

Lynedoch House Care Home Service

Inverclyde Association For Mental Health
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Type of inspection:
Unannounced

Completed on:
8 July 2022

Service provided by:
Inverclyde Association For Mental
Health

Service provider number:
SP2003000217

Service no:
CS2003001094

About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services can be found on our website at www.careinspectorate.com

The service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Lynedoch House is registered with the Care Inspectorate to provide a care home service to a maximum of nine adults who experience mental health problems. The provider is Inverclyde Association for Mental Health.

Lynedoch House operates from a Victorian style mansion spread over a number of levels and is set within its own grounds. The property has been maintained to a high standard and comprises of nine single bedrooms, shared bathrooms, a shared kitchen, communal areas and outdoor space.

The stated aims of the service are "to offer support and guidance, tailored to the needs of the individual, which will enable them to live as independently as possible and assist them in regaining the skills required to maximise their potential for independent living."

At the time of this inspection the service was operating at full capacity.

About the inspection

This was an unannounced inspection which took place on 5 - 8 July 2022. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection, we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with all people using the service and two of their family
- spoke with nine staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- People told us they felt safe and enjoyed living in the home.
- People were supported by a staff team who knew them well.
- People were supported as individuals, drawing on their strengths and planning their care accordingly.
- People had formed positive, good relationships with staff.
- The environment was clean and tidy throughout.
- Staff promoted people's independence.
- Staff were good at responding to the changing needs of people and ensuring referrals were made to relevant professionals.
- Increased levels of audit are required to influence improvement.
- An Infection Prevention and Control Lead should be identified to ensure the service is up to date with guidance and ensuring good practice is in place.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The service had a very homely feel and people were able to move around freely across the whole building. People spoke of their own routines and how staff did not restrict their daily lives. Genuine warm, nurturing and happy relationships were observed with people using the service and staff.

Care planning was reflective of people's individual needs, wishes and aspirations. Regular reviews were held and people were fully involved in them. Information was held on an electronic recording system, monthly reviews of planning and risk assessments were completed between the person and their keyworker with an associate keyworker available when required. People's mental health was monitored and when changes in levels of wellbeing were identified, relevant health professional intervention was sought.

People were encouraged to self medicate where possible. Those who need more support are offered it, this ensures that people are empowered and enabled to take control where they can do so. Staff also recognised people's rights to make choices which carry an element of risk such as declining to take prescribed medication for a short period. Staff were able to work with people to assess the level of risk and put in place alternative support arrangements. This ensured that people were able to understand the impact and consequences of risk taking behaviour and make informed choices. There was proactive involvement with health professionals to ensure people's care needs were supported with good links into the local Community Mental Health Team.

People developed their communal daily meal plans. They have a rota where each will be involved in the preparation of the meal, staff support at a pace and level required by the person. All people engaged with this and some spoke with pride about their role in this. It was encouraging to see that people could eat and drink whenever they wanted and they had full access to the food stores. We observed a lunchtime in the home and found it to be relaxed and in keeping with people's choices of meals and where they wished to sit during the lunch.

People living here prefer to visit their families outwith their home. This was encouraging as it promoted people's independence. During periods of lockdown, people found restrictions to their freedom difficult but kept in touch with family with the use of technology to allow them to use FaceTime and other platforms. Families told us that there were no barriers to visiting if they chose to do so and they were kept informed as and when required of any changes to visiting practices over the pandemic.

Celebrations of significant events such as birthdays were well thought out and ensured that people were able to celebrate in a manner that suited them. One person could not attend a family wedding due to restrictions. Instead the wedding was brought to them, live streaming was organised, everybody got dressed up and a great wedding party was had by all.

Regular access to meaningful activities is important for keeping well and having a sense of wellbeing. As restrictions eased, staff worked closely with people to promote positive participation in the community and we saw multiple examples of this. Some people were in work placements, some visited family on a regular basis, some found pleasure going to the local pub or to the local shop for a daily paper. It was a strength of

the service that people were supported to retain good links with their external community and develop new links and develop their skills.

Staff have made great efforts to promote the notion of a person's home. People were encouraged to personalise their own space. People kindly invited us into their rooms and highlighted items in their room that were important to their wellbeing and sense of home.

People were responsible for their own rooms, support was offered when needed which ensured a level of cleanliness that is respectful of everyone living there. Communal areas such as the kitchen were cleaned by housekeeping staff but people were responsible for maintaining this cleanliness across the day. Cleaning schedules were in place and adhered to, personal protective equipment was available and regular staff testing for Covid-19 was in place. We found the home to be clean and fresh and where improvements could be made to enhance this, management was welcoming to change. We discussed cleaning products and balancing the use of resident chosen products with recommended products.

Staff have had training in infection prevention and control (IPC). Team meetings and resident meetings reinforced good practice such as hand hygiene. However, the service could enhance their practice with the development of an IPC lead worker to ensure they are adhering to all aspects of good practice guidance within the National Infection Prevention and Control Manual and associated relevant guidelines. We will review this at the next inspection.

How good is our leadership?

4 – Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had significant positive impact on people's experiences.

Management were very involved in day to day running of the home. They were visible to people using the service and staff alike and everybody spoke of an "open door" approach to accessing management. In many ways this was a great strength of the service but we have discussed that it can also prevent management getting the time and space to fully explore and develop aspects of their managerial role. We agreed that to start closing office doors would potentially upset the routine and daily life of people living there. Management have identified an external office space to allow them time to dedicate to more administrative tasks and intend to use this on a regular basis.

Staff supervisions were being carried out and we could see where actions from previous supervisions were acted on. Annual appraisals were in place, staff were encouraged to use reflective practice which was positive to observe. Team meetings were held every two months and allowed staff and management to discuss new practice and guidance as well as how the service may be moving forward. We spoke to staff who felt confident giving feedback and voicing their opinion. Staff have access to training pertinent to their role and have the ability to request further training which they feel enhances their practice.

There was evidence of audits in place such as around care planning, service improvement planning was also in place. However, it was felt these need to be further developed and updated to capture more of the good work they do but to also ensure they are properly capturing areas where improvement may be required. If an audit trail isn't in place, it is difficult to identify areas where overall improvement may be required. Staff were very responsive to immediate situations and deal with things quickly and efficiently. However, there wasn't always the ability to reflect on whether these are one off incidents or happening on a more regular basis that may require some changes in practice. (See area for improvement 1.)

We discussed using audits more effectively in areas such as infection prevention and control (IPC) and medication. Observations of practice should also be more formally audited as well as capturing underlying knowledge from staff. Without that, staff can complete some tasks without a full appreciation of why they are doing it. We could see examples in individuals' supervision which indicated observations of practice had taken place and feedback was provided but there was no clear means of capturing this work across the whole service. We also saw where team meetings discussed areas for staff development which fed through to supervision but there needed to be a place for reflecting on this work and analysing the impact of whether change had occurred and what that meant for people using the service.

People in the service were also given opportunities to offer feedback through regular resident meetings and the use of feedback questionnaires. Informal feedback was also accepted by staff and well received. This ensured that people were meaningfully involved in how the service worked and how improvements can be identified and implemented.

Areas for improvement

1. To ensure best practice is maintained and promoted, the manager should ensure that quality assurance systems and processes are further developed and used to feed into the service improvement plan. Consideration should be given to areas such as infection prevention and control and medication practice but is not limited to these areas alone.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	5 - Very Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

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