

Purple Care Limited

Lyndale

Inspection report

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Date of inspection visit:
31 October 2022

Date of publication:
10 November 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Lyndale is a residential care home providing care and support for up to nine people. The service specialises in providing support to people who have mental health needs. At the time of our inspection there was one person receiving a regulated activity, this was support with their personal care.

People's experience of using this service and what we found

Improvements had been made to the service and the systems and processes put into place following the last inspection had been sustained and embedded. Staff knew people well; this included any risks to their wellbeing and safety which had been assessed. The person told us they were happy living at Lyndale and was not restricted in their life.

There was a relaxed, calm and friendly atmosphere in the home, it was clean, tidy and well maintained. All necessary utility and building checks had been carried out. People were supported by staff who were safely recruited and trained to ensure they had the skills necessary. Staff felt supported and were well trained. There were enough staff on duty. People had enough to eat and drink and were involved in creating shopping lists.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People had access to healthcare services as they needed.

Medicines were managed safely. Infection control risks were mitigated, and clear guidance was in place and followed, in particular in relation to COVID-19. Care plans were detailed, and person centred, support with socialisation activities were in place.

Lyndale was well-led, robust monitoring systems meant people were protected from avoidable harm. The service learnt from events that occurred and used the outcomes to make further improvements. People, their relatives, staff and professionals were asked for their feedback on the care and support provided at the service and this was used to make improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 11 April 2019) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Lyndale is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Lyndale is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there were two registered manager's in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and safeguarding teams. We used the information the provider sent us in the

provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the person who used the service and their relative to gain feedback about their experience of the care provided. We spoke with the nominated individual, registered manager, deputy manager and support workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We made observations throughout the day of interactions between people and staff. We looked at the persons care and medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Improvements had been made, sustained and embedded within the service. People had risk assessments in place for their care and support. Risk assessments were detailed and gave clear instructions of how to reduce risks.
- General risk assessments were in place for the home, this included, fire safety. Staff and people were aware of the assessments and these were used as a basis for safe working practices.
- A range of checks and servicing took place to maintain safety within the home such as, water temperatures, gas safety and electrical compliance.
- Accidents and incidents were recorded, and analysis took place. The outcomes were used to learn lessons and prevent reoccurrence of events within the home. The learning was shared with the staff team through messaging and meetings.

Systems and processes to safeguard people from the risk of abuse

- Lyndale was a safe place to be. Some comments we received: "I am safe and secure. I am in safe hands", "Staff are very good, [people] are well looked after", "Happy with Lyndale", "Staff are very decent natured, I am quite fond of them."
- Staff knew how to recognise the signs and symptoms of abuse and who they would report concerns to both internally and externally. Staff told us they were confident any concerns they raised would be followed up.
- Records confirmed safeguarding concerns were recorded and referred to the necessary authority.
- Staff had received training in safeguarding adults and posters around the home reminded them of how to report and the telephone numbers to do so. Safeguarding training was updated every year with reminders throughout the year during team meetings and handovers.

Staffing and recruitment

- There were enough staff on duty. Staffing numbers were closely monitored by the registered manager to ensure the needs of people could be met. Recruitment was ongoing, the home had experienced difficulties,

as many other providers were, due to unplanned sickness and the national shortage of workers in the care sector.

- The service had a robust recruitment process in place which included interviews, induction training, shadow shifts and competency checks.
- Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines as prescribed. There were safe arrangements in place for ordering, storage and disposal of medicines within the home.
- Medicine administration records (MAR) were completed accurately. Body maps were in place to ensure prescribed creams were applied in line with the medical instructions.
- Where people were prescribed medicines they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.
- People had medicine care plans and staff had received training and had their competency assessed to administer medicines safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Visits to Lyndale were being carried out safely, meeting the latest government guidance.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA 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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection we made a recommendation the service review their practice to ensure they were not restrictive and people's rights were respected at all times. At this inspection we have found improvements had been made.

- People's rights were respected, and the necessary documentation was in place to ensure compliance with the law.
- Consent was sought, and people felt respected.
- Staff had received training in the MCA 2005 and told us they understood people's rights to decide for themselves. We observed staff offering choice to people and supporting them to make decisions. A member of staff told us, "We need to ask their [people] permission. They are in charge of their care."

