Sanctuary Care Limited

Lyons Court Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Lyons Court is a 'care home'. People in care homes receive accommodation and personal care under a contractual agreement. CQC regulates both the premise and the care provided and both were looked at during this inspection. Lyons Court accommodates up to 26 people in one adapted building. At the time of our inspection 22 people were using the service.

This inspection took place on 14 November 2017. The inspection was unannounced, this meant the staff and provider did not know we would be visiting.

At the last inspection on 3 December 2015 the service was rated 'Good'. At this inspection we found that overall the service required improvement. This is the first time this service has been rated requires improvement.

Since the last inspection a new manager has been appointed and had taken up post. 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.

Most people spoke positively about the service and the care that was provided. They told us they were listened to and staff were kind and caring.

People told us that they felt safe. Staff were clear about what was abuse and the steps that they should take to protect people. Risk's to people's daily life's had been assessed. However, some risk assessments did not provide enough detailed information to ensure people were kept safe from harm.

Checks were undertaken on staff suitability for the role and there were sufficient numbers of staff available to meet the needs of the people living in the service. However, staff were not always deployed effectively to meet people's needs.

There were adequate systems in place for the safe administration of medication and people received their medicines as intended.

Staff received an induction to prepare them for their role and additional training was provided to support their learning and development. However, competencies were not carried out to ensure staff had understood the training and were putting it into practice. We have made a recommendation about this.

Staff had understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People who lived in the home were positive about the quality of the food and our observations were that people enjoyed their meals.

Care plans did not consistently reflect people's needs which meant that some people were at risk of receiving inconsistent care. We have made a recommendation about this.

People had some meaningful activities offered but only during the weekday. We have made a recommendation about this.

The manager was enthusiastic and motivated in their job role.

Complaints were taken seriously and investigated. Staff did not always feel fully communicated to by the management team.

There were systems in place to drive improvement but these would benefit from clearer documentation to ensure clear oversight of what is required and a timescale for any actions to be completed by.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Risk assessments were in place but some of these needed to be more detailed.

Staff were not always deployed effectively at key times of the day.

Staff understood their responsibilities to safeguard people from the risk of abuse.

Medicines were well managed and people received their medicines as intended.

Staff were only employed after all essential pre-employment checks had been satisfactorily completed.

The service was clean and there were good systems in place to reduce the risk of cross infection.

Is the service effective?

Requires Improvement

The service was not consistently effective

Competencies checks were not carried out to ensure staffs knowledge and understanding of training undertaken.

People were supported to maintain their health by visiting professionals such as chiropodist, dentists and GP's. However, input was not clearly documented within people's care plans.

Staff supported people lawfully and sought their consent before providing treatment and care.

People were supported to have a balanced diet and to make choices about the food and drink on offer.

The environment was fit for purpose and suitable for peoples assessed needs.

Is the service caring?

Good

The service was caring.

People were treated with respect and their privacy and dignity was maintained.

Staff were kind and considerate in the way that they provided care and support.

Is the service responsive?

Good

The service was not consistently responsive.

The information in people's care plans gave inconsistent information.

The service took into account people's feedback and had an established complaints procedure and quality assurance process.

Is the service well-led?

Requires Improvement

The service was mostly well-led.

Systems were in place to assess and monitor the quality of the service provided. However, things identified had not been given clear timescales of when they needed to be carried out by.

Staff did not always feel fully communicated to by the management team.

Systems were in place to gain people's views.

The manager was visible and enthusiastic about their role

Lyons Court 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 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 comprehensive inspection took place 14 November 2017. It was unannounced and was carried out by two inspectors 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 service.

We reviewed all the information we had available about the service, including notifications sent to us by the provider. A notification is information about important events which the provider is required to send us by law. We used this information to plan what areas we were going to focus on during our inspection. We also reviewed the information the provider had given us in their 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 the improvements they plan to make.

During the inspection we spoke with thirteen people that used the service, four relatives, three staff, activities coordinator and the registered manager.

