Doobay Care (Lychgate) Limited

Lychgate House

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

About the service: Lychgate House provides accommodation and personal care for up to 15 people who have mental health needs. At the time of inspection 14 people were living at the service.

People's experience of using this service:
People living at Lychgate house at the time of inspection received care that was safe, effective, caring, responsive and well led.

The service had made a number of improvements following previous inspections in 2018 and 2017 where the service had been rated as requiring improvement.

People's individual risks and associated needs were assessed and reviewed by a care team that incorporated the persons views and wishes, with expert advice from local mental health teams and other health and social care professionals.

Staff were recruited safely, had good understanding of safeguarding vulnerable adults, and had received training on specific areas of need and risk for the people living at the service.

Medicines were managed safely and given to people in a way that supported their dignity and encouraged compliance to manage their mental and physical health needs.

People were supported to maintain their mental and physical health with access to health appointments and reviews, including annual recommended health checks.

Staff had a good understanding of mental capacity and deprivation of liberties. People who lacked capacity had appropriate assessments in place that were revisited regularly and when needed. People were given information to help them make decisions about their care and treatment.

People living at the service and visiting professionals told us that staff were caring. We observed caring responses to people throughout the day, and the provider and registered manager role modelled a caring approach.

However, we did find peoples expressed desire for meaningful romantic relationship had not been appropriately discussed and explored and we have made a recommendation about this.

Care plans had improved and were person centred and interventions supported people to take steps to maintain their mental and physical health and achieve their ideal goals. However, access to the local community was infrequent for those who could not leave the home independently and we have made a recommendation about this.

People could express their views about the service, felt able to raise a complaint and were confident it would be resolved.

The registered manager had a positive approach to improving the service following previous inspections. They were constantly adapting, seeking advice and additional training and opportunities for staff from external professionals.

The registered persons had improved the systems in place to monitor the quality of the environment and the care people received. We observed these were being used effectivity.

Staff felt supported by the management team and people told us the registered manager and registered provider was a constant positive presence at the service.

Rating at last inspection: This service achieved a repeat rating of Requires Improvement at the last inspection. Report published on the 2 March 2018.

Why we inspected: This was a scheduled inspection based on previous rating.

Follow up: We will continue to monitor this service in line with the current rating.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was Responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well led.

Details are in our Well Led findings below.

Lychgate House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
Due to the small size of this service the inspection team consisted of one inspector.

Service and service type: Lychgate House 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.

Lychgate house accommodates up to 15 people in one adapted building across two floors. At the time of inspection 14 people were living at the home.

The service had a long servicing manager registered with the Care Quality Commission. 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.

Notice of inspection:
Inspection site visit activity started on 5 April 2019 and was unannounced.

What we did:
Before the inspection we reviewed the provider information record, statement of purpose and current information about the service that all registered providers are required to send to us.

During inspection: We spoke to five people using service; the deputy manager, registered manager, provider and a member of care staff. We looked at various information held at the service.

Good

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely

- The provider had breached safe administrations of medications at the last inspection. At this inspection we found they had made improvements and that medicines were administered and monitored safely.
- People prescribed PRN [as required] medications for agitated or anxious behaviour, or management of pain relief, had clear guidance of how staff should support them.
- We observed a member of staff administrating medications. They did this with care and demonstrated a good understanding of people's personal needs and preferences. This included discreet observation of people whilst they took their medications before signing that they had received them.
- Appropriate medication audits were carried out and where errors had been found, for example a missed signature, senior staff investigated by speaking to staff, stock checking medication and fed back any learning to the wider staff team.

Systems and processes to safeguard people from the risk of abuse

- Whilst all staff received mandatory yearly training for safeguarding vulnerable adults, new staff had not received the training although they had been working at the service for two months. This had been planned to take place with the refresher training for existing staff. Whilst the member of staff had not received the training, they did understand what they should look for if worried about a person's safety and knew how to report concerns. The registered manager informed us that this member of staff worked under supervision always as they were still in their induction phase. This was confirmed with the member of staff and staffing rotas. Following our concerns, the registered manager took measures to review the training programme for newly employed staff and sent us confirmation that this had been done.

