

Century Healthcare Limited

Lytham Court Nursing Care Home

Inspection report

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15 May 2018

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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

The comprehensive inspection visit took place on 14 and 15 May 2018 and was unannounced on the first day.

Century Healthcare Ltd is registered to provide nursing care to a maximum of 33 people living with dementia at Lytham Court Nursing Care Home. The accommodation consists of 26 single and 5 double bedrooms. Communal areas include a large lounge with a dining area, a conservatory and a sensory room. There is a well-established safe garden area to the rear of the property and a garden at the front.

Lytham Court Nursing Home is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

At the last inspection in March 2016, the service was rated 'Good'. At this inspection we found the service remained Good and met the all relevant fundamental standards.

We found the registered provider continued to provide a good standard of care to people who lived at the home.

At the time of inspection, there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service had systems to record safeguarding concerns, accidents and incidents and took action as required. The service carefully monitored and analysed such events to learn from them and improve the service. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices. The registered provider had reported incidents to the commission when required. One relative told us, "[Family member] is safe because she's well looked after."

People told us staff were caring and respectful towards them. Staff we spoke with understood the importance of providing high standards of care and enabled people to lead meaningful lives. One person told us, "Staff listen, make you comfortable."

We found there were sufficient numbers of staff during our inspection visit. They were effectively deployed, trained and able to deliver care in a compassionate and patient manner. One relative commented, "The staff are always about and always checking."

Staff we spoke with confirmed they did not commence in post until the management team completed relevant checks. We checked staff records and noted employees received induction and ongoing training

appropriate to their roles. One staff member told us, "The induction training included shadowing staff. It helped me get to know the residents and their routines."

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. Care records showed they were reviewed and any changes had been recorded.

We looked around the building and found it had been refurbished, maintained, was clean and a safe place for people to live. We found equipment had been serviced and maintained as required. Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection.

Medication care plans and risk assessments provided staff with a good understanding about specific requirements of each person who lived at Lytham Court Nursing Home.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Policies and systems in the service supported this practice.

We only received positive comments about the quality of meals provided. One person commented, "Excellent; you're never short of food." A second person told us, "They're [staff] always bringing drinks around." We observed lunch time and noted people had their meal in the dining room where they sat or in their bedroom. People told us it was their choice.

We observed only positive interactions between staff and people who lived at Lytham Court Nursing Home. We observed humour used to foster positive relationships. There was a culture of promoting dignity and respect towards people. We saw staff took time and chatted with people as they performed moving and handling procedures in communal areas.

There was a complaints procedure which was made available to people and visible within the home. People we spoke with, and visiting relatives, told us they were happy and had no complaints. One relative commented, "A very good service. I'm at ease when I'm at home knowing [family member] is well looked after."

The management team used a variety of methods to assess and monitor the quality of the service. These included regular audits, staff meetings and daily discussions with people who lived at the home to seek their views about the service provided. In addition annual surveys were carried out for people who lived at Lytham Court Nursing Home, their relatives and staff.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Lytham Court Nursing Care Home

Detailed findings

Background to this inspection

We carried out this comprehensive 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.

Before our inspection visit we contacted the commissioning department at Lancashire County Council and Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champions for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

As part of the inspection we used information the provider sent us in the Provider Information Return. This is 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.

The comprehensive inspection visit took place on 14 and 15 May 2018 and was unannounced on the first day.

The inspection team consisted of an adult social care inspector and an expert-by-experience. The expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had a background supporting older people.

During the visit we spoke with a range of people about the service. They included seven people who lived at the home and five relatives. We also spoke with the registered manager, the director of nursing services, the owner, five staff and the chef. We observed care practices and how staff helped and spoke with people in their care. We reviewed staffing levels, observed how staff were deployed throughout the home and monitored response times when call bells were activated. This helped us understand the experience of people who could not talk with us.

