

Atlantis Medicare Limited

Lyndhurst Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

This was an unannounced inspection which took place on 09 June 2015. The service was last inspected on 23 September 2013 when we found it to be meeting all the regulations we reviewed.

Lyndhurst Residential Care Home provides accommodation for up to 33 people who have personal care needs, including those with dementia. There were 31 people living in the service on the day of our inspection.

The service had a registered manager in place at the time of our 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 2008 and associated Regulations about how the service is run.

Summary of findings

During this inspection we found some risk assessments were in place for people who used the service. However we found that not all necessary risk assessments were in place.

The service only had one environmental risk assessment in place and this was in relation to fire safety. No other risks within the service had been assessed.

People who used the service, staff members and relatives felt that there was not enough staff on duty during certain times of the day and sometimes people had to wait a long period of time before they received the support they needed. The registered manager did not undertake dependency level assessments to ensure adequate staffing levels.

Medicines were not always managed safely. **We have made a recommendation about the storage of controlled drugs.**

Infection control was not always managed safely. Staff did not always wear the correct Personal Protective Equipment (PPE) when entering the kitchen area. Communal toiletries were being used and dirty linen and clinical waste was placed in bags on the floor of a bathroom.

Fresh fruit and water/juice was not readily available for people who used the service and people who required support to eat their meals were not always supported in a timely manner.

The carpet in the main corridor was torn and uneven and posed a trip hazard for people who used the service, staff members and visitors.

People we spoke with told us they did not get the opportunity to look at a menu. This meant that people who used the service did not know what was on offer for their meal.

We noted there was a lack of appropriate signage for people with dementia throughout the service. This included a lack of pictorial signs to identify toilet and bathroom facilities as well as a lack of photographs or other identifying features on bedroom doors. **We have made a recommendation about dementia friendly environments.**

We did not see any evidence of dementia friendly resources, such as memory boards, sensory and tactile

items or adaptations in the communal lounges, corridors or bedrooms. **We have made a recommendation about resources being available for people with dementia or those that lack capacity.**

We found some health and safety concerns that could have been identified by the service if robust monitoring systems had been in place.

All the staff we spoke with told us they had received safeguarding training and were able to tell us what they would do if they had concerns about the safety of people who used the service.

The service had a whistleblowing policy in place which gave staff clear steps to follow should they need to whistle blow (report poor practice).

We found that people who used the service had a Personal Emergency Evacuation Plan (PEEP) in place in place to ensure they were safely evacuated in an emergency situation.

Communal areas provided a comfortable environment and were in keeping with the features and character of the building. The bedrooms that we looked at were clean, tidy and personalised.

Staff spoken with and records examined showed that an induction was completed when they commenced work at the service.

People who used the service told us they thought staff were trained and able to meet their needs.

Staff we spoke with told us they had received training in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Records we looked at showed that people who used the service had access to external health care. This included podiatrists, dentists, bladder and bowel services, dieticians, opticians and district nurses.

We observed interactions from care staff that were kind, patient and sensitive.

Records we looked at showed that two senior staff members had undertaken further training in end of life care. Staff we spoke with told us that this had improved the care people received.

Summary of findings

None of the people we spoke with who used the service had ever made a formal complaint but told us they felt confident enough to speak with staff and management if they had a problem or concern.

The religious needs of people who used the service were addressed with the offer of Holy Communion once per week for those people who were Catholic and a Church of England service the last Thursday in the month.

Most of the people we spoke with knew who the manager was and felt they had a very visible presence in the service.

We saw a range of policies, including safeguarding, whistleblowing, infection control, medicines management and recruitment.

Records we looked at showed that staff meetings were held on a monthly basis.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 not always safe. This was because the service did not have risk assessments in place for the environment.

Medicines were not always managed safely.

Staff did not always wear the correct personal protective equipment when entering the kitchen.

All the staff we spoke with had received training in safeguarding and knew how to respond if they had any concerns.

Requires improvement



Is the service effective?

The service was not always effective. This was because fresh fruit and water/juice was not readily available in communal areas for people who used the service.

People who used the service were not always supported to eat their meals in a timely manner.

The carpet in the main corridor was torn and uneven, posing a risk to people who used the service, staff members and visitors.

Training records we looked at showed that staff members had undertaken training in various areas such as first aid, food hygiene, dementia and moving and handling.

Requires improvement



Is the service caring?

The service was caring.

The service had a key worker system in place. Staff told us that this system helped them to get to know the three service users they were supporting and helped them to get to know the families.

People that we spoke with who used the service told us their privacy and dignity was always respected.

Records we looked at showed that two senior staff members had undertaken further training in end of life care.

Good



Is the service responsive?

The service was responsive.