Assessing risk, safety monitoring and management

- People had robust risk assessments that simply and clearly documented individual risks and how staff should manage and mitigate these. This included when people smoked cigarettes at the service. Due to the risk of fire, people living at the service agreed to hand in lighters when they retired to bed. Should they wish to smoke they had to do so in designated areas in the garden.
- Staff supported people to take positive risks. One person liked to make their own hot drinks but was at risk of being scolded. Staff supported the person to achieve this through careful encouragement, instruction and supervision.
- The environment was safe. Staff carried out regular environmental risk assessments, such as water temperature, checks of lifting equipment, and window restrictors. We saw staff were identifying when thing's needed to improve and how these were actioned. One bedroom window restrictor was broken and this had been immediately repaired. However, we did find that wardrobes were not secure to walls. The registered manager took immediate action to remedy this.

Staffing and recruitment

● Staff were recruited safely, and the provider carried out all the appropriate pre-employment checks.

● The provider monitored people's level of need and support and adjusted care staff as appropriate. We found there were sufficient staff on duty to support people. This included daily visits from the provider to the service, who was also registered nurse trained and spent time supporting people living at the service.

Preventing and controlling infection

● The provider employed a cleaner and we found that the service was clean and tidy.

● Staff had access to protective wear such as gloves and aprons and appropriate disposal of waste.

● People told us the service was always clean. One person showed us their bedroom and said, "It's always clean and tidy. They help me tidy my room." We saw that people were encouraged to maintain their personal hygiene.

Learning lessons when things go wrong

● The provider notified us of a safety incident between a person living at the service and member of staff. Following this incident, the provider had identified that staff did not have sufficient training to manage potential aggressive incidents. Training was arranged for staff in this area, and a risk assessment completed to reflect how staff should respond to such incidents. This was detailed, and staff received updates from supervision and staff meetings on what actions to take to mitigate risk for individuals distressed behaviour.

Good

Is the service effective?

Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- The registered manager was aware of their legal responsibility to ensure that accessible information standards (AIS) was being followed. People that were hard of hearing had access to hearing appointments and these needs were recorded in care plans. Staff sat with people to devise care plan interventions to suit their needs, taking any difficulties in communicating into consideration and adapting as necessary. This included changing language used to reflect that persons understanding.
- Staff we spoke to knew the principles underpinning people's equality and diversity needs in line with the Equality and Diversity Act. Meeting minutes demonstrated that this was discussed at team meetings and staff received equality and diversity training.

Staff support: induction, training, skills and experience
- At the last inspection we raised concerns that staff had not been trained in understanding people's mental health problems. The provider had acted and now all staff had received bespoke face to face training in bi-polar disorder and schizophrenia from an external source.
- Staff told us, "We only have to ask for training and the provider will source it."
- Recently employed staff had started to complete the care certificate. This sets out 15 standards of competence for staff working in care environments. Staff were supported to achieve the certificate which included observations of practice.
- The deputy manager told us that they did carry out informal observations on staff throughout the year on interactions with people at the service, moving and handling and medicines management, and gave examples. Staff confirmed this took place, however it was not documented.

We recommend that all measures taken to ensure that staff remain competent are recorded.

Supporting people to eat and drink enough to maintain a balanced diet
- People only received one formal choice of food for each meal, although menus were discussed with people at regular monthly resident meetings. Meals were discussed with people each day. People told us that if they didn't like something on the menu they were always supported to have something else. One person told us, "If I don't want that they give me a choice of something else."
- One person required a soft diet having been assessed by a speech and language therapist due to risk of choking. The chef adapted meals so that they had softer, fork mashable foods. We observed staff supporting people who were not independently able to eat, in a dignified and respectful way.
- Some people at the service were receiving medicines or had physical health conditions that made it a necessity to have regular fluids. We saw care plans in place to monitor this and staff had good awareness of why it was important for these people to have extra fluid.

●People could access food and drinks throughout the day and night without restriction. This included access to fresh fruit and snacks.

Staff working with other agencies to provide consistent, effective, timely care
● The care staff worked very well with external staff. This included accessing support from mental health teams and social workers if people's needs increased or mental health deteriorated.
● Some people wanted to take part in employment and educational opportunities. The care staff liaised with other agencies to support this to happen. Where people were unable to maintain paid work due to their mental health condition, they were supported to access voluntary work and staff kept in close contact with agencies to ensure that this could be encouraged.

Adapting service, design, decoration to meet people's needs
● People were supported to personalise their bedrooms. One person proudly showed off their room stating, "It is nice, it's a pretty room."
● The provider had recently updated the shower rooms to make them nicer. The provider told us, "We do update the environment. If staff or people using the service want something done or see something that needs improvement we will improve."

