Forest Residential Care Homes Limited

Lyncroft

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This inspection took place on 22 and 24 June 2016 and was unannounced. This was the first inspection of the service under the provider Forest Residential Care Homes Limited.

Lyncroft is a residential care home for up to 12 people with mental health needs. At the time of our inspection 11 people were living in the home.

The home had a registered manager in post. 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 were supported to take medicines as prescribed. However, care plans relating to medicines were out of date and did not include guidelines for medicines prescribed on a take as needed basis. We have made a recommendation about the management of medicines.

People told us they liked living at Lyncroft and that it felt like home. People told us they felt safe and that staff cared about them. Staff were knowledgeable about their responsibilities regarding safeguarding adults from harm and told us how they managed risks that people faced.

Recruitment at the home ensured that suitable staff were employed. Staff received training and support that ensured they had the knowledge and skills they required to perform their roles. Staff felt supported by the management of the home. People, their relatives and staff told us they thought there were enough staff working at the home.

People consented to their care, or where they were not able to do so, the home followed legislation and guidance to ensure people's rights were protected.

People told us they liked the food and they made changes to the menu at house meetings. People were involved in making decisions about their care and the development of the home.

People were supported to have their health needs met. Care plans contained details of how people wanted to be supported with both their physical and mental health.

Care plans were personalised and contained information about people's preferences for care. Care plans were reviewed and updated regularly ensuring people received care that met their needs.

Lyncroft had a positive, person centred culture. The leadership of the home ensured people received high quality support with clear plans in place to monitor and improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Guidelines and information about medicines needed updating.

People felt safe and were protected from avoidable harm and abuse.

Staff knew how to minimise the risks faced by people living in the home. This knowledge was not always reflected in the written risk assessments.

There were enough staff, who had been recruited in a safe way, to ensure people's needs were met.

Is the service effective?

Good

The service was effective.

Staff received the training and support they needed to ensure they had the knowledge and skills required for their role.

People consented to their care. When people were not able to provide consent, the home worked to the Best Interests principles of the Mental Capacity Act 2005.

People told us they liked the food. People were involved in choosing the menu and were supported to maintain a balanced diet.

People were supported to access healthcare services and to follow healthcare advice.

Is the service caring?

Good

The service was caring.

People told us they thought staff cared about them.

People and staff had developed positive caring relationships with each other.

People were supported in a way that promoted their dignity and independence.

Is the service responsive?

Good

The service was responsive.

Care plans were personalised and contained details of people's preferences for care.

People were involved in monthly reviews of their care plans which were kept up to date.

The home held house meetings where people made plans for activities.

The home had a complaints policy and people knew how to make complaints.

Is the service well-led?

Good

The service was well led.

People spoke highly about the management of the home and said they found the management easy to talk to.

The service had a positive, supportive culture.

Quality assurance and audit processes operated effectively to monitor and improve the quality of the service.

Lyncroft

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.

The inspection took place on 22 and 24 June 2016. The first day of the inspection was unannounced.

The inspection was conducted by one inspector.

Before the inspection feedback was requested from local authority commissioning teams and the local Healthwatch. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we already held about the service, including statutory notifications we had received and previous inspection reports.

During the inspection we spoke with six people who used the service and two relatives. We spoke with four members of staff including the proprietor, a manager from another home who was providing training support and oversight for the home, and two support workers. We viewed three staff files including recruitment, supervision and training records. We viewed the care files of three people who used the service including support plans, risk assessments, needs assessments and records of care delivered. We viewed the medicines records of five people and the financial records of three people. We also reviewed various records, documents and policies relevant to the running of the service.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe at the home. One person said, "I feel safe here." A relative told us, "[My relative] knows he is safe here." People told us they would be able to tell staff if they were worried about their safety. One person said, "I would tell my keyworker. They are my staff." Staff were knowledgeable about the different types of abuse people might be vulnerable to and knew how to raise any concerns they had. Records showed staff received regular training on safeguarding adults from harm, and records showed safeguarding was discussed at staff meetings regularly. The home had not had any safeguarding concerns since our last inspection. Records confirmed this was the case.

The home had a stable staff team with a low turnover of staff. Staff files reviewed showed that staff were recruited in a safe way. Files contained application forms and interview records that demonstrated an assessment of staff competency. Two references had been collected, identity documents viewed and criminal records checks completed to ensure that staff were suitable to work in a care setting. Staff also signed an annual declaration regarding criminal convictions to ensure they remained suitable for work.

