

Nexus Programme Limited

Lyndhurst House

Inspection report

Lyndhurst House
Charing Hill, Charing
Ashford
Kent
TN27 0NG

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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

The inspection took place on 12 January 2017, and was an announced inspection. The registered provider was given 24 hours' notice of the inspection. This was so that we could be sure that staff and people would be at home for our visit. This was the first inspection of this service since it registered on 19 May 2014.

Lyndhurst House is registered to provide accommodation and personal care for up to four people who have a learning disability. Lyndhurst House is in the village of Charing, on the outskirts of Ashford. At the time of the inspection, one person lived at the home all of the time and two people lived there at weekends; each had their own, personalised bedrooms. People had access to a communal lounge, dining room, kitchen, laundry room and shared bathrooms. There is a well maintained garden and outside area.

The service has a registered manager, who was present throughout the inspection. 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 and associated Regulations about how the service is run.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The registered manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The people at the service had been assessed as lacking mental capacity to make complex decisions about their care and welfare. At the time of the inspection the registered manager had made the appropriate applications for DoLS authorisations for people who were at risk of having their liberty restricted. There were records to show who people's representatives were, in order to act on their behalf if complex decisions were needed about their care and treatment.

Before people moved into the service their support needs were assessed by the registered manager to make sure the service would be able to offer them the care that they needed. The care and support needs of each person were different, and each person's care plan was personal to them. People had detailed care plans, risk assessments and guidance in place to help staff to support them in an individual way.

Staff encouraged people to be involved and feel included in their environment. People were offered varied activities and participated in social activities of their choice. Staff spoke about people in a respectful way which demonstrated that they cared about people's welfare. Staff knew people and their support needs well.

Staff were caring, kind and respected people's privacy and dignity. There were positive and caring interactions between the staff and people and people were comfortable and at ease with the staff.

People were encouraged to eat and drink enough and were offered choices around their meals and hydration needs. People were supported to make their own drinks when they wanted to. Staff understood

people's likes, dislikes and dietary requirements and promoted people to eat a healthy diet.

People received their medicines safely and when they needed them. If people were unwell or their health was deteriorating the staff contacted their doctors or specialist services. People's medicines were reviewed regularly by their doctor to make sure they were still suitable. People were supported to maintain good health and attended appointments and check-ups. Health needs were kept under review and appropriate referrals were made when required.

A system to recruit new staff was in place. This was to make sure that the staff employed to support people were fit to do so. There were sufficient numbers of staff on duty throughout the day and night to make sure people were safe and received the care and support that they needed.

Staff had completed induction training when they first started to work at the service. Staff were supported during their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs. When staff had completed induction training they had gone on to complete other mandatory training provided by the company. There was also training for staff in areas that were specific to the needs of people, like epilepsy and learning disability awareness. There were staff meetings, so staff could discuss any issues and share new ideas with their colleagues, to improve people's care and lives.

People were protected from the risk of abuse. Staff had received safeguarding training. They were aware of how to recognise and report safeguarding concerns both within the company and to outside agencies like the local council safeguarding team. Staff knew about the whistle blowing policy and were confident they could raise any concerns with the provider or outside agencies if needed.

Equipment and the premises received regular checks and servicing in order to ensure it was safe. The registered manager monitored incidents and accidents to make sure the care provided was safe. Emergency plans were in place so if an emergency happened, like a fire, the staff knew what to do.

Quality assurance audits were carried out to identify any shortfalls within the service and how the service could improve. Action was taken to implement improvements. The complaints procedure was on display in a format that was accessible to people.

Staff told us that the service was well led and that they had support from the registered manager to make sure they could care safely and effectively for people. Staff said they could go to the registered manager at any time and they would be listened to. Staff had received regular one to one meetings with the registered manager. They had an annual appraisal, so had the opportunity to discuss their developmental needs for the following year.

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.

The registered manager monitored incidents and risks to make sure the care provided was safe and effective.

People received their medicines when they needed them and in a way that was safe.

Staff knew how to keep people safe and protect them from abuse.

There was sufficient staff on duty to make sure people received the care and support that they needed.

Is the service effective?

Good ●

The service was effective.

New staff received an induction and all staff received training to enable them to support people effectively.

Staff were supported and had regular one to one meetings with the registered manager to support them in their learning and development. Staff had received an annual appraisal.

People received care and support from a team of staff who knew people well.

Is the service caring?

Good ●

The service was caring.

Staff took the time needed to communicate with people and included people in conversations. Staff spoke with people in a caring, dignified and compassionate way.

