CareTech Community Services Limited

Lyndhurst

Inspection report

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Date of inspection visit: 8 September 2015
Date of publication: 29/10/2015

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

We inspected Lyndhurst on 22 September 2015.This was an unannounced inspection. At our previous inspection on 12 June 2014 we found that the provider was meeting the regulations we inspected.

Lyndhurst provides accommodation and care 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.

The service had a registered manager who had been in post since 2011. 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.

People told us they were very happy with the care and support they received.

People were supported and encouraged to be as independent as possible The support staff we spoke with

Summary of findings

demonstrated a good knowledge of people's care needs, significant people and events in their lives, and their daily routines and preferences. Staff also understood the provider's safeguarding procedures and could explain how they would protect people if they had any concerns.

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 described management as supportive. Staff confirmed they were able to raise issues and make suggestions about the way the service was provided.

The registered manager and deputy manager provided good leadership and people using the service and staff told us the manager promoted very 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 cared for and staff listened to them and knew their needs well.

Staff had the training and support they needed. Relatives of people living at the home and health and social care professionals were happy with the service.

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 sufficient numbers of suitably qualified, skilled and experienced staff to care for the number of people with complex needs in the home.

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.

The service was meeting the requirements of the Deprivation of Liberty Safeguards(DoLS). Appropriate mental capacity assessments and best interests decisions had been undertaken by relevant professionals. This ensured that any decisions were made in accordance with the Mental Capacity Act 2005, DoLS and associated Codes of Practice.

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.

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?

Good

The service was safe. People were supported to take their medicines in a safe way.

Staff were able to identify abuse and risk triggers and knew how to report abuse. The home was kept clean.

People told us that there were enough staff to meet their needs.

Is the service effective?

Good

The service was effective.

There were arrangements in place to ensure that people consented to the care provided to them in line with the Mental Capacity Act 2005 and DOLS.

Staff received regular supervision and appraisals and felt supported in their work. There were systems in place to provide staff with a range of relevant training.

People were supported to attend routine health checks, and to eat a healthy diet.

Is the service caring?

Good

The service was caring.

People were consulted and felt involved in the care planning and decision making process. People's preferences for the way in which they preferred to be supported by staff were clearly recorded.

We saw staff were caring and spoke to people using the service in a respectful and dignified manner

Is the service responsive?

Good

The service was responsive.

People's needs were assessed. Staff responded to changes in people's needs. Care plans were up to date and reflected the care and support given. Regular reviews were held to ensure plans were up to date.

People were involved in making decisions about their care wherever possible. Where people could not contribute to their care plan, staff worked with their relatives and other professionals to assess the care they needed.

People were supported to attend suitable, appropriate activities and access the community.

There was a clear complaints procedure that was understood by people who use the service.

Is the service well-led?

Good

The service was well led.

Staff were provided with appropriate leadership and support. Staff and managers worked effectively as a team to ensure people's needs were met.

There were effective quality assurance systems in place designed to both monitor the quality of care provided and drive improvements within the service.

Summary of findings

The service's managers and staff were open, willing to learn and worked collaboratively with other professionals to ensure peoples' health and care needs were met.

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 the 22 September 2015. This was an unannounced inspection. The inspection team consisted of two inspectors 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 seven people who used the service. We also spoke with four support staff, the registered manager and one visiting healthcare professional.

During our inspection we observed how staff supported and interacted with people who used the service. We also looked at a range of records, including ; five people's care records, staff duty rosters, four staff files, a range of audits, the complaints log, minutes of various meetings, resident surveys, staff training records, the accidents and incidents book and policies and procedures for the service.

Good

Is the service safe?

Our findings

Everyone we spoke with said they felt safe living at the home. One person told us "Everyone is safe here." A health care professional said "We feel confident about this placement," and staff that we spoke with said they felt people were safe.

There were systems in place to minimise the risks of abuse in the home. Staff were able to tell us what the different types of abuse were that could happen to people and knew how to report concerns about people at the home both to their manager and through the local authority. The staff said they felt able to see any of the managers or senior staff if they were ever concerned for someone. We looked at the safeguarding policy which was in place and we looked at staff files and there were training records to show that staff had been on safeguarding training.

We looked at safeguarding records and incidents records and apart from one incident involving the police these had been reported to the Care Quality Commission, the one missing incident from 2 September 2015 was discussed with the manager and sent to us without further delay. When we spoke with staff they told us in detail how they had acted during an incident to try and prevent further harm from occurring and the health and social care professional that we spoke to said that they were confident in the ability of the staff to act appropriately during an incident. The professional told us how they had worked with the home to discuss quicker access to out of hours support and the home had responded quickly to agreed suggestions by putting the out of hours number readily available on a staff noticeboard in the office. Also on display in the office were whistleblowing guidelines so that staff could access these easily.

