Kingsley Care Homes Limited

Lynfield

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

Lynfield is a residential home for up to nine people with a learning disability. People living there need support with behaviour that could challenge the service. There is a large shared dining area, sitting room and people also have access to a hydrotherapy pool. When we inspected, nine people were living there.

At the last inspection in August 2016, the service people received at the home was rated as good over all. However, there was one breach of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. This related to staff understanding of how to support people who may lack capacity to make informed decisions about their care. This meant that the service was not as effective as it should be.

At this inspection, we found that improvements had been made and there was no longer a breach of regulations. People received an effective service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The registered manager ensured they took appropriate action to protect people's legal rights where they were subject to restrictions that were essential for their safety. Staff were alert to each person's way of communicating so they could support people in making decisions. They understood how they needed to involve others where appropriate, to help assess people's understanding. They knew that, where people could not make an informed decision about their care or treatment, any actions they took had to be in people's best interests.

Staff supported people competently and effectively. They had a clear understanding of the care and support each person needed and of the importance of delivering this in a consistent way. Where some staff had not updated training in a timely way, the provider's representative was taking action to ensure this improved. They were aware that supervision to discuss staff performance and development needs had slipped from the expected frequency. They were reviewing this to ensure improvements were made but staff said they felt well supported and people using the service were not affected.

People had a choice of enough food and drink to keep them well, and staff support in this area if they needed help. Staff monitored people's health and wellbeing and sought professional advice promptly when people needed this.

The service continued to be safe. Staff understood their roles in protecting people from the risk of harm or abuse and how to report any concerns or suspicions. Staff could explain how they followed guidance for minimising risks to people and there were enough of them to support people safely. Recruitment processes contributed to protecting people from the employment of staff who were unsuitable to work in care. Staff also supported people safely with their medicines.

Staff had developed warm and compassionate relationships with people. Relatives valued the family atmosphere this had created. Staff respected people's privacy and intervened in a discreet way when they

needed to. They understood how people indicated anxiety or distress so they could try to establish what was wrong.

Staff were aware of people's preferences and their likes and dislikes. They supported people to keep in touch with their family and with professionals who could support them with planning their care. People's representatives were confident that, if they needed to, they could make a complaint and have their concerns investigated and addressed.

There was stable and consistent leadership within the home, contributing to good staff morale and teamwork. There were regular checks to see what improvements could be made to ensure a good quality service. They were confident that the management team would act to address any concerns about poor practice that might place people at risk.

Further information is in the detailed findings for this report.

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 protected from the risk of harm or abuse as far as practicable and staff were aware of the importance of reporting any concerns.

Staff understood risks to people's safety and followed guidance about minimising these.

There were enough staff to meet people's needs and recruitment processes contributed to protecting people from the employment of unsuitable staff.

Staff supported people to manage their medicines safely.

Is the service effective?

Good

The service was effective.

Staff had an improved awareness of how to promote the rights of people who lacked capacity to make specific, informed decisions.

Staff were skilled and competent to meet people's needs. Where staff had not renewed training promptly and supervision had slipped, this was being addressed.

People had a choice of enough food and drink to keep them well and staff sought advice from professionals about people's health and wellbeing.

Is the service caring?

Good

The service was caring.

Staff had developed positive and caring relationships with people.

People were involved in making decisions about their care as far as practicable, with support from their families, staff and health or social care professionals.

Staff understood the importance of promoting people's privacy, dignity and independence.

Is the service responsive?

Good

The service was responsive.

Staff understood people's preferences and tailored their support to meet the individual needs of each person.

People's concerns were recognised and there was a robust system for dealing with complaints they or their representatives made.

Is the service well-led?

Good

The service was well-led.

Systems for monitoring the quality and safety of the service worked well in identifying where improvements should be made. They also identified when there was any slippage from the expected timescales for improvement so they were addressed.

There was consistent and stable leadership, which had fostered good team work and morale. This contributed to people receiving consistent, good quality care.

Lynfield

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.

The inspection took place on 12 October 2017 and was unannounced. It was completed by one inspector so that we did not make people unnecessarily anxious.

