

# Barchester Healthcare Homes Limited

## Lydfords Care Home

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Lydfords Care Home is a residential home for up to 36 older people, including people living with dementia. At the time of our inspection, 21 people were living at the service. The care home accommodates people in one purpose built building across 2 floors.

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

People living at the service were happy and said they felt safe. Many people spoke about the positive, open and inclusive culture. People knew the staff and management team, they felt able to raise concerns and felt well informed about the service. People liked staff and had a good relationship with them.

Medicines were managed in a safe way. Systems for monitoring administration of medicines were implemented effectively. People received their medicines as prescribed.

People's needs were assessed and monitored. The staff worked closely with other healthcare professionals to identify and address any changes in their needs. People had enough to eat and drink. People enjoyed the food. There was a wide range of different social and leisure activities and people were able to take part in these.

There were enough qualified and experienced staff to meet the needs of people. Staff were well supported and had access to a range of training and information. There was good teamwork and communication. Staff felt supported by the registered manager.

There was a range of systems designed to monitor and improve the quality of the service. These included checks by the management team and senior managers within the organisation. They made improvements when problems were identified and shared information about these with stakeholders.

The environment was suitable and well maintained. Maintenance staff had schedules for repair and redecoration to make sure the building was safe and clean.

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 information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This is the first inspection of a newly registered service. The last rating for the service under the previous

provider was requires improvement, published on 16 July 2019.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

#### 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?

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.

# Lydfords Care Home

## 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

The inspection was conducted by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Lydfords is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Lydfords is a care home without nursing. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We looked at all the information we held about the provider, including information about accidents, incidents and significant events. 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.

During the inspection

We spoke with 12 people who lived at the service and 4 visiting family members. We also spoke with 6 members of staff on duty who included, the registered manager, senior care staff, care staff and staff organising social activities. We also took time to observe people throughout the day during activities and mealtimes.

We looked at a range of records including the care records for 4 people, records relating to staff recruitment, training and information about how accidents and incidents were managed. We looked at complaints as well as audits and other records the provider used for managing the service.

We asked for feedback from visiting healthcare professionals and from the local authority.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Medicines were managed safely
- People told us they received their medicines as prescribed. One person said, "I always get my tablets, in my room, in the lounge, wherever I am. They come and find me."
- Staff received training before being allowed to administer medicines. Staff were regularly checked to ensure they were competent to administer medicines.
- We observed staff administering medicines to people. They were polite, gained consent and signed for each medicine after administering them. Medicines that needed to be administered at particular times of the day were given on time.
- Some people were prescribed medicines such as pain killers for example, to be taken on a when required (PRN) basis. PRN protocols were in place to guide staff when to give these medicines.
- Medicines were ordered and stored appropriately. Medicines were disposed of safely.

### Systems and processes to safeguard people from the risk of abuse.

- People were protected from risks of abuse. There were systems to help protect people from abuse. The staff undertook training about safeguarding and demonstrated a good understanding about how to recognise and report abuse.
- People and their relatives told us they felt safe. One person told us, "I feel safe here. The pendants we have around our necks are a fantastic addition. We need somebody, we just press the button." Another person told us, "I had a fall before I came here but I feel safe here 24/7."
- We reviewed safeguarding records and found concerns had been appropriately investigated, responded to and information was shared with the relevant organisations including the CQC and the local authority.

### Assessing risk, safety monitoring and management

- Risks to people were regularly assessed, monitored and managed.
- Detailed risk assessments and care plans were in place, ensuring staff knew how to support people. For example, one person had risks associated with eating their meals safely. There was a risk assessment and care plan in place which detailed the support this person would need to minimise the risk of them choking. We observed staff supporting the person at mealtime in accordance with their care plan.
- Another person had risks associated with their mobility, there was clear guidance for staff about the support this person would need to minimise the risk to them and others whilst moving around the service. Staff undertook training, so they knew how to support people to move and ways to minimise falls. We saw staff supporting people in a safe way.
- The environment was safely maintained. The staff undertook regular checks of the environment and

equipment. When problems were identified these were rectified. There were suitable systems for fire prevention and guidance to be followed in the event of an emergency. There were plans in place to ensure people's care would continue in the event of an emergency, such as, a fire or flood, if people had to evacuate the service.