Staffing levels were calculated based on the needs of the people living in the home and varied according to activities or appointments planned. Staff absences were covered from within the team. People, their relatives and staff all told us they thought there were enough staff working at the home. The staff rota showed that staffing levels were as calculated with additional staff in place when needed.

Care files contained a range of risk assessments relating to different areas of support. These included medicines administration, physical health, nutrition, self-neglect, travel and finances. Where it was appropriate, care files also contained risk assessments related to behaviours that were challenging. The plans lacked detail on the measures in place to mitigate risks. For example, the risk assessment regarding one person's risk of self-neglect stated, "Needs prompting to bath or shower." Risk assessments were discussed with staff and the provider of the service. Staff had a detailed knowledge of how individual risks were managed and were able to describe their interventions in detail. The provider informed us they would ensure that the detail of staff interventions would be incorporated into updated plans. One updated risk assessment was viewed on the second day of the inspection and this contained more detailed information on how risks were managed for this person.

The home completed a variety of health and safety checks and audits to ensure the building was safe for people. These included hot water temperatures, fridge and freezer temperatures and buildings maintenance. The provider also completed regular tests of the fire alarm system including practice evacuations. These ensured the service was safe for people.

People told us staff supported them to take their medicines as prescribed. One person said, "They [staff] are good at helping me with my medicines." Medicines were stored in a locked cupboard in the office, or in a locked fridge if appropriate. The home used printed medicines administration records (MAR) provided by their pharmacy for most medicines. Some medicines were dispensed through a specialist clinic and were not included in the printed MAR, the home completed their own MAR for these medicines. Five people's MAR

were reviewed. These showed that staff were clearly and accurately recording when people received their medicines and that people had received their medicines as prescribed.

The home had a medicines folder with a section for each person who lived in the home. This folder contained the medicines care plans and a list of medicines prescribed for each person. The medicines lists did not match the MAR in all five files reviewed. It was acknowledged by the provider that the medicines lists were out of date. During the inspection the provider was in contact with the pharmacy to update the medicines lists and care plans with up to date, clear information.

People living in the home were prescribed medicines on a "take as needed" basis including medicines for pain and behaviours. The home did not have individual guidelines in place for administering these medicines and relied on the use of a policy. Staff were able to tell us when they offered people these medicines. The policy required management authorisation for the administration of these medicines. The need for detailed information regarding when these medicines may be required was discussed with the provider who showed us updated guidelines for one person on the second day of our inspection. They told us they would complete guidelines for all other medicines prescribed on a take as needed basis for all people who lived in the home.

Most medicines were received by the service in a monitored dosage system, however other medicines were received in boxes or loose. Staff completed a daily check of loose medicines that were part of the current administration cycle. However, they did not check the additional medicines that were in the home ready for the next administration cycle. The provider told us that all the medicines in the building were counted and audited each month prior to prescription requests being submitted, there was no record of the check. Although the home had records of medicines received, administered and returned it was not possible to know how many medicines were in the building without cross referencing these three records. This meant there was a risk that the home would not know if medicines had gone missing from the service.

We recommend the service seeks and follows best practice guidance on managing medicines in care homes.

Good

Is the service effective?

Our findings

People and their relatives told us they thought the staff were good at their jobs and received sufficient training to develop the skills required for their roles. One relative told us, "If they [staff] aren't good at their jobs it's not because of a lack of training." One person said, "Staff here have good training." Staff told us they felt supported in their roles and received sufficient training to facilitate their development. One member of staff said, "We get plenty of training on a rolling programme. It's useful so I can improve myself."

Training records showed the service provided a comprehensive programme of training for staff. Staff completed training in areas including their role and development, safeguarding, the Mental Capacity Act 2005, record keeping, health and safety, person centred care, mental health, first aid and medicines. In addition, staff were supported to complete level two and level three qualifications in Health and Social Care as appropriate to their role. Senior staff and managers were supported to complete relevant management qualifications. Staff meeting minutes showed that meetings were used to reinforce and share learning from training, including safeguarding adults and role responsibilities.

New staff received a comprehensive induction which included formal training, time to read through people's files and time to build up relationships with people who lived in the home. Staff told us they thought it was important that they had this time to develop trust with the people living in the home. One member of staff said, "We have time to make introductions with people. I didn't feel I was working on my own too soon." Another member of staff said, "We have plenty of time to chat. We sit with them [people who live in the home] at lunch. We have different spaces and times to talk. It builds trust." The provider told us any new staff recruited to the service would complete the Care Certificate. The care certificate is a recognised training programme that ensures staff have the knowledge required to work in a care setting. No new staff had been recruited since the care certificate was introduced.

