Porthaven Care Homes No 2 Limited

Lincroft Meadow Care Home

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

We undertook an unannounced inspection of Lincroft Meadow Care Home on 18 October 2018. People in nursing 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 is registered to provide nursing care for up to 70 older people, including people living with dementia. On the day of our inspection 28 people were living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe. There were sufficient staff to meet people's needs and staff had time to spend with people. People's nutritional needs were met and staff supported people to maintain a healthy diet. Where people had specific dietary needs, these were met.

Risk assessments were carried out and promoted positive risk taking, which enabled people to live their lives as they chose. People received their medicines safely. Records relating to risks and medicines were accurate and up to date.

The service provided support in a caring way. Staff supported people with kindness and compassion and went the extra mile to provide support at a personal level. Staff knew people well, respected them as individuals and treated them with dignity whilst providing emotional support. People and their relatives, were fully involved in decisions about their care needs and the support they required to meet those individual needs.

There was a positive culture at the service that valued people, relatives and staff and promoted a caring ethos that put people at the forefront of everything they did.

People received effective care from staff who had the skills and knowledge to support them and meet their individual needs. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice. People were supported to access health professionals when needed and staff worked closely with people's GPs to ensure their health and well-being was monitored.

People had access to information about their care and staff supported people in their preferred method of communication.

The service was responsive to people's needs and ensured people were supported in a personalised way. People's changing needs were responded to promptly. People had access to a variety of activities that met

their individual needs.

The registered manager monitored the quality of the service and looked for continuous improvement. There was a clear vision to deliver high-quality care and support and promote a positive culture that was person-centred, open, inclusive and empowering which achieved good outcomes for people.

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

There were sufficient staff deployed to meet people's needs.

People told us they felt safe. Staff knew how to identify and raise concerns.

Risks to people were managed and assessments were in place to manage the risk and keep people safe. People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People's needs were assessed and care was planned to ensure the care met their needs.

People were supported by staff who had the training and knowledge to support them effectively.

Staff received support and supervision and had access to further training and development.

Staff had been trained in the Mental Capacity Act 2005 (MCA) and understood and applied its principles in their work.

Is the service caring?

Good

The service was caring.

Staff were kind, compassionate and respectful and treated people and their relatives with dignity and respect.

Staff gave people the time to express their wishes and respected the decisions they made. People were involved in their care.

The service promoted people's independence.

Is the service responsive?

Good

The service was responsive.

Care plans were personalised and gave clear guidance for staff on how to support people.

People knew how to raise concerns and were confident action would be taken.

People were treated as individuals and their diverse needs respected.

Is the service well-led?

Good

The service was well- led.

The service had systems in place to monitor the quality of service.

The service shared learning and looked for continuous improvement.

There was a whistle blowing policy in place that was available to staff around the service. Staff knew how to raise concerns.

Lincroft Meadow 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 18 October 2018 and was unannounced. The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR and information we held about the service. This included notifications we had received. Notifications are certain events that providers are required by law to tell us about. In addition, we contacted the local authority commissioners of services to obtain their views on the service.

We spoke with five people, three relatives, three care staff, a nurse, the chef, the activities coordinator, the director of nursing and quality, the deputy manager, the registered manager and the provider. During the inspection we looked at six people's care plans, four staff files, medicine records and other records relating to the management of the service.

This was the service's first inspection since registering with the Commission.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "Everyone has been very kind, yes I do feel safe". Relatives also commented; "If he (person) wasn't (safe), he'd be moved" and "She is very content and feels safe".

People were supported by staff who could explain how they would recognise and report abuse. Staff told us they would report concerns immediately to their line manager or the senior person on duty. Staff were also aware they could report externally if needed. Comments included; "I have had safeguarding training. Any concerns and I'd talk to my manager and call CQC (Care Quality Commission)". The service had systems in place to investigate and report concerns to the appropriate authorities.

