Country Court Care Homes 2 Limited

Lyncroft Care Home

Inspection report

81 Clarkson Avenue
Wisbech
Cambridgeshire
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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Lyncroft Care Home is a home that provides accommodation and personal care for up to 39 older people, some of whom are living with dementia. There were 38 people living at the home at the time of this visit. There are internal and external communal areas. Internal areas included two lounge / dining areas and a smaller lounge area. There was a well maintained enclosed garden for people and their visitors to use and a hairdressing room. The home is made up of two storeys and there are accessible bedrooms on both floors with toileting and wash facilities. One bedroom also had a shower. There are communal bath/shower rooms and toilets for people to use.

A previous inspection took place on 6 August 2015 and the service was rated overall as 'requires improvement'. There were no breaches of the Health and Social Act 2008 (regulated Activities) Regulations 2014. However, we found that the provider 'required improvement' under the questions. Is the service safe? Is the service effective? Is the service responsive and is the service well-led?

This unannounced inspection took place on 19 July 2016.

There was no registered manager in place during this inspection. The provider had put a new manager into the home with the view to them becoming 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 Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. Applications were in the process of being made to the local authorising agencies to lawfully restrict people's liberty where appropriate. Staff demonstrated to us that they respected people's choices about how they wished to be supported. Staff were able to demonstrate a basic understanding of the MCA and DoLS to ensure that people would not have their freedom restricted in an unlawful manner.

Plans were in place to minimise people's identified risks and to assist people to live as independent and safe a life as possible. Records were in place for staff to monitor people's assessed risks, and their support and care needs. Areas for improvements had been identified and on-going improvements were in progress. People's nutritional and hydration needs were met.

Arrangements were in place to ensure that people were supported with their prescribed medicines safely. People's medicines were managed, stored and disposed of appropriately. When required, people were referred to and assisted to access a range of external healthcare professionals. People were supported to maintain their health and well-being.

People were supported by staff in a respectful and kind way. People's support and care plans gave prompts

and guidance to staff on any individual assistance a person may require. However, this had been identified by the manager as an area of required improvement.

People's care plans included the person's wishes on how they were to be supported and their likes and dislikes. An activities co-ordinator and staff assisted people with their interests and activities and promoted social inclusion. People's family and friends were encouraged to visit the home and staff made them welcome.

Staff were trained to provide care and support which met people's individual needs. The standard of staff members' work performance was reviewed during supervisions, spot checks and appraisals. This was to make sure that staff were deemed competent and confident by the manager to deliver people's support and care needs.

Staff understood their responsibility to report any suspicions of harm or poor care practice. There were pre-employment safety checks in place to ensure that all new staff were deemed suitable to work with the people they supported. There was a sufficient number of staff to provide people with safe support and care.

The manager sought feedback from people and their relatives. People who used the service and their relatives were able to raise any concerns or suggestions that they had with the manager and staff and they felt listened to.

Staff meetings took place and staff were encouraged to raise any ideas or concerns that they may have had. Quality monitoring processes to identify areas of improvement required within the home were in place and formally documented any action required.

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.

People were assisted with their medicines as prescribed. Medicines were stored, administered and disposed of safely.

Staff were aware of their responsibility to report any suspicions of poor care practice or harm.

People's care and support needs were met by a sufficient number of staff.

Safety checks were in place to ensure that new staff were deemed suitable to look after the people they assisted.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff were aware of the basic key requirements of the MCA and DoLS to make sure that people were not having their freedom restricted in an unlawful manner.

Staff were trained to meet people's needs.

Supervisions, spot checks and appraisals of staff were carried out to ensure that staff provided effective support and care to people.

People's nutritional, hydration and health needs were met.

Is the service caring?

Good

The service was caring.

Staff were respectful and kind in the way that they engaged with people.

Staff respected people's dignity and privacy.

People were assisted by staff to maintain their independence. Staff encouraged people to make their own choices about things

that were important to them.

Is the service responsive?

Good

The service was responsive.

Staff encouraged people to take part in activities and supported people to maintain their links with the local community.

People's support and care needs were planned and appraised to make sure they met their current requirements.

There was a system in place to receive and manage people's compliments or complaints and people knew how to use this.

Is the service well-led?

Good

The service was well-led.

There was no registered manager in place. The manager kept themselves aware of the day to day staff culture.

Audits were undertaken as part of the on-going quality monitoring process. Any improvements required were recorded and were actioned or being worked upon.

People and their relatives were able to feedback on the quality of the service provided.

