

Indigo Care Services Limited

# Lymewood Court Nursing Home

## 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

What life is like for people using this service:

Improvements had been made since the last inspection to the way medication was managed. Medication was managed safely and people received their all their prescribed medication on time. People were protected from abuse and the risk of abuse because staff understood their role and responsibilities for keeping people safe from harm. People and their family members told us the service was safe. Risks people faced were identified and measures put in place to minimise the risk of harm occurring. People were protected from the risk of the spread of infection because staff followed good infection control practices. The premises and equipment were well maintained, kept clean and they underwent regular safety checks. People's needs were met by the right amount of staff who were suitably skilled and experienced.

Improvements had been made to the environment since the last inspection. Adaptations had been made to the environment to better meet people's needs. People's needs and choices were assessed and planned for. Care plans identified intended outcomes for people and how they were to be met in a way they preferred. People told us they received the right care and support from staff who were well trained and competent at what they did. People were supported to maintain good nutrition and hydration and their healthcare needs were understood and met. People who were able consented to their care and support. Where people lacked capacity to make their own decisions they were made in their best interest in line with the Mental Capacity Act.

Improvements had been made since the last inspection to how people were cared for. People were treated with kindness, compassion and respect. People told us that staff were kind and respectful of their privacy, dignity and independence. Staff used techniques to help relax people with positive outcomes. Family members and other visitors to the service were made to feel welcome at the service.

Improvements had been made since the last inspection to how people's needs were responded to. People received personalised care and support which was in line with their care plan. People, family members and others knew how to make a complaint. They were confident about complaining should they need to and felt their complaint would be listened to and acted upon quickly.

Improvements had been made since the last inspection to the leadership of the service. There was a positive culture that was person centred and inclusive. People, family members and staff all described the management team as supportive and approachable. They told us many improvements had been made to the service since the last inspection and that they were fully engaged and involved in the running and development of the service. Effective systems were followed to check on the quality and safety of the service which lead to improvements being made.

More information is in Detailed Findings below

Rating at last inspection: Requires Improvement (report published on 08 December 2017)

About the service: Lymewood Court Nursing Home is a residential care home that provides personal and nursing care for up to 46 people, some of whom are living with dementia. At the time of the inspection 44 people lived in the service.

Why we inspected: This was a planned inspection based on the rating at the last inspection. We saw improvements had been made since our last inspection and that the service has improved to good.

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.

## 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 findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our findings below.

# Lymewood Court Nursing 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 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.

Inspection team: Two adult social care inspectors and an Expert by Experience conducted the inspection on the first day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Day two of the inspection was conducted by one adult social care inspector.

Service and service type: Lymewood Court Nursing Home is a care home. People in care homes receive accommodation and nursing or personal care. 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 they and the provider are legally responsible for how the service is run for the quality and safety of the care provided.

Notice of inspection: Day one of the inspection was unannounced and day two was announced.

What we did: Our plan took into account information the provider sent us since the last inspection. We also considered information about incidents the provider must notify us about, such as abuse; and we looked at issues raised in complaints and how the service responded to them. We obtained information from the local authority commissioners and safeguarding team, healthwatch and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to give 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.

During the inspection, we spoke with twelve people using the service, nine family members and three visiting healthcare professionals to ask about their experience of care. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, deputy manager and eight members of staff, including care and ancillary staff. Everyone we spoke with told us that the service had improved since the last inspection.

We looked at five people's care records and a selection of medication and medication administration (MARs). We looked at other records including quality monitoring records, recruitment and training records for four staff and records of checks carried out on the premises and equipment.

Details are in the Key Questions below.

The report includes evidence and information gathered by both inspectors and the Expert by Experience.

# Is the service safe?

## Our findings

People were safe and protected from avoidable harm

Using medicines safely

- All medicines were safely stored, administered and recorded. The storage and use of prescribed thickeners had improved since the last inspection.
- Staff with responsibilities for managing medication had completed up to date training and underwent checks on their competency to undertake the task. They had access to information and guidance about current good practice around the safe management of medication.
- Medication administration records (MARs) were completed in good detail including those for medicines which people were prescribed to be given 'as required' (PRN).
- People told us they got their medication on time and that they were given to them in their preferred way. Their comments included; "I always get my tablets on time" and "Spot on with them."