#### Staffing and recruitment

- There were enough staff to meet people's needs and to keep them safe.
- The service used an assessment tool that ensured there were enough suitably qualified staff to support their needs and this tool was continually monitored. People said that call bells were generally answered promptly, and they did not have to wait for care. Staff from different areas from the service worked together to make sure people's needs were met.
- The provider had safe systems for recruitment including 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.

#### 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.

#### Visiting in care homes

There were no restrictions in place for visiting at the time of the inspection. This was in line with current government guidance.

#### Learning lessons when things go wrong

- The provider's systems supported learning when things went wrong.
- Staff recorded all incidents and complaints. These were analysed and managers reviewed whether improvements were needed to the service.
- There were effective systems for communication between staff. This supported staff to address any issues quickly and to learn from mistakes.
- The provider was transparent when things went wrong, sharing information with people using the service, relatives and staff. They explained what they were doing to learn from these incidents.



# 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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant 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 provider carried out assessments of people's needs and choices before they moved to the service. These included discussions with the person, relatives or those who were important to them, and any professionals currently involved with their care.
- People using the service and their relatives were invited to view the service before making a decision to move there. This helped people form their preferences about how they wanted to be supported and cared for.
- Using the "Resident of the Day", the staff reassessed people's needs each month, and when something changed, care plans were updated and kept relevant.

Staff support: induction, training, skills and experience

- People were cared for by staff who were well supported, trained and experienced. New members of staff who had not previously worked in health and social care completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff completed a comprehensive induction to the service which included a range of training. Training was overseen by a training manager and was regularly refreshed. Staff could request courses to develop new skills and qualifications.
- There were regular meetings for staff, including individual appraisals and supervision sessions. The management team assessed staff skills, knowledge and competencies.
- Staff felt supported and told us they had enough information to carry out their jobs well. A staff member told us, "The registered manager and the senior team in general are so supportive and approachable."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have enough to eat and drink.
- People told us they liked the food and had enough to eat and drink throughout their day. One person told us, "The food here is 10/10. It's so good, I am putting on a bit of weight! (laughing)." Another person told us, "The chef knows I am intolerant to certain foods, and I never need to worry about having anything on my plate I don't like or can't have."
- Staff assessed people's nutritional needs and worked with other professionals to develop individual plans. This helped to ensure they maintained a healthy weight. People's food and fluid intake was also monitored. Staff took appropriate action if there were concerns about any of these areas.
- There were a range of menu choices and we saw people were offered these and able to choose

alternatives if they wanted. People's preferences and dietary needs were known by the chef. There were systems in place to ensure staff were aware of any risks associated with eating and drinking. For example, staff knew who needed a modified diet.

- Meals were prepared from fresh ingredients. The kitchen was well stocked and there were plenty of fresh vegetables and fruit for people. We also observed people being offered drinks and snacks throughout the inspection.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were assessed, monitored and met. The staff worked closely with other healthcare professionals and had a good understanding of people's health.
- People told us they had regular appointments with the GP and other professionals. One person told us, how Lydfords arrange their GP appointments for them when needed saying and "if I needed some else like a chiropodist they arrange that too."
- Records showed how people were supported to access GP's, occupational therapists and speech and language therapists (SaLT). Any changes or concerns that were highlighted were discussed at handover, during daily stand-up meetings and monthly clinical governance meetings. This ensured that staff had the information they needed to provide effective support to people.
- We spoke with healthcare professionals who all confirmed the staff were good at making timely referrals and responding to their advice when needed. Changes were made to care plans to reflect recommendations made by health and social care professionals.
- People's oral care needs had been assessed and planned for. People were able to see dentists when needed. Staff confirmed the registered manager had given them training and advice on good practice for managing people's oral health.

Adapting service, design, decoration to meet people's needs

- The environment was suitable for people's needs.
- All areas of the service were well maintained with communal areas for socialising and individual bedrooms. Bedrooms had ensuite toilets, showers, and hand washing facilities. Bedrooms had been personalised and people could bring their own belongings and furniture.
- Since the acquisition in 2020, the service underwent significant redecoration to help create the right environment for residents. The service was light, warm and was well ventilated. Furniture and furnishings were in good, clean condition.
- There was specialist equipment, such as adjustable beds, hoists and accessible bathrooms for people who needed these.
- There was a range of signage and information designed to help orientate people.

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 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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations

were being met.