Staff knew people well and knew how they preferred to be supported.

People's privacy and dignity was maintained and respected.

Staff supported people to maintain contact with their family.

Is the service responsive?

Good ●

The service was responsive.

People's care and support was planned in line with their individual care and support needs.

Relatives said they would be able to raise any concerns or complaints with the staff and registered manager, who would listen and take any action if required.

People were supported to take part in the activities that they enjoyed.

Is the service well-led?

Good ●

The service was well-led.

Staff, relatives and professionals spoke highly of the registered manager.

There were systems in place to monitor the service's progress using audits and questionnaires. Regular audits and checks were undertaken at the service to make sure it was safe and running effectively.

Records were accurate and up to date and were stored securely.

Lyndhurst House

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 12 January 2017 and was announced. This was so that we could be sure that staff and people would be at home for our visit. The inspection was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with other information we held about the service. We looked at previous inspection reports and notifications received by CQC. A notification is information about important events which the provider is required to tell us about by law, like a death or a serious injury.

During the inspection visit, we reviewed a variety of documents. These included two care files, staffing rotas, three staff recruitment files, medicine administration records, minutes from staff meetings, audits, maintenance records, risk assessments, health and safety records, training and supervision records and quality assurance surveys. We also made observations of the care and support people received.

We spent time with one person who used the service and spoke with the one member of staff, the registered manager and the organisations director of care. After the inspection we spoke with three social care professionals who had had recent contact with the service. In addition we received feedback about the service from two relatives.

Is the service safe?

Our findings

People were not able to verbally express their views but indicated that they felt 'safe' being cared for by the staff, for example, people approached staff if they were unhappy or worried and staff reassured them. People had communication plans that explained how they would communicate or behave if they were anxious or worried about something. Staff knew people well enough so that they were able to respond quickly. People were relaxed and happy in the company of the staff. People approached staff when they wanted something and the staff responded to their needs. For example, one person led a staff member to the kettle to indicate that they wished to make a cup of tea.

Robust recruitment practices were in place and checks were carried out to make sure staff were suitable to work with people who needed care and support. We saw that checks had been completed before staff started work at the service, these included obtaining suitable references, identity checks and completing a Disclose and Baring Service (DBS) background check and checking employment histories to help ensure they were safe to work at the service.

There were enough staff on duty to meet people's needs and keep them safe. During the inspection there was one member of staff and the registered manager on duty. Staffing was planned around people's activities and appointments so the staffing levels were adjusted depending on what people were doing. Staffing levels varied during the day and night depending on how many people were staying at Lyndhurst House and what their assessed needs required. The registered manager was available at the service five days a week offering additional support when required. The registered manager told us there was an on call rota, which meant there was always a senior member of staff available for the service to contact. During the inspection we observed people receiving quality time with staff. One person was supported to go out to lunch with staff and their Mum.

There was a safeguarding policy in place, staff were aware of how to protect people and the action to take if they suspected abuse. Staff were able to describe the signs of abuse and what they would do if they had any concerns, such as contacting the local authority safeguarding team. The induction for new staff included safeguarding adults from harm and abuse and staff received annual training on this topic. Staff told us they were confident that any concerns they raised would be taken seriously and fully investigated by the registered manager, to ensure people were protected. Staff were aware of the whistle blowing policy and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly.

Risks to people had been identified and assessed and guidelines were in place to reduce risks. There were clear individual guidelines in place to tell staff what action they had to take to minimise the risks to people. There was guidance in place for staff to follow, about the action they needed to take to make sure that people were protected from harm in these situations. This reduced the potential risk to the person and others. Potential risks were assessed so that people could be supported to stay safe by avoiding unnecessary hazards. Risk assessments were reviewed and updated as changes occurred so that staff were kept up to date.

People had a personal emergency evacuation plan (PEEP) and staff and people were involved in fire drills. A PEEP sets out specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of a fire. Accidents and incidents involving people were recorded and the registered manager reviewed these reports to ensure that appropriate action had been taken following any accident or incident to reduce the risk of further occurrences.

People received their medicines when they needed them. There were policies and procedures in place to make sure that people received their medicines safely and on time. All medicines were stored securely and in line with best practice. Appropriate arrangements were in place for ordering, recording, administering and disposing of prescribed medicines. Clear records were kept of all medicine that had been administered. The records were up to date and had no gaps, showing all medicines administered had been signed for.

Clear guidance was in place for people who took medicines prescribed 'as and when required' (PRN). There was written criteria for each person, in their care plan and within the medicine files, who needed 'when required' medicines. Medicine audits were carried out by either a senior staff member or the registered manager; we saw clear records of the checks that had taken place.