We used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care during the inspection. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We observed how staff interacted with people who lived at the home. We observed how people were supported during meal times and during individual tasks and activities.

We reviewed six people's care records, six staff recruitment records, medication charts, staffing rotas and

records which related to how the service monitored staffing levels and the quality of the service. We also looked at information which related to the management of the service such as health and safety records, quality monitoring audits and records of complaints.

Requires Improvement

Is the service safe?

Our findings

Risks to individuals were identified and management plans were in place to reduce the likelihood of harm. For example, manual handling, eating and drinking, falls and skin integrity. However, some risk assessments did not provide enough detailed information to ensure people were kept safe from harm. For example, one person's mobility had been assessed and the assessment made no reference to the use of a handling belt which the communication board in the staff area recorded them as requiring at times for transfers.

Body maps had been completed when pressure areas or marks to people's skin had been identified by staff; however they were not consistently updated to indicate when the problem had been resolved.

One person required oxygen, they had a comprehensive risk assessment in place which detailed the flow rate and lengthy of time that they required the oxygen for during the day. However, the risk assessment detailed that staff were required to check and replace the filter regularly, there was no indication as to how often this should happen and there were was no record to demonstrate this was happening. The risk assessment also stated the person required oxygen for 20 hours over a 24 hour period. Records showed that staff were recording when the person was on or off their oxygen, however there was no consistency about the times that the person was off their oxygen and they were not always off it for the 4 hours stipulated in the risk assessment. We discussed our findings with the registered manager who immediately put in place a more robust recording form to ensure this persons recordings were more accurate and that staff checked the filter on a regular basis and documented when they had done so.

We discussed our other findings with the registered manager who had highlighted in previous audits that the care plans needed reviewing and updating and was in the process of actioning this. However, staff spoken to were not able to tell us in detail how to mitigate the risk for some of the people they supported.

Throughout the day staffing levels were not always sufficient to meet the needs of people living in the service. The staffing levels meant that one staff member was located on each floor of the service and the third care worker 'floated' in between the floors dependent upon where the need was. A team leader was also on duty, however much of their time was spent administering medication, reviewing care plans and liaising with health and social professionals which meant that they were not consistently available to assist with the provision of direct care. Staff told us that at least six of the 21 people living in the service regularly required the assistance of two staff members. Five people for manual handling and one person with their personal care. Staff told us this meant that at certain times during the day, such as when people wanted to get up or go to bed and at lunch time there were not always enough staff available to support people in a timely manner. Our observations of lunch highlighted that some people were having to wait for staff to come and support them with their meal and staff were rushed during the lunchtime period.

Staff were required to fulfil multiple roles. At the time of the inspection there was no staff member working in the laundry and care workers were required to complete this task in addition to their caring roles. We discussed this with the registered manager who informed us that this was temporary due to staff sickness and a staff member had been recruited to fill this void.

People and their relatives told us they and their family members felt safe living at Lyons court. One person told us, "We are well looked after." A relative told us, "[Name of relative] is safe here definitely I do not need to worry."

People also told us that the staff are reliable, professional and trustworthy they told us that if things did go missing staff always tracked them down. One person told us, "I trust everybody here, sometimes things go missing but the staff always finds them. People here would never steal anything."

Several people told us that the new manager had put in place personal alarms, which people wore around their necks or wrists. One person told us, "[name of manager] put these in place; I think it is a very good system. It makes me feel much safe because it means I am always able to call for help. Another person told us, "I have had several falls, but I know I can call them now with this alarm and they come quickly."

There were policies and procedures regarding the safeguarding of people. Staff knew how to keep people safe and understood their roles and responsibilities to recognise respond to and report any incidents or allegations of abuse, harm or neglect. It was evident from our discussions with them staff had a good awareness of what constituted abuse or poor practice, and knew the processes for making safeguarding referrals to the local authority. One staff member told us, "If I had any concerns I would go straight to the manager", and "We do our best to keep people safe." Our records showed that the manager was aware of their responsibilities with regards to keeping people safe, and reported concerns appropriately.

