

Miss Hina Patel

Lyles House

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection was unannounced and took place on 21 October 2014. At the last inspection in October 2013, we found that the provider was meeting all of the standards that we checked.

Lyles House is a service that provides accommodation and care to older people and is registered to care for up to 20 people. On the day of our inspection, there were 18 people living at the service.

There was a registered manager working at the service. 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 and associated Regulations about how the service is run.

People told us they felt safe and that they were not discriminated against. Staff knew how to reduce the risk of harm to people and there were enough of them to keep people safe.

People received their medicines when they needed them. The provider had made sure that the premises were well

Summary of findings

maintained and that the required safety checks had been carried out. Equipment used to assist people to move had been regularly serviced to ensure that it was safe to use.

People told us that staff asked for their consent. Staff had received training in a number of subjects to give them the skills needed to provide people with safe care. However, some staff and the provider did not understand the principles of the Mental Capacity Act 2005 (MCA) or the Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS is legislation that must be followed by providers to protect the rights of people who lack capacity to make their own decisions. Therefore, we could not be sure that people who lacked capacity to make their own decisions consistently had their rights protected.

People told us that the staff were kind and caring. Our observations confirmed this. We saw that staff treated people with respect and were kind and compassionate towards them. People told us they felt happy to raise any concerns they had with staff and were confident that these would be dealt with.

People received sufficient food and drink to meet their needs and had access to healthcare professionals when they became unwell or required specialist help with an existing medical condition.

Staff were responsive to people's needs and they had access to activities they found interesting. The service had not received any complaints.

All of the staff spoken with felt supported by the provider and deputy manager. Staff were encouraged to pursue further qualifications within the Health and Social Care sector to improve their skills. The provider regularly monitored the quality of the service to make sure that the care and support being given was of good quality.

We recommend that the provider considers guidance in relation to the recent Supreme Court judgement regarding the Mental Capacity Act 2005 Deprivation of Liberty Safeguards and the implications this has for care home providers, staff and people living in the home.

Summary of findings

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 safe. Staff knew how to reduce the risk of abuse and knew what action to take in the event of an emergency. The premises in which people lived and the equipment they used was well maintained and was checked regularly to ensure people were safe. There were enough staff on duty to keep people safe and people received their medicines when they needed them.

Good



Is the service effective?

The service was not consistently effective. People were supported to maintain good health and received enough food and drink to meet their needs. However, some staff and the provider did not have a good understanding of their responsibilities under the Mental Capacity Act 2005 or the Deprivation of Liberty Safeguards. This meant that we could not be sure that people who lacked capacity to make their own decisions consistently had their rights protected.

Requires Improvement



Is the service caring?

The service was caring. People received care and support from kind and compassionate staff. Staff respected people and encouraged their independence. People understood the care they received.

Good



Is the service responsive?

The service was responsive. People received care and support when they needed it and they were able to pursue their interests. No complaints had been received by the service but people were able to discuss any concerns they had with the staff.

Good



Is the service well-led?

The service was well-led. Staff were supported by the provider to enable them to provide a good level of care. The quality of the service was regularly monitored and learning from accidents and incidents was appropriately acted upon.

Good



Lyles House

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 21 October 2014 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to

make. We also reviewed any statutory notifications that the provider had sent us. A notification is information about important events which the service is required to send us by law.

On the day we visited the service, we spoke with nine people living at The Lyles, two visitors, three care staff, the deputy manager and the provider. We observed how care was delivered by the staff.

The records we looked at included; six care plans, four staff recruitment files, staff training records, records relating to the maintenance of the premises and equipment, three people's medication records and records relating to how the service monitored staffing levels and the quality of the service.

After the inspection, we requested further information regarding staff training. This was received promptly.

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe living at The Lyles. They also told us that if they were worried about their safety they would feel comfortable talking to members of staff about this. One person told us, “I feel safe, it is better than being home alone and I feel well looked after.” Another person said, “I feel safe here, it’s my home. I have been looked after wonderfully and it couldn’t get any better if you tried!”

The staff we spoke with demonstrated that they understood what abuse was and how they should report concerns if they had any. They also knew who to report concerns to. This showed that the risk of people suffering abuse was reduced as staff were aware of what signs to look out for and how to report on those concerns. They said they had received training in this subject and the training records we viewed confirmed this.

The people we spoke with told us that they did not feel that their freedom was restricted in any way. Risks to people’s safety had been assessed by the provider. These had been tailored to the individual person and covered areas such as assisting the person to move, malnutrition, and falls. The staff we spoke with had a good understanding of how to support people by managing these risks. We saw that, when necessary, action had been taken to protect people from harm. For example, one person who was at risk of developing a pressure ulcer had a mattress on their bed that was specially made to reduce this risk.

