Care Quality Commission

Country Court Care Homes 2 Limited

Lyncroft Care Home

Inspection report

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Wisbech,
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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?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

Lyncroft Care Home is registered to provide accommodation and personal care for up to 39 older people. Accommodation is provided over two floors and there are various communal areas for people to sit and meet with relatives. There were 35 people living at the home at the time of our inspection.

This unannounced inspection took place on 6 August 2015. This was the first inspection of this service since the change of company on September 2014.

At the time of this inspection the home had a registered manager. 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 and associated Regulations about how the service is run.

Medicines were managed safely and staff were appropriately trained but the system for ordering medication needed to be improved to ensure that prescribed medication was available at all times.

Summary of findings

Ineffective quality assurance systems were in place to monitor the service and audits did not pick up any trends and identify any improvements that could be made to the service.

Staff treated people in a way that people preferred. Staffing levels were adequate to meet the needs of people who used the service to ensure that they received care and support when they needed it.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS applications were in progress to ensure people's rights were protected.

Staff respected people's privacy and dignity and asked for their consent before providing personal care. Relatives were very happy with the care provided to their family member.

People were offered a limited variety of hobbies and interests to take part in and people were able to change their minds if they did not wish to take part in these.

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 not always safe.

Although medication was administered safely and stored correctly, a system to ensure that supplies of all medication did not run out was not in place.

Staff knew how to recognise and report any concerns in order to keep people safe from harm.

There were enough staff on duty who had had the appropriate checks completed prior to starting their employment and to give people the care they needed.

Requires Improvement

Is the service effective?
The service was not always effective.

People were provided with adequate food and drink, although it was not always provided in a timely way.

Staff were supported to develop the knowledge and skills they needed to care for people in the right way.

Staff were aware of their responsibilities in respect of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and understood the principles of assessing people's capacity.

Requires Improvement

Is the service caring?
The service was caring.

People received care and support in a kind and caring way which respected their dignity.

People were able to express their views on how their care should be provided.

Good

Is the service responsive?
The service was not always responsive.

The care people needed was not always clearly described in their care plans, so there was a risk staff would not know how to care for them appropriately.

There were systems in place for people or their relatives to raise any complaints or concerns.

Requires Improvement

Is the service well-led?
The service was not always well led.

Systems to identify, assess and monitor the quality of the service people received were not effective.

Requires Improvement

Summary of findings

Staff were well supported by the registered manager and felt they were listened to.	

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 was 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 6 August 2015 and was unannounced. It was undertaken by one inspector.

Before our inspection we looked at all the information we held about the home. This included information from notifications. Notifications are information about important events that the provider is required by law to inform us of. We also made contact with a local authority contract monitoring officer.

We observed how the staff interacted with people and how they were supported during their lunch. We spoke with 10 people who used the service and four visiting family members. We also spoke with the registered manager, a visiting health care professional, four care staff and one housekeeping member of staff.

We also looked at four people's care records, staff training and recruitment records, and records relating to the management of the service including audits and policies.

Requires Improvement

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe living at Lyncroft Care Home. One person said, "Yes I feel very safe." Another person said, "They [staff] look after us very well and I know I am safe." A relative told us, "Whenever I visit the staff are on hand and alert to any issues. If people need help with their care I know they get it."

Staff had received training and were knowledgeable about recognising signs of potential harm and were able to tell us what they would do if they suspected if anyone had suffered any kind of harm. A member of staff spoken with was aware of the agencies involved in safeguarding people and one member of staff said that, "I would also make sure the person is safe but then report to the senior in charge." Another member of staff told us that no form of restraint was used in the home. They said that if people became upset, and staff were concerned about their own safety, they would move away from the person for a while to allow them to calm down. This showed us that people were supported in a safe way.

Records showed that staff were trained in fire procedures and were involved in regular fire safety drills. We also saw that people had personal fire safety evacuation plans in place to show the assistance that they would need if they had to leave the building in the event of a fire. This meant that staff understood emergency procedures and the action that they needed to take to keep each person safe.

All staff who administered medication had received training in medication management. All medication was securely stored and accurate records of medication administered and medication disposed of were maintained. However, the arrangements for managing medication were not reliable. We found that there was not a sufficient supply of medication for one person as a medication was not available for them. The senior carer had noted this on the morning of our inspection and had put in an emergency prescription. In the meantime the person was offered pain relief from the homely remedies but the person declined the offer as it was not in the form they preferred to take their medicine in. We also noted that although we were able to reconcile medicines that were given on a regular basis, we were unable to do this for as required medication as there was not a record of medication received into the home. A person said, "I am asked if I would like any pain relief". Another person said, "I get all the medicines the doctor prescribes".

Risks to people's safety had been assessed by the registered manager and staff. The information had been personalised for each individual and covered areas such as mobility, bathing and showering. Each assessment provided clear guidance for staff to follow to ensure that people remained safe. However, we found a risk assessment for one person being cared for in bed which had not been updated. The staff spoken with during this inspection were aware of the person's needs.

