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Lyndridge Care & Support

Inspection report

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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 inspection took place on 5, 7 and 8 July 2016 and was announced. We gave the provider short notice of the inspection as it is a domiciliary care agency and we wanted to be sure someone was in when we visited the offices.

Lyndridge Care and Support provides personal care for adults of all ages. Most of the people live in shared, supported living houses in Okehampton, Crediton, Hatherleigh and surrounding areas. They also provide care to two people living in their own homes in Okehampton.

The provider has administrative offices in Okehampton. The provider is also the 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.

The service had previously been inspected in May 2014 and had met all the standards inspected.

At the time of our inspection, 84 people were being supported with personal care by Lyndridge Care and Support. Of these 9 people were younger adults and 76 were older adults.

People said staff were "lovely" and they considered them to be friends. One person said "staff always do whatever they can to make me happy." We observed staff and people chatting and laughing together. Staff knew people well and took this into consideration when supporting them. People were encouraged and helped by staff to stay in touch with their family and friends. This included taking people to meet their loved ones if that was easier for them. Key events such as birthdays were celebrated.

Staff recognised the importance of respecting people and treated them with dignity. For example staff described how they helped people with personal care, at all times ensuring their dignity and privacy was maintained. Staff had had training about the Mental Capacity Act(2005). Staff understood the need to consider people's capacity to make decisions. Where there was a concern about a person's ability to make a decision, staff described how they would work with the person, their family and health and social care professionals to come to decide what was in the person's best interests. Staff understood their responsibility in terms of safeguarding vulnerable adults. They were able to describe what actions they would take if they had concerns that someone was being abused.

Care records contained risk assessments and care plans which were regularly reviewed and also updated when a new concern arose. Risk assessments took into account people's ability and focussed on how to manage the risks in a positive way. People were supported to receive their medicines safely by staff who had been trained to administer medicines. Medicines were stored and disposed of safely.

People were encouraged to get involved in activities of their choice, both as an individual and as part of a group. Activities included gardening, attending reading groups, cooking and trips out. People were also supported to remain as independent as possible and develop life skills. For example people were encouraged to get involved in household tasks if they chose. People were also accompanied on occasions by staff to go on holiday. People were supported to have a healthy, nutritional diet. People said they enjoyed the food and were able to choose what to eat and drink. People said there were always alternatives if they did not like a particular meal.

People said they knew how to complain, although people we spoke with said they had never had to. Six complaints, which had been received in the last year, had been responded to and dealt with to the complainants' satisfaction.

There was a registered manager who was also the provider. The registered manager understood their responsibilities, including providing information to the Care Quality Commission as necessary.

The registered manager was supported by a team of six senior managers, called development managers. Each development manager was responsible for looking after a group of staff who provided care in supported living homes, where a number of people receiving services from Lyndridge lived.

There were regular staff meeting, where staff said they could make suggestions and raise concerns. The provider also undertook regular surveys of people, their families as well as health and social care professionals. Actions to improve the service were planned and carried out.

There were sufficient staff to support people without being rushed. The registered manager and senior staff used a tool to determine safe and effective staffing levels. This tool took into account the skills and experience of staff.. Staff were recruited safely and undertook an induction when they first joined Lyndridge Care and Support. Staff had initial training on subjects relevant to their role. This included mandatory topics such as fire safety and food hygiene as well as specific training to support people's needs, such as diabetes and epilepsy. Training was refreshed from time to time to ensure staff remained up to date with their skills and knowledge. Staff were also supported to complete nationally recognised qualifications.

There were regular checks and audits of the service and its functions. These included medicine administration audits. Where issues were identified, action plans were drawn up to improve the service.

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.

Risks to people had been assessed to support them to receive care which met their needs.

People were protected from abuse by staff who understood how to safeguard vulnerable adults.

There were sufficient staff to meet people's needs.

Medicines were administered, stored and recorded in a safe way.

Is the service effective?

Good

The service was safe.

Risks to people had been assessed to support them to receive care which met their needs.

People were protected from abuse by staff who understood how to safeguard vulnerable adults.

There were sufficient staff to meet people's needs.

Medicines were administered, stored and recorded in a safe way.
The service was effective.

Staff received an induction and ongoing training to ensure they had the knowledge, skills and experience to support people to receive effective care.

The provider worked within the requirements of the Mental Capacity Act (2005). Staff assessed a person's capacity. When necessary and appropriate, best interest meetings were held with relatives and health professionals to consider how decisions should be made

People were supported to have a balanced diet of their choice.

People were supported to access health services regularly.

Is the service caring?

Good

The service was very caring.

People said staff were caring and supportive. People and staff interacted positively with each other.

