

Purple Care Limited

Lyndale

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Lyndale is a residential care home registered to provide care to up to nine adults with support needs related to their mental health. At the time of our visit two people were receiving personal care.

People's experience of using this service:

Following the last inspection, we met with the provider to confirm what they would do and by when to improve the rating of all the key questions to at least Good. At this inspection we found that improvements had been made. Improvements continued to be necessary in some areas to achieve a rating of Good.

People told us they felt safe. Risk management had improved but continued to require improvement to ensure clear decision-making processes resulted in support to mitigate risk that did not overly restrict people. An assurance related to the oversight of one person's care made to professionals following a safeguarding concern had not been implemented. This was a continued breach of the regulations.

At our last inspection we made a recommendation about the review of restrictive practices. This recommendation remains in place following this inspection.

Systems to ensure people received their medicines as prescribed had also improved but continued to need improvement.

The manager had a visual presence and staff felt supported by them. Staff had received training to support their role. Supervision records were not always available to reflect individual staff members support and development needs.

People had access to health care support from professionals. When people were unwell, staff had raised the concern and taken action with health professionals to address their health care needs.

People were comfortable with the staff that supported them. Staff offered support and reassurance to people. People made decisions about their day to day lives such as when they got up and if they went out. We have made a recommendation about involving people in decision making about their care.

Information had been gathered and recorded about social activities that people enjoyed and wanted in their lives. This information had not been acted on sufficiently.

The manager had begun to implement oversight systems in the home and these were leading to actions to improve people's experience of care and support. At this inspection we had not been able to assess whether the improvements made had been fully embedded and sustained.

More information is in the detailed findings below: We identified a continued breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 related to safe care and treatment. Details of action we have asked the provider to take can be found at the end of this report.

Rating at last inspection: At the last inspection the service was rated Inadequate. (Published November 2018)

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Why we inspected:

We inspected the service to understand the experience of people since the oversight of the home had changed.

Follow up: We will continue to monitor information received about the service and ensure the next planned inspection is scheduled accordingly.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

Two inspectors carried out the inspection.

Service and service type: Lyndale is a care home providing accommodation and personal care for up to nine adults.

Notice of inspection: The inspection was unannounced.

What we did:

Before the inspection we reviewed information we held about the service and the service provider. We looked at the notifications we had received for this service. We had not asked the provider to complete a provider information return (PIR) at this inspection. We were able to gather information about what the service does well and improvements they are making during the inspection. Notifications are information about important events the service is required to send us by law. We also sought feedback from professionals who had worked with the service.

During the inspection we spoke with four people who used the service to ask about their experience of the care provided. We spoke with the manager and two members of staff.

We reviewed a range of records that included two care plans, daily monitoring charts and medicines records. We checked staff supervision and training records. We also looked at a range of records relating to the management and monitoring of the service. These included audits, quality assurance surveys, minutes of meetings and maintenance checks.

Is the service safe?

Our findings

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

Requires improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

When we inspected the service in October 2018 we found people did not receive safe care and treatment. Environmental risks were not managed safely, and people did not receive their medicines as prescribed. At this inspection we found some improvements had been made.

Assessing risk, safety monitoring and management

- Environmental risk management arrangements were not followed. Doors which risk assessments described as needing to be locked when not in use were not locked.
- Risk management plans were in place for two people without recorded assessments. The plans in place did not reflect their strengths and views. We received information following the inspection that these risk assessments had been completed.
- Monitoring records related to risks people faced were not consistently completed. This included monitoring agreed during a safeguarding adults meeting.

This demonstrated a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Improvements had been made to ensure that the premises were maintained and regular checks were completed that included electrical, gas, and fire safety.
- The fire evacuation procedure had been updated in line with current guidance. Staff and people had received training on what to do in case of a fire.

Using medicines safely

- People told us they received their medicines as prescribed and had support to review them with medical professionals. One person told us: "My new tablets will help me."
- Systems were in place to pick up errors and omissions in medicines administration. These had resulted in additional training and support for staff, and improvements in stock ordering. The system did not ensure sufficient checks of stock levels.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with comments including, "I feel safe with the staff. They are nice." and, "I feel safe. It is ok here."
- Staff had received safeguarding training and knew how to recognise signs of abuse. They understood their responsibilities for reporting concerns. Written guidance related to safeguarding, and whistleblowing, with external contact details was available.

Staffing and recruitment

- People told us staff were available when they needed them.
- Support was provided by a consistent team of staff.
- No new staff had been recruited since our last inspection. The manager explained they had followed up the missing reference noted at the last inspection.

Preventing and controlling infection

- Suitable measures were in place to prevent and control infection. Staff had received training and the home was clean during our visit.

Learning lessons when things go wrong

- There was a procedure in place for reporting and recording accidents and incidents.
- The manager had started to analyse information to identify trends and themes within the home.

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.

Requires improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

When we inspected the service in October 2018 we found the environment was inadequate, staff had not received appropriate training and restrictive practices had not been reviewed. At this inspection we found improvements had been made.

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). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to care and treatment.

- Staff understood that people should be encouraged to make choices about their day to day lives. People were encouraged to make decisions.
- Restrictive practices had not yet been fully addressed and continued to be in place without clear decision making within the framework of the law. The previous inspection's recommendation remains in place.

We recommend you review restrictive practices to ensure that consent is ongoing where people are able to agree to the measures in place. We also recommend you consider ways of reducing the impact of any restriction deemed necessary to ensure people's rights are respected.

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

- No one had moved into the home recently. There was a process in place to ensure that assessments would be undertaken before anyone moved in to ensure the staff, and environment, could meet their needs.
- People's needs were now being reviewed on a regular basis and when their condition changed.