We observed staff supporting someone to transfer from a chair to a wheelchair. The staff showed confidence and carried out the transfer using safe manual handling techniques.

We saw that there were processes in place to manage risks related to the operation of the service. For example, the manager arranged for the maintenance of equipment used including hoists, fire equipment and electrical appliances and held certificates to demonstrate these had been completed. There were appropriate plans in place in case of emergencies, for example evacuation procedures in the event of a fire.

We found that medication was safely managed. We observed the medication round as part of our inspection, and noted it was undertaken safely. The senior carer ensured people had a drink, and gave them time to take their medicines. People were protected by safe systems for the storage, administration and recording of medicines. Medications were kept securely and at the right temperatures so that they did not spoil. Medications entering the home from the pharmacy were recorded when received and when administered or refused.

The medicine trolley was kept locked when unattended, and the member of staff signed the medication administration charts after the medicines had been taken. We checked samples of medication as well as Controlled Drugs and saw that they were appropriately signed for and the quantities in stock tallied with the controlled drugs register. Staff recorded when they administered PRN medication such a pain relief. We saw forms completed to say that the medication had been audited on a regular basis. People we spoke with in relation to them having their medicines when they were required told us, "They hover around until I have taken my tablets, I know what they are doing they are checking up on me", "They never forget my tablets and they stay with me to make sure I've taken them."

Staff recruitment files demonstrated that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, the provision of previous employer references, proof of identity and a check under the Disclosure and Barring Scheme (DBS). This scheme enables the provider to check that candidates are suitable for employment. People could be

assured that their needs were being met by staff that had been assessed as safe and competent, with the necessary skills for the job role they had been employed for.

The service was clean throughout and there were sufficient arrangements in place to help ensure the cleanliness of the service. Staff were observed following good infection control practices to help reduce the spread of infection, including regular hand washing and wearing aprons to protect their clothes. All areas of the service were subject to daily cleaning and deep cleaning as required. Infection control policies and audits were in place to help ensure standards were maintained and staff received training in infection control. This helped to ensure they were following policy and had a good understanding of how to minimise infection.

Requires Improvement

Is the service effective?

Our findings

People were cared for by staff that had training to enable them to provide care that met people's needs. Staff told us they had received regular training opportunities in a range of subjects and this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs. The training plan showed that the majority of staff's compulsory training was up to date. However, no observations had been carried out on staff's competencies or discussions had taken place after the training to ensure they had fully understood the training and were putting it into practice. A relatively new staff member even though they had previous experience of working in the care sector had not had any competency assessments carried out on them to ensure they had the knowledge to support people living with dementia. Some people told us they were unhappy with the way this staff member was caring for them. Comments included, "Most of the staff are lovely but one person [name of person] is very bossy and impatient ", "She tells me what to do and won't let me go to the toilet." Our observations on the day of inspection confirmed that although this staff member was showing kindness and treated people in a caring way they would benefit from some additional training and guidance on supporting people living with dementia. We discussed our findings with the manager who agreed to look into further training for all of the staff and confirmed that all staff in the future even those with previous experience their induction would include the Care Certificate. This consists of industry best practice standards to support staff working in adult social care to gain good basic care skills. These are designed to enable staff to demonstrate their understanding of how to provide high quality care and support; this is gained over several weeks and included observations of staff practices.

We recommend that observations of staff competencies are completed after any training has been carried out to ensure that staff have fully understood the training and are putting it into practice.

Staff confirmed that when they commenced employment at the service they had received an induction. Records showed that the staff's induction was in line with the 'Care Certificate'. Staff confirmed that opportunities were given whereby they had shadowed a more experienced member of staff for several shifts before they were deemed competent to work on their own. The registered manager told us, "It is about how comfortable they are with the residents and how the residents feel about them."