Before the inspection, the provider completed 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. They returned this promptly when they needed to and we reviewed its content. We also reviewed all the information we held about the service. This included the history of the management of the service and information about events taking place in it and which must be notified to us by law.

During our inspection visit, we spoke with three members of the care team, the registered manager and the provider's director of specialist services. We spoke with two visiting health professionals and two relatives of a person using the service. People living at Lynfield were not able to tell us clearly what they thought about the service they received. One other person declined to speak with us. For that reason, we also observed and listened to how people interacted with the staff supporting them.

We reviewed care records for three people, medicines records, training records for staff and recruitment records for two staff. We checked a sample of records to do with the quality and safety of the service and how it was monitored.

Good

Is the service safe?

Our findings

At our last inspection in August 2016, we found that the service was safe. At this inspection, people continued to receive a safe service.

The service was still protecting people from the risk of harm or abuse. People were comfortable in the presence of staff. Visiting health professionals confirmed that they had no concerns about the ability of the staff team to safeguard people and minimise the risk of harm. Two relatives also told us they were very confident in the way the person was supported at Lynfield.

Staff were able to tell us what would lead them to be concerned people were at risk of harm or abuse. They knew that they must report their suspicions and how to go about it. The provider's representatives monitored any allegations of abuse to ensure the registered manager or staff had referred them to the local safeguarding team for advice.

Our discussions with staff and observations showed staff were aware of the risks that people could pose to one another or to visitors to the service. They were alert to any signs that suggested they should to intervene to prevent incidents. They were also clear about their obligations to report any concerns that people were at risk of harm or abuse, and how they should do this.

Risks to people's safety and welfare continued to be assessed. This included risks relating to people's mobility, epilepsy, choking and from not eating or drinking enough. Staff could describe the action they needed to take to minimise risks. We discussed with the registered manager and quality director that some of the information was duplicated and they needed to review and update records. They considered this was being addressed as people's records were being checked again during transfer to their electronic record keeping system. We found that this was the case in the electronic care plan we reviewed. Assessments of risk were properly cross-referenced with corresponding aspects of people's care so staff could easily see how to support people safely.

Records and discussions showed that the provider's representatives checked the way the registered manager monitored and managed health and safety. This ensured their expectations were met and that both the premises and equipment remained safe to use. Staff were trained in fire safety and in first aid so they could respond in an emergency.

There continued to be enough staff to support people safely. Professionals and relatives we spoke with said that they considered staffing levels to be safe, including when a person needed two staff to support them safely in the community. Staff told us that the service was very busy but they felt staffing levels were safe. We saw that there were sufficient staff to support people to go out during the day of our inspection, and to attend to their needs promptly.

The registered manager applied recruitment practices properly and so continued to protect people from staff who were unsuitable to work in care as far as practicable. References and enhanced checks of

applicants' backgrounds were completed before staff were confirmed in post.

Staff continued to support people safely with their medicines so that they received these as the prescriber intended. A staff member gave us a clear description of how they managed medicines and confirmed they had training to do this safely, including using emergency medicines for epilepsy. Training records supported this.

The provider had introduced an electronic system for medicines management, the week before this inspection. Staff had received training in using the new system and a senior staff member was available for advice about it. The electronic system recorded which staff member was responsible for administering each medicine and when they had done so. It also generated a report for the provider's representatives and registered manager showing whether there were any anomalies they needed to address.

The system gave warning so that doses of medicines could not be given too close together and provided reminders when staff needed to order fresh supplies of medicines to ensure people did not run out. We noted one anomaly where the dose on a label was inconsistent with the prescription on the electronic system. A senior staff member overseeing the process gave us a clear explanation about why this had happened and how they were addressing it to ensure consistency.

Good

Is the service effective?

Our findings

At our last inspection in August 2016, the effectiveness of the service needed to improve. Staff did not always understand their legal obligations with regard to seeking consent. At this inspection, action had been taken and the service was operating effectively. They were no longer in breach of the regulation.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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 registered manager understood where applications under the DoLS were needed and had made them where they were needed. The registered manager showed us how she had followed up delays by the authorising body in assessing these.