We looked at care and medicine records of six people, staff training matrix and recruitment records of four staff. We also looked at records related to the management of the home. We shadowed the nurse on duty as they administered medicines and looked at the storage and administration of medicines. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

People who lived at the home told us they felt safe in the care of staff who supported them. One person told us, "I am absolutely safe; I am always guarded with buzzer." (The person was able to ring for staff when they wanted support.) A second person told us, "Feel safe as that many staff about. It's very rare there's a silence and nobody's there." A relative said, "Safe yes. A feeling I get, the staff are so nice, she's in the best place. They talk to [family member] when using the hoist. I feel she's safe."

Procedures were in place to minimise the potential risk of abuse or unsafe care. Records seen and staff spoken with confirmed they had received safeguarding vulnerable adults training. Staff spoken with understood their responsibility to report any concerns they may observe and keep people safe. One staff member told us they had a duty to report bad practice stating, "It doesn't matter who it is (being abusive), we report it, people are not here to be abused."

Potential risks to people's welfare had been assessed and procedures put in place to minimise these. Risk assessments we saw provided instructions for staff members when they delivered their support. These included nutrition support, medical conditions, behaviour management and risks around lifestyle choices such as smoking. The assessments had been kept under review with the involvement of each person to ensure support provided was appropriate to keep the person safe.

We saw personal evacuation plans (PEEPS) for staff to follow should there be an emergency. Staff spoken with understood their role and were clear about the procedures to be followed in the event of people needing to be evacuated from the building.

The service continued to ensure there were sufficient numbers of staff available to meet people's needs. We saw the duty rota reflected the needs of people who lived at the home and care and support was provided in a relaxed and timely manner. Staff were visible in communal areas providing supervision and support for people who lived at Lytham Court Nursing Home. People said staff had the time to support them. One person commented, "Yes, they do have time, they do very well looking after us."

We looked at a sample of medicines and administration records. We saw medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. Medicines were managed in line with The National Institute for Health and Care Excellence (NICE) national guidance. This showed the registered manager had systems to protect people from unsafe storage and administration of medicines. We shadowed a nurse as they administered medicines. We noted they gave people time to understand what was being asked, spent time with the person until they were sure the medicines had been taken and signed after each administration. This showed good practice guidance was being followed.

We looked around the home and found it was clean, tidy and maintained. One person told us, "I'm very fastidious, it's cleanliness is very good, and my bedroom's clean." One relative commented, "Cleanliness is good, cleaners always bombing about cleaning." The registered provider had reviewed their security

procedure as part of a lessons learnt exercise. The garden was secure and there was restricted access to codes for entry and exit of the home. Staff had received infection control training and understood their responsibilities in relation to infection control and hygiene.

We looked at how accidents and incidents were managed by the service. There had been a high number of accidents. However, where any accident had occurred we noted the registered provider completed an incident reporting form and where necessary followed a post falls protocol. When people had several accidents we noted specialist advice was sought to seek expert guidance to reduce the risk of the accidents reoccurring.

Is the service effective?

Our findings

Each person had a pre-admission assessment, to identify their needs and establish Lytham Court Nursing Home was able to meet these. All new staff worked alongside experienced staff and were assessed for their suitability and competency during their probation period. One person told us, "Absolute confidence in them [staff]."

We found by talking with staff and people who lived at the home, staff had a good understanding of people's assessed needs. One person stated, "They [staff] know me and what I want and that is important." One relative commented, "Don't think you'd get any better, very good with [family member], know a bit about her life." A second relative said, "No problems, staff are quite knowledgeable and up to date with issues or will find out. I have confidence in them." We were able to establish through our observations people received care which was meeting their needs and protected their rights. This meant people received effective care from established and trained staff that had the right competencies, knowledge, qualifications and skills.

All staff we spoke with told us they had received an induction before they started delivering care. They also stated the ongoing training was provided throughout their employment. The registered provider told us staff now had a financial incentive to complete all their e learning. The e learning was accessible to staff via mobile phones and home computers to give flexibility to their learning. The training package also delivered prompts when training needed to be completed. This showed the registered provider had oversight of staff development and a structured training framework in place.