Records showed that staff received formal supervision from their line manager every two months and received an annual appraisal of their work which led to an action plan for development which was reviewed at subsequent supervisions. Staff told us they found supervision useful and supportive. One member of staff said, "We discuss with the manager how we are getting on, how people are doing and can bring new ideas to the meeting." Staff also told us they could have informal discussions with their line manager between formal supervisions. Important updates to legislation, key contacts for other services and information about health conditions were prominently displayed in the office to help ensure staff had the knowledge they required. Staff felt they were supported to develop in their roles.

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). We checked whether the service was working within the principles of the MCA. Where people lacked capacity to consent to their accommodation and treatment, appropriate assessments and applications for DoLS had been made. Three people living in the home were subject to DoLS authorisations which were within date. There were no conditions attached to the authorisations. Where people lived at the home as a condition of a Community Treatment Order (CTO) records showed people understood the terms of their CTO.

Care plans were signed by people to indicate their consent. Staff demonstrated they understood the application of the MCA in their every day work, including how people had the right to make unwise decisions. One member of staff said, "We can explain the consequences and talk to them about the risks, but we can't stop them, it's their choice."

Three people told us the best thing about the home was the food. One person said, "The best thing is the dinners, the food here is good." Another person said, "The food is good, they change the food." House meeting records showed the menu was discussed with people and changes were made to the menu following these meetings. Where people followed a specialist diet for religious or cultural reasons this was respected and facilitated. People were encouraged to adjust their diets following medical advice where appropriate. During the inspection observations showed people were offered hot and cold drinks throughout the day and were able to choose to eat different food if they did not want what was offered on the menu. This meant people were supported to eat and drink enough and to maintain a balanced diet.

One person told us, "They [staff] help me with my health appointments. One of them takes me to the hospital and they help me to understand what the doctors say." Staff recorded the details of health appointments in people's care records and this information was shared across the staff team through handover meetings. Significant health issues were included in monthly summaries of care completed by care staff and were included in the care plan. Care plans contained details of how to support people to maintain their mental health and included clear guidelines for staff to follow in the event that people's mental health deteriorated. People were supported to maintain their health and access healthcare services as they required.

Good

Is the service caring?

Our findings

People and their relatives told us they thought staff were caring. One person said, "I think the staff care about me." A relative said, "[The support provided] is breeding confidence in [my relative] and staff listen to him. He can say how he feels." Throughout our inspection observations showed that people approached staff and managers easily and interactions were positive and friendly. Another person told us, "I feel at home here." A third person said, "I get on very well with the staff, they're very helpful to me."

Staff told us they had the time they needed to build relationships with people when they moved to the home. Staff recognised that some people may need more time to become familiar with staff and trust them. A member of staff told us, "I try to interact with new people, sit down and have a chat. We go through the paperwork to get the history, but it takes time for them to settle down. We always take our time."

People told us the staff listened to them and they got to make choices about their care. One person told us they were planning a holiday abroad and staff updated them about where in the process they were. Staff told us the person had chosen the destination themselves. One person told us, "I spent a lot of the evenings on my own because I like to watch the soaps. It's my choice." Staff told us how they offered people choices on a daily basis and respected the choices made by people. One member of staff said, "We offer people choices, or they ask us. We always ask before anything we do, all personal things."

People and their relatives told us they felt they were respected by staff. One person said, "The staff respect me." A relative said, "[My relative] is able to lock their door. They get the privacy they want." Staff told us how they respected people's privacy and dignity by ensuring that they always knocked on people's doors before going into their rooms, and by ensuring that any support with personal care and appearance was provided in private. During the inspection we observed staff providing respectful and subtle support to people regarding personal hygiene needs.

Staff told us how they supported people to develop their independence. This was achieved through a range of support programmes designed to improve people's independent living skills. One member of staff said, "We support and encourage people to become more independent. We'll explain how to do things and help them do it themselves." Records showed people were being supported to develop their skills regarding domestic tasks such as cooking, cleaning and laundry as well as self- care skills.

Where people held religious beliefs this was recorded in care files. Where people practiced their faith, this was supported by the home. During our inspection one person was supported to attend a religious service.

People told us staff supported them to maintain their relationships with their families and friends outside the home. One person said, "They help me phone my family." Another person was supported to visit their family on a regular basis. A third person explained how the home supported them to maintain their friendships including supporting them to travel around the country to visit their friends.

Good

Is the service responsive?

