

Trinity Merchants Limited

Lynwood Lodge Residential Care Home

Inspection report

20-22 Broad Road
Sale
Cheshire
M33 2AL

Tel: 01619737210
Website: www.excelsiacare.co.uk

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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

About the service:

- Lynwood Lodge Residential Care Home (known as Lynwood) is a residential care home registered for 24 people. Lynwood was providing personal care to 16 people aged 65 and over at the time of the inspection.
- Lynwood is a large Victorian building, with 20 single rooms and two shared rooms. Some rooms have en-suite facilities. There is lift access to the two main floors, with stair lift access to other areas of the home.

People's experience of using this service:

- All the people and their relatives we spoke with were complimentary about living at Lynwood Lodge and were positive about the staff team. They said the staff knew them and their needs well, always treated them with respect and new how to maintain their privacy and dignity.
- The staff said they enjoyed working at the home and they received the training and support they needed. Staff were safely recruited.
- Care plans were in place that assessment the support people needed and the risks they may face. All care plans were reviewed each month. People and / or their relatives were involved in agreeing the care plans.
- People received their medicines as prescribed from trained staff.
- People enjoyed the meals and said they always had a choice.
- People's health needs were being met. Referrals to medical professionals were made as required.
- A quality assurance system was used by the registered manager to monitor the service. All incidents and accidents were recorded and reviewed by the registered manager to ensure actions were taken to reduce the chance of a re-occurrence.
- No one was receiving end of live care at the time of our inspection. We saw evidence of the service working with district nurses, GPs and other professionals when supporting people at the end if their lives.
- The home was clean throughout. Clear infection control procedures were in place for supporting three people who had hospital acquired infections.
- Staff arranged activities within the home and an external exercise instructor visited twice per week. Some people said they did not have chance to go out, for example to the pub, as much as they used to.
- There was a formal complaints policy in place. No formal complaints had been made since our last inspection. People and their relatives told us they spoke directly to the staff team or registered manager about things and they were then sorted out.
- Lynwood Lodge was well decorated, however dementia friendly signs to assist people to orientate themselves within the home were not used. A notice board contained old pictures and paper clippings to aid reminiscence.

Rating at last inspection: Good; report published 2 November 2016

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Lynwood Lodge Residential Care Home

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was conducted by one inspector and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service. The ExE had experience of services for older people and people living with dementia.

Service and service type:

Lynwood is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

We reviewed information we held about the service. This included details about incidents the provider must notify us about, such as accidents or abuse. We reviewed the information the provider had sent us in their provider information return (PIR). The PIR gives some key information about the service, what the service

does well and improvements they plan to make. We used all this information to plan our inspection.

We contacted the local authority commissioning and safeguarding teams. No concerns were raised about Lynwood.

During the inspection we spoke with ten people and six relatives or friends about their experience of the care provided. We spoke with five members of staff, two domestic staff, the chef and the registered manager.

We observed the support people received and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at a range of records, including three care plans and medicines records. We also reviewed three staff recruitment files, training and quality assurance and other records in relation to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- Risks a person may face had been identified and guidance provided for staff to manage these known risks. Risk assessments were reviewed each month.
- Weekly and monthly checks of the fire systems and water temperatures were completed. People had personal emergency evacuation plans (PEEPS) which informed staff and the emergency services of the support each person would need to evacuate the building in the event of an emergency. Monthly fire drills were held.
- Equipment was serviced and maintained in accordance with the regulations.

Systems and processes to safeguard people from the risk of abuse

- People and relatives said they were safe living at Lynwood. A relative said, "The staff make sure the building is kept secure."
- Staff said they reported any concerns to the registered manager who would look into the concern. One person told us, "If I had any concerns I would speak to the manager. This happened a couple of times soon after I came, and she sorted the matters out quickly."