People told us that they thought there were enough staff available during the day and night. Staff said that they thought there were enough staff on the rota at any one time. 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. We looked at four weeks of staff rotas which always had a minimum of four staff on during the day and no agency staff use. The manager told us that depending on the current level of need and activities that people chose to do she frequently arranged for additional staff to be on shift.. For example to accompany a person in the community who was under a Deprivation of Liberty Safeguard and needed a staff member with them at all times in the community.

We looked at five risk assessments in people's files; these were all reviewed within the last three months with an initial assessment in place and a separate risk assessment for the management of finances. Each risk assessment had the risk history and indicators of risks. It was fed back to the manager that the risk management plans could be developed to be more robust but that they showed a good understanding of the risks that people faced particularly in relation to their mental ill health.

Appropriate checks were undertaken before people began work. Staff files contained a completed application form and supporting documents to demonstrate training. The completion of these documents demonstrated why the individual had been employed or not, and whether they held the appropriate knowledge and skills necessary to do the job.

Good

Is the service effective?

Our findings

We spoke with one care professional who was visiting the service who spoke highly of it. “Communication is really good, this is the best unit for it”, and “I have no complaints or concerns from residents in terms of meeting their needs.”

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. They said their induction was “very good.” Staff told us they were actively encouraged to pursue additional qualifications and were supported to do this.

Staff told us that they felt supported by the management team and had regular formal and informal supervision with 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 spoke with three members of staff about training, supervision and annual appraisals. They all told us they had completed an induction when they started work. They also said they received regular supervision and had an annual appraisal of their work performance. A member of staff told us, “I believe I get the best support possible”. The registered manager told us, “training is the key to get the best out of staff.”

We looked at the training records of four members of staff and saw that each member of staff had completed training the provider considered mandatory. This included safeguarding adults, medicines, health and safety, moving and 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 crisis intervention and paranoia awareness. One member of staff told us, “we talk about training needs in supervision and team meetings.”

The manager and staff demonstrated a good knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). A DoLS application is where a person can be lawfully deprived of their liberty where it is deemed to be in their best interests. There were two people subject to a DoLS authorisation at the time of our inspection.

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, “We get dinner at night. The fridge is filled with basics. But I do buy my own stuff.”Groceries were purchased three times per week, and people could request items they wished to eat and drink to be included in the grocery shopping. One staff member told us' 'We encourage and support people to prepare healthy food.” We saw that there were three large index boxes full of recipes in the main kitchen for people to browse for ideas, or to follow to cook specific dishes. People with specific dietary needs were catered for. For example there was one person who was diabetic and another who did not eat pork. 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 that had been grown by people who used the service. We saw that some people had weight monitoring charts in their records to ensure they maintained a healthy weight.

Good

Is the service caring?

Our findings

People told us they were happy with the approach of staff. There was positive feedback such as, “Staff do a very good job,” and “They are always kind.”

People’s preferences were recorded in their care plans. The staff had discussed people’s likes and dislikes in detail so they could make sure they provided care which met individual needs. Staff told us birthdays were celebrated and people were able to take part in social activities which they liked and chose.

Staff cared for people in a way which respected their privacy and dignity. We observed that staff demonstrated a good understanding of the importance of privacy and dignity.

People had keys to their bedrooms and staff did not enter without their permission. One person told us “they knock, they wouldn’t just burst in.” We observed staff interacting with people using the service throughout the day, we saw that staff interacted with people in a friendly, warm, professional manner and at all times staff were polite and caring. Staff were able to tell us about people’s different moods and feelings and experiences and showed empathy. A staff member told us, “We want people to change their lives and make them think anything is possible”

People were very comfortable and relaxed with the staff that supported them. We saw people laughing and joking with staff. We observed staff to be caring in their approach to those who used the service. They demonstrated a depth of understanding of those whom they supported. Staff told us “they are all different and each one needs a different approach” and “dignity and respect comes into everything we do.”

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. One person told us, “We are free to come and go and do what we want.”

One member of staff told us caring was about “trying to make them happy and support them to have a normal life” and another told us they knocked when entering a person’s room and they always explained what they were knocking for. Staff also gave us many examples of where they had promoted independence for people, for example they had encouraged and supported one person to be able to cook independently and another to manage their own money.

Good

Is the service responsive?

Our findings

People's needs were assessed and their care and support delivered in line with their individual care plan. We viewed the records of five people who used the service and saw that each person had a discharge plan from an acute treatment service, and a care plan developed by their community mental health team care coordinator. People were given the opportunity to 'trial' the service by coming for overnight stays over a period of time. At the time of our visit two people were 'trialling' the service.