Risks to people were managed and reviewed. Where people were identified as being at risk, assessments were in place and action had been taken to manage the risks. For example, one person was assessed as being at medium risk of malnutrition. A fortified diet was provided and staff were guided to encourage the person to eat snacks. A malnutrition universal screening tool (MUST) was used to monitor this person's condition and weight. Records confirmed the person was slowly gaining weight. Other risks assessed included; mobility, tissue viability and choking. Where appropriate advice from healthcare professionals had been sought and was followed.

People were supported to take positive risks. For example, one person was supported to visit the local community on their own. The person's care plan supported this activity.

People were protected from risks associated with infection control. Staff had been trained in infection control procedures and were provided with personal protective equipment (PPE). We saw staff following safe procedures. An up to date infection control policy was in place which provided staff with information relating to infection control. This included; PPE (personal protective equipment), hand washing, safe disposal of sharps and information on infectious diseases. The home presented as very clean and tidy with no malodours.

We spoke with staff about infection control. Their comments included; "There is no shortage of gloves and aprons. We have everything we need to be safe".

There were sufficient staff to meet people's needs. Staff were not rushed in their duties and had time to sit and chat with people. One person said, "There is enough staff I believe, they come quickly if called". Another said, "Normally they (staff) take very little time to come (when called), the Night staff are particularly good. They always explain if they're late".

Staff told us there were sufficient staff to support people. Their comments included; "Generally there is enough staff". Staff rotas confirmed planned staffing levels were consistently maintained.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring

Service (DBS) checks. These checks identified if prospective staff were of good character and were suitable for their role. This allowed the registered manager to make safer recruitment decisions.

Medicines were managed safely. Records relating to the administration of medicines were accurate and complete. Where people were prescribed medicines with specific instructions for administration we saw these instructions were followed. Staff responsible for the administration of medicines had completed training and their competency was assessed regularly to ensure they had the skills and knowledge to administer medicines safely. Staff we spoke with told us they had received medicine training and were confident supporting people with their medicines. We observed medicines being administered and saw that staff followed safe practice.

Accidents and incidents were recorded and investigated to enable the service to learn from incidents. For example, where people experienced falls the incidents were investigated, referrals were made to healthcare professionals and steps taken to reduce the risk of reoccurrence. The registered manager told us, "We look at incidents such as falls and infections both individually and collectively to look for patterns and trend. It allows us to be proactive in managing these occurrences".

Good

Is the service effective?

Our findings

The service provided effective care and support to people. People were supported by staff who had the skills and knowledge to meet their needs. New staff completed an induction and shadowed experienced staff to ensure they had appropriate skills and were confident to support people effectively. Staff training was linked to the Care Certificate which is a recognised set of national standards. Staff training covered all aspects of care and included; safeguarding adults, moving and handling, infection control and medicines. Staff also had further training opportunities. For example, one staff member told us they had just completed a national qualification in care.
Staff told us and records confirmed that staff received support through regular one to one meetings with their line manager and training. Staff training records were maintained and we saw planned training was up to date. Where training was required, we saw training events had been booked. One staff member said, "Yes I am supported here. I do have supervision which I find useful. I also though the training was good and it did prepare me to do my job".

People's needs were assessed prior to their admission to ensure their care needs could be met in line with current guidance and best practice. This included guidance from healthcare professionals. For example, where people were at risk of choking a speech and language therapist (SALT) had assessed the person and provided guidance for staff. This guidance was incorporated into the person's support plan. The service worked closely with healthcare professionals, GPs and social workers and ensured people had good access to services to meet their healthcare needs.

We discussed the Mental Capacity Act (MCA) 2005 with the registered manager. 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. The registered manager was knowledgeable about how to ensure the rights of people who lacked capacity were protected.

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). Staff had received training and understood how to support people in line with the principles of the Act. One staff member said, "I always assume capacity and I offer residents choices. I work in their best interests". During our inspection we saw staff routinely sought people's consent.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had a clear understanding of DoLS. At the time of our inspection, two people at the service were subject to a DoLS authorisation.

