesque gardens and walkways that were extremely well maintained by staff and people living in the home.

Good

Is the service caring?

Our findings

People told us they were happy with the approach of staff. There was some positive feedback such as, "Yes all of them are. I have no problems with any of them. When I have been feeling low all of them have been supportive and caring" and "Yes (staff member) is really caring. "

Everyone we met told us that they were treated with dignity and respect. We also saw that people were supported to enhance and maintain their independence. People's privacy was respected and staff shared with us examples of how they protected people's dignity when supporting them with personal care, for example, by closing doors and curtains and explaining clearly to people what they were about to do. We saw that staff knocked on people's doors before entering their rooms.

People's personal histories were well known and understood by staff. Support workers knew people's preferences well, and what they should do to support people who may have behaviour that could cause themselves or others anxiety. Staff were able to identify possible triggers that caused people to become anxious. We observed occasions where workers noticed when people had the potential to become anxious. The staff members were able to use techniques to distract people or support them to manage their anxiety before it escalated. We observed staff interacting with people using the service throughout the day. At all times staff were polite and caring. Staff were able to tell us about people's different moods and feelings, and reacted swiftly when they identified that people needed extra support.

People using the service were able to make daily decisions about their own care and we saw that people chose how to spend their time. People told us they were able to choose what time to get up and how to spend their day. The registered manager told us, "it is important to install boundaries but we must encourage independence."

One member of staff told us caring was about "offering to support them but without being intrusive for example if we take them to see the GP."

Staff also gave us examples of where they had promoted independence for people, for example they had encouraged and supported one person to be able to take their own medicines and had accompanied another to a college open day as they felt unable to attend independently.

Good

Is the service responsive?

Our findings

People told us were involved in the planning and reviewing of their care and support. One person told us, "I meet my key worker and we talk."

Some people had participated in a range of different social activities individually and as a group and were supported to access local community activities. One person told us "I watch TV and play records. I bought some weights I put them in the shed. I went to college to do a course in photography. They took a group of us to the farm. I get to go out but the curfew is 12pm. They call the police if you do not come back. It is reassuring in a way."

However staff told us that many of the residents did not want to take part in activities and that "they were hard to engage" On the day of our inspection there were a number of people sitting in the lounge who had refused to take part in activities. One person told us " it is my choice not to go and join in the activities"

We discussed this with the manager who told us that once she had recruited a full complement of staff she would assign a staff member to look at activities and how to increase engagement in community activities. We saw that in resident meeting minutes of April 2017 the importance of social outings had been discussed.

People's needs were assessed before they moved in. The staff told us they had access to the care records and were informed when any changes had been made to ensure people were supported with their needs in the way they had chosen. People told us the staff had discussed the care and support they wanted and knew this had been recorded in their care records. The care records contained information about how to provide support people had completed a life story with information about what was important to the person. The staff we spoke with told us this information helped them to understand the person.

Most people had also completed a 'Relapse Plan' which stated how they preferred to be treated if they had a mental health relapse. Progress reports were maintained for each person by their keyworker, and were used for discussions with the person, review meetings, tribunals and other occasions when required.

Each person had an assigned keyworker who was responsible for reviewing their needs and care records. Staff told us that they kept people's relatives, or people important in their lives, updated through regular telephone calls or when they visited the service. Relatives were formally invited to care reviews and meetings with other professionals.

Care plans contained information about each person's needs and how the staff should meet these Indicators of deterioration in people's mental health were set out in people's files and we saw that staff were monitoring the signs from the daily records we looked at. Where concerns were identified staff told us that action was taken swiftly including liaison with health and social care professionals.

There was a clear complaints procedure. People we spoke with told us they knew what to do if they were unhappy about anything. Comments included, "If needed I would complain to the manager ... She would

listen every time" and " I would complain to my keyworker he would listen to me." We saw that there had been one formal complaint made in the last 12 months and this had been addressed appropriately in line with the provider's policy.

Good

Is the service well-led?

Our findings

The healthcare professional we spoke to gave positive feedback about the service. They told us the home was dealing with people with very complex needs and the staff support them well, and that they follow guidance given to them and seek support from a multi-disciplinary team when this was required.

The service had a new manager in post who was in the process of being registered with the Care Quality Commission.

People using the service were complimentary about the new manager and told us she was approachable and visible. Comments included "The manager is alright. She is making a difference" and, "She is quite new but she is very approachable and very fair."

Staff said they enjoyed their jobs and described the new manager as supportive. Staff confirmed they were able to raise issues and make suggestions about the way the service was provided in one-to-one and staff meetings and these were taken seriously and discussed. Staff also told us that they were supported to apply for promotion and were given additional training or job shadowing opportunities when required. Staff comments included, "She is focusing on getting to know the clients, she really know their needs" and "the new manager is very knowledgeable, I feel guided." and, "her engagement with the staff is fantastic, she is always available and works well beyond her hours."

The manager told us that her vision for the service was "to have a happy caring house." She told us that her priority was to recruit a full complement of staff who were experienced in mental health. We were told that a number of staff had been dismissed from the service last year. The manager was also planning to improve the care planning documentation to make it more person-centred and increase the uptake of activities.

Our discussions with staff found they were highly motivated and proud of the service. A senior staff member told us, "we work in a very challenging atmosphere but everyone is supportive, our eyes are wide open."

The provider sought the views of people using the service, relatives and staff in different ways. People told us that regular resident meetings were held. One person told us "we have a meeting once a month about the service and we discuss decisions and changes."

The manager also monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. During our meeting with her and our observations it was clear that she was familiar with all of the people in the home and was very 'hands on' in interactions with the people who used the service.

We saw there were systems in place to monitor the safety of the service and the maintenance of the building and equipment. The manager told us that they had access to a maintenance team and that there was no delay if repairs to the building were required.

The manager told us she was supported by the provider with regular management meetings and one to one sessions and that she regularly accessed the training and support that was available.

Regular audits were made by the provider's head office and we saw quality assurance assessments were undertaken by them and that actions arising from these had been carried out.

The provider has a legal duty to inform the CQC about changes or events that occur at the home. They do this by sending us notifications. We had received notifications from the provider when required.