Staff understood what action they needed to take in an emergency situation to keep people safe. The fire exits were clear and well sign posted to assist people to leave the building if they needed to. Staff confirmed to us that they had received training in what to do in the event of a fire or if they found someone unconscious.

The service had a hoist in use to assist moving people and also chair lifts to help people move from upstairs to the ground floor. We saw that this equipment had been regularly serviced to make sure that it was safe to use.

All of the people we spoke with told us that there were enough staff to help them when they needed support. One person told us, “I just have to push the bell and they [the staff] come straight away.” Another person said, “There are enough staff around when I need them.” All of the staff we spoke with agreed with this and we observed that there were enough staff to keep people safe and help them in a timely manner when they needed assistance.

We checked to see if people’s medicines were stored securely and safely and whether they received them when they needed them. We found that medicines were kept secure in a locked trolley within one of the dining rooms or within a locked fridge in the kitchen.

We checked three people’s medicines. All of them had been received by people as prescribed.

Each person’s medication record contained their photograph to aide staff with their identification and included information about any allergies and medicine sensitivities they had. The records also stated how people liked to take their medicines. Where people were prescribed their medicines on a “when required” basis (PRN), for example, for pain relief, we found detailed guidance for staff on the circumstances these medicines were to be used. We could therefore be assured that systems were in place to reduce the risk of people receiving their medication incorrectly.

Is the service effective?

Our findings

People told us that they felt the staff were well trained. One person said, “All of the staff are very good.” Another person said, “They [the staff] all know what they are doing.”

The staff we spoke with told us they had received enough training to meet the needs of the people who lived at the service. We observed that staff used correct techniques when they assisted people to move and did not see any unsafe practice during the inspection. We checked the staff’s training records and saw they had received training in a number of subjects including the safeguarding of adults, infection control, health and safety, medicine administration and first aid. Staff told us they were happy that they received adequate levels of supervision from their manager where they could raise any issues they had and where their performance was discussed.

The people we spoke with told us that staff asked for their consent. We observed that this occurred during our inspection. However, the staff we spoke with told us there were a few people living at the service who they felt lacked capacity to make their own decisions. They told us how they supported these people to make decisions for themselves for example showing them different clothes so they could choose what to wear. However, two of the staff were not aware of their duties under the Mental Capacity Act 2005 (MCA) and did not understand that any decisions they made for people who lacked capacity had to be in their best interests. Three of the staff were also not able to demonstrate a good knowledge of the Deprivation of Liberty safeguards (DoLS). The provider’s training records showed us that staff had not had training in the MCA or DoLS. The provider has written to us since the inspection to confirm that they are committed to completing this training by January 2015.

The provider had not conducted an assessment of people’s capacity where it was felt that they were unable to make decisions for themselves. The provider was also not aware of the recent Supreme Court judgement regarding the application of DoLS. Although we did not see anyone being deprived of their liberty on the day of the inspection, we could not be sure that people who lacked capacity to make their own decisions had their rights protected all of the time.

The people that we spoke with told us that they enjoyed the food. One person told us, “The food is marvellous.” Another person said, “The food is very good.” People also told us there was plenty of food and drink available to have during the day and night and that the provider catered for people’s individual dietary needs. We observed that people had access to food and drink when they wanted it and that jugs of drink were placed in people’s rooms. People’s health in respect of nutrition was monitored regularly and where concerns were found, specialist advice from dieticians or the person’s GP was sought to support the person.

All of the people we spoke with told us that they were able to see their GP when they needed to. One person said, “They [the staff] got the doctor out to me when I was in pain.” Another confirmed that they had received their annual flu jab and that they regularly saw their GP, optician and chiropodist. Records confirmed that the staff contacted other healthcare professionals in a timely manner to support people to maintain good health.

We recommend that the provider considers guidance in relation to the recent Supreme Court judgement regarding the Mental Capacity Act 2005 Deprivation of Liberty Safeguards and the implications this has for care home provider, staff and people living there.

Is the service caring?

Our findings

People told us that staff treated them with kindness and compassion. One person said “The staff are excellent.” Another person told us, “I am very happy here, the staff are wonderful.” A further person told us, “[Deputy manager] is always popping in to check I am ok. They [the staff] also do this at night time. The girls will sit and read to me if I ask them to or write me a letter, nothing is too much trouble. They treat me like family.”

People told us that the staff knew them well. The staff we spoke with were able to demonstrate they knew the people they cared for. They understood people’s individual preferences such as what time they liked to get up in the morning, what they liked to eat and what hobbies and interests they had.

Staff respected and supported people’s cultural needs. For example, people who wished to continue to practice their chosen religion were supported to do so as the provider had arranged for people to visit the service to hold religious services.