Members of staff told us they felt supported by the new registered manager. However, records we looked at of formal 1:1 supervisions did not demonstrate they were being carried out on a regular basis as there was no clear auditing of the frequency of people's supervisions. We discussed this with the manager who assured us they would amend this. Staff told us, "We have regular team meetings and also have shift handovers where we are supposed to have an update about each person but I do not feel these are really effective", "Unless you ask the question you do not get the information. We sometimes feel we don't get told things we need to know."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment 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 checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager had made the appropriate referrals to professionals for assessment when people lacked capacity and needed constant supervision to keep them safe. This met the requirements of Deprivation of Liberty Safeguards (DOLs). People told us that they had a say in how they were supported and we saw people being offered choices.

At the time of the inspection there was no chef working in the kitchen the meals were being provided by the kitchen assistant. There was some concern about their level of experience and knowledge of people with specific dietary requirements. For example, when we had a discussion with the assistant they were unable to confidently tell us about the dietary needs for someone who required a gluten free diet. The registered manager told us the chef was off sick but was returning to work the next day. People we spoke with were not aware of what they were having for lunch one person told us, "I have no idea it is always a surprise." We observed lunch and noticed there was no menus available, staff offered a choice between two meals. One person had difficulty choosing between the two meals the staff bought them two a small portion of each, to choose which they wanted. We discussed the lack of menus with the registered manager who informed us this was temporary until the chef had returned from sick leave when a varied menu would again be on offer. People told us they were able to have something else if they did not like either of the two meals, for example one person told us, "I am having a jacket potato I don't like fish pie or chilli con carne." One person sat on their own whilst eating their lunch after a period of time a member of staff joined them with their meal. The staff told us, "Other residents do not like sitting with this person because of their table manners."

The dining room was made inviting and tables were laid with tablecloths and napkins along with condiments on each table. Staff encouraged conversation while people were waiting for their food. Some people had to wait quite a while and our observations told us that more staff being available during this busy time would have been beneficial for people. Some people required two staff to help them to the toilet before sitting down for their lunch. We discussed this with the registered manager who agreed to make the lunchtime period 'protected time' this would mean that all of the staff in the service would be available to assist with mealtimes.

One person told us, "I am never hungry, I like mashed potato and like to eat in my room it's just how I like it." One relative told us, "[Relative] is not a big eater but they do coax her here. They try little party food portions which she manages more easily. They are very good like that."

The service had appropriately assessed people's nutritional needs and the Malnutrition Universal Screening Tool (MUST) had been used to identify anyone who needed additional support with their diet. Support form Speech and Language Therapist (SALT) had been sought where a risk of malnutrition had been identified as well as swallowing difficulties. Staff had received some guidance within support plans and associated risk assessments in supporting people identified to be at risk but although these had been reviewed they needed updating with relevant current information. We looked at people's weight charts and some people had lost weight the form did not give any information about any actions that had been taken and looking in people's care plans we could not see any evidence that referrals had been made to the relevant healthcare professionals. We discussed our findings with the registered manager and were sent details of people's referrals that had been made in October to the relevant people. The registered manager told us they would review the weight chart to included actions taken.

People told us their day to day health needs were being met and they had access to healthcare professionals according to their specific needs. People told us that staff took appropriate action to contact health care professionals when it was needed. One relative told us, "They get the GP out if necessary." We saw in people's records details of appointments.

The environment was suitable for people in regards to safety and cleanliness. It was bright and airy and the furniture had been arranged to create space for people. For example, in the communal areas chairs were arranged so people could have some privacy if they wanted to. People could walk freely around the building without being restricted. The service was in a good state of décor and repair and there was planned and routine maintenance carried out by the services own maintenance member of staff. The communal areas had small side tables and footstalls if people required them. The registered manager told us these were new and they had felt that people would benefit from them also they would make the large lounge area look more 'homely'.