The premises were maintained and checked to help ensure the safety of people, staff and visitors. Procedures were in place for reporting repairs and records were kept of maintenance jobs. Records showed that portable electrical appliances and firefighting equipment were properly maintained and tested. Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order. Records showed Health and Safety audits were completed monthly and that these were reviewed by the registered manager to see if any action was required. These checks enabled people to live in a safe and suitably maintained environment.

Is the service effective?

Our findings

People's relatives told us that they received good care. They said that the staff knew their relatives well and gave them the care and support that they needed. One relative said "Understanding X's needs has always been a 'work in progress', the registered manager, the team and their key worker have been consistent throughout in keeping up with this" and another told us, "It's the best place by far that they have lived in."

New staff received a comprehensive induction to the service, this included training, reading policies and procedures, care plans and getting to know the people and service. Staff also spent time shadowing more experienced colleagues. The registered manager told us they were looking to introduce the Care Certificate. The Care Certificate was introduced in April 2015 and is a benchmark for staff induction. It provides staff with a set of skills and knowledge that prepares them for their role. Training was provided in a range of mandatory and additional topics, for examples staff completed training in learning disability awareness, epilepsy awareness and rescue medicines to assist them in their role and ensure they had the knowledge and understanding they needed to support people who used the service. The registered manager checked that staff were competent and had the knowledge and skills to carry out their roles. For example; all staff responsible for administering medicines had their competency checked by means of a paper based test and regular observations. Most staff had a qualification in Health and Social Care. One professional commented, "I felt that the staffing team had very good insight and knowledge on how to support people with autism and challenging behaviours."

Staff told us they felt supported by the registered manager and the staff team. They said that they were listened to and were given the support and help that they needed on a daily basis and their requests were acted on. There were handovers at the end of each shift to make sure staff were informed of any changes or significant events that may have affected people. A written handover sheet was also completed which contained details of how each person had been, tasks that had been completed and appointments.

Staff had individual supervision meetings and annual appraisals with the registered manager. This was to make sure they were receiving support to do their jobs effectively and safely. Staff said this gave them the opportunity to discuss any issues or concerns that they had about caring for and supporting people, and gave them the support that they needed to do their jobs more effectively. Staff meetings were held regularly and staff told us they felt comfortable that they could make suggestions and felt that they would be listened to.

We observed staff providing care and support to people throughout our inspection. Staff knew people well and understood how they liked to receive their care and support. They had knowledge about how people liked to receive their personal care and what activities they enjoyed. Staff were able to tell us about how they cared for each person to ensure they received effective individual care and support. They were able to explain what they would do if people became restless or agitated. People had clear, personalised communication guidance in place. This explained the best way to communicate with people and how to interpret and understand people's wishes and needs by giving clear examples of different actions or signs people may give, and what these mean.

The registered manager and staff were aware of the need to involve relevant people if someone was unable to make a decision for themselves. If a person was unable to make a decision about medical treatment or any other big decisions then relatives, health professionals and social services representatives were involved to make sure decisions were made in the person's best interest. People had received advocacy support when they needed to make more complex decisions. Independent Mental Capacity Advocates, (IMCA - an individual who supports a person so that their views are heard and their rights are upheld) had been involved in supporting one person to make decisions in their best interests. Where appropriate the registered manager had applied for deprivation of liberty safeguards (DoLS) authorisations for people. These authorisations were applied for when it was necessary to restrict people for their own safety. These were as least restrictive as possible.

The registered manager had considered people's mental capacity to make day to day decisions and there was information about this in their care plans. There were mental capacity assessments in place to determine whether people had capacity or not to make decisions. The registered manager and staff had completed training and had knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty.

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. The registered manager actively sought support when they needed it. When specialist support plans were developed by professionals, the staff implemented them and fed back on whether they were successful or not. Relatives told us they felt staff communicated clearly and shared information about their loved ones in a timely manner. They felt that people were well supported with their day to day health needs. Care records contained information about the involvement of a range of other external professionals such as, dentists, opticians and hospital appointments people attended. This demonstrated that people had been supported appropriately with their healthcare needs.

People were involved in planning the menus, buying food and preparing some meals. During the inspection we observed staff showing people pictures of different meals and foods to gauge their preferences for the menu. Staff were aware of what people liked and disliked and gave people the food they wanted to eat. Staff respected people's choices about what they did eat. People were supported and encouraged to eat a healthy and nutritious diet. Throughout the inspection people were offered regular drinks and snacks by staff and were supported to make drinks with staff. Some people liked to eat in restaurants and local cafés. Their weight was monitored regularly to make sure they remained as healthy as possible.