Lyncroft 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 inspection took place on 19 July 2016, and was unannounced. The inspection was completed by two inspectors.

Before the inspection, we looked at information that we held about the service including information received and notifications. Notifications are information on important events that happen in the service that the provider is required to notify us about by law. We received feedback about the quality of the service provided from a representative of Cambridge County Council contracts team and the East Cambridgeshire and Fenland Continuing Healthcare Team. We used this information as part of our inspection planning.

We spoke with six people who lived in the home, and three relatives of people who used the service. We also spoke with the manager, two senior care workers and, two care workers. We also spoke with the chef, activities co-ordinator and head house-keeper. We talked with a visiting GP. Throughout this inspection we observed how the staff interacted with people who lived in the home who had limited communication skills.

We looked at four people's care records, the systems for monitoring staff training and three staff recruitment files. We looked at other documentation such as quality monitoring, service users and relatives' surveys, and accidents and incidents. We saw records of compliments and complaints, the business contingency plan and medication administration records.

Good

Is the service safe?

Our findings

People who used the service and their relatives told us that they or their family member felt safe in the home. This was because of how staff treated the people they assisted and the care provided. One person told us that on occasion staff may have had to deal with a person whose behaviours could challenge others and/or themselves. They said that staff, "Took it all in their stride and didn't react to any provocation." A relative said that they felt that their family member was, "In safe hands."

Staff told us that they had undertaken safeguarding training and records we looked at confirmed this. They demonstrated to us their knowledge on how to identify the different types of harm and report any suspicions of harm or poor care practice. Staff told us what actions they would take in protecting the people they assisted and reporting such incidents. Staff were aware that they could also report concerns to external agencies such as the Care Quality Commission (CQC) and the police. There was a poster on a communal staff notice board which gave details of organisations to contact to 'whistle-blow' if staff had any concerns. This was for staff to refer to if needed. This showed us that there were processes in place to reduce the risk of people being harmed.

People had individual care plans and risk assessments undertaken to any identified risk, support and health care needs. These risk assessments included but were not limited to, being at risk of poor skin integrity; being at risk of falls; moving and positioning; having bed rails in place; and environmental risks. People, where necessary, also had individual care plans in place for their health and well-being; being at risk of depression; anxiety; prescribed medication support; tissue viability; personal care and dietary requirements. These risk assessments, care plans and staff monitoring records provided guidance to staff on how to support and review the people they assisted in a safe manner.

People had evacuation plans in place in case of an emergency such as a fire. We also saw that the provider had a business contingency plan for the home in the event of a foreseeable emergency as a prompt for staff. This showed us that there were plans in place to support people to be evacuated safely in the event of such an emergency, for example a fire.

At the previous inspection carried out on 6 August 2015, the inspection found that people's prescribed medicines were not always safely managed. Our observations during this inspection showed that people were supported by staff to take their prescribed medicines safely and in an unhurried manner. People who used the service and their relatives, who expressed an opinion, told us that they were happy with the management of their/their family member's medicines. One person said, "They [staff] make sure I get my tablets." We saw that medicines were stored securely, at the appropriate temperature and disposed of safely. We were told that all staff who administered medicines had received training. Records confirmed this. The manager had introduced a new 'self audit' system of recording medicine administration. They said that this was in response to improvements required around the safe management of people's medicines. We saw that there were instructions for staff in respect of how and when people's medicines were to be administered safely. This included those to be given 'when required.' We also noted that 'returned' medicines were now documented, so that the staff could make sure that stocks of medicines could be

checked accurately. During this inspection we carried out a random stock check of medicines and found that the number in stock was accurately documented. This showed us that there were systems and protocols in place to manage people's prescribed medicines safely.

Records showed and staff confirmed to us that that pre-employment safety checks were carried out prior to them starting work at the home and providing care. One staff member said, "I commenced work after my checks [were received]." Checks included references from previous employment, a criminal record check that had been undertaken with the Disclosure and Barring Service, proof of current address, photographic identification. Any gaps in employment history had been explained. These checks were carried out to make sure that staff were of a good character and that they were deemed suitable to work with people living in the home.

We saw that during this inspection there were sufficient staff on duty to meet people's assessed needs. One staff member told us, "I feel there is enough staff on shift to meet people's needs and to spend some social time [with them]." However, one staff member said, "I feel that there is not enough staff as [taking] breaks can be difficult." People's current dependency requirements were assessed and this determined how much support and care from staff would be required. The manager told us that they did not need to use agency staff to cover any staffing shortfalls. This was because for each day there was a staff member who was 'on call' to cover any short notice absenteeism. The manager explained to us how this information then helped determine the safe number of staff needed to work each shift. However, we noted that this information was not formally recorded or available during this inspection.