Our discussions with staff showed they were aware of the importance of seeking consent to deliver people's care. Where there were more complex decisions about treatment, staff explained how they considered people's communication skills. They were aware of the importance of involving others, such as professionals and family members, in determining what was in people's best interests if they could not make an informed decision. They were also aware of the role of an Independent Mental Capacity Advocate in supporting one person with decision-making.

Staff spoken with were competent and knowledgeable about their roles and visiting professionals told us they felt staff had the right skills. Staff told us their training was good and they could gain qualifications in care if they wished to do so. Staff explained how new staff received induction and were supported by experienced colleagues until they gained confidence to support people with complex needs. There was some slippage in formal supervision to discuss staff performance and development needs but staff said they felt well supported. They told us their colleagues and the registered manager were approachable for support or advice when they needed it.

The quality director showed us how they identified staff who had not completed their required e-learning promptly and they followed this up formally to ensure improvements. The management team also explained how they were sourcing additional 'face-to-face' training, some of which was already being trialled in another of the provider's services. This included training in supporting people with autism and complex behaviours. This would further contribute to enhancing staff skills.

People were supported to eat and drink enough and to have a choice about their meals. Staff were able to

tell us who needed additional encouragement to ensure they ate and drank well because they might not do so. They understood how the environment could affect this and that some people needed space to enjoy their meals. A relative told us they felt mealtimes were well structured so their family member could eat and drink safely as well as being encouraged with their independence. We saw how staff offered people choices including verbally and by showing them options available. There were also pictures of what was on offer for the main meal during the evening.

People's records showed that staff supported them to get advice about both their physical health and mental wellbeing. Staff supported people to get advice from their doctor, hospital, dentist and dieticians. There was also input from both health and social care professionals within learning disability and psychiatric services.

Good

Is the service caring?

Our findings

At our last inspection in August 2016, we found that the service was caring. At this inspection, we found that it remained so. Visiting professionals said they had no concerns about the way staff interacted with people or anything they saw or heard taking place during their visits. Relatives told us that staff cared about the people they supported and had created a homely atmosphere. They told us, "Everyone is part of the family." They told us that they normally visited unannounced and explained, "We pop in and out and we never feel unwelcome."

Staff engaged with people in a way that was friendly and respectful. There was a lot of chatter and laughter with people who had returned from activities outside the home. Our discussions with staff showed that they were aware of triggers that might cause distress and anxiety. They understood the importance of anticipating these from small aspects of people's behaviour or expression. This meant they could be alert to any signs of distress and act to distract or reassure people where they needed to. It contributed to preventing the escalation of incidents as far as practicable.

We heard and saw staff encouraging people do to things for themselves, such as taking their coats to hang up after they returned from trips out. A relative also told us that they felt staff encouraged people to maintain their independence.

We noted that staff supported people at their own pace and gave them time to process information. This included reassurance to one person who was going out when we arrived. A staff member encouraged them but also offered reassurance they could, "Come when you are ready." We also saw that staff appreciated one person's obsessive behaviour about arrangements in their environment. They knew that the person needed time to arrange things in a way that did not cause them anxiety or distress and waited for the person to do this.

Visiting professionals told us that they felt staff responded to people in a dignified way. One gave us an example of how staff had intervened discreetly rather than draw attention to a person's behaviour and manner.

During the course of our inspection, reviews for two people's care took place. The professionals involved told us that they felt staff understood people's needs and supported them to take part in reviews of their care. Relatives we spoke with had attended one of these so they could support their family member and join discussions about care. They also spoke about the way staff considered their views in a less formal way. They told us, "They [staff] do listen to our views and we work together. They have bent over backwards." They explained circumstances that had created anxiety for their family member and how staff had worked with them to develop a consistent way to address it. They went on to tell us they thought, "The staff here are just amazing."

Good

Is the service responsive?

Our findings

At our last inspection in August 2016, people received a responsive service. At this inspection, people continued to experience a good, responsive service. People's needs were assessed before they moved into the home so their care could be planned accordingly. Relatives explained to us how the needs of their family member had been considered in detail. They gave us examples of how the service was flexible in addressing these and had made changes promptly so they could support the person well.

