

Croftwood Care Ltd

Lyndhurst Residential Care Home

Inspection report

College Street
Leigh
Lancashire
WN7 2RF

Tel: 01942606319

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22 March 2017

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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

This unannounced inspection took place on 22 March 2017. The last inspection took place on 22 August 2014 and the service was found to be meeting the essential standards we looked at.

Lyndhurst Residential Care Home is a care home providing personal care for up to 40 older people. It is situated close to the centre of Leigh, the motorway network and public transport. The home is purpose built on three floors, with a passenger lift provided. Car parking is available in the grounds of the home.

There was a registered manager in place at the home. 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.

The home has a reception area with appropriate information to inform people about the home and the services provided.

During this inspection we found medicines were being administered in a safe and timely manner. The home worked with other healthcare professionals to ensure people received appropriate care and treatment.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff spoken with demonstrated they had a good understanding of MCA and DoLS.

Staff were able to demonstrate their understanding of the whistle-blowing procedures and they knew what to do if an allegation of abuse was made to them or if they suspected that abuse had occurred.

We found people were cared for by sufficient numbers of suitably skilled staff who were safely recruited. We saw staff received essential training and support necessary to enable them to do their job effectively and care for people safely.

People we spoke with told us they felt the staff had the skills and experience to meet people's needs. People spoke positively about the kindness and caring attitude of the staff.

We saw there were risk assessments in place for the safety of the premises. All areas of the home were clean and well maintained. Procedures were in place to prevent and control the risk of cross infection.

People's care records contained enough information to guide staff on the care and support required. The care records showed risks to people's health and well-being had been identified and plans were in place to help reduce or eliminate risk. People were involved and consulted about the development of care plans. This helped to ensure people's wishes were considered and planned for.

Staff spoken with had a good understanding of the care and support that people required. We saw people looked well cared for and there was enough equipment available to promote people's safety, comfort and independence.

Food stocks were good and meals were varied and nutritionally balanced. People told us the food was very good and nicely presented.

To help ensure people received safe and effective care, systems were in place to monitor the quality of the service provided. Regular checks were undertaken on all aspects of the running of the home and there were opportunities, such as surveys and meetings for people to comment on the facilities of the service and the quality of the care provided.

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.

Sufficiently, suitably trained staff who had been safely recruited were available at all times to meet people's needs.

Risk assessments were in place for the safety of the premises. People lived and worked in a clean, secure, safe environment that was well maintained.

People received their medication as required.

Is the service effective?

Good ●

The service was effective.

Staff received sufficient training to allow them to do their jobs effectively and systems were in place to ensure that staff received regular supervision and support.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA) and we saw evidence of decision making in individuals' best interests.

People were provided with a choice of suitable nutritious food and drink to ensure their healthcare needs were met.

Is the service caring?

Good ●

The service was caring.

People spoke positively of the kindness and caring attitude of the staff. We saw people were cared for with dignity and respect.

Staff had a good understanding of the care and support people required.

Staff had received training in end of life care.

Is the service responsive?

Good ●

The service was responsive.

Care records provided staff with information to guide staff on the care to be delivered.

The provider had systems in place for receiving, handling and dealing with complaints.

People were provided with the opportunity to participate in a range of activities.

Is the service well-led?

Good ●

The service was well led.

There was a registered manager in post.

Systems were in place to assess and monitor the quality of the service provided.

Staff spoke positively about working at the home.

Lyndhurst Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 22 March 2017 and was unannounced. The inspection team comprised of two adult social care inspectors from the Care Quality Commission (CQC).

Before this inspection we reviewed the previous inspection report and notifications we had received from the service. Prior to our inspection of the service, we were provided with a copy of a completed provider information return (PIR); this is a document that asks the provider to give us some key information about the service, what the service does well and any improvements they are planning to make.

During this inspection we spoke with four people who used the service and observed how staff cared for and supported people. We spoke with three visitors, two staff members, the hairdresser, kitchen staff, two visiting professionals, the registered manager and the regional manager. We did this to gain their views about the service provided.

We looked around the home, looked at four care files, four staff personnel files, medication records, training records and records about the management of the home.

Is the service safe?

Our findings

People who used the service told us they felt safe and well cared for living at the home. One person said, "I have no worries or concerns, all the staff are great". Another said, "They [staff] do all they can to make sure we are well looked after". One visitor we spoke with told us they felt their relative was well cared for and kept safe.

People who used the service and a visitor told us they felt there were enough staff on duty to look after them safely.