After moving into the service each person had a 'needs and outcome assessment', from which a care plan was developed with goals for the person to work towards while in the service. People's allergies and dietary needs were noted in their personal information, and each person had a Health Action Plan and Hospital Communication Passport outlining their specific needs should they be taken to hospital. Staff told us they supported people to attend all hospital appointments. Staff also arranged home visits when required.Each person also had a complete 'Personal profile/ Missing person' information sheet staff could readily hand to emergency services should the person be missing.

People's care and support reflected relevant research and guidance. The service used the 'Recovery star' model, in which each person completed a self-assessment rating 10 aspects of their lives out of 10. People did these self-assessments from time to time to see progress and areas needing further work. 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 a weekly activity planner. Most of the activities included in people's weekly planners were focussed on daily living skills, such as household tasks and shopping. There were occasional quiz nights, movie nights and board games. There had been a recent trip to a museum which people told us they greatly enjoyed. An art therapy group also took place once per week; we saw that this was well-attended. We were told that some of the art work produced from this group had been put at a local exhibition. One person told us, "I've done drama. I've had five paintings shown in an art exhibition and they were all bought." Some people also participated in growing vegetables and maintaining the service's large grounds which staff told us was a therapeutic activity.

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 and risk assessments had been regularly reviewed. There was detailed 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.

We saw that the provider kept a log of comments and compliments; this included a number of letters from relatives complimenting the service including one who said "You are very warm and caring people.''There was a copy of the provider's complaints policy in the hallway and the office which were available for people to see. We were told there had not been any complaints made since the last inspection.

Good

Is the service well-led?

Our findings

There was a clear management structure within the service including a registered manager, deputy manager and three senior support staff. People, who used the service and staff, were fully aware of the roles and responsibilities of managers and the lines of accountability.

The registered manager told us that her vision for the service was "to run a five star care home for people with mental health needs, and provide the best possible support and rehabilitation into the community."

It was clear from the feedback we received from people who used the service, and staff, that managers of this service had developed a positive culture based on strong values. We saw that the values of the organisation, which managers reported as being central to the service, such as promoting independence, rehabilitation, respect and caring, were put into practice on a day-to-day basis. Managers spoke of the importance of motivating and supporting staff to promote these values, through training, supervision and strong leadership.

The registered manager recognised the vital roles of well-motivated staff in ensuring people's care needs were met. The staff team was highly motivated and well established. Staff told us they felt valued and the importance of their contribution to the home was recognised and celebrated. Pay structures ensured all staff received a "living wage". The registered manager said, "I have to ensure that staff are well paid to keep them motivated and happy." During our conversations with people using the service, staff and managers and through our observations we identified numerous novel approaches used to meet people's individual care needs. The support provided was highly personalised and designed to enable people to live the lives they chose. The service had worked effectively with local health organisations, community and employment groups. Staff and managers had confidence in their own knowledge and experience and were willing to challenge advice from professionals where they believed this was not in the person's best interests.

Our discussions with staff found they were highly motivated and proud of the service.A senior staff member told us "the client group is dynamic and complex, but we are all very committed, everyone is supportive, it's a very good team."

Staff were very complimentary about the registered manager, comments included "she is an excellent manager," and "she really cares about the people here as well as the staff." And "she always acts quickly to protect us."

Staff said that they enjoyed their jobs. Comments included, "I love my job, every day is different" and "working here is amazing we help people turn their lives around, it's very rewarding work." Staff confirmed they were able to raise issues and make suggestions about the way the service was provided in one-to-one meetings and staff meetings and these were taken seriously and discussed.

There were systems in place to assess and monitor the quality of the service. The provider issued an annual questionnaire to people using the service, their relatives and health and social care professionals. The questionnaire sought people's views on a range of issues relating to the service being delivered and provided them with an opportunity to suggest any improvements which could be made.

Monthly 'resident meetings' also took place, and we saw that actions from these meetings were recorded and that suggestions for improvement were acted upon. For example, residents requested more trips to museums and to purchase a pool table and this had been implemented. We saw that there were questionnaires in people's files that they had completed about their experience of the service provided. People also had opportunities during their key worker sessions to provide feedback about the service.

The registered manager told us she was supported by the provider with regular management meetings, away days and one to one sessions with the operations director and that she regularly accessed the training and support that was available from the local authority. She was currently working towards an Open University course in Health and Social Care.

The Lyndhurst staff team had also won The Great British Care Awards 2014 (The purpose of the awards is to pay tribute to those individuals who have demonstrated outstanding excellence within their field of work).The team at Lyndhurst were described as "An enthusiastic and energetic jewel in the troubled area of mental health services. A committed team of staff has been brought

Good

Is the service well-led?

together over a number of years. There is now a group of staff who can respond to difficulty and success together and seek out constant improvement, in care and their skills."