Staff demonstrated a sound knowledge of people's likes, dislikes and preferences. They understood what was important to people and what situations they would find distressing. This enabled staff to respond to people's needs when they supported people on a daily basis.

Staff told us that they felt the information reflected people's needs properly so they knew what support each person required. We noted that there was very detailed information about people's individual communication and the signs, gestures or body language they used to express themselves. The information staff gave us was consistent with what we had seen in records and showed a clear focus on each person as an individual.

Staff understood how they should complete electronic records about people's care each day. They showed us how they 'flagged' significant events on the system so incoming staff were aware of them when they arrived on duty. This helped to ensure staff had good information about people's needs and anything they should follow up or monitor.

We saw that staff talked with people about the things that were important to them. Staff knew about a person's interest in transport and where they liked to go so that they could pursue this. The person had a booklet of photographs they could refer to and which staff could use to help them select what they wanted to do. Routines were flexible, for example, we saw that people who wanted to do so could eat on their own. The timings were also flexible, depending on people's activities and what they wanted to do.

Staff spent time with people both inside and out of the home, engaging them in activities. They had also supported people to go on holiday. Relatives told us that they had visited unannounced one weekend to find their family member was not at home. They explained that two staff had taken the person out and they were pleased about the opportunity. During our inspection, people returned from trips out into the local community. One person had been swimming.

There was a clear and structured system for handling complaints. People using the service would be reliant largely upon support from their relatives or from staff to raise complaints. Staff were able to tell us how people communicated when they were not happy with things so that they knew they needed to explore what might be upsetting them. Relatives we spoke with said that they were confident the registered manager or staff team would address any issues they had. They told us, "We do raise things and they deal with them." The provider's quality director monitored complaints received for patterns and the action taken at their monthly visits. We noted that there had been no complaints since April 2016.

Good

Is the service well-led?

Our findings

At our last inspection in August 2016, we found the service was well-led. At this inspection, we found leadership in the service remained good. The provider's systems for monitoring and assessing the quality and safety of the service were robust and ensured that the registered manager was fulfilling her obligations.

The registered manager had been in post for over five years, providing consistent and stable leadership. She understood her obligations as a registered manager, including the information that she must notify to the Care Quality Commission (CQC). She also responded to CQC reports and the requirement to provide information in a timely way. We were able to verify the information she had included within the provider information return sent to us. This gave us confidence that the information about what the service did well was accurate.

We found that the way the service was led had contributed to fostering good morale and teamwork. Visiting professionals told us they felt that the registered manager and staff understood people's needs very well so they were consistent in their responses. They said that, when they asked for information to assist them in evaluating care for their clients, they received it in a timely way.

Relatives who visited the service regularly told us that the staff worked very well as a team and were successful in creating a family atmosphere for people. We saw that staff maintained a cheery manner in their interactions. Staff we spoke with were very enthusiastic and spoke passionately about their work and the people they supported. They described teamwork and morale as very good. Visiting relatives also valued the team spirit and atmosphere within the home.

Staff, visiting professionals and relatives told us they were confident in the registered manager's abilities and that she was approachable. One staff member told us, "[Registered manager] goes out of her way to support us." Staff were also confident that the management team would deal with issues they raised if they needed to report poor care practices.

During our inspection visit, we saw that the registered manager handled the competing demands of the inspection process with the day-to-day running of the service in a calm and organised manner. This included attending two formal reviews during the course of the day. Staff did not have to wait to express their views or seek advice during their shift.

The management team had effective systems in place to monitor the quality of the service including seeking the views of people's representatives and staff. People were surveyed for their views with support from staff or family members. We could see that one of the provider's representatives reviewed the findings and there was an action plan for any improvements the staff team could make.

The registered manager told us that they found the quality director accessible to them. The director visited the service regularly as part of the provider's monitoring systems. Their reports showed whether there should be improvements and who would take action. They also monitored whether the management team

were meeting their expectations for completing 'in house' checks.

We noted that there were some improvements they identified, which had not been achieved within the stated timescales. This included the speed with which care plans were transferred to the new system, some timely completion of training and in the delivery of supervision. These were issues we had identified and discussed as part of our inspection. The provider's representative and the registered manager were aware of these and could explain to us how they were addressing them.