We looked around all areas of the home and saw the bedrooms, dining room, lounges, bathrooms and toilets were clean and there were no unpleasant odours. The home was warm, well-lit and suitably furnished.

We saw infection prevention and control policies and procedures were in place and infection prevention and control training was undertaken for all staff. Hand-wash sinks with liquid soap and paper towels were available in bedrooms, bathrooms and toilets. Good hand hygiene helps prevent the spread of infection. Arrangements were in place for the safe handling, storage and disposal of clinical waste. We saw staff wore protective clothing of disposable gloves and aprons when carrying out personal care duties. This helps prevent the spread of infection.

We were told the registered manager was regularly 'on call' in the event of any emergency arising and also for advice and support. In the rare absence of the registered manager we were told staff would always be able to contact a senior person from the organisation.

We looked at four staff personnel files to see if there was a safe system of recruitment in place. The staff files contained proof of identity, application forms that documented a full employment history, a medical questionnaire and two professional references. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. The safe system of recruitment helps to protect people from being cared for by unsuitable staff.

We saw policies and procedures were available to guide staff on how to safeguard people from abuse and all members of staff had access to the whistle-blowing procedure (the reporting of unsafe and/or poor practice). The policies and procedures in relation to safeguarding and whistleblowing were clearly displayed in the staff office.

We asked staff to tell us how they would safeguard people from harm; they were able to demonstrate their knowledge and understanding of the procedures to follow. Inspection of training records showed all staff had completed safeguarding training.

The two care records we looked at showed risks to people's health and well-being had been identified, such

as poor nutrition, moving and handling and the risk of falls; management plans were in place to help reduce or eliminate the risk.

We looked to see how the medicines were managed. We checked the systems for the receipt, storage, administration and disposal of medicines. We found the medicines were stored securely in a locked trolley in a locked medicine room. The system in place for the storing and recording of controlled drugs (very strong medicines that may be misused) was safe and managed in accordance with legal requirements.

The Medication Administration Record (MAR)s we looked at showed staff accurately documented on the MAR when they had given a medicine. This showed people were given their medicines as prescribed; ensuring their health and well-being were protected.

We saw there was a medicine management policy and procedure in place. The senior care staff member informed us that all staff who administered medicines had undertaken medicine management training. Training records confirmed this information was correct.

We looked to see what systems were in place in the event of an emergency. We saw procedures were in place for dealing with any emergencies that could arise and possibly affect the provision of care. We also saw personal emergency evacuation plans (PEEPs), documenting the level of assistance each person would require, had been developed for all the people who used the service. They were kept in a central file in the staff office so they were easily accessible in the event of an emergency arising. This information assists the emergency services in the event of an emergency arising, helping to keep people safe.

We looked at the documents which showed equipment and services within the home had been serviced and maintained in accordance with the manufacturers' instructions. This included checks in areas such as gas safety, legionella, portable appliance testing, the lift and hoisting equipment, and the fire and call bell system. These checks help to ensure the safety and wellbeing of everybody living, working and visiting the home. Documentation was complete and up to date.

Regular in-house fire safety checks had also been carried out to check that the fire alarm, emergency lighting and extinguishers were in good working order. The home also had emergency evacuation sledges in place in the event of an evacuation being necessary

Is the service effective?

Our findings

We looked at the four staff personnel files. Each staff member had three files, one containing recruitment information, the second had certificates and details of training and the third file contained supervisions and appraisals. We saw new members of staff completed a comprehensive induction and essential training for example moving and handling, caring for people living with dementia and safeguarding.

Staff spoken with confirmed they had opportunities for training and development. One member of staff told us, "There is always plenty of training. The manager encourages and supports us with any training we think would be beneficial".

Supervision sessions were completed on a regular basis and appropriate records completed. Supervision meetings help staff to discuss their progress at work and any learning needs they have.

We asked the registered manager to tell us what arrangements were in place to enable the people who used the service to give their consent to their care and treatment. We were told any care and treatment provided was discussed and agreed with people who were able to consent. People we spoke with confirmed this information was correct.

From our observations and inspection of people's care records it was evident some people were not able to give their consent to the care provided. The registered manager told us how they ensured the care provided was in people's best interest. We were told if an assessment showed the person did not have the capacity to make decisions then a 'best interest meeting' was arranged. A 'best interest' meeting is where other professionals, and family (where appropriate), decide the best course of action to take to ensure the best outcome for the person who used the service.