Is the service caring?

Our findings

Relatives told us that they found the staff to be caring, comments included, "every single one of them are caring and thoughtful" and "from the outset they impressed with their honesty, communication and care for X, they have maintained consistent contact with me, keeping me up to date, asking the right questions when necessary and have always kept X's needs, safety and happiness paramount." Professionals commented, "I found the staff to be very attentive and caring when supporting X."

Staff spent time with people to get to know them. There were descriptions of what was important to people and how to care for them in their care plan. Staff told us when they were new they had read the care plans to get to know how to support people and had worked with more experienced staff in the team to see how people were supported with their lifestyles. Staff talked about people's needs in a knowledgeable way and explained how people were given the information they needed in a way they understood so that they could make choices. Staff had built up relationships with people and were familiar with their life stories and preferences

People were given personalised care. Some people had specific needs and routines that were accommodated well by the staff. People were seen to have fun with the staff; they were laughing and looked happy. When a person needed more time to continue with their routine staff supported them to do this. The routines at the service were organised around people's needs and were flexible.

People and staff worked together at the service to do daily tasks like laundry, tidying up and preparing drinks. Staff supported people in a way that they preferred. There was a relaxed and friendly atmosphere at the service. People looked comfortable with the staff that supported them.

Staff were attentive. They observed and listened to what people were expressing. Pictures and photos were used to help people to make choices and communicate what they wanted. People responded well to staff and we saw staff interacting in a way with people that demonstrated they understood their individual needs and had a good rapport with them. Staff talked about and treated people in a respectful manner. People's preferred names were recorded in the care plan and we heard staff using these during the inspection.

People's privacy was respected. When people were at the service they could choose whether they wanted to spend time in communal areas or time in the privacy of their bedrooms. People could have visitors when they wanted and there was no restriction on when visitors could call. People were supported to have as much contact with family and friends as they wanted to. People were supported to go and visit their families and relatives. Relatives said they were always made welcome when they called or visited the service, one relative commented "I can visit at any time – it's like visiting friends."

Staff described how they supported people with their personal care, whilst respecting their privacy and dignity. This included explaining to people what they were doing before they carried out each personal care task. People were given support with washing and dressing. When people had to attend health care appointments, they were supported by staff that knew them well, and would be able to help health care

professionals understand their communication needs.

People were moving freely around the home, moving between their own private space and communal areas at ease. Doors were closed when people were in bathrooms and toilets. People were given discrete support with their personal care. Rooms were decorated to people's choice; they were individual and reflected people's interests.

People's information was kept securely and well organised. Staff were aware of the need for confidentiality and meetings were held in private.

Is the service responsive?

Our findings

Before a person moved into the service an assessment was completed, they were offered an introduction to the service based on their individual need and circumstance. For example; a person could have a number of short visits or stay overnight. When people needed support to communicate their needs other people advocated on their behalf, for example, members of their family or someone who knew them well. People were enabled to contribute as much for themselves as possible. Information was gathered about people's interests and about what was important to them.

Staff were able to demonstrate a good understanding of the people they supported. One staff member told us "I've got to know X well, I can tell from their body language and gestures if they are happy, or what they might want." People's support plans contained detailed information and guidance for staff to follow. For example, there was guidance about everyday tasks and how much support the person would need, what they could do for themselves and what they would need encouragement to do. Person centred plans gave staff details about a person's life story before living at Lyndhurst House. There was also detailed guidance on communication and personal risk assessments. In addition there was guidance around individual preferences; likes and dislikes, and what activities would constitute a good or bad day for the person. For example, one person's record showed that they enjoyed driving out to the country, going for a walk and then out for lunch. From daily records, we saw that the person had the opportunity to do this. Where needed, people had guidance for staff to follow to help support any behaviour that may challenge. They gave staff clear guidance on what the person may do, and what may cause this. They also gave staff examples of how to reduce a person's anxiety and reduce further escalation.

Health plans were also in place detailing people's health care needs and involvement of any health care professionals. For example, there was a plan in place for staff to follow from an occupational therapist, which gave guidance to staff on motivating a person to take part in activities. One person's relative told us how the service and other professionals had worked together to support their relative in their continence support needs, and how with, collaborative working they had been supported to be more independent. When referring to this they told us, "There aren't sufficient words to express quite what an achievement this is and how important too this is for their dignity." Care plans were kept up to date and reflected the care and support given to people during the inspection.