Safeguarding systems and processes and supporting people to stay safe from harm and abuse and assessing risk

- Effective safeguarding systems were in place at the service. Staff had access to training and information about how to protect people from abuse. Staff understood what was meant by abuse and they knew how to report safeguarding concerns.
- The service involved people in managing risks and restrictions were minimised so that people felt safe. Plans were in place for identified risks and how they were to be managed to minimise the risk of harm to people and others.
- People told us they felt safe and had a lot of trust in the staff. Their comments included; "I am most definitely safe here," "They are very careful when moving me in the lift [hoist]" "They [staff] take care of me very well and make sure I am always safe" and "I feel in safe hands. I have no worries but would tell someone if I did."
- The recruitment of staff was safe. Prior to an offer of employment being made applicants were subject to a series of pre-employment checks to assess their suitability for the job.

Safety monitoring and management

- Service records and equipment was safe and well maintained. Records were safely stored and destroyed when no longer needed in line with the relevant law.
- Daily checks were carried out on the safety of the environment and equipment and utilities were checked regularly to ensure they were safe to use.
- Emergency procedures for keeping people, staff and others safe, were in place and they were regularly reviewed and updated as required. These included personal emergency evacuation plans (PEEPs) and a business continuity plan.
- Staff had completed up to date training in topics of health and safety and they understood their responsibilities for keeping people, themselves and others safe.

Staffing levels

- There were sufficient numbers of trained and experienced staff on duty at all times to safely meet people's needs. In addition to a team of care staff there were two nurses on duty each day and one nurse on duty at night to provide the necessary care and support to people with nursing needs. A manager was available on site during office hours and there was a system in place to call upon managerial support outside of those hours. Regular agency staff were called upon when needed to ensure safe staffing levels were maintained.
- People told us they thought there were enough staff to keep them safe and meet their needs. Their comments included: "They are there when you need them" and "They are very attentive."

#### Preventing and controlling infection

- The control and prevention of infection was managed well. Staff were provided with training and information about preventing and controlling infection and they applied their learning in practice. The premises were kept clean and hygienic and smelt pleasant throughout.
- Staff had access to a good stock of personal protective equipment (PPE) including handwashing facilities and they used them appropriately to help minimise the spread of infection. They disposed of waste in line with current infection control and prevention procedures and cleaned up spillages as they occurred.

#### Learning lessons when things go wrong

- When something goes wrong the service responded appropriately and used any incidents as a learning opportunity and to put things right. Accident and incidents were recorded promptly and analysed to help identify any patterns or trends. Action was taken to minimise further risks to people, such as prompt referrals to external professionals.



# Is the service effective?

## Our findings

People's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on best available evidence

Effectiveness of care, treatment and support: outcomes, quality of life

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

- Signage, memorabilia and focal points were available at the service to promote people's independence and quality of life, such as wayfinding and stimulus. This was an improvement since the last inspection.
- People were involved in decisions about the premises and environment; individual preferences and cultural and support needs were reflected in how adaptations were made and the premises were decorated.
- Technology and equipment was used effectively to meet people's care and support needs. Sensor mats were in place for people who were at high risk of falls. The registered manager was researching other technology which could be used to promote the communication needs of people thus promoting their independence.

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

- Care and support was planned, delivered and monitored in line with current evidence-based guidance, legislation, standards and best practice. Assessments were completed in good detail and included expected outcomes for people based on their needs and choices. Assessments were obtained from other health and social care professionals and used to help plan effective care for people.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. Staff knew people well and how best to meet their needs.
- People and family members commented; "They [staff] know me very well and what they need to do for me and they always deliver," "They [staff] do things just how I like and they know the things I don't like" and "[Relative] gets all the care they need and more."