Preventing and controlling infection

- Three people living at Lynwood had a hospital acquired infection. Information about the conditions was available for staff so they had the relevant information to keep other people and themselves safe. Infection control was also an agenda item for staff meetings.
- Clear infection control procedures were in place, with their rooms deep cleaned at least once per day and all laundry kept separate.
- All staff we spoke with, including the domestic staff, were fully aware of these additional infection control procedures, including the use of disposable personal protective equipment (PPE) when providing any personal care.
- The home was visibly clean throughout and there were no malodours. One person said, "The cleaner keeps the home very clean, and the laundry lady does the washing and keeps our clothes etc clean."

Staffing and recruitment

- Staff continued to be safely recruited, with all pre-employment checks being completed prior to new staff starting work at the service.
- There were sufficient staff on duty to meet people's identified needs. Call bells were answered appropriately. Between 7am and 8am both the night staff and day staff were on duty, which provided additional staff support as people were getting up. People told us, "Yes, I think there are enough staff to look after us properly" and "They come instantly if you buzz; there's no question of 'Hang on and I'll do it when I

can."

- Staff confirmed that additional staffing was arranged if people's needs increased, for example if a person was at the end of their life and required additional staff support.

Using medicines safely

- People received their medicines as prescribed.
- Staff had received training in medicines administration. The registered manager observed the medicines rounds as part of their weekly health and safety check.
- Clear guidelines for when 'as required' (PRN) medicines should administered were in place. Body maps showed where any prescribed creams were to be applied.
- Medicines administration records (MARs) were fully completed.
- The registered manager completed a weekly medicines audit. Any issues found, for example any missing signatures on the MARS, were checked to ensure all medicines had been administered. The registered manager also spoke with the staff member concerned.

Learning lessons when things go wrong

- All accidents and incidents, for example a fall, were reported to the registered manager. A 48-hour monitoring procedure was followed after any accident or incident.
- The registered manager reviewed all incidents to ensure all actions to reduce the risk of a re-occurrence had been taken and to identify any patterns to the incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received the training and support to carry out their roles.
- Staff completed a range of on-line training courses. Staff were up to date with their training.
- New staff completed the care certificate on-line. The care certificate is a nationally recognised set of principles that all care staff should follow in their working lives. They also shadowed experienced staff so they could get to know people and their support needs.
- One relative said, "The care here is very good. The staff seem to be properly trained and know what they are doing. They usually know [name] better than we do, but will sometimes phone and ask."
- Staff received regular supervision meetings with the registered manager. They told us they could raise any ideas or issues at these meetings.
- Staff members told us they felt well supported by the seniors and registered manager. One member of staff said, "There's good support from [registered manager] and the other staff."

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food and that they always had a choice. People told us, "The food is very, very good. Everything is cooked on the premises; there are plenty of vegetables" and "There are usually two choices, and we often have chocolate biscuits for a snack."
- People could have their breakfast as and when they got up; there was no set time for breakfast to be served.
- People's nutritional needs were identified in their care files. The chef knew people's different needs, including the texture of their food required and who had diabetes.
- People had jugs of juice next to their chairs and were encouraged to drink throughout the day.
- A range of snacks, including fruit, yoghurt, crisps and biscuits was offered twice a day.
- People's food and fluid intake was monitored. Where required detailed amounts of fluids consumed were recorded and totalled so they could be compared with the target amount advised by medical professionals.
- People were weighed regularly and referrals made to the speech and language team (SALT) or dietician where people were at risk of losing weight.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Care plans identified people's health needs, for example oral care or skin care.
- Referrals were made to the GP and other health professionals as required.
- People had access to dental care, opticians and podiatrist as needed.
- The home worked with other professionals, for example the district nurse team, who visited the home

twice per week.