People were encouraged to maintain close links with their families.

People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

Care plans were developed taking into account people's risks, needs and preferences. Staff recognised the importance of reviewing and amending people's care plans on a regular basis and when a change in the person's needs had occurred.

There were systems in place for the provider to listen to people's concerns. The service responded to these concerns appropriately.

Is the service well-led?

Good

The service was well-led

The visions and values of the service were person-centred and inclusive.

The provider and staff promoted and delivered this vision and the values.

There were systems in place to monitor the quality of the service and ensure it met standards.

Lyndridge Care & Support

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 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 was undertaken by two inspectors on 5 July, one of whom also inspected on the 77 and 8 July 2016 and was announced.

Prior to the inspection, we reviewed information we held on our systems. This included reviewing whether any statutory notifications had been submitted to us. A notification is information about important events which the service is required to tell us about by law. We had asked the provider to complete 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. The provider had completed this in January 2016.

At the time of this inspection, 84 people were receiving a personal care service from the provider. We met and talked with 13 people. We also talked with the provider and 13 staff.

After the inspection we contacted five health and social care professionals and four GP practices who worked with people who received care from Lyndridge Care and Support. We received responses from two of them.

We looked at a sample of records relating to the running of the home and to the care of people. This included nine people's care records including their risk assessments and care plan. We reviewed three people's medicine records. We were also shown policies and procedures and quality monitoring audits which related to the running of the service.

Good

Is the service safe?

Our findings

People said they felt safe with the care provided by Lyndridge. For example, comments included "It is smashing here. The staff do anything for you. They keep me safe." ; "really safe and cared for." And "The staff are kind and caring. If I was worried about something, I would go to a senior carer. I feel safe here, definitely feel safe here."

People were protected from abuse and harm by staff who understood how to keep them safe. Staff had been trained to recognise signs of abuse and knew what to do when a concern arose. Training to ensure staff understood how to safeguarding vulnerable adults was completed as part of induction process for all new staff. Staff were able to describe the actions they would take if they had a concern. This included reporting it to managers and the local authority. One member of staff said they would "contact the CQC if nothing done by management."

One member of staff described how they had had a concern about a person who was at risk of being financially abused. They explained the actions they had taken to prevent this occurring.

The CQC had received information from the provider about safeguarding concerns. Records showed that the provider had taken appropriate action where necessary to keep people safe. This included investigating the issue, developing action plans to address any concerns identified and monitoring that the actions were completed.

Risks to individuals had been assessed and documented. People's physical needs had been assessed when the service had commenced for them. For example, assessments had included the falls risk assessment, a nutrition risk assessment and a tissue viability risk assessment where appropriate. Risks to people were regularly reviewed as well as when a change in people's needs was identified. For example one person had a very detailed risk assessment for a long term medical condition, which included information about their diet and medicine.

The risk to people in emergencies such as the fire had been assessed. Personal emergency evacuation plans have been drawn up to ensure staff knew what to do support the person in the event of fire.

Managers monitored the level of staffing needed to meet people's needs and keep them safe. This included the skills and experience required by staff working with people. House managers assessed staffing needs and completed a return to the head office. This return identified the staffing levels and the number of people they were supporting. This took account of each person's personal care needs and the activities they had planned. The registered manager and other senior managers then worked with house managers to ensure staffing levels adequate to meet these needs. Staff said they felt they had enough time to work with people without rushing. They described how they were able to give one to one time to each person supporting them to do what they wanted to do. Staff also described how they felt safe when working alone with people. They said there were on-call arrangements in place which meant they could call a manager if there was an issue.

The registered manager said they did not use agency staff if there were any staff shortages, for example during holidays and times of sickness. They described how some staff were employed to work flexibly across an area to provide additional support where it was needed. They said they also ensured they had staff were able to work at more than one of the supported living houses and were familiar with people in each of the houses. We visited one house, where a member of staff explained that although it was not their usual place of work. However they said they sometimes worked shifts at the house so they were familiar to the people. This meant people were supported by staff who knew how to work with them safely and effectively and were knowledgeable about their needs. Staff said that although there were occasional times when there were staff shortages, these did not lead to people not receiving the care they needed. They also described how the managers would then recruit new staff.