We asked staff if they were supported and guided by the registered manager to keep their knowledge and professional practice updated, in line with best practice. Staff told us they had supervision. Supervision was a one-to-one support meeting between individual staff and their manager to review their role and responsibilities. The process consisted of a two-way discussion around professional issues, personal care and training needs. Staff also said the management team were very supportive and they felt they could speak to anyone at any time should they need to. About the manager one staff member told us, "He's a brilliant manager, door's always open."

Staff responsible for preparing meals had information about people's dietary requirements and preferences. For example, the chef and staff were aware of people who required food prepared to meet their personalised requirements. One person who requested meals to meet their cultural preferences told us, "I'm well catered for; it's delicious this, like Christmas Day."

Staff monitored people's food and fluid intake and people's weight was recorded consistently. We saw when concerns about someone losing weight was identified, staff had responded and appropriate action had been taken. We observed snacks and drinks were offered to people in between meals, including hot drinks, cold drinks, cakes and biscuits. A second person commented, "Have drinks all day long, just had one a minute ago."

We observed staff were patient and encouraging at lunchtime, they effectively supported people who required assistance with their meals. One relative told us, "I have witnessed someone say, 'I don't want that' (meal) and then being asked what they fancied." People had the choice of eating where they sat, in their rooms or at a dining table. The atmosphere was relaxed, and the radio was turned down slightly during lunch to aid conversation and people were able to enjoy their chosen meals at their own pace. This showed, when required, people were supported to maintain a balanced diet to prevent the risk of malnutrition and dehydration.

The service had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

From records viewed we saw consent was sought in line with legislation and guidance. When people could not consent to care, we noted there was active communication with people who could speak on their behalf. This showed the registered provider was providing care and treatment in line with legislation and guidance.

We saw from records people's healthcare needs were carefully monitored and discussed with the person or, where appropriate, others acting on their behalf as part of the care planning process. Care records seen confirmed visits to and from GP's and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. One person told us, "I can go anytime I like to the Doctor. I see the optician and dentist when I want." A second person commented, "They get Doctor whenever needed."

This showed the service worked with other healthcare professionals to ensure people's on-going health needs were met effectively.

We looked around the building and found it was appropriate for the care and support provided. There was a lift that serviced the upper floors to ensure it could be accessed by people with mobility problems. Each room had a nurse call system to enable people to request support if needed. Aids and hoists were in place which were capable of meeting the assessed needs of people with mobility problems. Communal walkways were clear and free from hazards minimising the falls risks for people who liked to walk independently around the home.

Is the service caring?

Our findings

We met a visitor before they went into Lytham Court Nursing Home and they told us their stomach was knotted with apprehension on how they would find their friend. We later saw the two friends laughing together and with carers several times in the afternoon. As the visiting friend was leaving we asked how they now felt. They replied they felt reassured; the home was doing a good job stating, "It's wonderful." And, that she could rest easy now, without having to worry.

People received care from staff they knew and were happy with the care and support. During the inspection visit we observed positive interactions between people who lived at the home and staff. We asked people and their relatives if the staff were kind and caring. One person told us, "Staff are nice." A second person commented, "I'm amazed sometimes at the level of care. Sometimes there's two or three around someone to help them." A relative said, "More than happy with the staff, they're always smiling and happy."

The ethics and values that underpin good practice in social care, such as autonomy, privacy and dignity, are at the core of human rights legislation such as the Equality Act 2010. We saw staff had an appreciation of people's individual needs around privacy and dignity. We noted staff spoke with people in a respectful way, giving people time to understand and reply. We observed staff treated people with respect, even when people were irate. We noted staff spoke with people in a respectful way, giving people time to understand and reply. Staff made good use of touch and eye contact when they spoke with people and we saw this helped them to relax.

We observed staff knocked on people's doors before entering and bathroom doors were closed before support was offered. For example, we chatted with one person and their family member in their bedroom. There was a knock at the door and two carers politely enquired if they could offer support to the person and asked us to leave the room. This showed the registered provider promoted people's dignity sensitively.