- The service was working within the principles of the MCA and where restrictions had been placed on people's liberty to keep them safe, the registered manager worked with the local authority to seek authorisation to ensure this was lawful and that any conditions of the authorisation were being met.
- People who lacked capacity to make some decisions had decision specific capacity assessments in their care plans. For example, capacity assessments were completed for people in respect of sensor alarms in their room. When a person was deemed not to have capacity, a best interest decision was made and documents relating to these decisions were held on their record.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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

- Staff knew people well and had good knowledge of people's background. For example, one person led a very active life before moving to the service and staff were able to tell us about their previous employment and what they enjoyed. One staff member told us, "It's really important to know the people we care for. It gives us something to talk about and they feel better talking about things they love." A staff member explained how they treated people differently depending on their wishes. For example, one person told us, "I love the nature here, I love the environment. I was given a room where I could watch deer, sometimes!". Another staff member told us, "Some people have lots of nice clothes. I always get a few types of clothing out in the mornings and get them to choose. I wouldn't want someone to tell me what I was wearing each day!"
- We observed people and staff communicating in different ways. People at the service had sight and hearing impairments and people were spoken to in the appropriate way varying their pitch and sound. One staff member told us, "We use different ways to help with communication. How we talk to our residents is really important to me. I want to know as best as possible they understand me."

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

- People were supported to make decisions with certain aspects of their lives. Where required, families were asked to contribute to decisions. We saw that care plans were reviewed regularly and people were asked if they wanted to make any changes. One relative told us, "Mum's care is regularly reviewed. The staff are very approachable as is the registered manager. I suggest things for Mum, and they are very accommodating."
- Staff explained how they treated people differently depending on their wishes. For example, some people wanted to meet new people, so the registered manager arranged for regular outings so that those who wished wished to could meet up socially. Another person told us, "I like the singing that is arranged. I do enjoy the cinema trips too."

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to maintain their independence and their privacy and dignity was respected.
- One person told us, "I have my independence here as much as I can do". Staff told us how they encouraged independence. A staff member told us, "If I am helping someone with a wash or brushing their teeth for example, I try and encourage them to do as much as they can for themselves. I then help with the things they can't do."
- Staff told us they had completed training in understanding dignity. One person told us, "Staff anticipate times when I might need help. I sometimes get stuck in a chair, staff see this and aid me. Or when they see me struggling with removing my jumper. Again, the staff will notice this and help me." A staff member told us

what they felt dignity meant to them. They said, "Dignity means respecting everyone's wishes and to always feel respected. Although they are here and we look after them, they are still people."

- We observed staff knocking on a person's door that needed support with personal care. They waited for a response before entering.
- Staff showed good understanding of maintaining people's privacy. One staff member told us, "I always make sure I am aware of people's privacy. For example, if it's time for someone's medication and they are in the dining room, I will discreetly explain to them that they need their medication, ask them if they would like to take it at the table or wherever they choose."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People received personalised care which met their needs and reflected their preferences. The registered manager was able to give us examples about how staff cared for people in a way which they wished to be. For example, 1 person wanted to be able to move more independently following a number of falls. They had received support to help improve their health and wellbeing and were now independently mobile.
- People expressed their wish to do things that enabled them to keep in touch with the community and life before moving into the care home. Some people were supported to visit local restaurants and meet up socially with friends as this is what they would have done when living in the local area.
- The staff knew people well and were able to describe their needs and how they wanted to be cared for. People and their relatives confirmed this explaining how they received personalised care. One relative told us, "[Relative needed some more cream to help sooth some irritation, staff saw to this and provided here with this within a couple of hours."
- People were supported to be dressed in accordance with their personal preferences. A relative told us, "Clothes returned smelling beautiful." Staff were attentive to their needs helping people to take a pride in their appearance. Hairdressers were able to attend Lydfords Care Home if needed but many enjoyed the short trip to the village for their regular hair appointments.
- Staff had created care plans which reflected people's individual needs, choices and how they should be cared for. These plans were regularly reviewed and updated. They were also starting to create some new additional plans which included information about people's lives before they moved to the service and their individual interests. These were designed to help staff to get to know more about people, and to ensure the service was well personalised.

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.

- People's communication needs were met and the provider was meeting the accessible information standard.
- Information about how people communicated and any barriers to this was recorded in their care plans.
- Information about the service was available in different formats for people who needed this.