Staff rotas were written to make sure that there were enough staff on duty with the right knowledge and skills. Observations during this inspection showed us that people's requests for assistance were responded to promptly. Staff were busy, but they did not rush people, and supported people at their own preferred pace.

Requires Improvement

Is the service effective?

Our findings

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. We checked whether the service was working within the principles of the MCA. We spoke with the manager about the MCA and changes to guidance in the Deprivation of Liberty Safeguards (DoLS). We found that they were aware that they needed to safeguard the rights of people who were assessed as being unable to make their own decisions and choices. Records we looked at confirmed that people's capacity to make day-to-day decisions had been assessed and documented. However, we noted that these records sometimes contradicted other documented information. The manager told us that they had identified this as an area that required improvement. They talked us through their planned improvements which included reviewing people's capacity. Where people lacked the mental capacity to make day-to-day decisions; decisions would made in their best interest. They confirmed that this would then be clearly documented within people's care plans as guidance for staff. Prior to the new manager, applications had been made to the local authorising agencies to lawfully restrict people of their liberty where appropriate. However, these had been returned to the provider as they had not been completed accurately. The manager told us that they had already identified that people's capacity needed to been reassessed, and where appropriate, new applications would be made.

Staff demonstrated to us that they respected people's choice about how they wished to be supported. Records showed that staff had received training in the MCA and DoLS. Staff we spoke with demonstrated a basic knowledge about the MCA and DoLS codes of practice. One staff member said that, "(Legal) documentation would be completed regarding people's capacity and the decision would be made via the GP, the family and the home's manager." However, another staff member told us that due to a lack of understanding about MCA and DoLS, some staff made decisions for people without consulting them. This was not evidenced from the people and relatives we spoke with. This put people at risk of being cared for outside the respective codes of practice for MCA and DoLS.

At the previous inspection carried out on 6 August 2015, the inspection found that people's meals and drinks were not always given in a timely manner. During this inspection we saw that improvements had been put in place. People who used the service and their relatives told us that they were happy with the food served in the home and that they always had a choice. One person said, "I get snacks and drinks and I can choose from the menu. They give me a choice instead of fish." A relative told us, "The food is very good and [family member] get choices." We saw that people were offered a choice of meals and alternative dishes were available and that these were served promptly.

The chef talked us through any special dietary needs a person may have and how this would be catered for.

This included food prepared for people with a specific healthcare condition or people who required their food to be in a softened form due to identified risks. The chef also confirmed that people could choose to have an alternative meal provided, such as a jacket potato, sandwiches or an omelette. A staff member said, "We take a menu board around to help people choose meals and then pass this [menu board] on to the chef."

We saw that people were provided with a selection of hot and cold drinks and snacks throughout the day. There was a heat wave protocol in place during this inspection due to the hot weather to reduce the risk of the people living in the home becoming dehydrated. Staff confirmed to us how this had been planned with the manager in advance. A staff member said, "Yesterday we spoke about people having plenty of fluids today." We noted that staff encouraged and supported people to eat and drink at their own preferred pace. Our observations during the meal time showed that people could choose where they wanted to eat their meals to make meal times an enjoyable and social experience for people. However, some people chose to eat in their own rooms and this choice was respected by staff. This showed us that staff supported people to maintain their own independence.

Staff told us about the recruitment process that had to complete before they became a staff member. They said that when they first joined the team they had an induction period which included training and shadowing a more senior member of the care team. This was until they were deemed competent and confident by the manager to provide effective and safe care to the people they assisted.

Staff members told us they enjoyed their work and were well supported. One staff member said, "I love my job and giving the residents as good a life as possible." Staff said they attended staff meetings and received formal supervision and spot checks of their work. The manager told us that they were currently undertaking annual appraisals of staff members work. However, this had not yet been completed but was work in progress. Records we looked at confirmed this. Staff told us that staff meetings and supervisions were a 'two way process' which meant that they were able to use this time to discuss anything that they wished to. A staff member said that the new manager, "Has been fantastic. Very positive and receptive." This showed us that staff were supported within their job roles.