People had enough to eat and drink. Care plans contained information about people's dietary preferences

and details of how people wanted to be supported. People received food and drink in line with their care plans. Any allergies or special nutritional information was highlighted in people's care plans. We observed the lunchtime meal which was a quiet but sociable event. The food was served hot from the kitchen and was presented to a very high standard. The meals looked professionally prepared, wholesome and appetising. People spoke about the food. Their comments included; "Excellent", "Very good", "The soups are fantastic" and "Lovely. Lunch is a happy occasion, a bit noisy and chaotic, but happy".

We spoke with the chef who said, "We operate a seasonal, rolling menu but alternatives are always available. I know what people like and don't like. The nurses update me of people's dietary needs and we have regular meetings to discuss their requirements". We noted fresh fruit and snacks were available to people throughout the day.

People's rooms were furnished and adapted to meet their individual needs and preferences. Paintings, pictures and soft furnishings evidenced people were involved in adapting their rooms. Signage was clear supporting people to navigate around the home. The home was dementia friendly. Handrails were in contrasting colours to the walls enabling people to readily identify the rails and gentle colours were used throughout the home. Toilet seats were in contrasting colours to bathroom furniture allowing people to easily use these facilities.

Good

Is the service caring?

Our findings

People told us they benefitted from caring relationships with the staff. Comments included; "We all get on well together. I like them (staff), they're my friends", "They (staff) are very caring, and obviously so" and "I'm happy here, and that's all that matters isn't it". A relative said, "My husband gets a lot of love from the staff here".

Staff spoke with us about positive relationships at the service. Comments included; "I do love it here, I really enjoy this work" and "I love helping people, it is not like any other job".

Staff were supported by the service to provide emotional support for people. Care plans identified if people could become anxious. For example, one person could become anxious and attempt to leave the home, especially following a family visit. Staff were aware of the need to monitor this person at these times. One staff member spoke with us about providing emotional support. They said, "I do give emotional support. I listen and check things are ok. I really believe it is important to talk to people and listen".

People were treated with dignity and respect. When staff spoke about people with us or amongst themselves they were respectful and they displayed genuine affection. Language used in care plans was respectful. We observed many respectful interactions throughout our visit and saw staff promoted people's dignity by being discreet, thoughtful and caring. It was clear this culture was embedded throughout the service. One person said, "They're very kind, always knock on the door. I'm always treated with respect too". Another said, "They always explain what they are going to do".

We asked staff how they promoted people's dignity and respect. Comments included; "I always keep things as private as I can so I shut doors and draw curtains. I treat people the way I would want to be treated so I cover them up as much as I can when providing personal care and I try to be calm and patient with people".

People's independence was promoted. Care plans guided staff to support people to remain independent. For example, one care plan highlight '[Person] likes to clean their own glasses'. We spoke with staff about promoting people's independence. One staff member said, "I give them choices to do what they can do. It is always their choice".

People were involved in planning their care and the day to day support they received. Care plans contained detailed personal information evidencing people and their relatives had contributed to the development of their care plans. Records showed people were involved in reviews of their care and staff told us they involved people in their support. One staff member said, "I try to make residents part of whatever is going on".

People were supported to make their own decisions. For example, one person went out when they wanted. Their care plan was updated to reflect this. We saw the person informed reception staff so they were aware the person was not in building.

The service ensured people's care plans and other personal information was kept confidential. People's

information was stored securely electronically and was password protected. Where office staff moved away from their desks we saw computer screens were turned off to maintain information security. A confidentiality policy was in place and gave staff information about keeping people's information confidential.

Good

Is the service responsive?

Our findings

People were assessed to ensure their care plans met their individual needs. Staff were knowledgeable about people's needs and told us they supported people as individuals, respecting their diversity. For example, one staff member said, "We treat people as individuals, of course, they are all different". Another staff member said, "Personalised care is care for the individual. It's about them". Records confirmed staff had received training in equality and diversity.

Discussion with the registered manager showed that they respected people's differences so people could feel accepted and welcomed in the service. The equality policy covered all aspects of diversity including race, sex, sexual orientation, gender re-assignment and religion.

The service supported people to have access to information. People had access to their care records and staff informed people about all aspects of their care. Where appropriate, staff explained documents to relatives and legal representatives. Where required, documents could be provided in large print or in a person's chosen language. One staff member spoke about helping people to access information. They said, "I ask if they need help and go with their choice. I explain procedures to keep them informed. I clean their glasses but only with permission".

