

Lyme Valley House Limited

Lyme Valley House Residential Care Home

Inspection report

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Newcastle Under Lyme
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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 ●

Summary of findings

Overall summary

This inspection took place on 5 January 2016 and was unannounced. At our last inspection in May 2014 we found that the service was meeting the required standards in the areas we looked at.

Lyme Valley House Residential Care Home provides support and care for up to 26 people, some of whom may be living with dementia. At the time of this inspection 22 people used the service.

The service had a registered manager. 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.

Staff were aware of the actions they needed to take if they had concerns regarding people's safety. Risks to people's health and wellbeing were identified, recorded and managed. Procedures were in place that ensured concerns about people's safety were appropriately reported to the registered manager and local safeguarding team.

The provider had a recruitment process in place. Staff were only employed after all essential pre-employment safety checks had been satisfactorily completed. Staff received training that provided them with the knowledge and skills to meet people's needs.

Some people who used the service were unable to make certain decisions about their care and treatment. In these circumstances the legal requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) were being followed.

People's medicines were managed safely, which meant people received the medicines they needed when they needed them.

Most people told us they enjoyed the food and were provided with suitable amounts of food and drink of their choice. Health care professionals were contacted when additional support and help was required to ensure people's health care needs were met.

Staff told us they arranged a varied range of social and leisure activities. These were arranged either on a one to one basis or in groups. People could choose whether they wished to participate or not and staff respected their choices.

People were aware of the complaints procedure and knew how and to whom they could raise their concerns.

The service had a registered manager; they were aware of the requirements of their registration with us and

notified us of significant events related to care provision. The registered manager and provider regularly assessed and monitored the quality of care to ensure standards were met and maintained.

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. Staff knew how to keep people safe and the actions they should take if they had concerns with people's safety. Staffing levels were sufficient to ensure people were supported in a timely way and upon request. Risk assessments were completed when people were identified as being at risk. Medication systems were safe and people received their medicines as prescribed.

Is the service effective?

Requires Improvement ●

The service was effective. The principles of the MCA and DoLS were followed to ensure that people's rights were respected. Staff had the knowledge and skills required to meet people's needs and promote people's independence, health and wellbeing. People's nutritional and healthcare needs were met.

Is the service caring?

Good ●

The service was caring. Staff were aware of and knew the likes, dislikes and preferences of people. People were treated with kindness and compassion and their privacy and dignity was maintained. People were supported with maintaining their independence.

Is the service responsive?

Good ●

The service was responsive. People were involved in the planning of their own care whenever this was possible. People had their individual needs met. Leisure and recreational activities were arranged by the support staff, people chose whether they wished to participate. The provider had a complaints procedure and people knew how to use it.

Is the service well-led?

Good ●

The service was well led. Quality assurance systems were in place that enabled the registered manager to identify and address short falls and improve the service. The registered manager promoted a culture of openness and transparency through being approachable and listening to people.

Lyme Valley House 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 was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on 5 January 2016 and was unannounced.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we looked at the information we held about the service. This included notifications that we had received from the provider about events that had happened at the service. A notification is information about important events which the provider is required to send us by law.

We also gathered information about the service provided from other sources. We contacted the commissioners of the service; commissioners are people who fund placements and packages of care and have responsibility to monitor the quality of service provided. We contacted Healthwatch Stoke on Trent; Healthwatch helps adults, young people and children speak up about health and social care services in the Stoke on Trent area.

We spoke with 10 people who used the service about their experiences of living at the service. Some people declined or were unable to, so we spent time in the lounge areas and observed the interactions between people. We spoke with two people who were visiting their relatives, the registered manager, four care staff and a visiting health care professional. We looked at four people's care records, staff rosters, two staff recruitment files and the quality monitoring audits. We did this to gain people's views about the care and to check that standards of care were being met.

Is the service safe?

Our findings

People who used the service told us they felt safe and comfortable. One person commented they felt safe because they were well looked after by the staff. Another person told us they felt safe as they had a call bell to hand and were easily able to attract the attention of staff when they needed some support. A visitor told us: "The staff are very good at what they do, they really look after mum very well". We saw care staff were readily available to offer help and support to people when they needed it.

Staff explained how they would recognise and report abuse. One staff member told us: "I know what to do, I would report it straight away to the manager, but have never seen anything or had concerns with people's safety whilst I have been here". Procedures were in place that ensured concerns about people's safety were appropriately reported to the registered manager and local safeguarding team.