The registered manager told us staff numbers were calculated in line with the number of hours of care each person needed through the use of a dependency profile. The dependency profile was reviewed regularly and rotas were up to date and included information about when each staff member needed to work. The staff told us that the rosters enabled them to be organised as a team and that there were enough staff to meet people's care needs. The registered manager told us that they did not use agency staff and that cover had always been provided from within the staff team and that they supported the staff if necessary. A staff member we spoke with told us, "We are a great team. We cover each other and help out."

During this inspection we found that there were enough staff on duty to care the people living in the home. One person told us that when they called for staff help, "They come." Another person said, "They [staff] are quick to help when I need it". One member of staff said, "I feel there are enough staff on the duty and we are well supported".

Staff confirmed that they did not start to work at the home until their pre-employment checks had been satisfactorily completed. One staff member told us that they had an interview and had to wait for their references to be returned before they could start. The registered manager told and showed us that the relevant checks were completed to ensure they were suitable to work with people living in the home before they were employed.

Requires Improvement

Is the service effective?

Our findings

People told us that they enjoyed the food provided with comments such as, "The food is nice" and, "The food is good, we get something different every day." People were offered a choice of cereals and toast for breakfast. A person told us, "My breakfast was very nice thank you." After lunch another person said, "I've enjoyed my dinner today, it was lovely." Most people we spoke with commented that they enjoyed their food. One person told us, "The food is good. I am quite happy with everything". Another person said, "The food is very nice. They know what you like. I never go hungry".

We observed lunch being served to people. Meals were brought out of the kitchen already plated up which meant that people were not able to serve themselves. The cook told us that people were offered a choice of food and that she asked people in the morning what they would like for their lunch. We saw that people were able to choose where they ate their meals.

During lunchtime time we heard staff gently encouraging one person to eat and drink. We noted that people had been encouraged or supported by staff to sit at the tables and then waited up to 20 minutes prior to their lunch being served and then some people waited up to 15 minutes for their dessert after eating their main meal. People told us that this happened all the time as people who were in their rooms needed to have their meals to. One person who had finished their main meal and had started to become restless began to leave the table when a member of staff encouraged them to sit down as their dessert was now on its way.

When we talked with the registered manager about people's experience they told us that a new company had been contracted to provide catering at the home. They hoped that this would enhance and improve the whole mealtime experience, as hot trolleys were to be provided and meals could be served from the dining room.

Staff had a good knowledge of people's needs and preferences. All of the staff we spoke with told us that they felt well trained and supported to effectively carry out their role. Staff also told us they had regular opportunities where they could discuss their work, role and responsibilities in formal supervision sessions with the manager. Staff told us and the training records we viewed showed that staff had received training in a variety of topics including fire awareness, infection control and food safety.

The registered manager and staff we spoke with understood and were able to demonstrate they knew about the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA is legislation that protects people who do not have capacity to make a specific decision themselves. DoLS is legislation that protects people where their liberty is restricted. The registered manager confirmed they always worked to ensure any decisions made on behalf of people who lacked capacity were made in their best interests. The registered manager advised us that DoLS applications were in the process of being submitted to the authorising agencies.

Where people had any risk issues associated with potential inadequate nutritional intake we saw that referrals had been made to dieticians. This was to help ensure people had their dietary needs met appropriately.

People received the support they needed for the healthcare they required. One person told us, "Staff go with you if you have an appointment to see the doctor." Another person said, "I speak to the staff about personal (health related) things. They are all very helpful." A health care professional said that staff were always helpful and followed their recommendations, and correctly used the equipment people needed was provided.

Care records showed people accessed a range of healthcare professionals such as a dentist, optician, and chiropodist on a regular basis. There was also evidence of good communication between staff and the community nurses when a person needed more frequent input. A visiting health care professional told us that the communication was good and that staff were very good about keeping them informed in relation to the health and wellbeing of the people under their care. We also saw records to monitor people's wellbeing, were detailed and up to date.

Good

Is the service caring?

Our findings

One person and their family member told us that they were encouraged to bring in meaningful items such as, small pieces of furniture, photographs and other memorabilia to, “Make their room their own.” Another person told us, “There are always staff around you to help you if you need it.” and “All the staff are lovely and caring.” Another person said staff were caring and added, “I don’t have to wait long for help.”

Throughout our inspection there was a caring and friendly atmosphere in the home. People looked comfortable with the staff that supported them. We saw that people chatted and socialised with each other and staff and there were lots of laughter and chatter happening throughout the home.

We observed people having their lunch within the dining area of the home and people were encouraged to come together to eat. We noted there were good staff interactions with people and people were supported if required with their meals. We saw that when necessary people received individual assistance from staff to eat their meal in comfort and that their dignity was maintained.

We saw that members of staff, knocked on people’s bedroom doors before entering and ensured the door was shut whilst they assisted them with personal care.

Staff were knowledgeable about the care people required and the things that were important to them in their lives. They were able to describe what people liked to eat and music they liked to listen to and we saw that people had their wishes respected. One relative said: “The staff are great; they are always happy to help”. Staff gave people the time to express their wishes and respected the decisions they made. For example, one person described how each morning staff assisted them to follow their chosen routine by having a cup of tea in their bedroom before getting out of bed. Another person told us, “They let me choose where to sit and will help me go back to my room when I want to.”

