

Country Court Care Homes 2 Limited

Lyncroft Care Home

Inspection report

81 Clarkson Avenue
Wisbech
Cambridgeshire
PE13 2EA

Tel: 01945475229

Website: www.countrycourtcare.co

Date of inspection visit:
17 December 2018

Date of publication:
08 January 2019

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

About the service: Lyncroft Care Home is a care home. People in care homes receive accommodation and personal care under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. Lyncroft Care Home provides a service for up to 39 older people, some of whom may be living with dementia. At the time of the inspection there 27 people living at the service. Accommodation is provided over two floors and people have access to communal areas. There was extensive planned building work in progress at the time of this inspection.

People's experience of using this service:

- People continued to feel safe living at the service. Risks in relation to people's health, safety and welfare had been identified and action taken where appropriate. Staffing levels were appropriate to meet the needs of the people using the service. Medicines were safely managed. The home was clean and tidy. There were systems in place to monitor incidents and accidents and learn from these.
- Staff were skilled and competent and knew the people they supported well. People's care, health and cultural needs were identified so staff could meet these. People had their nutritional needs met. People were supported to maintain good health. Staff made referrals to health professionals when required. Staff worked within the principles of the Mental Capacity Act (MCA) 2005 and ensured people consented to their care.
- People continued to receive care from staff who were kind and caring. People's privacy and dignity was protected and promoted. People had developed positive relationships with staff who had a good understanding of their needs and preferences.
- People received person centred care that met their needs. Care plans gave details of how people would like their needs met. People took part in a range of group and one-to-one activities depending on their preferences. People said they knew how to make a complaint if needed.
- People, relatives and staff told us the service was well managed and had an open and friendly culture. Staff said the service had a family atmosphere and they felt well-supported. Managers and staff worked in partnership with other agencies to ensure people got the care and support they needed.

Rating at last inspection: Good (report published 19 August 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remains Good.

Follow up: We will continue to monitor all intelligence received about the service to ensure the next inspection is scheduled accordingly.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Lyncroft Care Home

Detailed findings

Background to this inspection

The 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 checked 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.'

Inspection team: Consisted of an inspector 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 care service.

Service and service type: Lyncroft is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. The registered manager left the service in November 2018. The service managed by a person who in the process of applying to be registered as the manager. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

What we did: Before the inspection we reviewed all the information relating to we have in relation to this service. The provider had 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. We reviewed other information we had relating to the service. including notifications. A notification is information about important events which the provider is required to send us by law.

During our inspection we observed how the staff interacted with the people who used the service and looked at how people were supported throughout the day. We spoke with 12 people, the manager, a representative of the provider and three members of staff.

We also spoke with six relatives and a healthcare professional visiting the service during the inspection.

We looked at two people's care and support records. We viewed records relating to the management of the service. These included quality audits, medication records, incident and accident records.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Safeguarding systems and processes

- The provider had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective training in this topic area.

- People's body language and verbal expressions showed that they were relaxed and comfortable with the staff. This in turn helped show that people felt safe. People who lived at the service told us they felt safe. One person said, "I feel safe here; absolutely safe." Another person told us, "I certainly feel safe here." A relative told us, "They are safe and being well looked after here."

Assessing risk, safety monitoring and management

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe. Records used to monitor those risks such as hydration, nutrition and pressure care were well maintained.
- The environment and equipment was safe and well maintained. Emergency plans were in place to ensure people were supported in the event of a fire.

Staffing levels

- People and their relatives told us they and the people received care in a timely way. One person told us, "There's always someone to talk to and if I want something I just have to ask and they'll get it for me." The manager confirmed there was an on-going recruitment to maintain staffing levels.
- The manager assessed people's needs on a regular basis and ensured that there were sufficient staff on duty on each shift. Permanent staff covered shifts if there were unplanned staff absences. One person said, "If I need something I'll ring the bell and (staff) come quickly."

Using medicines safely

- Medicines were safely received, stored, administered and destroyed, for example, where people refused to take them or they were no longer required.
- Where people were prescribed medicines to take 'as and when required' detailed guidance was available to staff on when to administer them was available.
- Where errors were found during checks these were investigated.
- People told us they were happy with the support they received to take their medicines. One person told us, "The girls always bring my tablets every morning. I take my tablets myself. I know what take them for."

Preventing and controlling infection

- The service managed the control and prevention of infection well. A major programme of refurbishment was in progress. Staff told us that cleaning was a constant battle with the building works but they were managing it well. One relative said, "We're very happy with [family member] here. It's always clean. They

know what they're doing and they're very good at their jobs"

- Staff continued to follow good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections.

Learning lessons when things go wrong

- Evidence was available to show that when something had gone wrong the manager responded appropriately and used any incidents as a learning opportunity.

- The staff and the manager reviewed risk assessments and care plans following incidents.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

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

- Assessments of people's needs continued to be undertaken for those who lived in the service. Care and support was regularly reviewed for those people.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.
- Care plans contained information about people's needs and it was evident that staff knew people extremely well.

Staff skills, knowledge and experience

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively. A relative told us, "They know what they're doing and they're very good at their job."
- Staff had completed a comprehensive induction and training programme. They had opportunity for supervision and appraisal. The manager had a system to understand which staff needed their training to be refreshed and who required supervision. Staff told us they felt supported. One member of staff told us, "The manager is very supportive and we get our supervision."

Supporting people to eat and drink enough with choice in a balanced diet.

- People had choice and access to sufficient food and drink throughout the day; food was well presented and people told us they enjoyed it. One person said, "The food is excellent." A relative told us, [family member] is very fond of the food here."
- Staff were aware of people's dietary needs and any support that they required to eat and drink and to maintain a healthy weight.