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

- People were supported to develop relationships with each other through social activities. The registered manager put emphasis on ensuring where possible, people at the service carried on doing things they enjoyed before moving to the service. For example, a couple enjoyed eating at a particular restaurant locally and it was arranged for them to have lunch and meet up with friends. Another person, to help with their self esteem and confidence, wanted to be an advocate for the service and was supported to attend many community events in the local area. This included linking with a local school to view children's artwork for the jubilee, last summer. These established links between the service and the community were to continue.
- Visitors were welcome and able to spend time supporting people and joining in with activities. There were volunteers who worked alongside staff and they had good relationships with people. These volunteers brought in some newly hatched ducklings for the residents to enjoy. We observed people enjoying this interaction with nature close up.
- The provider employed staff who planned, organised and facilitated a range of leisure activities and social events. From visiting entertainers to regular group classes, such as quizzes and activities which we observed people enjoying. They also celebrated special events such as people's birthdays.
- People told us they had the support they needed and enjoyed the leisure and social activities at the service. Their comments included, "I enjoyed going to Battle for lunch on the bus, that was enjoyable. Another said, I enjoyed a talk by a policeman I think. We also had some singers in. That was good too."

#### End of life care and support

- People were supported to plan for their care at the end of life. Staff had worked closely with the palliative care team and other professionals to make sure people's needs were met when they were at the end of their life. Staff told us about how they would monitor people's pain and what to do if their condition deteriorated.
- Care plans included information about people's preferences for resuscitation, end of life care and for any arrangements after death. The provider had an end of life pathway and used a recommended summary plan for emergency care and treatment (ReSPECT) to record people's wishes.

#### Improving care quality in response to complaints or concerns

- The provider investigated and learnt from complaints.
- There was an appropriate system for dealing with complaints and concerns. People using the service and their relatives knew how to raise a concern and felt confident these would be dealt with. Their comments included, "I feel ok letting them know if I am not happy about something", "[Registered Manager] always listens and does her best to help resolve any issues. Another said, "I would feel comfortable making a complaint if I needed to."
- Records of complaints showed how these had been investigated and improvements had been made to the service following these.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

- There were systems in place to monitor quality and safety. The management team had weekly meetings to discuss the service and individual people. This helped them to have a good oversight of where improvements were needed. Monthly clinical governance meetings also took place along with residents and relative meetings. This gave people, their relatives and staff, a chance to contribute their ideas, helping to engage people in maintaining and improving care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive and person-centred culture. People using the service had good outcomes.
- One person was able to return home following a period of respite following after a hospital admission. After suffering a few set backs, they were supported to become healthier, more mobile and eating better. Eventually, after 5 months they were able to return home.
- Relatives and staff felt happy with the culture of the service. One relative said, "I see staff placing hands on people in such a caring way, its lovely to see."
- Staff told us they felt supported and they felt the service provided good care. Their comments included, "The residents are loved here" and "This is a nice place to work."

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

- The provider understood their responsibilities under duty of candour. They had reported incidents to CQC as required, had investigated adverse events and been open and transparent with stakeholders about these. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
- The registered manager was experienced and qualified. They worked closely with staff, leading by example. People spoke positively about the registered manager. Their comments included, "[Registered manager] is friendly and helpful. The home has allowed me to influence what goes on here. I speak on behalf of other residents too". Another said, "I get on very well with the manager – [she is] brilliant and very visible. Her door is always open."
- There were a range of policies and procedures including information about best practice guidance. Information from these was discussed with staff. There were regular meetings for the staff to help keep them informed about regulatory requirements.

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



- The provider engaged well with stakeholders. There were regular meetings for people living at the service, for relatives and for staff. These included discussions about things that may have gone wrong, planning for the future and what was working well.
  - The registered manager also invested a lot of time with staff, implementing a system whereby staff and residents could give an employee a card. This was an Appreciate and Celebrate Excellence (ACE) card. This was a chance to celebrate staff who went 'above and beyond'. This meant staff felt valued by the people they cared for as well as their peers.
  - The provider asked stakeholders to complete surveys about their experiences and the results of these were analysed to help develop improvement plans.
- Comments from people using the service and their relatives included, "We have regular meetings, and these are very useful." Another described "Senior staff had become more attentive and more aware of getting things 100% right."

#### Working in partnership with others

- The staff worked in partnership with others to help meet people's needs.
- People and relative's we spoke with told us the service had good relationships with outside professionals and were able to access them when required.
- Staff described positive working relationships with other agencies.