The provider could access local advocacy services for people who needed additional support in representing their views. Advocates are people who are independent and who help support people to make and communicate their wishes and make decisions.

Requires Improvement

Is the service responsive?

Our findings

The three care plans that we looked at were very brief and did not always provide full guidance to staff about how to meet the care needs of the person.

Staff we spoke and who had worked at the home with knew people's needs and how they like their care needs met. Although people's care plans had been regularly reviewed, they had not always been updated to reflect peoples changing needs and one of them contained contradictory information. This could potentially take away a person's independence if only the first part of the plan was read especially by new staff who would not be familiar with peoples care needs

People told us that staff discussed their care needs with them and were aware of the help that they needed. One person told us, "Staff always ask me what help I need when they come to help". Another person said, "Staff have talked to me about what support I need as I am quite independent where I can be." A relative commented: "I am here every day and they [staff] talk with me about [family members] care needs". Three out of four care records that we looked at had been signed by people or their representatives to ensure that they had agreed to the care provided.

During the mealtime people who needed support were encouraged to eat and were given the necessary support. People were provided with support with their mobility and assisted to meet their continence needs throughout the day.

The home had recently advertised for a daily activity co-ordinator. A relative commented, "They do have some activities here for people to take part in. I am aware they are trying to employ a new activity co-ordinator."

There was a lack of hobbies and interests at the home. Staff and people who used the service told us that organised activities were not regularly available and that activities were very limited. Activities available included watching a film, listening to music and playing card/board games. We were told by the staff that not everyone wished to participate. We noted that one person attended a day centre.

There were two weekly religious services held in the home and there was also a library service available to people. Engaging in pleasurable activities and stimulating tasks are essential to people's physical and mental wellbeing and quality of life. It was apparent from our inspection that not all people living at the home were given the opportunity to participate in hobbies and interests of their choice and therefore not able to enjoy full and satisfying lives. Comments from people living in the home included: "There is not much to do here. But the staff are always busy but do try their best" and, "We have various things arranged for us to do if you want but you but don't need to join in".

Complaints information was available in the main entrance to the home. People and their relatives knew how to raise any concerns but told us they had not done so as they did not have any concerns to raise. A person told us, "I've got no problems or complaints." A relative told us, "If I had any complaints I would speak to the manager."

Staff told us that if a person expressed a concern or complaint to them they would listen to them and if possible rectify the issue immediately. They would then tell the manager and if the manager was not available, they would record it in the complaints book. Staff told us they had not heard of any complaints. The registered manager told us there had not been any complaints, but said everyone would be able to complain if anything was not right, as would their relatives. The registered manager said relatives could call her at any time if they wanted to discuss anything.

Requires Improvement

Is the service well-led?

Our findings

Staff said that they were well supported by the registered manager. They were confident that they could speak to them if they had any concerns. Staff told us that the leadership in the home reassured them that they would be listened to and that action would be taken if they raised any concerns about poor practice. A staff member said, "There's a clear understanding that the people who live here come first. We are always been told this and are given the opportunity to speak up if there are any concerns."

The registered manager had regularly completed a number of quality checks. However, we found these not to be effective. Quality audit checks had been completed for fire safety, the environment, care, medication and the kitchen. These were recorded as completed and no comments or actions were required. We noted that the most recent medication audit stated that no medicine prescribed to be given as required medication was being administered. However this was not the case as a number of people had been prescribed medication as required for a number of months. The audit stated that all care plans had been reviewed but it had not identified that risk assessments had not been updated. This showed that the audits had not identified any improvements that were required to be made to improve the quality of the service.

Staff spoke with people about their care when they were supporting them. Meetings were held for both relatives and the people who use the service to discuss what is happening and if there is anything they would like to raise, although it was noted that the turnout had been poor. In addition, we were told by the registered manager that a survey was to be undertaken and the questionnaires would be being sent to people who use the service and their families in the next couple of months. Following the return of the questionnaires a report would be completed and made available to all relevant people.

People said that they knew the registered manager. During our inspection we saw them walk around the home, talking with people and working with staff. They had a very good knowledge of the care each person was receiving. They also knew about points of detail such as which members of staff were on duty on any particular day. This level of knowledge helped them to effectively manage the service and to support staff.

Staff had been provided with the leadership they needed to develop good team working practices. These arrangements helped to ensure that people consistently received the care they needed. There were handover meetings at the beginning and end of each shift so that staff reviewed each person's care. In addition, there were periodic staff meetings during which staff would discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way. A relative said, "I think that the place is very well run. The staff all know what to do and it gets done."

The home had contact with local community groups. These included a local school, and a local brownie pack.

We saw that information was available for staff about whistle-blowing if they had concerns about the care that people received. One member of staff said, "I have never had to raise anything, but I would have no hesitation in raising a concern if I thought something wasn't right." Staff were able to tell us which external bodies they would escalate their concerns to if required.

The provider had introduced 'worker of the month' scheme which highlighted good practice and they were nominated by their peers. Staff told us it gave them a sense that they were being valued for their contribution to the care and welfare of the people who lived at Lyncroft.