We observed that people looked happy and contented. People told us they were relaxed with the staff and that they could ‘have a laugh with them’ and we observed this happening on several occasions. The staff regularly checked people and made sure that they were comfortable. Staff were not in a rush and were able to spend time with people, chatting to them about recent

events in the news or engaging in conversations about people’s past lives. However, some people told us that it was cold in the service. We also noticed that it was cold in the morning and that a number of windows were open on a cool day and that the heating was not on. We mentioned this to the staff who turned the heating on. People confirmed to us in the afternoon that they were happy with the temperature.

People told us that they understood their care needs and felt involved in making any decisions regarding this. One person said, “I have seen my care plan and understand what is in it.” Staff gave people information when supporting them with their care so they could make informed decisions. For example, we saw a staff member explaining to one person what their medication was and why they needed to take it.

Our conversations with people who used the service confirmed that staff were respectful. One person told us, “The staff are very respectful to me.” We saw staff knock on the doors of people’s rooms before entering and talking to people in a polite and respectful manner.

People also told us that staff encouraged them to remain as independent as possible. One person said, “They encourage me to do what I can for myself such as walking and washing – it helps to keep me going!” Another person told us how they helped out around the service with cleaning, washing up and other household duties. They confirmed that they enjoyed this feeling of independence.

Is the service responsive?

Our findings

People told us that they were able to follow their interests. One person said, “I do lots of reading and knitting that I enjoy. When the weather is nice, we also sit outside.” We observed staff engaging with people regularly throughout the inspection. This included people taking part in a games afternoon which they enjoyed. People also told us that they were able to go out to the local pub occasionally for a meal and that outside entertainers had visited the service that included a local petting zoo of animals and a choir from the local school.

People’s care needs had been fully assessed by the provider. This included information relating to people’s individual preferences and their life history. Life history is important to help the staff facilitate conversations with people, particularly those living with dementia who may wish to reminisce about the past. People told us that their preferences were met and were respected.

Plans of care were in place to give staff guidance on how to support people with their identified needs such as personal care, activities, communication and moving. We saw that

the care was being delivered in line with these plans. For example, people who had been identified as being at high risk of developing pressure ulcers had specialist equipment in place to reduce this risk. People’s care records were current and we saw they were regularly reviewed to make sure that the care that was being delivered was appropriate.

People told us that their friends and relatives were encouraged to visit them. One relative told us, “It is a friendly and welcoming atmosphere. I come here every week. I wouldn’t mind coming here myself.”

People told us that they did not have any complaints. They confirmed that if they had any concerns, they felt confident to raise them directly with the staff. We saw that the provider had an ‘open door’ policy where people could come into the office and discuss any concerns they had. No complaints had been received by the provider within the last 12 months. The provider told us how they would record and investigate concerns and complaints should any be received. We were satisfied that people’s complaints would be responded to appropriately if they were raised.

Is the service well-led?

Our findings

Everyone that we spoke with told us they would recommend The Lyles as a place for people to live. People told us that they knew who the provider and deputy manager were and that they were available to them if they needed to talk with them. One relative told us, “The management are great!”

The provider was regularly at the service and told us that they treated their staff as part of a team and that all staff and people living at the service were treated equally. The staff confirmed this. They told us their morale was good and that they felt supported and listened to by the provider and deputy manager. They also told us they felt comfortable to raise concerns if needed and were confident that action would be taken in response to these concerns. We asked staff about whistleblowing. Whistleblowing is a term used where staff alert the service or outside agencies when they are concerned about care practice. They all told us that they would feel confident to whistle blow if they felt that there was a need to.

We saw the provider and deputy manager regularly interacting with staff in a professional and friendly manner. They also interacted with people who lived at the service regularly to check how they were and enquire about their day.

Staff were clear about the visions and values of the service and their own individual roles. They said the provider supported and encouraged them to develop their knowledge and gain further qualifications within health and social care.

The staff told us they regularly attended staff meetings. This enabled them to discuss any issues they had about the care and support that was being given to people who used the service.

Accidents, and incidents were recorded and investigated by the provider and were discussed in staff meetings. We saw that action was taken to reduce the risk of people coming to harm. For example, one person who had fallen had specialist equipment installed to reduce the risk of them injuring themselves and specialist advice on this matter had been sought. This demonstrated that the provider had a system in place to learn from incidents.

Staff members training was monitored by the provider to make sure that their knowledge and skills were up to date. We saw a document that recorded all the training staff had received and when they should receive refresher training. Audits were conducted on a regular basis and included subjects such as medication and the cleanliness of the environment. When issues were found from these audits, an action plan was developed by the provider which detailed what needed to be done to deal with the issue. We saw evidence that these actions had been implemented. This demonstrated that the provider had systems in place to monitor the quality of the service.