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 capacity to take particular decisions, any made on their behalf must be in their best interest 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 procedure for this in care homes and in hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager demonstrated systems to manage DoLS and MCA assessments had been completed with people to determine whether they had capacity to make specific decisions. In instances where they were deemed not to have capacity the registered manager had completed standard authorisations which had been submitted to the local authority. We spoke with the registered manager and staff who a good understanding of MCA and DoLS and associated guidance was in place.

We checked to see if people were provided with a choice of suitable nutritious food and adequate hydration

to ensure their health care needs were met. We spoke with the chef who confirmed there was always an ample supply of fresh and dried food including fresh milk, fish and meat. We saw people were offered a choice of food at each meal.

The home followed the 'Marvellous meal time' code of practice. This states, 'That mealtimes are often the most important parts of people's day and the staff aim to 'protect' and improve the dining atmosphere within the home'. Staff assisted people to eat well which can help prevent illness, promote independence and wellbeing. Staff avoided task orientated duties during meal times which they felt could be stressful for people. People who used the service were encouraged to make real choices through the provision of pictures and menus and to be involved in menu planning. Staff did not administer medication during mealtimes as this could be distracting.

Records showed that where concerns had been raised with regard to risk of inadequate nutrition and hydration, food and fluid charts were in place to monitor people's daily intake. We saw actions were taken and referrals to the dietician or Speech and Language Therapy team (SALT) had been made as required.

The care records showed people had access to external health and social care professionals, such as GPs community nurses, specialist nurses, opticians and dentists.

We spoke with two visiting healthcare professionals, one said, "They [staff] are very quick to pick up on issues. They know the residents inside out. They [staff] are knowledgeable about what they are looking for, e.g. changes in behaviour, symptoms of illness. If I ask them to provide on-going care or monitoring they will follow advice and monitor and will ring if necessary. They follow instructions well". Another said, "They [staff] are receptive to instructions, I never had to wait for staff to assist they will help straight away".

The home provided care and support for people living with dementia. There was signage around the home to help people with orientation around the home. We saw that people's bedroom doors had room numbers on them and a picture of the person to help them recognise their own room. We observed that people moved freely around the home and were seen going to spend time in their rooms if they wished.

We saw the feedback from the last Residents' survey May 2016: The feedback was positive with 94% rated laundry service as good or excellent, 74% said food was excellent, 77% said alternatives given at mealtimes were excellent and 89% said they would strongly recommend Lyndhurst to others.

Is the service caring?

Our findings

People who used the service were complimentary about the staff. Comments included, "They [staff] have been looking after me really well. I can't fault them at all. If you ask them for anything they do it". Another said, "They look after me well. The girls are kind". A third person said, "Absolutely great, I have no worries or concerns". Visitors spoken with said "[Relative] has his own privacy, his own room. There are lots of sitting areas around the corridors. Staff are really nice and friendly and do whatever he asks of them". Another said, "Staff are great, really good. [Relative] likes all the staff. They have a lot of patience. They are looking after her well. [Relative] has had her hair done every week and is well presented".

We saw people looked well-groomed and wore appropriate clothing. Several ladies had make up on and jewellery. Gentlemen were clean shaven if this was their choice.

Throughout the day we observed good, respectful interaction between staff and people who used the service and with visitors. The atmosphere within the home was relaxed and friendly. We saw staff cared for people with dignity and respect and attended to their needs discreetly. We saw staff knocked and waited for an answer before entering bathrooms, toilets and bedrooms. This was to ensure people had their privacy and dignity respected.

A discussion with staff showed they had a good understanding of the needs of the people they were caring for and supporting. They were able to tell us about people's preferences, likes and dislikes and interests.

We spoke with two visiting healthcare professionals who told us, "Never had a problem coming here. I have got to know staff very well and provide education and support around our service. I can't fault the care. Service users (people who used the service) are well looked after and well presented. There is a very family feel to the place. Staff have a really good relationship with service users. They are really caring. I have never had worries about service users not being looked after. I enjoy coming here. They are very professional and welcoming". Another said, "I get the general feeling that staff love them [people who use the service]. Privacy and dignity is really good. They always ensure privacy and dignity is respected when moving and handling".

Comments taken from the Residents' survey May 2016 included: 83% rated excellent re staff being friendly and courteous, 94% felt good or excellent involvement in documentation, 77% rated opinions listened to as excellent, 91% rated privacy and respect as excellent and 91% said excellent with regard to being treated with dignity and respect.