We observed several people being helped to mobilise and saw this was carried out with compassion and appropriate humour. We saw people responded to staff presence and interactions positively. Staff told us they had time to sit and chat with people. One staff member commented, "As long as [registered manager] knows you are talking with a resident it's fine." One relative commented, "They [staff] talk to [family member], explain things, they are respectful."

Care plans seen and discussion with people who lived at the home and their family members confirmed they had been involved in the care planning process. One family member told us, "Involved and discussed regularly. I asked today if I can bring some wine in [for relative]. Staff said no problem." A second relative commented about care planning, "Agreed it and it gets reviewed."

We discussed advocacy services with the registered provider. They told us they supported people who had designated representatives to speak on their behalf. They explained this involved weekly and monthly reviews of the care and support delivered. They confirmed should further advocacy support be required they would support people to access this. This ensured people's interests would be represented and they could

access appropriate services outside of the service to act on their behalf if needed.

Is the service responsive?

Our findings

During our inspection visit we observed one person was wearing two night shirts. We asked a member of staff why, they responded, "Because they want to." Shortly afterwards we observed a gentleman having breakfast wearing a bonnet. We asked a second staff member why the gentleman was wearing a bonnet. We got the same reply, "Because he wants to." They went on to explain they had made the hat as part of an activity and he liked it and took to wearing it regularly around the home.

A third person chose to spend the majority of their time in their room. Meals and medicines were taken to them at their request. Staff we spoke with were able to share strategies on how to engage with the person positively so their needs were addressed. We also read there was involvement from specialist health professionals to review their unique behaviours. This showed the registered provider was providing care and support that was responsive to their needs.

About responsive care, one person told us, "It's as good as it can be. When I'm sat there in the lounge, I feel that there's someone [staff] there that can take control if the need arises. I'm comfortable with that." This showed people were supported by staff that were experienced, trained and responded to the changing needs in their care. Staff had a good understanding of people's individual needs, likes and wishes.

Care plans had information related to all areas of a person's care needs. These included a 'This is me' section. It included medical information and information around people's mental health. There was also duplicate information held separately to be taken with the person should they need to go to hospital so support would remain responsive and personalised.

We looked at what arrangements the service had taken to identify record and meet communication and support needs of people with a disability, impairment or sensory loss. We read care plans prompted staff to ensure people wore aids to combat their loss of vision and hearing. We observed staff interact with people living with dementia in a way that valued their reality and promoted their self-esteem. One person had limited verbal communication and a communication picture board had been introduced. The registered manager told us this had been a great success but was an ongoing project and needed, "Tweaking." This showed the registered provider guided staff to share information in a way that would be received and understood.

The service had a complaints procedure which was on display in the reception area of the home. The procedure was clear in explaining how a complaint could be made and reassured people these would be dealt with. We saw complaints received by the service had been taken seriously and responded to appropriately. People who lived at the home told us they knew how to make a complaint and would feel comfortable doing so without fear of reprisals. About complaints one person told us, "None, always well looked after." This showed the registered provider had a system to acknowledge and respond to any issues raised.

We looked at activities at the home to ensure people were offered appropriate stimulation throughout the

day. One person told us, "We play cricket and football outside [garden], can go outside anytime." A second person said, "We play bingo or something like it. I can stroll out in the garden if I want to and we watch TV."

There was an activities co-ordinator employed at the home. We spoke with the activities co-ordinator who gave us examples of group activities they organised. They told us the registered manager was very supportive of activities taking place. They told us musical activities were popular as were trips out. They shared they enjoyed arranging parties for people's birthdays and had even staged a re-enactment of a wedding with the bride and groom at the home for one person who could not attend on the day. They supported people's spiritual and cultural beliefs by fostering positive relationships with ministers from different denominations who visited Lytham Court to deliver blessings.