Staff skills, knowledge and experience

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively. Staff completed a detailed induction on commencing employment and were provided with ongoing training and learning relevant to people's needs and the requirements of their role.
- Staff were encouraged and supported to obtain further qualifications and where appropriate to maintain professional registration.
- Support and supervision was provided to staff both on a one to one and group basis. Staff told us they felt adequately trained to carry out their role and that they were well supported.

Healthcare support

- Where people required support from healthcare professionals this was arranged and staff followed guidance provided by such professionals. Information was shared with other agencies if people needed to access other services such as hospitals.

- Systems were in place to plan referrals to external services and to maintain care and support. Referrals to external health and social care professional were made in a timely way. This included referrals to the falls team, dieticians and speech and language therapist (SALT). Visiting healthcare professionals told us that staff were good at communicating with them and that they provided people with the right care and support.
- People told us they received care they needed from others.

#### Eating, drinking, balanced diet

- People had choice and access to sufficient food and drink throughout the day; mealtimes were set to suit individuals' needs and food was well presented; people were protected from risks of poor nutrition, dehydration and swallowing problems.
- People had a positive dining experience. Dining rooms were pleasant with attractively set tables and meals were served in a timely way. People were given plenty of time to eat their meals and staff provided appropriate support to those who needed it.
- People told us they enjoyed the food and drink and had a good choice. Their comments included; "The food is good," "Plenty of it and lots to choose from," "They [staff] give me what I like" and "It's good old homemade food most of the time."

#### 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 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 and whether any conditions on authorisations to deprive a person of their liberty were being met.

- Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Information was provided in formats that suited people's needs, with family, friends and advocates involved where appropriate.
- Where people were deprived of their liberty, the registered manager worked with the local authority to seek authorisation for this to ensure this was lawful.

# Is the service caring?

## Our findings

The service involves and treats people with compassion, kindness, dignity and respect

Treating people with kindness, compassion, dignity and respect

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and they were provided with compassionate support in an individualised way. This was an improvement since the last inspection.
- People's right to privacy and confidentiality was respected. People's personal records were kept secure and only accessed by authorised staff on a need to know basis. Conversations of a private nature which took place with and about people were held in private and staff were careful not to be overheard. Staff provided personal care to people in private and they knocked on doors and waited for a response before entering bedrooms, bathrooms and toilets. People told us this was usual.
- Family members of one person told us that their relative had received exceptional end of life care.
- People's independence was promoted and respected. Staff were careful not to take over and encouraged people to do as much as they could for themselves. People's life skills were recognised by staff and people were encouraged to maintain them. One person helped to set the dining tables and another person helped with cleaning tasks.

Ensuring people are well treated and supported

- People were treated with kindness and were positive about the staff's caring attitude. Comments from people and family members which supported this included; "The staff are tender with me," "The staff are very caring," "They [staff] show a lot of care and compassion," "They [staff] are like my family, they care a lot about me" "They [staff] treat me very well indeed" "I couldn't ask for better care for [relative]" and "[Relative] always tells us that the staff treat them very well and are gentle and caring."
- People who chose to, shared information about their backgrounds, important relationships and other things of interest. This information was captured in care plans and used by staff to engage people in meaningful conversations and activities. An example of this was when a member of staff initiated a conversation with a person about an interest of theirs.
- Staff understood and supported people's communication needs. They maintained eye contact when talking with people and used gestures and signs to aid their understanding.
- Staff used techniques with good effect to help relax and comfort people. One person was anxious and upset after just moving into the service. Staff constantly reassured the person and showed them empathy and understanding. When we later spoke with the person they told us; "The girls [staff] are like angels they have made me feel much better about things".
- Visitors to the service were made to feel welcome and were offered refreshments. Visitors including family members, friends and health and social care professionals told us that staff were always welcoming, polite and courteous. Their comments included; "Everyone is very friendly" and "The staff are so welcoming."