People who used the service and relatives were complimentary about the staff. One relative said, "[Family member] is well looked after…staff are so on the ball." Staff told us about the training they had completed to make sure that they had the skills to provide the individual care and support people required. This was confirmed by the record of staff training undertaken to date. Training included, but was not limited to; infection control; equality and diversity; MCA and DoLS; dementia awareness; safeguarding and health and safety. We also saw training undertaken on, equality and diversity; nutrition awareness; fluids and nutrition; challenging behaviours; basic life support and moving and handling safely. Senior staff members were trained in the administration of medicines. Staff told us that they felt that they had sufficient training. However, the manager said that they had noted this as an area for improvement. We saw that they had organised additional medicines administration training for senior staff members to embed their knowledge. This showed us that us that staff were supported to develop and maintain their knowledge and skills.

Records showed that staff involved and referred external healthcare professionals in a timely manner if there were any concerns about the health of people living at the home. One relative said, "[Family member] is seen regularly by the GP and district nurse." During the inspection we saw that a GP and community nurse was visiting the home. The GP said, "Communication is good, staff chase up prescriptions and are nice and proactive. Staff follow guidance and liaise with the surgery when needed and when appropriate. I have no concerns." This meant that staff referred people to external healthcare professionals when needed.

Good

Is the service caring?

Our findings

We received concerns prior to this inspection about some staff making undignified comments to the people they supported. During this inspection people who used the service and their relatives told us that staff were kind and respectful. This was confirmed by our observations throughout the visit.

People who used the service and their relatives had positive comments about the service provided. A person told us, "The new manager is very nice…the staff are kind, we treat each other well." One relative said, "[Family member] is treated like a Queen…it's a god send this place as we are so happy [family member] is here." Another relative told us, "The care is very good and they [staff] do care about [family member]...the staff have a laugh…I walk away feeling very grateful with what they do for him." A third relative told us, "[Family member] is well looked after."

We saw that staff took time to assist people when required. Our observations showed that when staff supported people with their mobility, this was carried out at the persons preferred pace, with encouragement and without hurrying them.

Staff explained to us how they made sure people's privacy and dignity was respected and promoted when they were assisting them with their personal care. They confirmed that this support was given behind closed doors. We saw that staff knocked on the door of the person they were about to assist before entering. People who used the service and their relatives said that they felt that they or their family member was well cared for. A relative told us, "There are no smells in [family member's] room and she is clean and presentable." Another relative said that their family member, "Is kept clean and well dressed…It [the home] is always clean and tidy." This showed us that staff treated the people they were supporting in a caring and dignified manner.

We saw that staff were polite and addressed people in a respectful manner and by the name they preferred. We noted that staff' asked people if they needed support with their personal care in a dignified way. We noted that people were supported by staff where needed to be appropriately and cleanly dressed. People's rooms were personalised with their own possessions. We saw that efforts were made by the manager and staff to make a person's room feel personalised and homely.

Care records had been written in a way that promoted people's privacy, dignity and independence. Staff had endeavoured and succeeded in collecting personal information about people living at the home. This also included their individual likes and dislikes, any preferences they had, and their individual support and care needs. Care plan reviews took place to make sure that people's care and support plans were up-to-date and met people's current needs. This included people's end of life wishes. Evidence showed us in the three out of the four records we looked at, that people and/or their appropriate relative, were involved in the setting up and agreement of these records and reviews.

We saw that staff knew the people they were supporting when talking to them. We observed that when a person displayed signs of anxiety staff were quick to reassure them in a caring and unhurried manner. This

enabled the person's anxiety to decrease. This showed us that staff got to know and develop an understanding about the people they were supporting.

Staff told us how they encouraged people who required support, to make their own choices to promote and maintain people's autonomy. For example, what people would like to eat, where they would like to take their meals or what they would like to wear. People we spoke with said that they could ask for help from staff when needed and told us how they were encouraged by staff to make their own choices. One person said, "I can stay in my room if I want to." This showed us that people were supported by staff to make their own decisions and that staff respected these choices.

People's friends and family were encouraged to visit the home at any time by the manager and staff and made to feel welcome. One relative said, "I visit every day."

Good

Is the service responsive?

Our findings

At the previous inspection carried out on 6 August 2015, the inspection found that there were limited activities available for people to take part in. During this inspection we saw that there was an activities co-ordinator who had been recruited as part of the staff team. People who used the service and their relatives had positive opinions on the activities on offer at the home. We saw ball games and a game of bingo taking place. People were also supported by the activities co-ordinator during individual art and craft sessions. We saw that the home also had a pet cat living there. The manager told us that this was following a request from people living at the home. The pet cat was for people to help look after and interact with should they wish to do so. One relative said, "[Family member] joins in the activities. She went to the rose fayre [local event] which she really enjoyed." Another relative told us, "We went to the rose fayre and strawberry tea."