We asked what activities were available for people who did not like groups or remained in their rooms. We were told they sat and read religious literature brought in by family to one person. Another person liked to fold laundry and a third person liked hand massage / aromatherapy while they chatted. One relative commented, "They talk to relative one-to-one, and they have music on."

A second relative said, "It was [relative's] birthday and two other residents and that week they got a singer in, party, balloons, cakes, for visitors and residents." This showed the registered provider recognised activities were essential and provided appropriate support to stimulate and maintain people's social health.

People's end of life wishes had been recorded so staff were aware of these. We saw people had been supported to remain in the home where possible as they headed towards end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by staff known to them. One person told us, "Discussed and my wishes have been taken into account." A second person commented, "Have plan in place; me, Doctor and registered manager discussed it. I've been listened to and it's noted."

We spoke with staff about providing end of life care. The registered manager told us they had received training from the hospice and wanted to ensure people, "Had a good death." One staff member told us they had received training and commented, "You stay with people when you can so they are not on their own." This showed the registered provider guided staff on how to support and respect people's end of life decisions and recognised the importance of providing end of life support.

Is the service well-led?

Our findings

There was a registered manager in post at Lytham Court Nursing 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.

We asked people and their relatives if they were happy with the way Lytham Court Nursing Home was managed. One person told us, "He's alright. If you can call the manager by their first name, you're half way there." A second person said, "Second to none living here."

We asked relatives about the management of Lytham Court Nursing Home. One relative told us, "Really helpful, really nice, get a report monthly about any treatment, recommendations, and sleeping patterns. It's reassuring, it's very good here." A second relative commented, "[Registered Manager] is very supportive of me." A third said, "[Registered Manager] is very caring, very organised, accessible. I have no hesitation going to him with any questions or queries."

We found the management team had clear lines of responsibility and accountability. The registered manager worked closely with senior management and deputy manager in the running of the home. The registered provider had introduced the role of 'care home assistant practitioner'. This gave greater oversight and direction at the home and allowed care staff additional developmental opportunities. The care home assistant practitioner had additional training to give a level of knowledge and skill beyond that of the traditional healthcare assistant. This showed the registered provider had an ongoing strategy to deliver consistent high quality care and support.

The service had systems and procedures to monitor and assess the quality of their service. Regular audits had been completed reviewing the services medication procedures, care plans, infection control, environment and staffing levels. Actions had been taken as a result of any omissions or shortcomings found. Staff told us they were able to contribute to the way the home ran through staff meetings, supervisions and daily morning meetings. They told us they felt supported by the manager and management team. One staff told us, "[Registered manager] is great. It doesn't matter what the problem is I have got someone to talk to." A second staff member said, "Any issues and [registered manager will sort out.]

Additional quality monitoring procedures included planned audits from a member of the senior management team. These included auditing documentation throughout the service. The registered manager attended regional management meetings and clinical meetings where good practice is shared. For example, the registered manager had created a task list for staff unfamiliar with the home. This had been shared with other homes in the company. The registered manager told us it guided staff on their role and gave them a level of accountability.

Questionnaires completed by relatives confirmed they were happy with the standard of care, accommodation, meals and activities organised. They also said they felt safe and the home was well

managed. Comments received included, '[As a family we feel confident that [family member] is well cared for.' And, 'I feel part of a team who pull together, many go the extra mile.' We did note a couple of concerns raised from questionnaires and saw a response was attached to the concern that showed action taken. One relative expressed a wish that relatives meeting recommenced. We saw that a meeting was planned the following week and advertised in the reception. This showed the process captured people's views and where appropriated acted on the feedback.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included G.P's community health professionals and behaviour management specialists.

Providers of health and social care services are required to inform the Care Quality Commission, (CQC), of important events which happen in their services. The manager of the home had informed CQC of significant events that had been identified as required. This meant we could check appropriate action had been taken.

The home had on display in the reception area of the home and on their website their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.

The provider and registered manager had clear visions around the registered activities and plans for improvement moving forward. The management team were receptive to feedback and keen to improve the service. The managers and staff team worked with us in a positive manner and provided all the information we requested.