Other comments from people who used the service on the survey included: "I enjoy living here", "I love you all, beyond belief, you are my rock" "Everything here is out of the world".

Feedback from health and social care professionals survey September 2016 included: 100% felt good care and support, 100% felt cleanliness good, 100% felt staff were friendly and welcoming 100% felt staff had good understanding of service users' needs. A professional's comment from survey stated: "Staff appear to be good and caring and dedicated to their jobs"

We asked the registered manager how they cared for people who were ill and at the end of their life. The registered manager confirmed that end of life care was an area that was discussed with people who used the service and their families. We saw from the training matrix provided that some staff had completed training in end of life care. The training programme guaranteed that every possible resource was made available to facilitate a private, comfortable dignified and pain free death.

Is the service responsive?

Our findings

People told us that staff responded well to their needs. Comments included, "They [staff] go out of their way to help you", and, "I couldn't be better cared for". Other people said, "I prefer a bath to a shower, so I get one", and, "There are always choices with food, three choices for breakfast".

A visitor told us, "[Relative] likes it in here. He needed company, suffers from depression and it has helped being with other people. He enjoys dominoes, bingo music and trips out. He can go to bed and get up when he wants". A visiting healthcare professional told us, "I have heard no complaints from service users".

We saw people had furnished their rooms with their own personal belongings and mementoes brought with them from home. Some people spent most of their times in their rooms. One person said, "I have everything I need, I am very comfortable here".

We looked at the care records for four people who used the service. The care records contained enough information to guide staff on the care and support to be provided. The care records were person centred and contained information about past experience, family, jobs, favourite places, holidays, hobbies and spiritual preferences. Likes and dislikes re food were documented and information about, 'Getting ready for the day', 'getting out and about' and relaxation. We saw the care records were reviewed regularly to ensure the information reflected the person's current support needs. We saw evidence in the care records to show that either the person who used the service and/or their family had been involved in the care planning and the decision making.

We saw in the event of a person being transferred to hospital or another service, information about the person's care needs and the medication they were receiving would be sent with them on a hospital transfer form.

We looked to see what activities were provided for people. There was an activities coordinator who was at the home five days a week. Dates of planned activities were displayed on the activities board and included: games, singalongs, memory lane, mothers' day tea, and a film day. There was communion every Sunday and a lay person from the church visited the home every Monday.

We saw that surveys of residents, relatives and professionals were undertaken yearly to ascertain people's views, address concerns and take on board suggestions.

The complaints procedure was displayed and we saw the provider had a clear procedure in place with regard to responding to any complaints or concerns. People we spoke with told us they would feel able to raise concerns with the registered manager any of the staff.

Is the service well-led?

Our findings

There was a registered manager in place at the home. 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.

Visitors spoken with told us, "You can find the manager if you need her and the administrator. Both are really nice". Another said "Any queries, problems they sort them out, answer them". One person told us, "[Registered manager] is always around; she would do anything to help us". The registered manager worked different shift patterns to ensure that they were available at different times during day and evening to meet with relatives.

A comment from made on the Health and social care professionals survey stated the manager was 100% approachable.

The latest residents/relative satisfaction survey was very positive with feedback showing that: 91% people said the friendliness and courtesy of management was excellent and 86% said that staff approachability was excellent.

We asked the registered manager to tell us how they monitored and reviewed the service to ensure people received safe and effective care. The home manager completed monthly audits and compliance reports were sent to the area manager. We saw evidence of some of the audits, these included: care plans, medication, accidents and incidents and health and safety.

Staff spoken with told us they felt supported by the registered manager and they could approach them at any time. One member of staff said, "I feel supported and am being supported to do Level 5 National Vocational Qualification award (NVQ)". Another said, "I was encouraged to be involved with other job roles which helps build confidence and skills"

We were told formal team meetings and residents meetings were held. Minutes of the meetings were available. Some of the topics discussed included: rotas, wages, health and safety, redecoration, activities, communication, whistle blowing and safeguarding, infection, training, safe moving, end of life, kitchen compliance, MCA and DoLS.

We saw maintenance checks for the service including fire equipment, gas and electrical, lift and hosts and small portable appliances had been undertaken and certificates were valid and in date.

The home had good community links and we saw evidence within their records of effective partnership working with other agencies. Health and social care professionals we spoke with felt communication was good with the service and advice and guidance given was followed by all staff at the home.

We checked our records before the inspection and saw that accidents and incidents that CQC needed to be informed about had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by the management to ensure people were kept safe.