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

- People had their needs assessed before moving into the home. Records showed that consideration had been given to the person's needs and how this would impact on the people who already lived at the home.
- People's outcomes were identified and guidance on how staff met them was recorded within their care and support plans. Records demonstrated plans had been created using evidence-based practices. This was in relation to physical and mental health needs.

Staff support: induction, training, skills and experience

- Staff received an induction when they commenced employment. Some staff had undertaken the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff told us they received enough training. Some of the subjects included, person centred approaches, mental health first aid, fire safety and diabetes.
- Staff felt supported and had regular supervision, they told us this was a two-way conversation and records confirmed this.
- Some staff had undertaken vocational national diplomas and told us there were opportunities within the home to receive additional training.

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

- People were supported to have enough to eat and drink. Menus were arranged by the people who lived at Lyndale. There were choices available if a person did not like the meal on the day and many snacks were available.
- Staff told us people had access to enough food and drink. A member of staff said, "They [people] have a choice in what they want to eat, sometimes they don't like what's on the menu, I can help them. They are able to make themselves food, go to the cupboards and have a snack."
- Preferences and dietary needs were recorded in care plans and were known by staff.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to physical and mental health care when needed. For example, doctors, nurses and therapists. Feedback from health and social care professionals was extremely positive in regard to the Lyndale's responsiveness.
- Records showed input from a range of health and social care professionals such as doctors, nurses and specialists. Regular contact with a doctor's surgery meant people's needs were discussed in a timely manner. Staff supported people to attend a wide range of appointments outside of the home.
- Instructions from medical professionals were recorded in people's care plans and communicated to staff. This meant people were receiving the most up to date support to meet their health and welfare needs.

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

- The home was clean, uncluttered and accessible. There was a relaxed, calm atmosphere. People were using all areas of the home freely.
- People were encouraged to have their personal effects and belongings in their rooms. The person living at the home told us staff supported them to maintain their room.
- The home was accessible over two floors by stairs. There was access to the secure gardens, outdoor spaces and patios.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Care and support was individual and personalised to people's needs. Care plans contained clear outcomes and guidance for staff, they included reference to risk assessments.
- Care plans in place for the person living at the home were detailed and showed they were involved in their creation. They told us they were happy with the support from staff.
- There was an opportunity to discuss treatment options, end of life needs and wishes. Discussions had involved those close to the person.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was an opportunity for the person living at the home to live their life the way they wanted to. They told us they were happy and could come and go as they please.
- Needs were met, including religious, cultural and spiritual needs. Visits from loved ones were supported.
- The person living at the home was encouraged to be independent and told us they had improved since living at Lyndale. They told us, "I have picked up along the way."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Communication needs had been assessed, identified and staff knew them well.
- Care and support plans were detailed and gave staff guidance on meeting the person's needs.
- Information about communication needs had been shared with the relevant professionals.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint and who to speak to.
- The provider had a complaints policy and procedure in place. This included contact information for the local authority, CQC and the local government and social care ombudsman.
- Records showed complaints had been dealt with in line with the providers policy.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Improvements had been made and they had been sustained and embedded. Systems and processes to monitor the safety and quality of the service were robust and operating effectively.
- Auditing and monitoring checks were carried out to ensure the overall safe operation of the home.
- Governance arrangements were multi-layered, with the deputy manager, registered manager and nominated individual having oversight.
- Lyndale sought to continually improve. Outcomes and actions from monitoring and audits were used to make changes within the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and nominated individual were passionate about the care they provided, they felt proud of the staff team working to support the people living at Lyndale. One member of staff told us, "I feel appreciated here."
- There was confidence in the management of the home. Staff told us the registered manager was approachable, open and supportive. The nominated individual could be contacted by staff if they needed.
- People were supported to live their lives and the culture within Lyndale was empowering. A member of staff told us, "We work in their [people] home."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm. They told us the circumstances in which they would make notifications and referrals to external agencies and showed us records where they had done this.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were involved in decisions in the home. Staff told us they were encouraged to give their ideas.
- The home completed surveys with people, their relatives, staff and external professionals to check they were providing a good service.
- The registered manager told us they worked well with a range of health and social care professionals.

Records confirmed satisfaction and a good working relationship.