

# Country Court Care Homes 2 Limited

## Lyncroft Care Home

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Lyncroft Care Home is a two-storey adapted residential care home. People have access to communal areas including accessible gardens and outside facilities. The service provides support for up to 53 people, including to younger adults and older people, some of whom lived with dementia. At the time of our inspection there were 47 people using the service.

### People's experience of using this service and what we found

Staff knew how to recognise signs of harm, and to whom they could report these when needed, such as the registered manager or the local safeguarding authority. All those people and relatives we spoke with felt people were kept safe.

Risks were identified and managed well which helped keep people safe. Trained and competent staff administered and managed people's medicines safely, and as prescribed. Enough suitably skilled staff had been safely recruited. The service and the staff team took on board learning when things went wrong and staff followed infection prevention and control guidance and good practise.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Following incidents reported to us in March 2022 there had been a change of registered manager. The provider investigated incidents and took appropriate actions.

Monitoring and oversight of the service was effective in identifying and driving improvements. The current registered manager led by example and had fostered an open and honest staff team culture. They understood their responsibilities to report incidents to the Care Quality Commission (CQC). Staff received appropriate support to provide people with good quality and safe care.

People, relatives and staff had a say in how the service was provided. The provider worked well with other organisations, to provide people with joined up care.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for the service was Good, published on 15 January 2019.

### Why we inspected

The inspection was prompted in part by notification of a number of specific incidents, following which some people using the service were not safeguarded from harm. These incidents are subject to a criminal investigation. As a result, this inspection did not examine the circumstances of the incidents. The information CQC received about the incidents indicated concerns about the management of Lyncroft Care Home. This inspection examined those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe and Well-led question sections of this full report.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well led.

Details are in our well-led findings below.

# 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was undertaken by one 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. Their area of expertise was caring for older people and people living with dementia. Another inspector undergoing induction was present, but did not take part in the inspection itself.

#### Service and service type

Lyncroft Care Home House is a 'care home' without nursing care. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. is a care home. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from commissioners of the service, the local authority safeguarding team and a health professional who works with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke nine people and three relatives. We also spoke with nine staff including the area manager, registered manager, deputy manager, senior care staff, care staff, catering and housekeeping staff. We observed people's care where they were not able to speak with us.

We reviewed a range of records. This included three people's care records, risk assessments and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were also reviewed, including incident records, compliments, quality assurance processes and various policies and procedures.

#### What we did after the inspection

We continued to review records we requested after our site visit associated with people's care and support.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.

We found in both medicines administration storage rooms that non-pedal type bins were being used. Although kept clean, these bins could create a risk of cross contamination. The provider confirmed these had been replaced a few days after our site visit and monitoring was in place to ensure this was sustained.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider's policies around visiting, either during a COVID-19 outbreak or more generally, was in line with government guidance. The service supported visiting in line with the latest guidance and we observed several visits on the day of our inspection.

### Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- Staff safeguarding training was effective and staff understood how to identify and act on any potential concerns. One staff member said, "I am absolutely confident that when I tell the [registered] manager of any concerns that safeguards will be put in place for people. I would not hesitate to escalate concerns to the local safeguarding authority or CQC if needed."
- The registered manager identified and reported incidents to the appropriate organisations, took any actions required, and this helped keep people safe. All people and relatives we spoke with felt people were safe.
- Staff knew how to identify and manage risks to people's safety, such as choking, malnutrition or skin integrity. One person told us, "I'm looked after well, I'm happy with the staff and they make me [feel] safe."
- Staff with appropriate training understood how to provide care and support to people to reduce the potential of risks. This included guidance from health professionals, such as for managing diabetes.
- Staff worked safely by using equipment correctly. This minimised risks, including how to attach people's slings to their hoisting equipment and correct use of pressure sore prevention mattresses.

## Staffing and recruitment

- A robust process was in place to help ensure there were enough staff who were suitable and safely recruited.
- Various checks had been undertaken on new staff, including Disclosure and Barring Service (DBS) checks. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider ensured that all staff recruitment was safe including risk assessing and checks for staff who had recently moved to the UK from abroad.
- Checks included previous employment references, photographic identity, proof of a right to work in the UK and evidence of good character. Records viewed confirmed these had been verified. All staff we spoke with told us there was always enough staff with skills matched to people's needs.
- Relatives and people were satisfied with the time staff took to attend to people's needs. One relative said, "[Staff] respond quickly when my [family member] uses the call bell. If it is five minutes that is the longest, [staff] are normally much quicker."