Supporting people to live healthier lives, access healthcare services and support
● People had various support to access health and social care appointments to meet their needs. Where links to services were at risk of breaking down due to a person's behaviours, staff worked with health and social care professionals to find a way to mitigate concerns and promote positive outcomes.
● People were offered regular yearly check-ups for their physical health needs. This included where people received specific types of mental health medications that needed regular monitoring, such as blood tests and ECG's, [checking heart function] which is particularly important for people receiving some mental health medicines. We saw these were actioned in a timely way. They also had access to regular chiropody appointments, dentist appointments and sight tests.
● People had access to regular gender specific medical checks, such as cervical smear tests. When people refused this was clearly documented, signed by the person after staff spent time explaining why such checks are important for health.
● Many people living at the service for many years smoked heavily. The provider had accessed cessation sessions for people. Where smoking impacted on physical health, for example if a person had low blood pressure, this was clearly explained to the person and care plans informed staff how to manage these risks.

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 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 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 with appropriate legal authority. The provider was not providing a service to any person deprived of their liberty under deprivation of liberties.

We checked whether the service was working within the principles of the MCA and found that they were.

● The registered manager and deputy manager completed mental capacity assessments. These were thorough, clearly documenting what was being assessed and how staff had reached a decision of no

capacity.

● If people lacked capacity staff still always asked for consent and tried to support people to make appropriate decisions and remain independent.

● The registered manager applied for deprivation of liberty in line with legislation for those people that lacked capacity. Some people lacked capacity and were at risk if they left the building unescorted. The provider had, had to lock the front door. However, people who retained capacity told us that they were enabled to leave at any time and we observed this throughout the day.

Good

Is the service caring?

Our findings

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

Good:People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that staff were caring and relatives reflected this as well. One relative told us, "Staff always make you feel welcome and offer you a cup of tea. Residents always seem well looked after and they all have tea party for their birthdays."
- A health and social care professional stated, "I feel that the consistency of the staff team who all treat all the residents with compassion, empathy and respect has enabled the residents I have met to feel safe and supported."
- The provider ensured that should people want to vote they be supported to do so. Either by postal vote or support to get to a voting station.
- Peoples' sexuality was not always explored. One person wanted to have a relationship, having previously had a relationship until bereaved. However, staff had not fully explored this need or supported the person in their desire to be in a relationship and how they should keep themselves and others safe. We spoke to staff about this and found this need had not been taken seriously.

We recommend that the provider review best practice around equality, diversity and sexuality issues and best practice for supporting people at the service.

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

- People were supported to express their views about the care they received, the activities they took part in, and what they would like their future to be. One member of staff told us, "It's a good home because everyone has patience and nice and calm and if someone is nervous we help them."
- One person wished to move to their own independent accommodation but required support to regain the skills to live independently. Staff worked with them to develop an action plan aimed at developing these skills.

Respecting and promoting people's privacy, dignity and independence

- Staff interactions with people respected their independence and privacy. We observed staff administering medications and taking a discreet approach in ensuring that these were taken so that people's dignity was protected. A member of staff told us, "For [person] and [person] they get very upset if we hover over them, so we try and discreetly observe they have taken the medication."
- People told us, "We can do what we want, I get up when I want and go to bed when I want." We observed staff being very caring in responses to people, taking time to reassure and engage them in activities.
- One person told us, "I just want to make myself a cup of tea." This was important to them. We saw that whilst their physical condition did impact on their independence staff supported them to make their own drinks when they wanted. Staff told us, "[person] can't access the kitchen anymore because of the height of

the worktops, so we set it up on the table for them so they can make their own drink whilst in their chair."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good:People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● Staff had made changes to the way that care plans were completed following the last inspection. Care plans were now person centred and clearly identified people's needs, goals, risks and how staff should support these.

● Staff supported people who wished to live in more independent accommodation to work towards this goal in manageable steps, to ensure they had the skills needed to make a move successful. We observed that when a person had taken a step backwards to achieving this goal, measures were put in place to support them to move forward. This included a review of their current mental health, advice from professionals and adapting the steps as appropriate. Staff told us, "We don't give up, we just have to adapt with the person."