Staff told us and we saw some people needed support and help to move around the home in a safe way. People had been provided with walking frames to support them with their mobility and to maintain their independence. Risk assessments and care plans included the level of risk, the equipment needed to support people with their mobility and any factors and actions needed to reduce the risks for the person.

Where people required specialist equipment, it was provided for them. For example pressure relieving aids and wheelchairs. Some people sat on pressure cushions to reduce the risk of developing sore skin; we saw these cushions were transferred with them from wheelchairs to armchairs to ensure their comfort and well-being.

Staff told us and we saw there were sufficient staff to meet people's needs in a timely manner. Most people who used the service required some level of support with day to day living. Staff were available to provide support, we did not see or hear any delays in staff attending when support was requested.

Staff told us and we saw records that confirmed the registered manager had followed safe recruitment procedures, checks to ensure that people were suitable and fit to work had been carried out prior to them being offered a position. These checks ensured staff were suitable to work with people who used the service.

We looked at the way the service managed people's medication. Staff told us they had received training to administer medication and we saw safe systems in place. Medication was locked away when it was not required and checks were made on a regular basis to ensure an accurate account of medicines was kept. People had their prescribed medication given to them at regular intervals. Some people had occasional medicines. We saw that separate administration instructions were available to ensure people received them in the correct way. We spoke with the registered manager about the administration and recording of prescribed external creams and lotions. Action was taken to ensure an accurate record was completed when people were supported with the application of these creams and lotions.

Is the service effective?

Our findings

We saw that some people were subject to restricted practices and had to approach staff at all times to partake in a specific activity. Staff told us that the people involved had the capacity to make certain decisions for themselves. We were unable to gain the opinions because the people involved did not wish to speak with us. We observed they were comfortable when approaching staff and were compliant with this restricted activity. We saw the registered manager had completed a risk assessment for this specific activity. The registered manager was unable to show us how they had involved people and gained their consent for deciding and implementing this restriction.

Staff told us and we saw that some people would be unable to make specific important decisions that affected their lives. 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 people lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff told us that one person lacked capacity to retain information and to make decisions about their end of life care. Staff confirmed and the person's care records showed that a best interest decision had been discussed and agreed with the person's representative, their doctor and staff at the service.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the service was working within the principles of the MCA. The registered manager told us that DoLS referrals had been sent to the local authority because some people were subject to continuous supervision and not free to leave the premises due to concerns with their personal safety. Some people had legally been deprived of their liberty and had authorisations in place. We saw that the conditions of these restrictions had been noted and actioned.

Staff told us they received the right amount of training for them to do their job. They told us they had received recent training in moving and handling. We saw staff were competent and skilful when transferring people from area to area with the use of a mechanical hoist. Their approach with this activity ensured people were at ease and comfortable during this intervention. Staff also received training on specific people's needs. For example some people used a catheter; staff confirmed they had attended a training session on catheter awareness. In addition the district nurses had showed the staff how to change the catheter bag safely and look for signs that may require further attention from the nurses. Staff received regular support, supervision and appraisals of their work performance and their learning and development needs. A member of staff told us: "Yes we are supported, we can speak to the manager and deputy any time if we need anything".

People offered mixed views about the food they received, some people said the food was good and they enjoyed it, others said it was not so good. One person said: "The food is good. At breakfast there is normally toast or porridge option. Tea time is normally sandwiches but we can have something hot if we want to".

Another person said: "I didn't like today's lunch, my burger was too hard". We observed the lunch time period and saw that most people were encouraged to use the dining facilities. Some people preferred to stay in their bedrooms or in the lounge areas and people who required help with their meals were supported by staff. People's food and fluid intake was monitored when concerns were identified. Necessary action to reduce the risks and concerns with people's nutritional needs was taken. We saw one person had been referred to the speech and language therapist, who had advised that the person should have a soft diet with 'thickened' fluids. We saw that these were made available for the person.

Staff supported people to access health care services should they become unwell or require specialist interventions. We saw a continence advisor was visiting the service to assess people with their continence needs. They told us they had spoken with staff about the monitoring to determine people's individual needs. We saw people had visits from and consultations with their doctor, consultants, district nurses and community psychiatric nurses.

Is the service caring?