People knew how to raise concerns and were confident action would be taken. One person said, "[Registered manager] is good and always responds". The services complaints policy and procedure were held in people's 'service user guides' in their rooms and displayed in reception. All complaints had been resolved in line with the provider's complaints policy.

People's opinions were sought and acted upon. The provider conducted regular quality assurance surveys and meetings where people and their relatives could express their views about all aspects of the service. We saw the results for the latest surveys which were extremely positive. Where people raised suggestions, these were acted upon. For example, some people requested more exercise activities. These were provided along with rowing and cycling machines.

People were offered a wide range of activities they could engage in. Activities included; arts and crafts, music, a hairdressers, 'candy bar' (shop) and games. The home had numerous quiet rooms for people to enjoy and a 'private dining room' where families could eat together in private. A cinema was available to people in the home along with a 'leisure and wellness' room which contained rowing and cycling machines. French lessons were on offer and one person was teaching people and staff how to play chess. Regular trips out of the home were also organised. A large, well maintained garden area containing furniture was available for people to enjoy. Access to the garden was unrestricted via safe, wheelchair friendly pathways.

The service provided a successful, monthly 'Memory Café', with invites going out to people in the local community. The last event was attended by 45 people, many from the local community. It featured a 'meet and greet' session followed by entertainment, then tea/coffee and cakes to finish.

One person spoke with us about activities. They said, "We are encouraged rather than pushed into joining in". A relative said, "It's the personal touch, they go the extra mile (with activities)".

Staff told us and records confirmed people's advanced wishes relating to end of life would be respected. For example, some care plans contained details relating to people's wishes not to be resuscitated in the event of a cardiac arrest. The service also had close links with the local hospice.

Good

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People we spoke with knew the registered manager and felt the service was well run. Throughout the inspection we saw the registered manager speaking with and supporting people in a friendly, familiar manner. We saw that people clearly knew the registered manager and they responded positively. People's comments included; "I wouldn't be here if they were miserable, we all get on well, you can tell can't you", "The manager is very nice" and "The manager listens". Relatives comments included; "I always feel like I'm coming into her [person's] home" and "Well run? Very much so, the Manager is always available".

Staff told us they had confidence in the service and felt it was well managed. Staff comments included; "She [registered manager] is approachable and she listens. I think this place is really well run", "It's brilliant, a brilliant place to work" and "It's a lovely place to work, like a five-star hotel and the managers are always available for support".

The service had a positive culture that was open and honest. Throughout our visit management and staff were keen to demonstrate their practices and gave unlimited access to documents and records. Both the registered manager and staff spoke openly and honestly about the service and the challenges they faced.

Staff told us learning was shared at staff meetings and supervisions and that communication in the service was good. Staff comments included; "We have handovers and meetings where we exchange information" and "We always discuss things and we have opportunities to feedback so we feel involved".

The registered manager monitored the quality of service. Regular audits were conducted to monitor and assess procedures and systems. Information from these audits was used to improve the service. Audits covered all aspects of care and were aligned with CQCs domains and key lines of enquiry. For example, one audit identified some staff required refresher training. Action was taken and training was provided. Another action required contact with the local pharmacy to provide specific labels for certain medicines to reduce the risk of errors. We saw this action had been completed. The registered manager was robustly supported by the director of nursing and quality who worked with the registered manager through audit action plans to drive improvement.

Records were accurate and up to date and were held electronically on a computer system. The system alerted staff and managers about care tasks and people's needs. This meant staff had access to up to date information about people's needs and conditions and identified any outstanding care that was required. The registered manager told us this new system was continually being developed and they planned to hold all information and records on the new system.

There was a whistle blowing policy in place that was available to staff across the service. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

The service worked in partnership with local authorities, healthcare professionals and social services. The registered manager was also a member of the Oxfordshire Care Home Association. The registered manager said, "This provides us with updates and information. It also provides further specialist training opportunities for our staff".