One relative told us the service had special blinds installed in their relative's room because their sight was affected by natural light. They told us, "We are very impressed the home installed the blinds to help without any problem."

Good

Is the service caring?

Our findings

Most people were generally happy with their care and told us that staff were kind and caring. One person told that, "The staff are lovely they are like my friends" , "It is very nice here and the people are kind." One relative told us, "They are always so welcoming and friendly I have never seen them being unkind to anyone.

During the inspection although at times staff were busy we observed staff interactions with people were positive. They were kind and considerate; the atmosphere within the service was welcoming, relaxed and calm. Staff demonstrated affection, warmth and compassion, for the people they were supporting. For example, people made eye contact by kneeling or sitting next to them and listened to what people were saying, and responded accordingly. People were not rushed they were given time to respond to a question. We observed staff being tactile and placing an arm around someone and holding another person's hand when talking to them. People were comfortable with staff interactions.

We looked at six people's care plans and saw that they contained some information about people's likes and dislikes and their personal history but they did not consistently give enough detailed information for staff. The registered manager had highlighted this in a recent care plan audit and was in the process of updating people's care plans. Staff understood people's care needs and the things that were important to them in their lives because some of them had worked in the service for a long time, for example members of their family, key events and their individual preferences.

People were encouraged to make day to day choices, and their independence was promoted and encouraged where appropriate according to their abilities. We saw that staff knocked on bathroom doors and waited for a response before entering, this showed us that people were treated with respect. We observed people being spoken to discreetly about personal care issues so as not to cause any embarrassment.

One person told us, "I was involved in the interview process when the home was recruiting for the current activities coordinator. I enjoyed interviewing her, it as obvious she would be good. I feel proud that I was able to tell her about the home and ask her some questions. I have been proved right she's very good." He added, "I would love to do it again with pleasure, I think it's a good idea that we get a say."

People and their relatives were actively involved in making decisions about their care and their independence was promoted. People told us, "I get up early and I go to bed anytime when I am tired, I definitely have enough independence", "When I go to the bathroom they come and check on me. I choose my own clothes and they help me to dress." One relative told us, "They keep a good eye on [name of relative] they are much happier here than at home."

People were supported to maintain relationships with others. People's relatives and those acting on their behalf visited at any time. Relatives confirmed this and told us they were able to visit their relative whenever they wanted and at a time of their choosing. One person said, "I come every day just pop in to say hello

never a problem." We noticed that relatives and visitors were able to access the building from the outside using a key code. The service did however, have a reception area with a receptionist. Although people we spoke with told us, "Sometimes I used to have to wait in the cold for someone to open the door if they were all busy now I can let myself in its much better."

There were resident meeting and relative's meetings held to encourage general discussions of any improvements required or what people wanted to change in the future. However, these meetings were held infrequently.

Good

Is the service responsive?

Our findings

Care plans did not consistently reflect people's current needs. For example, one person's end of life care plan had not been updated since July 2016 when it stated that they had been seen by the GP and were to be kept comfortable and have all of their medication stopped. However, this was now not the case.

These inconsistencies had been picked up during a care plan audit the manager had carried out. We recommend the care plans have any outstanding actions previously identified in the care plan audit carried out without delay.

One relative told us, "I had to complain about [name of relative] personal hygiene as she needs help with her washing and showering she can't manage on her own. I have even had to come in and help shower her because she got a skin infection." When we looked at this persons care plan it read that this person was independent with washing and personal hygiene. The care plan had not been updated to take into account this persons change of needs due to them living with dementia.