Our findings

People who used the service told us the staff were 'very good' with the support provided. One person told us the service they received was 'first class'. A visitor told us their relative was totally dependent on staff for all care needs and went on to say: "The staff are all very patient". We saw people were treated with respect and approached in a kind and caring way. People were listened to and staff spent time talking with and responded to people's preferences and decisions. Some people had limited verbal communication and we saw they were given time to express their wishes and requests.

Staff told us that whenever possible people and their representatives were consulted with planning their care. Some people would be unable to express their views or talk about their preferences and in this case their social and personal histories had been obtained from their relatives. Staff told us this information was really useful so that they could obtain a good holistic knowledge of the person and so provide the care and support people required in a personalised and individual way.

People were supported to be and remain as independent as possible. One person told us: "Yes I can do what I want to do really, I can stay in my room or go downstairs if I want to". Some people needed help and support to walk around the service. We saw one person used a walking frame to support them with their mobility. They were very unsteady but determined to walk around. Two members of staff walked beside the person to ensure they were safe.

People told us and we saw people's privacy was respected, staff were careful to ensure bathroom, toilet and bedroom doors were closed when people required support with their hygiene needs. Staff told us they supported people to the privacy of their own rooms when being visited by healthcare professionals such as the doctor or district nurses. Some people shared a bedroom. Curtains had been provided between the beds to offer people some degree of privacy when they were in the room together.

Is the service responsive?

Our findings

People received the personalised care they required. For example, one person was extremely frail and required full support from staff in all areas of their care. We saw that staff were vigilant and responsive when attending to the person's comfort, safety and welfare. The person was unable to tell us about their experiences but we observed they looked comfortable and relaxed. They were at ease and compliant when staff provided support. Care staff we spoke with were able to tell us about people's individual care needs and how they liked their care provided, and about things and people that were important to them.

People's care records contained information about their individual likes, dislikes and care preferences. Some people would not be able to discuss or express their views in regard to their care and treatment. One person explained how they had acted on behalf of their relative and said: "We discussed the care plan initially soon after Mum came here and since then have very much involved".

Staff told us they arranged various outings and activities for people who used the service. The activities coordinator told us: "I encourage people to do things, I talk to them, we do visits to places like Trentham Gardens, we go to Newcastle and Hanley shopping. We hire a minibus. We have singers in and an organist. When we go out staff that are off shift help by volunteering to come out with us. I produce activities relating to each of the seasons. On the days that I am not here I try and organise things like hairdressing". People told us they liked the activities that were provided. Some people preferred not to participate and their choice was respected.

People told us they would speak with their relatives or the registered manager if they had any concerns or complaints. One visitor we spoke with told us that a while ago they had complained to the previous manager about a concern they had. This had reached a satisfactory conclusion. They went on to say they would speak with this registered manager if they had any further concerns but 'at the moment everything was okay'. Staff told us they would act on behalf of people if anyone passed any complaints directly to them. They would pass concerns to the registered manager who would then deal with the issue. The registered manager told us no complaints had been raised with them during the past 12 months.

Is the service well-led?

Our findings

Without exception people told us the registered manager was open, welcoming and approachable. One visitor told us: "Yes I do feel comfortable speaking to the manager and she was one of the reasons that we chose here. When we spoke about Mum's care, the manager listened to us and didn't talk over us". A member of staff said: "If I have anything to say the registered manager will listen, I have no hesitation in going to see her". There were clear lines of responsibility within the staff teams and staff knew who to report to.

Systems were in place to seek people's views and experiences of the home. Residents meetings were arranged at regular intervals. People had the opportunity to discuss and comment on a variety of issues, for example on the food, activities, the environment and the staff. The registered manager told us that all comments and suggestions were looked at and improvements were made when needed.

Satisfaction surveys were sent to health professionals, staff, people who used the service and their relatives during the year. Most people who completed the survey responded positively, comments included 'excellent service provided', 'very welcoming' and 'good staff and food'. One negative comment was received from a visiting professional. The registered manager explained the action they had taken to improve the situation in regard to this. Care staff confirmed that action had been taken when we discussed this with them. This meant that feedback was being used to improve the quality of care.

The registered manager told us and we saw that checks and audits were completed each month throughout the year to assess the quality and safety of care the home provided. For example, accidents and incidents, infection control, medication, care plans and reviews. The registered manager told us that this system speedily identified any shortfalls in the quality and safety of the service and they were able to respond quickly.

The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, accidents and deaths that had occurred at the service, in accordance with the requirements of their registration.