- One person said, "Staff help us make appointments, and will call a doctor if needed and let my [relative] know. The hairdresser comes every week and the chiroprapist every two months; all you have to do is to ask the staff to put you on the list" and a relative told us, "Last week [name] got an infected finger. The staff noticed it straight away, got the doctor immediately and let us know. She's had antibiotics and it's now fine."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them moving to Lynwood. People, relatives, local authority social services and medical professionals were involved in the assessment process.
- The registered manager explained they ensured people and their relatives were aware of the layout of the home and that the service could meet their mobility needs. This was because some rooms were accessible via a stair lift.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- A person's capacity was assessed when they moved to Lynwood. Where a person lacked capacity to consent to their care and support a DoLS application was made.
- The registered manager recorded when DoLS applications had been made, when they had been authorised and when a re-application was due to be made.
- Where a Lasting Power of Attorney (LPA) was in place copies were held by the home. A LPA legally allows the named person to make decisions in specific areas on people's behalf.
- Staff asked for people's consent before providing support.
- Care plans identified the choices a person could make within their day to day lives.

Adapting service, design, decoration to meet people's needs

- Lynwood is an old Victorian house adapted to meet people's needs. Some rooms had walk-in en-suite showers. An adaptive bath was available on the first floor.
- Toilets and bathroom doors were painted a bright yellow so they stood out to assist people living with dementia to locate them.
- People were asked what colour they wanted their bedroom painted before they moved to the home.
- Fiddle blankets and muffs had been bought. People living with dementia may like to fiddle with tactile objects and these may reduce any anxieties they may have. A notice board with old photographs and press clippings designed to stimulate reminiscence.
- Lynwood Lodge was well decorated. However, signs designed to assist people living with dementia to orientate themselves around the home were not used. A person's photograph was used to help people

locate their own bedroom.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- All the comments we received from people living at Lynwood and their relatives were positive about the home and the staff team.
- Comments included, "It's comfortable; I'm contented and the staff are kind and look after us well", "Lynwood Lodge has a lovely atmosphere; the staff couldn't be nicer" and "The staff are extremely kind and thoughtful. I cannot say how impressed I am."
- We observed and heard positive interactions between people and members of staff throughout our inspection.
- People's likes and dislikes were recorded in their care files. A brief life history was also obtained. Staff knew people and their support needs well.
- The registered manager had obtained recent guidance information about meeting the needs of older lesbian, gay, bi-sexual and trans-gender people. They were going to include this as a discussion topic in team meetings.
- A person's cultural needs were recorded in their care file. Representatives from a local church visited the home twice a month.

Supporting people to express their views and be involved in making decisions about their care

- People and / or their relatives were involved in agreeing and reviewing their care plans.
- People's communication needs were recorded in their care plans.
- Staff could clearly explain how they supported people to make day to day choices, for example with their meals and their clothes.
- Relatives told us that they were kept informed of any changes for their relative. They also said that they were able to ask the staff or registered manager about anything and they would always receive a response.

Respecting and promoting people's privacy, dignity and independence

- Staff clearly described how they maintained people's privacy and dignity when providing personal support, including explaining to people what they were doing throughout the support.
- People and their relatives felt that the staff team were respectful. One person said, "Staff call me by a short form of my first name because I want them to."
- Staff encouraged people to complete the things they could do for themselves, for example during personal care. We observed staff members encouraging people when they were mobilising within the home. One person said, "They don't rush you when you are doing something for yourself, such as in the shower."
- Relatives were able to visit people at any time. Relatives said that they were made welcome by the staff when they visited people.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Each person had a person-centred plan which detailed their support needs and how staff should meet these needs.
- Care plans were reviewed each month. Care staff told us they reported any changes in people's support needs to the registered manager who updated the care plans accordingly.
- Each person had a 1-page profile at the front of their care file. This gave a brief overview of their support needs in a range of areas, for example mobility, communication, eating and drinking. These could be used by agency staff or new staff to quickly refresh themselves on the main support needs for each person. We discussed with the registered manager how these could be made more accessible to staff, for example by having copies in people's rooms for reference.
- Care staff told us the registered manager informed them about people's care needs before they moved to the service and the care plans were available prior to a person moving to Lynwood. They felt they had sufficient information to meet people's needs as they moved to the service.
- Relatives told us they were involved in agreeing and reviewing the care plans.
- People said that they enjoyed the activities available at Lynwood, saying, "I'm very happy; the activities going on here are very good" and "I mostly watch TV and read; sometimes I do the armchair exercises, puzzles or crosswords." However, some people did tell us that they do not go out, for example to the pub, as much as they used to.
- The staff arranged activities within the home, for example games. An external arm chair exercise instructor visited twice per week and an external entertainer was booked once per month.
- The registered manager told us information could be provided in large print if required. Audio books had been obtained to enable people to listen to a novel and large print word-searches were available for people to use.
- The service had started taking photographs of the meals available. People could be shown what the menu options were so they could make a choice for their meals. The new chef was in the process of developing different menu choices and so the photo file was still being developed at the time of our inspection.
- Technology was used, for example pressure mats and door sensors, to alert staff when someone got up, where it had been assessed as reducing the risks people may face.