Care and support plans were developed by staff in conjunction with the person, and/or their family. This provided guidance and prompts to staff on the care and support the person needed and their wishes. The individual support that people received from staff depended on their assessed needs. Support included assistance with their personal care a, prescribed medicines, and meal time support. Reviews were carried out to ensure that people's current care and support requirements were recorded, updated and met the persons current care needs. This was then used as information and guidance for the staff that supported them. However, the manager told us that they had already identified this as an area that required some improvement. They talked us through the new care records documents which had recently been piloted at another one of the provider's homes. They then explained how this would mean that people's care plans and risk assessments would be more individual and person centred in response to the person's needs.

People who used the service and their relatives told us that that they knew how to raise a suggestion or complaint should they need to do so. A relative talked us through how they had made a suggestion regarding their family member and that this had been listened to and resolved quickly and to their satisfaction. They confirmed to us that their, "[Family member] never complains about her care …she enjoys living here." Another relative said, "I can always talk to the manager or the deputy if there is anything I need to talk about – anytime." We noted that complaints raised with the provider had been investigated and responded to, with any action taken documented as a result of any learning opportunities. Staff said that they knew the process for reporting concerns or complaints. Records showed that complaints received had been responded to in a timely manner and resolved where possible.

Good

Is the service well-led?

Our findings

There was no registered manager in place. A new manager was in place and they told us that they were currently applying to the Care Quality Commission to become the registered manager. The manager was supported by care staff and non-care staff. People who used the service and their relatives told us that they knew who to speak with and spoke positively about the manager and staff. One person told us, "The new manager is kind and very approachable. They walk around and speak with people." One relative said, "The new manager is approachable, available and visible [by spending time around the home and not just in their office]."

Quality monitoring systems were in place to monitor the quality of the service provided within the home. These checks included, but were not limited to; the management of people's prescribed medicines; daily checks around the home; a quality indicator audit; a general home audit; infection control and prevention. Unannounced night time audits were also undertaken. This was to help ensure that the same standards of care applied at night time and were being adhered to. We also noted that there was an area manager visit and report which also highlighted any areas of improvement required. We saw that any improvements needed were documented as either completed or being worked on and that these were recorded in an action plan. This showed us that there were processes in place to monitor the quality of the service provided.

The manager had an understanding of their role and responsibilities. They were aware that they were legally obliged to notify the CQC of incidents that occurred while a service was being provided. Records we looked at showed that notifications had been submitted appropriately to the CQC in a timely manner.

Staff told us that they were free to make suggestions, raise concerns about the quality of the service provided, and that the manager was supportive to them. Staff told us how the new manager had made a positive impact on the quality of care people received with the changes they had made. One staff member said, "The home is more homely and cleaner." Another staff member said," The new manager has been a breath of fresh air." Records we looked and staff confirmed that staff meetings happened. These meetings were also used as opportunities to update staff on the service, any improvements required and for staff to raise any suggestions or concerns.

The manager sought feedback about the quality of the food and menu provided from catering staff by asking people who lived at the home and their relatives to complete a survey. Surveys returned showed that the feedback was mostly positive. This meant that people and their families were given the opportunity to formally feedback their views.

The manager was new in post. During their time at the home they had made improvements and had identified areas that still required some action. These areas included, but were not limited to; staff medication training; staff training and knowledge on the MCA and DoLS; and the information held in people's care records. This showed us that the manager had systems in place to monitor, review and make the necessary improvements.

Staff demonstrated to us their knowledge and understanding of the whistle-blowing procedure. They knew the lines of management to follow if they had any concerns to raise and were confident to do so. This showed us that they understood their roles and responsibilities to the people who used the service.

People who used the service were supported to maintain their links with the local community. Photographic evidence demonstrated to us that people had been supported by staff to attend the local Wisbech 'rose fayre'. Staff told us that they were planning an event in the home's gardens to celebrate an upcoming royal birthday. The activities co-ordinator told us about a marquee being put up in the garden with festivities for people and their visitors to attend to help celebrate this event.

People's care records were held securely in the senior staff members' office. Access to this office was only permissible via a door entry pin code system. We saw that there were window blinds in place in the office to make sure that these records could not be viewed whilst not in use. This meant that there were systems in place to reduce the risk of unauthorised people having access to these records.