Important people such as members of their family and friends, as well as staff they had a good relationship with, were named within individuals support plans. This included their contact details and people were supported to keep in touch. Some people went home to their families and families also visited the service. Relatives said they felt welcomed when visiting the service and were complimentary of the care given to their relative. During the inspection one person was supported to go out for lunch with a member of staff and their relative.

People were supported to attend a range of activities and staff supported people to undertake a choice of leisure activities within the service and in the community. For example; art and craft, aromatherapy, swimming, carriage riding, cinema trips, walks and meals out. Some people attended organised day

activities on some days. We were told about trips to local animal centres and wildlife parks, as well as trips to London to the theatre and the zoo. We saw photo books that had been made about days out that people could look through and remember. Holidays were planned, when people wished; in the previous year they had visited Dorset and the New Forest.

A system to receive, record and investigate complaints was in place so it was easy to track complaints and resolutions. The complaints procedure was available to people and written in a format that people could understand. Complaints had been managed in line with the organisations policy. Relatives and professionals told us that they found the registered manager and staff were approachable and said they would listen to them if they had any concerns. A relative said that communication was good and the service kept them informed of their relative's care at all times. As a result they felt involved in their relative's care and knew about any concerns or issues. They told us they did not have any complaints but would not hesitate to talk to the registered manager or staff if they did.

Is the service well-led?

Our findings

The service had a registered manager that was supported by senior and care staff. Staff felt able to approach the registered manager with any concerns they may have, they said "My manager supports me, I can go to them with concerns or suggestions and I know I will be listened to. It's a lovely company to work for."

Staff told us that the registered manager was available, accessible and gave practical support, assistance and advice. One professional said, "I would not hesitate to make another placement at Lyndhurst House. I know that the staffing team had the support of the provider's management team when it was necessary. The manager was always very open to suggestions I made and strove to ensure they were providing the best service they could for X." A relative told us, "To have earned both X's trust and mine is a testament to {the manager} and their team."

In addition to receiving wholly positive feedback, we also saw a number of complimentary comments that had been made on feedback questionnaires that had been completed, these included comments such as, 'you have gone beyond the call of duty', 'you have done everything possible from start to end' and 'At all times throughout you have been amazing at communicating with me.'

One staff member said, if they did have any concerns the registered manager acted quickly and effectively to deal with any issues. The registered manager demonstrated a good knowledge of people's needs and spoke with passion when talking to us about supporting people. Staff had delegated responsibility for health and safety, doing daily allocated jobs and attending training courses.

The registered manager regularly audited aspects of care, such as medicines, care plans, accidents and incidents, health and safety, fire safety and equipment. The audits identified any shortfalls and action was taken to address them. Fridge and freezer temperatures were taken and recorded on a daily basis.

The registered manager had support from the registered provider and a management team within the organisation; they told us they regularly visited the service. They also contacted registered managers from other local services in the organisation for advice and support. People were able to interact with the registered manager freely throughout our visit and the registered manager had a good rapport with people. Throughout the day the registered manager responded to people in a personal way. Whilst working shifts, the registered manager told us that they informally monitored staff performance, and discussed performance during supervisions.

There were systems in place to monitor the quality and safety of the service being provided. An external auditor completed monthly visits to carry out checks on the service. These included talking with or observing people who used the service, talking with and staff and checking feedback, standards of presentation of the environment, finances and complaints. A report was written for each visit that included actions to be completed. These were reviewed at the next visit to track progress. Recent quality assurance surveys from relatives and health care professionals gave positive feedback.

The registered manager made sure that staff were kept informed about people's care needs and about any other issues. There were regular meetings for people and staff. The minutes of these meetings showed that there were opportunities to share ideas, keep up to date with good practice and plan improvements. Staff said there were always opportunities to discuss issues or to ask advice.

Staff handovers, communication books and team meetings were used to update staff regularly on people's changing needs. Staff told us they had a handover for each shift, to pass on information about what has happened, how people are feeling and other important information, and that they also recorded things in the communication book and on people's daily logs. There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. Staff knew where to access the information they needed. There was a positive and open culture between people, staff and management.

The visions and values of the service were to support people as individuals by offering a personalised service. The registered manager and staff were clear about the aims and visions of the service. The registered manager told us that the provider had been considering the possibility of further developing the service to provide a sensory room for people to access.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. This enables us to check that appropriate action had been taken. The registered manager of the service was aware that they had to inform CQC of significant events in a timely way and had done so.