New staff were recruited safely. Some of the recruitment processes were managed centrally at the provider's head office. These included advertising for candidates and receipt of application forms. Interviews were usually conducted by senior staff and people using services were involved in the process. Following a successful appointment, checks on the suitability of the candidate were undertaken. These checks included taking up references from previous employers and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People's medicines were stored, administered and managed safely. Risk assessments had been completed which identified whether people required assistance with taking their medicines. Staff had been trained to administer medicines and followed the correct procedures when administering them. There was information in people's care records about medicines prescribed, times needed and possible side effects. Medicine administration records (MAR) had been completed and signed by staff correctly. One care record contained information about a transdermal patch application to the body. This helped to ensure the patch was applied on different parts of the body each time. However, on one record we reviewed, there was no information on the MAR about whether the person had any allergies. Staff were later able to confirm that the person did not have any allergies.

Medicine administration audits were completed on a weekly basis. Where errors occurred, records showed the provider had taken action to review the systems in place and identify why the mistakes had occurred. This had led to changes to the procedures, which had led to a reduction in the number of medicine administration errors.

Good

Is the service effective?

Our findings

People were supported by staff, who were knowledgeable, experienced and knew people well. Staff had undertaken training to ensure they were able to support people effectively. Training was largely provided by an external training company owned by the provider. This training company also had accreditation to run training courses leading to nationally recognised qualifications in health and social care.

New staff were required to complete a 12 week induction when they first started working for Lyndridge Care and Support. The induction covered the 15 fundamental standards outlined in the nationally recognised Care Certificate. The Care Certificate is an award that all new staff in care settings are expected to complete during their induction. At the start of their employment, staff completed a one day company induction which included introducing them to the vision and values of the company; the code of conduct expected of them as employees and the staff handbook. During this day, two of the fundamental Care Certificate standards, including safeguarding vulnerable adults, were introduced. New staff worked alongside experienced staff during their induction. A further training day was also provided after two weeks of working. This day included training about care planning and record keeping. Other support and training days were provided on a flexible basis to new staff. New staff were subject to a six month probationary period during which they were given supervision by a senior care worker. These supervisions provided individual support and also monitored their progress. One member of staff said they had received an induction when they started work and felt "well supported." They also added that the training was "very good."

Once a member of staff had completed a successful induction and probationary period, they were supported to undertake nationally recognised qualifications in care. Senior staff were also supported to develop their skills by undertaking a level three qualification in a relevant subject.

All staff completed training and regular updates in a number of areas including infection control, fire safety, first aid, medicines administration, Mental Capacity Act (2005), diet and nutrition, health and safety, manual handling and safeguarding vulnerable adults. Some of this training was delivered through e-learning and some through practical and face-to-face courses. Other more specialist training was also provided to staff where necessary. This included courses in dementia, conflict resolution, end of life, anxiety and depression. Training in catheter care, diabetes and epilepsy were provided by external experts such as district nurses.

The training company recorded all training completed in a computer system, which provided reports to managers on when staff had completed training. The system also provided information to managers about when staff were due to refresh training.

Staff were expected to have a minimum of eight supervisions every year. A manager said they aimed to supervise staff every four to six weeks. Staff records showed that staff had received regular supervision. Staff also said if they had any concerns, they could talk to senior staff whenever necessary. Senior managers described how they also undertook spot checks and observations of staff from time to time to ensure the care delivered was of good quality.

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.

We checked whether the service was working within the principles of the MCA. Staff had received training in the requirements of the Mental Capacity Act (MCA) 2005. The registered manager and staff were able to describe their responsibilities in relation to the Act. Staff understood their responsibilities in relation to ensuring people's choices and preferences were taken into account when providing care. People's capacity to make particular decisions had been assessed and, where necessary, best interest decisions were recorded in people's care records.

People were encouraged to be as independent as possible, and make decisions about day to day preferences. This included what time to get up and go to bed, what they wanted to wear and how they wished to spend their day. Some people were supported to get involved in household tasks including cooking, laundry and cleaning their room. Staff said one person really liked to help prepare the vegetables for the evening meal. During the inspection, this person was supported to do this.

People's understanding of particular issues had been assessed to ensure they had the capacity to make a decision. For example, one person had been assessed to determine whether they were able to manage their own finances. Care records showed there were deputies in place to support some people with their finances and welfare. Deputies are appointed by the Court of Protection where a person is deemed not to have capacity to make decisions themselves about their finances or welfare.

Staff understood the legal framework that needed to be put in place if a person did not have capacity to make a particular decision. For example, there were records relating to a best interest decision meeting about helping to regulate a person's sleep pattern with medication. The meeting had included the person themselves as well as health professionals, staff and relatives.

People were supported to have a varied and healthy diet which some of them were involved in choosing and preparing. People said they were asked what they wanted to eat and if they did not like something, they were always offered alternatives. We observed people being offered refreshments and food, which was freshly prepared and appetising. One person said the food was "really good" and they were "always given a choice of what to eat." People were offered refreshments and snacks during the inspection. For example, when we visited one house, people were drinking tea and having an ice-cream. People also had drinking water beside them. Staff were observed offering people more tea, which one person said they would like. One person said although the shopping was done by staff for everyone living in the house, staff always consulted them about whether they wanted particular food items in addition to the main shop.

