

Lyndale (Hereford) Limited

# Lyndale

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Lyndale is registered to provide personal care to ten people with learning disabilities, aged 18 and over. Lyndale accommodates eight people in one adapted building and has two independent living style flats attached.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

### People's experience of using this service and what we found

People who lived at the home continued to receive good care. Staff knew people well and provided support that met people's needs and enabled them to take part in activities within the home and community in line with their preferences. People were supported with kindness and consideration. Staff knew how to keep people safe and had received training in how to reduce the risks of harm from occurring.

People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People received medications safely and risks to people had been assessed and managed to identify and reduce the impact of any known risks. People were supported to access healthcare services as needed and staff responded promptly to changes in people's health. Routine checks and audits were carried out to ensure that all aspects of the service were being delivered safely.

People's rights were upheld and protected, and people received kind support and assistance to have choice and control over their day to day lives. People's preferences were known by staff and enabled people to do as much as possible for themselves.

Effective monitoring systems were in place enabling people to have a good quality of life. People and staff were encouraged to provide feedback about the home and the management team were keen to identify other improvements that could be made to support people to further improve their lives.

The registered manager was aware of their responsibility to report events that occurred within the home to the CQC and other external agencies, complying with the regulations.

Rating at last inspection:

The service was rated Good at the last inspection (report published 02 November 2016).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://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?

Good ●

The service was safe

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Lyndale

## **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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team:

This inspection took place on 17 July 2019, by one inspector, and was unannounced.

#### Service and service type:

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

The home had a registered manager. 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.

#### What we did before the inspection:

We reviewed information we had received about the home since the last inspection in November 2016. This included details about incidents the provider must notify us about, such as abuse. We assessed the information we require providers to send us at least once annually (the Provider Information Return) to give some key information about the service, what the home does well and improvements they plan to make. We checked for feedback from local authorities and commissioning bodies. We used all this information to plan our inspection.

#### During the inspection-

We looked at the information we had gathered. We met and spoke with three people living at Lyndale, we spent time observing staff working with and supporting people in communal areas during the inspection.

We spoke with three care staff, which included carers, team leaders and the registered manager.

We reviewed a range of records in paper form and computer held records. This included two people's care records and medication records. We also looked at the training records of all staff and staff rotas and one staff file. We reviewed records relating to the management of the home and looked at a small selection of policies and procedures developed and implemented by the provider.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Good: This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- People's care and support needs were known to staff who were clear about actions they would take to keep people safe. During the inspection we saw staff supporting people to move around the home using the correct manual handling techniques as stated in their manual handling risk assessments.
- People's individual requirements had been used to create risk assessments that were comprehensive and up to date.
- When people's needs change or when any additional risks had been identified, records were updated so that staff had access to the most up to date information. Staff were informed of changes in care needs or risk at handovers between shifts.

### Systems and processes to safeguard people from the risk of abuse

- People told us they were safe at the home; one person said, "I love it here, it's safe. I never have to worry." Another person said, "Yes, I have no reason to feel unsafe."
- Staff were clear about the signs of potential abuse and told us they would report any concerns and keep people safe.
- Staff received training about safeguarding and supporting people which they applied to their daily work. We saw records that stated when staff had received training and they were provided with refresher training regularly.

### Staffing and recruitment

- People expressed positive views about staffing levels within the home. One person said, "I can go out whenever I want, and the staff will take me, I never have to wait long for anything".
- We found there were enough staff available to meet people's needs. There were additional staff on shift to enable people to attend activities they enjoyed throughout the day.
- Each shift was led by a team leader who allocated duties for all staff. The deputy manager and registered manager also provided support to the home when needed.
- The provider followed safe recruitment practices for staff with references and criminal record checks carried out before staff commenced working in the home. These helped to ensure that staff were of good character and suitable to work with the people living at the service.
- A large proportion of the staffing team had worked at Lyndale for a long period of time, which offers continuity and security to the people who live there.

### Using medicines safely

- People received their medicines on time and in a safe way. Staff had been trained to administer medication and followed the provider's processes. Audits were undertaken regularly of all medication held in the home and the administration records were also checked by a named senior staff member. Any issues identified were then reported and acted on, which included additional training for staff if this was appropriate.
- The storage of medication was safely and securely managed by staff who were confident about what they were doing.
- People told us they were happy with the support they received for medication. One person said, "They [staff] give me my pills and stay with me whilst I take them."
- Some people had been prescribed medication to be taken 'as required' and there were protocols in place so that staff would be consistent about when people would receive such medication.