Staff support: induction, training, skills and experience

- People told us staff were, "good at their jobs," and said, "they seem to know what they are doing."
- Staff told us they were well supported with supervision and training. Refresher and update training was provided and there had been an improvement in the staff training since our last inspection. Further training

was scheduled to ensure this continued to improve. Supervision records were not available for some supervision sessions that we were told had occurred. It is important to record these sessions to support their effectiveness in ensuring appropriate support and development.

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

- People told us the food was satisfactory. One person had requested some variety in vegetables and made specific requests. A selection of their food requests had been ordered for them.

Staff working with other agencies to provide consistent, effective, timely care

- Liaison with health professionals was evident when people experienced difficulties maintaining their mental wellbeing.
- People were supported to access other health professionals in response to ongoing and emerging health conditions.

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

- Environmental improvements had been made. People now had a homely environment with further works planned such as providing heating in a person's ensuite bathroom. This was necessary to make the bathroom useable by the person as a shower room.

Supporting people to live healthier lives, access healthcare services and support

- People told us they had access to healthcare when they needed it. Records supported that this was the case. This included support to attend appointments that were a distance away from the home.

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.

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

When we inspected the service in October 2018 we found people were not always treated with dignity and respect and their independence was not clearly promoted. At this inspection we found improvements had been made.

Ensuring people are well treated and supported; equality and diversity

- People were comfortable with the staff that supported them. There were friendly interactions, and staff were attentive to people's needs.
- Assessments reflected people's needs in relation to their mental health and where they had religious beliefs it was reflected. Other equality characteristics were not evident in people's care plans.
- One person told us the staff were "nice" and another person commented, "They are all ok."
- Staff offered support and reassurance to people. Staff were able to describe the communication methods that people responded to when they were distressed.

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

- People made decisions about their day to day lives such as when they got up and if they went out.
- People had made decisions about how often they would contribute formally to plans about their care. Staff described this process as people being consulted after the initial care plan was written rather than starting from their views.

We recommend you seek advice on best practice in involving people in decision making about their care.

Respecting and promoting people's privacy, dignity and independence

- There was an improvement in ensuring people's confidentiality was respected.
- The improvements in the environment were respectful of people's value and dignity.
- Care plans reflected people's wishes to develop, maintain or regain independence.
- The language of some care plans was not always supportive of an approach that promoted respect.

Is the service responsive?

Our findings

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

Requires improvement: People's needs were not always met.

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

- Care plans were personalised and provided details of people's goals and the support people needed to meet their individual and assessed needs.
- Staff completed handover information and a communication book. This gave staff the opportunity to update and share information relevant to that day.
- People spent their time in activities of their choice and initiation in the home or the local area. Staff asked people if they wanted to join them when they ran errands and people took them up on this whilst we visited.
- At our last inspection recording around people's activity was not sufficient to ensure people spent time doing things that mattered to them. Whilst care plan information around this aspect of people's lives had improved, this work remained ongoing. One person had requested staff support them with a particular activity that contributed to their wellbeing and an agreement about this being a weekly opportunity was recorded at the end of December 2018. This had not been embedded and had happened once when we visited.
- Staff understood how people communicated and had guidance about how their communication style may change if they became unwell.

Improving care quality in response to complaints or concerns

- People understood how to raise complaints. There had not been any complaints since we last inspected. Following our last inspection, a record was kept of any concerns raised by people. The concerns recorded were mostly environmental and had been acted upon. One concern raised by a person about the heating in their room and bathroom had not been recorded or acted on at the time of the inspection. We were told by a senior member of staff this was being addressed.

End of life care and support

- No one was receiving end of life care and support at the time of our inspection.
- The registered manager described the staff team's commitment to ensuring appropriate end of life care and explained that staff would receive appropriate training to provide this should it be required.

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.

Requires improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

When we inspected the service in October 2018 we found the oversight of the home was not sufficient. There were breaches of regulations. At this inspection we found that whilst improvements had been made, this remained an area for development. At this inspection we had not been able to assess whether the improvements made had been embedded and sustained.

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

- The manager was working to improve the quality of care people received. Care workers told us the manager was supportive and expected them to provide a good service.
- People spoke positively about the home and staff commented on improvements made.
- Monitoring systems were being developed to gather review peoples' experience of care but these were not yet fully embedded.
- Fortnightly oversight of records agreed at a safeguarding meeting had not been carried out.

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

- Staff told us they were clear in their roles and that the organisation of the home was improving and this enabled them to carry out their responsibilities.
- There had been a change in management. An experienced manager who had previously managed the service returned to the home in October 2018. A management structure evolving in the home to include deputy managers supporting the manager. The manager explained that they saw this as an appropriate structure to ensure better oversight of the home.
- The manager was aware when notification forms had to be submitted to CQC. These notifications inform CQC of any events that had happened in the service. Since the last full inspection, there had been no need to send any notifications to CQC.

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

- It was evident there was good relationships between people and staff. People told us they could talk to staff.
- Care workers had attended a staff meeting where they were encouraged to contribute to the home's development.
- A meeting had been held for people living in the home to discuss matters of concern and importance to them, to share the outcome from our last inspection and to seek their views.

- Professionals had been asked for their views on the service since our last inspection. The comments received reflected an improving service.

Continuous learning and improving care

- The manager had implemented and led change since the last inspection and this had resulted in an improvement in people's experience.
- A consultant was engaged to provide support and guidance to the management team.

Working in partnership with others

- The manager ensured they had effective working relationships with health and social care professionals. This included members of the Community Mental Health Team.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not supported safely. Risks were not appropriately assessed or plans put in place to mitigate them. Regulation 12 (1)