Records showed that people accessed health services in order to maintain good health. There was evidence that people had seen their GP, dentist, optician and other health professionals when needed. Where one person had more complex health needs, there was evidence that staff engaged with specialist health professionals to support the person with this.

Good

Is the service caring?

Our findings

Throughout the inspection, people interacted with staff very positively. People and staff showed affection towards each other. The atmosphere in all the houses we visited was very comfortable, relaxed and friendly. One person said "staff are lovely, they always ask me what I want to eat" adding "staff always do whatever they can to make me happy." Other comments included "Staff are friends, not horrible."; "They look after us well. No complaints."; "I thinks it's very good here. Staff are very good. I enjoy being here. The staff are kind and caring."

We also reviewed compliments and thank you cards which had been received by the provider from families of people who had received care. Comments in these included "no hesitation in recommending Lyndridge."; "love and affection shown towards my mother." A health professional had also commented that staff had shown care and compassion.

Staff were gentle with people and were mindful of people's ability. For example, we observed one member of staff supporting someone to slowly move. Staff explained that the person was very keen to remain mobile, but did need some support when walking.

The registered manager said they supported people to maintain contacts with their families. Staff knew people well and were able to describe people's history and who their family were. People said their families were able to visit whenever they chose to. At one house, staff explained that, as some families had young children, they had organised some toys and games which visiting children could play with. One person said this was really good for their young relatives when they came to visit as it made it feel more like home.

In another house, staff described how they were supporting one person to remain in touch with their family by regularly meeting with them at a convenient location nearer their home. Staff drove the person to the meeting place and waited for them to bring them home. The person explained how much they enjoyed seeing their family and how important this was to them.

At one house, people and staff described a garden party that had been held the previous summer, which they had all enjoyed and taken part in. They described how friends and families had been invited to come for the afternoon. People and staff all said they were hoping to organise a similar event as it had "gone down so well with everyone."

One person had celebrated their birthday a few days before the inspection. Staff said they had had a special tea with cake for the event. They had also made sure the flowers the person had received for their birthday were prominently displayed near where they sat so they could enjoy them.

Staff treated people with dignity and respect. We observed staff asking for permission before they entered people's room. Staff recognised that the house they worked in was the people's home and treated it with respect. For example, before we visited any people, staff at the provider's head office contacted staff in each of the houses. They asked the staff to check with people whether they were happy for inspectors to visit

them. Everyone we visited confirmed they were happy for us to do so. However, when we arrived at one house, staff checked with everyone again, to be sure no-one had changed their mind.

People's care plans had been drawn up with their involvement. People said they were involved in discussions about their care and how it should be delivered. Care records were held by people in their own rooms. People said they were aware of the contents of the care records and that these were reviewed with them from time to time.

People were supported to express their views and be involved in the decisions about their care and support. Throughout the inspection people were listened to and their opinions taken into account, when making plans. For example, where one person was experiencing continence issues, staff had discreetly discussed with them, how to support them whilst maintaining their independency and dignity. Staff described how this had led to the person agreeing to being verbally prompted on a regular basis to go to the toilet.

Care records showed the provider had discussions with some people about their end of life care. This included identifying who people wanted involved in their affairs and details about funeral arrangements. Some people also had a Treatment Escalation Plan (TEP) form in their care record. A TEP is a form which is completed by the person's GP with their involvement, or if the person lacks capacity, with their Power of Attorney if appointed. It describes whether in the event of an emergency, attempts should be made to resuscitate the person. □

Good

Is the service responsive?

Our findings

People were supported to lead interesting and active lifestyles. This included being involved in the day services run by the a company associated with the provider. People also used local facilities such as restaurants, clubs and the local library. There was evidence that people enjoyed what they were doing and felt a sense of achievement.

People were supported to follow their interests and take part in social activities, education and work opportunities. People were helped to maintain and develop their skills and experience and become as independent as possible. The provider recognised the need to support people with meaningful activities which supported them to have a sense of purpose and achievement as well as fun. People were encouraged to describe goals and aspirations they wished to achieve. Staff supported them to identify and undertake ways to progress with these. For example, one person described how reading was an important part of their life. They explained how they had joined a book club at the local library which they liked to attend. Another person who had been an accomplished knitter was encouraged to maintain their skills by staff asking them to teach a member of staff. Staff described how this had been very positive as it had made the person feel valued as well as skilled. Staff supported people to do activities both inside and outside the home. For example, some people were involved in doing gardening. Adaptations to the garden of the house where they lived had been made to make it easier for them to carry out this activity.