●Care staff ensured that people's preferences were central to decisions and actions taken around care provision. This included respecting people's religious views. A church group visited the home once a month to sing bible songs for those who wanted to take part.

● People were supported to take part in college courses and charity work in the hope to support people to gain paid employment if this was appropriate. This also supported people's sense of achievement, self-worth and mental health. Staff activity liaised with work-based placements to ensure that if there were concerns about how a person was coping they could increase support.

● Due to the nature of some people's mental health needs, their ability to consistently participate in activities varied from day to day. This did not stop staff organising activities such as outings for people at their request, even if they changed their mind at the last minute. Staff told us, "[person] will sometimes change their mind at the last minute and we try to encourage them. It doesn't stop us from organising trips again though."

● There were limited activities for people on a one to one basis for those who needed help to access activities outside of the home. The registered manager explained that several local support groups and activities to help people engage in the local community had closed and this had influenced what people were able to attend.

We recommend that the provider revisit contacts with the local community and charity organisations to explore alternative opportunities for people.

Improving care quality in response to complaints or concerns

● People told us they knew how to complain, and this information was readily available to people. We saw that if people had complained these were reviewed in line with the providers policy and procedures and managed sensitively. For example, if a person had raised concerns about a member of staff. One person told us, "I complain to the staff about the food and they sort it. I say what I think, I'm not scared of them." One member of staff said, "We want people to be happy, if they are not then we don't take it personally, we do

what we can to help."

● The registered manager had received complaints from those living near the home about noise, and on one occasion staff conduct whilst people were being supported in the local community. We saw that they had taken the necessary steps to investigate these concerns, safeguard people and take appropriate action to resolve complaints.

End of life care and support

● Staff were not supporting anyone at the end of their life. However, they had all recently undergone external end of life face to face training. Staff told us, "The end of life training as really good;" "I enjoyed the end of life training, it was really informative, and we had been asking for it." We saw evidence people's end of life wishes had been discussed with them or revisited at a time when they were able to have these conversations, for example if they had been mentally unwell and not willing to discuss.

Good

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

Good:The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager and provider had acted to ensure improvements had been made to the service following the preceding two inspections. Care plans were now person centred and staff could tell us about the individual needs of people living at the home and how they supported them.
- There was an open culture at the service. Staff told us, "The manager and provider are really approachable"; "They [registered manager and provider] always listen to us if we have a problem or concern." People told us, "Yes I can talk to any staff and the manager. [The provider name] is nice they always come and see me." The provider said, "I come in several times a week and speak to people. I have known them for so long, that if I don't come in they ask for me. I want people to be happy here and I often get involved in care."
- The registered manager and provider took their duty of candour seriously. We saw that incidents involving people were investigated, reported and findings shared with people, their loved ones and mental health professionals.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the previous two inspections, the service was required to improve their quality and governance processes which had not identified the concerns that we found. At this inspection we found these had improved.
- Audits were in place to oversee the quality of the environment, and all care activity. When action was needed we saw who was responsible for the action and when it was completed.
- The registered manager made appropriate referrals to safeguarding authorities and the Care Quality Commission when incidents had occurred in line with regulatory requirements. For example, if a concern was raised about a member of staff conduct, or if a person had been distressed and behaved in an aggressive manner towards another person. The registered manager took appropriate action to investigate and safeguard people. Lessons learnt were shared with all staff in meetings, supervisions and daily handovers.

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

- The registered manager held regular resident and staff meetings to discuss whether people were happy at the home and wanted any changes. Staff meetings focused on improvements, lessons learnt and changes to peoples care needs, and wider policy issues. People were encouraged to take part in these meetings and

where they had requested changes we saw this was actioned. For example, to the menu and activities.

Continuous learning and improving care; Working in partnership with others

● The registered manager and provider had taken seriously the need to improve the service and worked hard to make the necessary changes. This included a review of staff training which is discussed in the effective domain. One external professional wrote, "Over the past 5 years I have been working with you I have noticed lots of growth and success. It was lovely to see a new member of staff being supported by experienced staff. Residents appeared relaxed and engaged, staff with residents to just have a chat."

● We saw evidence that the service worked effectively in partnership with other health and social care professionals to access the support needed for people living at Lyncgate House. For example, if a person's needs changed and they needed additional support and access to services.

● The registered manager kept up to date with opportunities from the local authority to support registered people in keeping up to date with best practice. This was shared with staff during supervisions and staff meetings.