#### Preventing and controlling infection

- The home was clean and tidy in communal areas and bathrooms.
- Staff told us that they had received training in how to reduce the risk of the spread of infection.

#### Learning lessons when things go wrong

- The registered manager had a detailed system in place to record and reflect on issues or events in the home. Analysis took place after any incident, accident or near miss to identify if there was any improvement or change that needed to be made to reduce the risk of the incident happening again.



# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been fully assessed prior to admission into the home and was ongoing after admission.
- People and their relatives were involved and consulted when reviewing care plans. The plans had been reviewed regularly and updated to ensure that people received consistent care from all staff.
- People's diverse equality needs were detailed in their care plans. This included information about how any specific support was to be provided to respect culture, gender and religious needs.

Staff support: induction, training, skills and experience

- People were supported by suitably trained staff. Staff told us about the training they received to help them to deliver good care. One staff member said, "The training is good, we get some on the computer and some face to face with a trainer."
- The registered manager had a system in place to monitor and check that no training was missed by staff. The registered manager completed spot and competency checks to ensure that the staff were applying the training to their roles.
- Staff received regular supervision sessions and had opportunities to attend regular staff meetings.

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

- At the time of our inspection the kitchen was undergoing renovation and therefore we were not able to observe the usual lunchtime experience for people who live at the home. The staff supported people to make choices about what type of food they would like to eat and arranged for it to be delivered or took people out to local restaurants of their choice. One person told us "The food here is great! I can't wait for the kitchen to be finished so I can help cook again".
- Staff knew people's dietary likes and preferences and supported those who need assistance to eat their meal discreetly at the person's own pace.
  - Referrals were made by staff to appropriate healthcare professionals when any risks were suspected or known regarding eating and drinking. Some people were provided with aids to help them maintain independence at meal times.
- People were supported to drink often throughout the day. Hot and cold drinks were regularly offered and in addition there were always cold drinks available.
- People who were at risk from not eating enough to maintain good health were provided with support from staff who checked their weight and made referrals to health professionals if needed.

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

- People said they saw their doctors when they needed to. Staff advised they had a good working relationship with people's GPs. One person said, "I see the doctor when I need to."
- People's healthcare needs were considered and responded to, with plans in place for regular check-ups.

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

- People's rooms had been personalised with their own belongings, some people had items which reflected their personal interests or hobbies. One person said, "I've got my own things here and love listening to my music."
- The registered manager had arranged for the kitchen to be refurbished to improve accessibility for people with restricted mobility, with a view to enabling them to be able to fully participate in meal preparation.
- The registered manager showed us plans to make the garden much more user friendly and accessible and to update the décor in the building. This includes replacing windows and carpets, plus redesigning the layout of the dining room to make it more accessible.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. Staff were aware which individuals were subject to DoLS authorisations at the home.

Staff had received training in MCA and DoLS and were aware of least restrictive practice. Staff told us they worked with others involved in people's care including relatives to provide supporting information around making a best interests decision.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Good: This meant 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

- The staff were caring and kind and understood what was important to people. People were treated with respect and offered kind and caring support when needed. One person told us, "The staff are all lovely and helpful." Another person said about staff, "They couldn't be any more helpful, they look after me well."
- We observed people engaging in conversations and partaking in activities throughout the inspection with staff encouraging and supporting people to be involved.
- One staff member told us "What I like about this company is that they know your name and the residents, we aren't a number, we are people".

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

- People were treated with kindness and care by the staff. Staff spoke respectfully to people and engaged in friendly conversation with them. Care plan reviews were written up after the meetings and any changes were made to care plans in line with what had been agreed.
- People were supported by staff who knew them and knew how people wanted to be supported.
- No agency or temporary staff were used in the home.
- People made decisions about their routines and lifestyles. For example, choosing the times when they wanted to go to bed and to get up and we saw that this was respected. One person said, "I choose when I go to bed and wake up, and I can have breakfast when I want".

Respecting and promoting people's privacy, dignity and independence

- Staff promoted and protected people's privacy and dignity. Support with personal care was managed by staff who discreetly prompted people to accompany them when it was clear that they needed some assistance.
- Staff encouraged people to be as independent as possible and supported people who only needed minimal assistance. The home has two independent living flats attached which were utilised to develop the independent living skills and goals of people at their own pace, with the aim to move on to maintaining their own tenancy in the community when they felt able to do so.
- Staff were aware of people's diverse needs.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Good: This meant people's needs were met through good organisation and delivery

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager told us that documentation was available in other formats for people should it be needed. The signage around the home was being developed and improved.
- Staff found different ways to ensure they understood people's needs, for example, understanding facial expressions and body language.

### Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person has an individual care plan that included life history work and covered all aspects of their care and daily routines. Reviews of the care and support needs were undertaken regularly. The care plans were thorough and had been written and agreed with the person where able.
- There were organised activities within the home and local community. One person spoke about the variety of things they liked to do. They said, "I like going out shopping with [staff member] and can go to the pub for lunch if I want to". Another person said, "I go Tesco now". People were supported to attend local community groups where they wished.
- We saw group long distance day trips out were planned in advance based on the places people had said they would like to go. People were supported to visit local places during the day, as and when they expressed a wish to do so.
- We also that each person had a 'scrap book' full of pictures and mementos from recent activities and trips that people had recently participated in, both within and outside the home. These were maintained for people to look through and reflect on.
- People were encouraged to maintain relationships with family and friends. Staff supported people to visit their relatives who lived out of the area and were no longer able to travel to the home.

### Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. People were clear about who they would talk to if they had any concerns and told us they would speak with the team leaders, the deputy manager or registered manager if they needed to. Both the registered manager and the deputy were known by all people in the home. One person said, "I would go to her [registered manager] if I had any problems, she knows us very

well". Another person said, "If I wasn't happy I would speak to [registered manager] and she'd sort it, but I've never had to."

- The registered manager had a system in place to review any concerns or complaints and we saw when issues had been raised these had been dealt with. Once the issue had been resolved the registered manager reviewed and analysed the issue to determine if there was anything that should have been or could be done to address it or to prevent it happening again.

#### End of life care and support

- The registered manager encouraged people to discuss their end-of-life wishes at the point of admission and regularly during reviews, and these were recorded in their care plans.
- At the time of the inspection there was one person receiving end of life care and we saw a plan was in place and changes had been made to their care since the change in health needs.
- The registered manager has recognised that the people living at Lyndale are aging and plans are being actioned to ensure that people are able to receive end of life support at Lyndale. The registered manager had trained staff and arranged equipment to support people when needed.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

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

- People told us they were happy with the care and support they received at the home? .
- Staff understood their duty to provide person-centred care based on their training.
- The registered manager and staff promoted transparency. People knew who the registered manager and deputy manager were and said they would be comfortable to approach either with any issues and they would be listened to.
- People and staff spoke highly of the registered manager and deputy and commented that they could always approach them. A member of staff told us, "I can always go to the manager with anything."

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

- There was a registered manager in post who provided leadership and support. We found the registered manager to be open, honest and committed to making a genuine difference to the lives of people using the service.
- The registered manager was aware of the need to maintain their 'duty of candour' (responsibility to be honest and to apologise for any mistake made) under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The quality assurance systems were in place to monitor the service and identify areas for improvement.
- Staff had regular supervisions and staff meetings, we saw that these were planned in advance and minutes of these meetings were taken and shared.
- Staff felt they were well trained and supported which in turn helped them to support the people they cared for.
- Regular checks and audits were undertaken of the systems and records in the home to ensure that people using the service were safe and well cared for in all aspects of their lives. We saw evidence of checks for all aspects of the day to day running of the home. Thorough analysis of falls, accidents and incidents took place to identify any trends to limit further reoccurrence.
- Notifications were shared with us so that we could see how any issues had been dealt with. We found that the previous inspection rating was displayed within the home and on the website as required.

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

#### characteristics

- People were involved in day to day decisions about what they wanted to eat and what social activities they wanted to take part in.
- People and their relatives had completed a survey of their views about the home. People's feedback had been used to continuously improve the service.
- The registered manager made themselves easily available to people, relatives and staff.
- The service was caring and focused on ensuring people received person-centred care. It was evident staff knew people well and put these values into practice.

#### Continuous learning and improving care

- The registered manager understood their legal requirements. They were open to change, keen to listen to other professionals and seek advice when necessary
- The registered manager demonstrated an open and positive approach to learning and development.
- Information from the quality assurance systems, care plan reviews and incidents were used to inform changes and make improvements to the quality of care people received.
- Staff told us they were supported by the range of training that was organised and were encouraged to enrol on extra training where needed.
- Staff were supported to increase their skills and knowledge through completing National Vocational Qualifications and other nationally recognised training.
- The registered manager maintained links with external organisation to keep up to date with developments in the field of care.

#### Working in partnership with others

- The management team worked in partnership with health and social care professionals from other agencies to ensure people's needs were met and they had the care, support and services they were entitled to.
- The provider employed a registered psychiatrist to help support the people living at the home.