Staff providing consistent, effective, timely care within and across organisations

- Referrals to other agencies such as dietician and chiropody were made in a timely manner.
- Staff knew people extremely well and ensured that any changes in a person's condition were noted and discussed with the manager.

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

- People were involved in decisions about the premises and environment; for example, the colour of their room and support to make their room homely with their own belongings.
- People were able to tell us about the plans with the major building works and understood the disruption this was causing for access to either side of the building. They told us they were kept informed of the progress.
- The premises had sufficient amenities such as bathrooms and communal areas to ensure people were supported well.
- Technology and equipment was used effectively to meet people's care and support needs. Such as call

bells and sensor mats.

Supporting people to live healthier lives, access healthcare services and support

- Where people required support from external healthcare professionals this was arranged and staff followed guidance provided by such professionals. Information was shared with other agencies if people needed to access other services such as hospitals.
- The GP visited the service weekly and we were told that there was a good relationship with the GP.
- A visiting health care professional was complimentary about the service. They told us that staffing levels appeared good and that people using the service were, "Looked after well".

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires 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.

- Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- Where people did not have capacity to make decisions, they 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.
- Information was provided in formats that suited people's needs, with family, friends and advocates involved where appropriate.
- Where people were deprived of their liberty, the manager submitted applications to the local authority to seek authorisation for this to ensure this was lawful.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Ensuring people are well treated and supported

- We observed people were treated with kindness and were positive about the staff's caring attitude. We received feedback from people and relatives which supported this. One person told us, "The staff are magnificent; they treat us very well" A relative said, "I think they're excellent"
- Each person had their life history recorded which staff used to get to know people and to build positive relationships with them.
- People told us staff knew their preferences and used this knowledge to care for them in the way they liked.
- Where people were unable to communicate their needs and choices, staff understood their way of communicating. Staff observed body language, eye contact and simple sign language to interpret what people needed.
- Staff we spoke with all enjoyed working at the service, to ensure people received a good service.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to make decisions about their care; and knew when people wanted help and support from their relatives. Decisions were recorded in the care plans such as when to get up and when to get up.
- Staff signposted people and their relatives to sources of advice and support or advocacy; and provided advisors or advocates with information after getting permission from people.

Respecting and promoting people's privacy, dignity and independence

- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.
- People's right to privacy and confidentiality was respected.
- People were afforded choice and control in their day to day lives. Staff were keen to offer people opportunities to spend time as they chose and where they wanted. We observed staff waiting for people to respond when asked a question to ensure they knew the person's choice.
- People were supported to maintain and develop relationships with those close to them, social networks and the community. One relative commented when asked about visiting the home, "It's easy going; no rules and regulations which is nice, for instance some people bring in their dogs. It's more like their home than a home"
- We observed how staff treated people with dignity and respect and provided compassionate support in an individualised way. One person told us, "Staff knock on my door and ask to come in. They do my personal care in a way I like and always close my curtains."

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Personalised care

- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. For example; details around how a person preferred to spend their time.
- People were empowered to make choices and have as much control and independence as possible, including in developing care, support and treatment plans. Relatives were also involved where they chose to be and where people wanted that.
- People's needs were identified, including those related to protecting people's choices and preferences.
- An activities programme was on display and people told us that a lot of activities took place. We saw photographs of people taking part in a range of activities.
- Activities included musical entertainment, reminiscence sessions and flower arranging. Religious services were held on a regular basis and a carol service was taking place on the day of the inspection. Those visiting spent time talking with people at the end of the carol service.
- People told us they enjoyed the range of activities on offer which included opportunities to access the community. One person told us "They gave me a really nice birthday; staff came and sang to me and made me a cake." Another person told us, "We have a sing along with a man on a piano which I like."

Improving care quality in response to complaints or concerns

- People knew how to provide feedback to the management team about their experiences of care and the service provided a range of accessible ways to do this. One person said, "If I need to I can always go and talk to [name of manager]"
- People and relatives knew how to make complaints should they need to. They told us they believed they would be listened to and acted upon in an open and transparent way by management, who would use any complaints received as an opportunity to improve the service.

End of life care and support

- People were supported to make decisions about their preferences for end of life care, and staff empowered people and relatives in developing care and treatment plans. Professionals were involved as appropriate.
- Staff understood people's needs, were aware of good practice and guidance in end of life care. • The service was able to access specialist equipment and medicines at short notice to ensure people were comfortable and pain free.
- The service supported people's relatives and friends as well as staff, before and after a person passed away.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- Staff told us that they felt listened to and that they could approach the manager at any time. Staff understood the provider's vision and were working to engage the whole team including those on nights in the continued development of the service.
- Leaders and managers demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and stakeholders.
- Leaders and managers positively encouraged feedback and acted on it to continuously improve the service, for example by involving people in reviewing concerns or incidents to prevent them happening again.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The service was well-run. People at all levels understood their roles and responsibilities and managers were accountable for their staff and understood the importance of their roles. They were held to account for their performance where required.
- Audits were completed on a wide range of areas of the service. Information gathered from audits and from the review of incidents and accidents was used to improve the service. A development plan was in place with a timescale for actions.

Engaging and involving people using the service, the public and staff

- The service involved people and their relatives in day to day discussions about their care in a meaningful way. People and their relatives all told us they felt involved in the running of the service.
- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care. Also, to aid service development.
- A culture of continuous learning meant staff objectives focused on this and improvement.

Continuous learning and improving care

- Information obtained from audits and analysis of incidents and complaints was used to drive improvement. The manager was committed to ensuring that a high-quality service was provided and sought information from people using the service, their relatives and staff to bring about improvements.

Working in partnership with others

The service worked well with other professionals such as district nurses, SALT (Speech and Language Therapists), mental health teams and social workers.