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

- Staff signposted people, families and friends to sources of advice and support or advocacy; and provided

advisors or advocates with information. Useful information in the form of leaflets and posters were displayed in the reception area. People and those acting on their behalf were provided with a range of opportunities to express their views about the care and support through regular care review meetings, surveys.

# Is the service responsive?

## Our findings

People received personalised care that responded to their needs

How people's needs are met

Personalised care

- People were empowered to make choices and have as much control and independence as possible, including in developing care and support plans.
- Care plans set out how people's needs were to be met in a personalised way. They took account of people's choices, wishes and preferences and things of importance. Care plans were reviewed on a regular basis and updated to reflect any changes in people's needs. This was an improvement since the last inspection.
- People told us their needs were met in a way they preferred. Their comments included; "They [staff] know me well and how I like things done" and "They [staff] do everything just the way I like."
- People's needs were identified, including relating to protected equality characteristics, and their choices and preferences were regularly met and reviewed. For example, reasonable adjustments were made where appropriate; and the service identified, recorded, shared and met information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard.
- Where technology was used, it was accessible to people and staff and promoted timely and responsive care. This included the use of sensor mats which alerted staff when a person needed support and supervision. Staff responded to these alerts in a timely way. The registered manager told us that they were aware of other forms of assistive technology which people would benefit from and they agreed to explore this further.
- People's preferred hobbies and interests were identified and both one to one and group activities were planned around people needs and choices. Staff engaged people in meaningful activities.

Improving care quality in response to complaints or concerns

- People knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this.
- People, families, friends and carers were given information about how to make complaints; and they were confident that any complaints they made would be listened to and acted upon in an open and transparent way. Complaints made were used as an opportunity to improve the service.

End of life care and support

- People were supported to make decisions about their preferences for end of life care, and staff empowered people and families in developing care and treatment plans. Care plans included people's advanced decisions about their end of life wishes. Appropriate professionals were involved as appropriate.
- Staff understood people's needs, were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences.
- The service provided specialist equipment and medicines at short notice.
- The service supported people's family, friends as well as staff, before and after a person died. Families felt

involved and listened to in the last days of a person's life.

# Is the service well-led?

## Our findings

Leadership and management assure person-centred, high quality care and a fair and open culture

Leadership and management

Continuous learning and improving care

- Quality assurance arrangements set out by the registered provider were used effectively to identify concerns and areas for improvement. This was an improvement since the last inspection.
- The registered manager had worked with other senior managers to make and sustain improvements to the service following previous inspections where breaches of regulation were found.
- Staff described a culture of learning. They were confident they would be supported when things went wrong and that learning would take place.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The service was well-led. The registered manager and staff understood their roles and responsibilities and people, family members and other stakeholders were confident in the leadership of the service.
- The registered provider's systems for assessing and monitoring the quality and safety of the service were followed and improvements were made. Risks were identified through the quality assurance systems and mitigated in a timely way. This was an improvement since the last inspection.

Plan to promote person-centred, high-quality care and good outcomes for people

- The registered manager promoted a culture of person-centred care by engaging with everyone using the service and stakeholders. People and family members felt listened to and involved in the care provided. Their comments included; "We get to know what's going on," "There is always someone in the office to help and advice," and "I feel they listen."
- There was an open-door policy at the service whereby the registered manager and other senior staff positively encouraged feedback from people, family members and staff.
- Learning took place from accidents and incidents and concerns and complaints were listened to and acted upon to improve the service.
- Staff understood the service's vision and felt respected, valued and well supported.

Engaging and involving people using the service, the public and staff. Working in partnership with others

- The service involved people, their families, friends and others effectively in a meaningful way. People's views about their care and the running of the service were sought through regular meetings and surveys. People and staff were encouraged through regular conversations to put forward their views and ideas for improvement.
- The registered manager and staff had good working relationships with partner agencies with good outcomes for people. This included working with commissioners, safeguarding teams and other health and social care professionals. Three visiting professionals told us that staff communicated well with them and provided safe and effective care and support to people based on their feedback.