## Using medicines safely

- Staff managed and administered people's medicines safely whilst enabling people to take their own medicines.
- Staff received training and support to help ensure they were competent to safely administer medicines, including medicines that required additional checks. One staff member said, "I had to complete several learning sessions, before being observed so that I was competent to administer medicines. For medicines requiring two staff signatures, both staff have to be competent."
- Audits were effective in identifying issues, such as ensuring replenishment of new stocks were obtained, or chased up, in a timely manner. People told us and we saw they had their medicines as prescribed. One person said, "I always get my tablets with a glass of water and [staff] wait until I have taken them."
- Medicines were recorded, audited, stored and disposed of safely in line with the provider's medicines administration policy. Records for each person's prescribed medicines were kept up-to-date and were accurate.

## Learning lessons when things go wrong

- The registered manager supported staff to learn when things went wrong. For example, if people developed a pressure sore, and for unplanned events, such as a safeguarding incident.
- Staff were reminded of their responsibilities. Actions taken included additional training and supervisions for staff helped reduce the risk of incidents reoccurring. One staff member told us when they reported an incident, actions taken for this event had been effective.
- The registered manager used a positive approach to improving staff performance and shared learning through day to day observations or individual staff supervision. Learning was shared in a variety of ways, such as with individual staff or a specific group of staff. One person's care and overall health had improved as staff reporting had led to a more frequent change of position to assist with their skin integrity.



# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has stayed the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Following incidents reported to us in March 2022 there had been a change of registered manager. The current registered manager had been in post for only a few months, but in that short time had identified areas requiring improvement. They understood and implemented their responsibilities under the Duty of Candour. Concerns, incidents and accidents were reviewed, and the provider was open and transparent with people, relatives and professionals when things went wrong.
- The area manager told us they had changed the process for analysis of incidents so there was now a weekly review of all of these. This was to help ensure appropriate reporting to the safeguarding authority and/or the CQC. We found that actions in response to incidents had been effective.
- The registered manager said, "The biggest challenge I had was changing the staff team culture. I had to reassure them that reporting concerns would be welcomed. Staff are now comfortable knowing their concerns are listened to and acted on." A staff member told us, "[Registered manager] is very open, honest and very approachable and are never intimidating."
- The registered manager provided effective oversight of the service and was supported by a management team. Effective reviews of records were completed including safeguarding incidents and falls. Analysis of information from audits and records was undertaken, such as for the time of day, place or a change of people's medicines. This enabled the provider to make improvements to help prevent recurrences.
- Staff were supported in their roles with training based on best practise, supervision, coaching and being mentored by experienced staff. One staff member said, "The [staff] and whole home atmosphere is better since the new [registered] manager started. We have enough staff with skills so we don't hurry where otherwise mistakes could be made."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- A range of procedures and systems were in place for people, relatives and staff to feedback and influence how the service is run. These systems included speaking with people, observing staff's quality of care and support, and also formal meetings. The registered manager had responded positively in promoting visiting as much as practicable and return to a more normal life following the recent pandemic. This had been of benefit in identifying how best to act on concerns before complaints were made.
- Information and any learning was shared with staff through handover meetings and support from the management team.

- The registered manager told us, "It's about setting standards right from the start. In the past few weeks staff's confidence has grown, and wherever possible they are changing people's lives for the better. We saw how one staff member had helped a person make a video of their favourite pastime and the person had been delighted. All the staff and management team shared the same passion to care for people well."
- Staff told us the management team encouraged and supported them to always put people first and foremost and provide the best possible care.

#### Continuous learning and improving care

- A range of effective systems were in place to help monitor and improve the service. These included audits, of care plans, medicines, staff care practises and analysis of incidents for any themes and trends. The provider used compliments to identify what worked well.
- Areas and subjects monitored included feedback from people, complaints and reviews of various records. People, relatives and staff found the management team approachable and open to suggestions to improve the quality of service provision. One staff member said, "We have a policy of the month where we may focus on safeguarding, PPE or other subjects. We get reminded of our responsibilities if needed and praised for what we do well, work as a team."
- The nominated individual acted promptly about improvements when needed. (The nominated individual is responsible for the overall quality of service provision). For instance, by working with the new registered manager to address the way incidents were recorded, reported and reviewed.

#### Working in partnership with others

- People received care and support from staff who worked in partnership with health and social care professionals to promote people's well-being. A proactive approach helped ensure better outcomes. One relative praised the staff team for their work with health professionals in helping their family member get better.
- The provider worked with the local safeguarding authority and where incidents occurred, learning had taken place and improved openness.
- The registered manager told us the involvement of an external professional had enabled people to improve their health, wellbeing and quality of life. This included support from a nurse practitioner, community nurses and GPs, which focused on people.