Improving care quality in response to complaints or concerns

- A formal complaints policy was in place. The registered manager told us no formal complaints had been made since our last inspection in 2016.
- People and relatives told us they would speak directly to members of staff or the registered manager if they wanted to raise anything. These were always responded to appropriately.
- Immediately after our inspection we received feedback from a relative raising several concerns. The

registered manager provided correspondence they had had with the family in response to the concerns raised. These were not formal complaints but had not been recorded to analyse if similar informal issues were being raised by other relatives as well.

End of life care and support

- At the time of our inspection no one living at Lynwood was receiving end of life care.
- A 'sickness pack' was written when people were approaching the end of their lives. This included information about their wishes and a record log of all support and care provided.
- A recent 'sickness pack' showed other health professionals, for example district nurses, were involved in the person's care and anticipatory medicines were prescribed to make people comfortable at the end of their life.
- We saw thank you cards relatives had sent to the home following the death of their relative. The comments in one card included, "The competence and dedication of the staff never failed to impress us. We are thankful that [name] was able to remain at Lynwood until she left us, in quiet and peaceful surroundings."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had a range of quality audits in place, including health and safety checks, medicines, call bells and sensors. Any issues identified were actioned appropriately.
- A weekly quality assurance check was used to monitor care plan reviews; all records had been completed and that staff training was up to date.
- The registered manager or senior care staff did a daily health and safety walk around the home to observe the general tidiness of the home, any malodours and hand washing techniques
- The registered manager said that the directors of the provider visited regularly and spoke with them most days. The registered manager said they were well supported by the provider. However, no formal records of any visits or checks made by the directors were made.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff all said that the registered manager was visible and approachable. One person said, "I talk first to the carers, then I talk to the manager."
- Focus groups for people living at the service to give their views on the service were held every six months. These discussed the menu, activities and the staff team. The focus group minutes showed positive feedback from people about Lynwood.
- Surveys had been given to relatives, however none had been returned. The registered manager said relatives just came to see her or spoke to members of staff if they needed anything.
- Staff meetings were held every four months. Staff told us they could add items to the agenda and raise any ideas or issues they had at these meetings. Meetings for the senior carers were also held.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff said they enjoyed working at Lynwood and felt supported in their roles. Staff told us, "If I don't know something, I just ask any staff and they would help and show me; we're like one big family with carers and management working together."
- The registered manager notified the CQC appropriately of any accidents and incidents at the service.

Continuous learning and improving care; Working in partnership with others

- The service worked with medical professionals, community services and local authority social workers. Information was shared appropriately where required.

- Incidents and accidents were reviewed to assess if there were any patterns identifiable and ensure appropriate actions had been taken to reduce the risk of a re-occurrence.
- The registered manager had information about current good practice guidance, for example supporting people who identify as lesbian, gay, bi-sexual or trans-gender (LGBT) and was going to use this in team meeting discussions with the staff team.