There were opportunities for people to socialise with others or if they preferred to pursue their own interests and hobbies. The service employed a skilled activities coordinator for 25hrs a week during the week. People told us, "The activity member of staff is in every weekday and she's such a big asset to the home it makes such a difference to the atmosphere. The weekends are very flat by comparison, no activity at all. We visitors always say to each other how different it is, we don't like the weekends." During the morning of the inspection we observed people taking part in a quiz which involved a 26 letter work on a whit board and people were calling out words that could be made from this one word. One person told us, "You should have been her last week, we made over 200 words." On this occasion 150 words were found with the activities coordinator writing them all on the white board. People were thoroughly enjoying themselves it was a real social atmosphere there was lots of laughter and people congratulating one another. People who had problems with their eyesight had been given the word on a piece of paper in large print. Relatives were also involved in the activity.
People we spoke to about the activities told us, "I stay in my room most of the time they do come and tell me about the activities planned I don't go to many of them though" , "I am happy in my room. I get the newspaper deliver every day which I read and I complete the crossword."

We recommend that people are offered a range of meaningful activities during the weekend as well as during the week.

People told us they had no complaints but would talk to the manager if they needed to. People's comments included, "I have complained in the past about a member of staff being unkind to me it was taken very seriously they don't work here anymore. I am pleased about that" , "No complaints but if I did I would go to the manager", and "I would tell the staff if I wasn't happy with something straight away." We saw in people's rooms they had details of how to complain in easy read format.

One person told us that they had raised a minor issue and it was dealt with straight away they had lost their

glasses, they had been accidently taken by another person living in the service they told the staff and they were found and returned straight away.

Staff told us they were aware of the complaints procedure and knew how to respond to people's complaints including contacting the local authority.

Care plans described how people wanted to be supported during the end stages of their life and their wishes were recorded. Staff supported people in relation to their beliefs and religion. Where people had made a decision about resuscitation a completed 'Do Not Attempt Resuscitation' (DNAR) directive was in place. Where possible people had been involved in their care plan and when this had not been possible a family member had been consulted about the care their relative needed.
The registered manager told us they had links with the local hospice who supported them and the staff team when people were requiring end of life care.

Requires Improvement

Is the service well-led?

Our findings

The registered manager had only been in post for four months and had only recently been registered by the commission. On the day of inspection the deputy manager was not present but the home was supported by the regional manager.

The manager told us that their main priority had been to recruit sufficient numbers of staff to enable people to receive consistent care. Some of the things we had highlighted during our inspection had been previously picked up in an audit that the registered manager and regional manager had undertaken. We therefore had confidence that these actions would be carried out.

The manager was enthusiastic about their role and spoke passionately about their vision and what they were trying to achieve at Lyons court. The registered manager was a member of a local authority initiative and was in the process of completing the leadership and support programme and was an active attendee. This is a forum for standardising excellent practice, providing a much needed safe place for meeting and exchanging experience of likeminded managers. These coaching and supervision sessions enable the management team to look at their own wellbeing and emotional parity.

We saw minutes of recent staff meetings where the manager had set out their expectation regarding the care they wished to see delivered. When we spoke with staff they told us they did not feel communication was always effective between themselves and the management team. Since the inspection we have been told that regular daily meetings are held as well as handover meetings between each shift. However, the daily meetings are attended by head of departments and staff feedback was that information is not always cascaded down to them.

Staff training had been provided but staff competencies assessments had not been clearly documented on a regular basis. This was particularly important as the training was mainly e-learning the staff member answered questions on a computer therefore they had told us they did not have the opportunity to discuss anything they had not fully understood. Therefore the manager could not be confident that staff had the necessary skills to carry out their job role. We recommend regular observations of staff practice are carried out and documented discussions around e-learning training to ensure staff have fully understood the training.

Actions were taken to learn from accidents and incidents. These were monitored and analysed to check if there were any emerging trends or patterns which could be addressed to reduce the likelihood of reoccurrence. Healthcare professionals told us that they had a good relationship with the manager and that communication between both parties was very good. One professional told us, "Great home, they listen and action what we ask."

Although a relatives meetings had taken place in September and another one was scheduled for December. Relatives told us, they would like the opportunity to meet with the manager on a more regular basis as when the visited the manager was very often busy. However, we were told that if they had a complaint and spoke

to the manager they were happy with the process and kept fully informed of the outcome.