People's records had details which described how the person received individual personalised care. Each person's care plan described activities they enjoyed doing. For example, one person's preferences included 'music, bowling, swimming and Liverpool football club.' Another person said they enjoyed "drawing and painting and pottering in the garden." On one of the days of inspection, two people who lived in the same house were being taken on a trip to a garden centre. At another house, a person said they were going to "computer class today" while another person was relaxed and listening to music.

People were helped by staff to go on holiday. For example, one person had been accompanied by staff on a holiday with the person's family. One person had been supported to attend a retreat to help them with relaxation techniques.

Care plans had been developed with the person and included detailed information about them. Care plans described what they liked, what they didn't like, and what was important to them. Care plans also contained information about their GP, dentist and other health professionals involved in their care. The records described how they were kept safe, their routines and behaviour. Each person's care record contained detailed risk and needs assessments which had been used to develop care plans which supported these as well as the person's own preferences. Care plans were updated to reflect changes in people's needs if an issue arose which might impact on the person's care.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. The provider had a complaints policy and procedure. Six complaints had been received by the provider in the last twelve months. Complaints were recorded and managed in a timely manner. There was evidence that

where a complaint was received, the issues were investigated and a response sent to the complainant. There was also evidence that the provider checked that the complainant was satisfied with the results of the investigation and the response to them. People we spoke with said they were aware of the complaints process but had not had reason to complain. They said that if they ever had an issue, they would raise it with staff informally and staff would then resolve the problem.

Good

Is the service well-led?

Our findings

The service promoted a positive culture which empowered people. The visions and values of the service were person-centred, open and inclusive. These were described in the provider's statement of purpose as 'actively encourage continued independent living, enabling people to lead a full and active life according to their personal preferences.' The statement of purpose also described how they assessed for 'ability, not disability.' This description fitted the evidence we found. The provider was able to describe how they had developed a model of care, based upon providing personal care and enabling services. People were also able to attend a partner organisation's day care services if they chose. We visited a day care service in order to meet people who were in receipt of personal care and found people were doing activities of their choice which supported them to maintain their independence.

The provider was a registered nurse and also had a number of qualifications including a university accredited management certificate. The provider was able to describe their role and understood their responsibilities. There was a clear management structure which supported the organisation. This included an operations manager, who was responsible for developing systems and processes to ensure the organisation ran smoothly. There were five development managers who oversaw the work being undertaken by staff in designated supported living houses and one development manager who oversaw the work of staff providing care to people in the community. Each supported living house had a house manager who was responsible for ensuring the delivery of care in the house. There were clear lines of accountability for each layer of the organisation. A development manager said they felt supported and enabled by the registered manager and operations manager to undertake their role successfully. A house manager described how they had worked with the development manager to address a particular staffing issue, which had been resolved successfully. Staff described how they could Staff were supported outside office hours by an on-call manager system.

There were regular meetings between managers and staff, which supported shared learning and improvements. Managers undertook 'spot checks' and observations of staff to support learning and improvement. The registered manager received regular reports on key aspects of the service, including training compliance and supervisions undertaken. Where there was a concern about staff, there was evidence that disciplinary actions had been taken to address the concern. These had been followed up appropriately.

The service submitted information to the Care Quality Commission when required. This included statutory notifications when notifiable incidents had occurred. The provider had well established links with the local community and was also involved in regional groups which were contributing to the development and innovation of the care sector.

The registered manager and senior managers were well known to people receiving care from Lyndridge. People expressed confidence in the way the service was provided. Staff also said they felt able to approach senior managers and the registered manager if they had any concerns. They said they felt the managers were open to ideas and encouraged them to make improvements.

People, their families, health and social care professionals were encouraged to feedback how they felt about the services provided and how it could be improved. The provider had trialled a new method of feedback using a 'star' system which was more visual. They described how they had introduced this to make it easier for people to use and found it successful. They also showed us an action plan which had been developed to respond to people's feedback. There was evidence that actions had been or were being addressed. There was also evidence that the action plan was being monitored regularly by managers.

There were policies and procedures in place to support the running of the organisation. These were reviewed at regular intervals. Staff were introduced to these during their induction. There were regular checks and audits of equipment used, for example there was a bathroom at the head office which had been recently installed and furbished to enable people in the community to have a bath or shower with support from staff. All the installations had been checked and there were records of when the next check was due.

There were systems in place to investigate and learn from incidents and accidents. The providers were able to describe how this learning helped to improve the safety and quality of the care provision.