

Prime Life Limited

Lyndon Croft

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Lyndon Croft is a residential care home] providing personal care to up to 53 people. The service provides support to people living with dementia over the age of 65. At the time of our inspection there were 36 people using the service.

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

Relatives said people were safe and well cared for and we observed this was the case.

The manager and staff ensured the home was safe for the people living there. Known risk relating to people was assessed and well managed, although some records would benefit from being more detailed. Medicines were administered safely, and staff wore personal protective equipment in line with national guidance.

Staff ensured people's needs were met with care which was individualised and reflected people's preferences, religious and cultural beliefs. Activities were designed to promote positive health and wellbeing for people. Information was clear and accessible for people and concerns and complaints were responded to in a timely way.

The provider ensured the home was well managed. Governance structures such as audits were in place to support the care provided and ensure ongoing quality improvement in the way the home was managed. Staff enjoyed their work and felt well supported and this was reflected in the care they provided.

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.

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

Rating at last inspection

The last rating for this service was good (published 12 March 2019)

Why we inspected

We received concerns in relation to the number of reported falls. As a result, we undertook a focused inspection to review the key questions safe, responsive and well-led only.

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.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see

the safe, responsive and well-led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lyndon Croft on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 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 ●

Lyndon Croft

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

Two inspectors carried out the site visit and an Expert by Experience made phone calls to relatives. 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

Lyndon Croft is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Lyndon Croft is a care home without nursing care. 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 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 not a registered manager in post however the new manager had made an application with CQC to be registered and was waiting for this to be processed.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We sought feedback from the local authority and professionals who work 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 with four relatives of people living at the home about their experience of the care provided. We spoke with 10 members of staff including the manager, representatives from the provider, senior staff and care workers.

We reviewed a range of records. This included three people's care records in detail, and multiple medication records. We looked at three staff files in relation to recruitment and staff support. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us and carried out some general observations of the way care was provided.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's safety and ongoing risk was managed well although daily records could be more detailed to reflect a more accurate account of the care a person had received. Repositioning charts did not clearly record a person's position due to the way staff were completing the records. The provider agreed to review these on the day of the inspection.
- Staff demonstrated a good understanding of how to reduce and manage risk for people. Information about changes to people's risk assessments was shared during daily handovers which all staff attended.
- The provider had systems and process in place to monitor incidents, accidents and complaints which showed learning and actions had taken place, and this had been passed on to staff.

Systems and processes to safeguard people from the risk of abuse

- Relatives said people were safe in the home. One relative said, "Yes definitely kept safe, doors closed, they [relative] had a fall in the past some time ago so staff keep an eye on her, they are under a lot of pressure, wonderful people, they [relative] are very safe which gives me peace of mind."
- Staff understood how to keep the people in their care safe and had received safeguarding training. One said, "I would report any concerns straight away to the manager. There are leaflets across the home with numbers for us too, if we feel we need to raise it outside of the home to the local authority and CQC, if we wanted to do it confidentially, or perhaps felt the managers weren't acting on our concerns."
- The provider had effective safeguarding systems in place. Managers ensured staff received training and understood what to do to keep people safe from harm.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- Relatives said there were enough staff to meet people's needs. One relative said, "There are enough staff, they could always do with more, I am sure."
- On the day of our inspection visit there were enough staff to support people and respond to their individual needs and requests. We observed that people were up, dressed and eating breakfast when the inspection team arrived, and the home felt very calm.
- The manager ensured staff were recruited safely in line with the provider's policies and procedures. This included asking for references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines in line with the prescribed instructions such as those medicines which need to be given before or after food.
- Staff were respectful in the way they gave medicines, asking the person how they wanted to take and staying with each person to ensure the medicine was taken.
- Staff who administered medicines had systems in place for checking and ordering medicines. They used an electronic system which gave information on how medicines should be given to each person and protocols for giving 'as required' medicines such as pain relief were available on this system.
- The manager ensured staff received training in the safe administration of medicines and completed regular competency checks. Medicines errors were recorded, and the records were audited so learning and actions could be shared with staff.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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 home had recently placed restrictions on visiting due to an outbreak of Covid-19 and used a booking system to ensure this was managed in a safe way for people.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff were respectful in the way they gave medicines, asking the person how they wanted to take and staying with each person to ensure the medicine was taken.
- Relatives did not always feel they had been consulted about care plans however we found care plans reflected people's individuality and were updated as and when required.
- We observed staff giving people choices about how their care was given to them. One staff member said, "It's important, to pick up and respond to the person's clues, it's not just what they are saying. It's about getting to know that person and doing everything you can, to make them happy."
- The provider had processes in place for auditing care plans and daily records and gave feedback to staff about the quality of these, so they were continually being improved and easy to use.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff ensured information was available in a range of formats to meet the needs of people. These included easy read information and the use of pictures and signs.
- Lyndon Croft was about to undergo extensive refurbishment which will ensure the building was in line with recommendations for dementia friendly environments which included the garden which will have sensory areas and will support people with communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Relatives said they would like to see more activities taking place but acknowledged these had reduced due to Covid-19. The manager confirmed the level of activities was increasing, and they have an activities coordinator in place to support this.
- Lyndon Croft was using Reminiscence Interactive Therapy Activities which is a system used to support people to engage in activities. This therapy encourages the use of activities to enhance quality of life and well-being for people. It has been shown to help with reducing hospital admissions, falls, anxiety and promote social engagement.
- We observed staff engaging with people and in particular those taking part in a chair aerobics programme. It was interactive, fun and people were fully engaged with the staff leading the exercise and other people

taking part in the group.

Improving care quality in response to complaints or concerns

- Information was available for people and their relatives to know how to make complaints. Relatives said if they were concerned, they would contact the home who sorted things out for them. One relative said, "I have not needed to complain, I would go to [names of staff], the office is easily accessible."
- The provider had systems and a policy in place to manage complaints in a timely manner.

End of life care and support

- Lyndon Croft did not have anyone receiving end of life support at the time of the inspection. Staff ensured that peoples wishes for end of life were recorded in their care plans.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives were positive about the manager and staff and said they felt people were safe in the home. We observed there was a culture which was warm and friendly and where staff put the needs of people first.
- Staff told us they were happy working in the home but recent changes in management had not been easy for them, however they felt well supported by senior staff with one saying "You can raise anything with them [senior staff's name], and they will escalate it for you. They encourage you to speak up, so that it can be addressed/put right."
- The provider placed a strong emphasis on listening to people and staff. They made sure people's needs were met in line with their care plans which detailed their personal histories, likes and preferences.

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

- Records showed the manager and staff made regular contact with the relatives of people they cared for.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Relatives said they were informed when things happened, or something went wrong. One relative said, "The Manager is very approachable, I have requested that I receive copies of any letters etc and she has obliged."
- Staff were confident in their roles. They felt they had struggled to fit in training, but this had been addressed by the provider.
- The manager had oversight of the service and used audits of care records and observations of staff practice to ensure care was being provided as it should be.
- The provider supported the manager and ensured they had a range of people they could contact for support and advice. They worked together to ensure quality improvement of the service through regular audits and learning from these.

Working in partnership with others

- The manager and staff ensured each person had the right professionals involved in their care, so they felt safe and happy this included GP's and district nurses.