Our findings

One person showed us their bedroom and this was highly personalised, with photos of their family and their artwork on the wall. People told us they chose to be at the home and received support in a personalised way. One person said, "I choose to be here." People told us they chose their activities, care plans and records of care delivered showed people were supported with different activities depending on their choices. One person said, "I'm going to a carvery tomorrow, that was my choice."

People told us they were able to participate in a range of activities. The home had built a separate building in the garden which was used as an activities base for people living in the home and other homes run by the provider. People were observed doing art work, listening to music and using the computer in this room. One person said, "The best thing is the art room." People were encouraged to try new activities with support from staff. One person said, "I sometimes try new things and get to meet with people." People had recently attended a sports club open day.

The home held house meetings regularly and these were used to plan activities and holidays. Recent house meeting records showed they had been used to plan a summer barbeque, arrange two holidays for different groups of people within the home and plan various day trips. Records showed that house meetings were also used to welcome new staff to the home, to remind people about health and safety issues and house rules and to provide feedback on the service. Records showed that people had enjoyed a recent trip to the coast. People were involved in making decisions about the home.

The home had a complaints policy with clear timescales for response and information on how to escalate concerns if people were not happy with the initial response. The home had not received any formal complaints since our last inspection. People and their relatives told us they knew how to make complaints but had not needed to. People said they would talk to staff about any problems and staff would get them resolved. One person said, "If I'm not happy I tell the staff and they try and get things done."

Care plans sometimes lacked detail regarding the exact nature of support to be provided. For example, several plans told people to "support and encourage" various tasks without providing information on how to provide this support and encouragement. However, in conversation staff were able to describe their support in detail and the provider told us they would incorporate this detail into updated care plans.

The home operated a key worker system whereby each person living in the home had a named member of staff who was responsible for ensuring care plans were up to date and reviewed as well as being the designated staff member that people could approach with any concerns. Key workers had worked with people to complete a document called "My Life Story Book." These were well completed and contained details about people's pasts, preferences, routines, communication, beliefs, hobbies and favourite things. The voice of people who lived in the home was clear throughout these documents and people told us they had completed them with the staff. In addition, each file contained a document called "My recovery and well-being plan." These contained details of how people wished to be supported to maintain their mental health and what to do if their mental health deteriorated.

Records of care were clear and contained details of activities, health appointments, personal care and medicines. Keyworkers completed a monthly review of log books and recorded a summary. Where people's needs had changed during the month the care plan was updated with a handwritten note. Care plans were live documents with additions made when required. Care plans were re-typed every six months to ensure it was clear what the most current support provided was. This meant the service was providing support that was responsive to people's needs.

Good

Is the service well-led?

Our findings

People and their relatives spoke highly of both the registered manager and the provider of the home. A relative told us, "[My relative] trusts and respects the managers. The manager is tremendous and I have a lot of respect for him. [The provider] deserves a medal for the work she has done." One person said, "[Manager] is a very nice person." During the inspection people approached the provider freely and told us how they were going out with them later in the week. The registered manager was not available during our inspection but this did not have an impact on the process or how the home was run.

Staff told us they felt supported by the management of the home and the style of management created an open and supportive culture. One member of staff told us, "[Registered manager] is a good man, he's always making sure we are OK. When you're working he's there and will check if you had your break. He creates a good friendly environment. If you aren't sure of something he's always there to help." Another member of staff said, "[Registered manager] motivates us. He asks us if we have any problems or concerns. If we have any doubts he'll help. It's easy to talk to [provider] as well."

Records showed that the home held regular meetings for staff. These were attended by both the registered manager and the provider. Records showed that staff meetings were used to discuss any issues or updates relating to people who lived in the home, to provide training, to ensure staff were up to date regarding policies and procedures. Records also showed the meetings were used to ensure staff received feedback from people and relatives about the home. Staff told us they found these meetings helpful. The provider had achieved recognition in November 2015 as an employer that meets best practice in managing people.

People, their relatives and professionals involved with the service completed feedback forms and surveys regarding the quality of the service delivered. The surveys asked about the food, support, daily routines, buildings and management. Records showed that people were either very satisfied or satisfied with all aspects of the home. Feedback from stakeholders included, "Care given to residents is of a high standard. The staff are well trained. People are simulated by on site activities."

The registered manager completed monthly quality assurance audits. These covered the premises, medicines, health and safety, hygiene and infection control, food, care plans, risk assessments, and staffing issues. The audits included action points to address any issues identified and subsequent audits showed these actions had been completed. For example, the January audit identified that portable appliance testing for electrical equipment would be due soon and the subsequent audits showed this had been completed. This meant the service was effectively monitoring the quality of the service and taking action to make improvements.