The religious needs of people who used the service were addressed.

We found that complaints had been recorded, responded to, investigated and a detailed written response of the outcome was given.

Good



Summary of findings

Care plans were detailed and gave staff information on how people wanted to be supported and about their likes and dislikes.

Is the service well-led?

The service was not always well-led. This was because we found that the infection control audit that was in place was not sufficiently robust to identify any concerns or how they would be actioned.

We did not see that audits were in place for maintenance of the service or health and safety.

Most of the people we spoke with knew who the manager was and felt they had a very visible presence in the service.

Staff told us they had staff meetings on a regular basis and felt able to discuss any issues/ideas they may have.

Requires improvement



Lyndhurst Residential Care Home

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 checked 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 09 June 2015 and was unannounced.

The inspection team consisted of two adult social care 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 service.

Before our inspection we reviewed the information we held about the service including notifications the provider had made to us. This helped to inform us what areas we would focus on as part of our inspection. We had not requested the service to complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make.

We contacted the Local Authority safeguarding team, the local commissioning team and the local Healthwatch

organisation to obtain views about the service.

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The local commissioning team informed us they had undertaken a quality assurance inspection within the last 12 months. We were informed that a quality assurance inspection was undertaken by them on 28 October 2014. Issues they found included concerns regarding non-reporting of potential safeguarding incidents, medication management, suitability of staffing, staffing levels and stakeholder feedback. Following responses from the home regarding these issues, on 07 January 2015 the service was deemed as having addressed the issues and no further concerns have been raised with the local commissioning team since this time. We did not receive a response from Healthwatch or the Local Authority Safeguarding Team prior to our inspection.

We spoke with seven people who used the service and four relatives. We also spoke with eight staff members and the registered manager.

We looked at the care records for four people who used the service and the medication records for a number of people. We also looked at a range of records relating to how the service was managed, these included training records, quality assurance systems and policies and procedures.

Is the service safe?

Our findings

People who used the service told us they felt safe. Comments we received included “I feel safe enough, the atmosphere here makes me feel safe”, “Yes I feel safe, there is always someone about. I feel very safe at night” and “There is always someone around, I am not on my own”. However, one person we spoke with told us “I have no concerns really. Some of the staff are more heavy handed verbally and physically than others, some are more patient than others. On the whole it is a pleasant ship to be on”.

We looked at a number of care files and found risk assessments in place for falls, moving and handling and pressure sores and gave staff information on how to manage these risks. However, we saw no evidence that any other risk assessments were in place for people who used the service, for example people at risk of choking did not have a risk assessment in place.

We asked to see the risk assessments that were in place for the environment. We saw a fire risk assessment was in place but this was the only environmental risk assessment in place for the whole service. This meant that the service had not considered any risks the environment may pose to people who used the service, staff members and visitors such as health and safety, fall from heights, hazardous substances.

These matters were a breach of regulation 12 (1) and (2)(a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as risk assessments were not in place to ensure the health, safety and welfare of people who used the service and to ensure that care is provided in a safe way.

Not all the people we spoke with felt there was enough staff on duty, particularly at night. Comments we received included “No, not enough staff, sometimes I don’t know how they do their job, there is so much to do and not enough of them” and “I can wait up to an hour day or night”. Another person told us they used a urine bottle during the night as they were not able to mobilise independently to the toilet. They stated “If it is full [urine bottle] and they don’t come I have to do it in bed”.

One relative told us “If my [relative] needs two staff members one will arrive and say she will have to wait until another staff member is free”.

We spoke with staff members regarding staffing levels within the service. Comments we received included “If anyone calls in sick it can get really hectic”, “Dependency levels are high, residents have to wait a long time for assistance, we are meeting ourselves coming back” and “We struggle from 7am until 8am as there are only two staff on duty”.

Staff also told us that they did occasionally have time to spend with people but there were certain times of the day where staffing levels did not allow them time to spend with people who used the service.

We commenced our inspection at 07:30am. This meant the night staff were on duty as the day staff commenced at 08:00am. We commenced our inspection early as a result of intelligence we had received prior to our inspection regarding staffing levels. We observed there were two night staff on duty that were responsible for 31 service users, ten of whom staff told us required two people to assist them with personal care.

We spoke with the registered manager regarding staffing levels. They told us they were aware that there was inadequate staffing on duty from 7am until 8am and that they had arranged for a day staff member to commence duty from 7am. We checked the rota and this did not reflect what we had been told.

We looked at the rota’s covering a three week period. We looked at staffing levels and found that on most days five staff members were on duty between the hours of 8am and 6pm. These levels decreased from 6pm until 8pm where on all days there were four staff members and between 8pm and 10pm there were three staff members. All the rota’s we looked at confirmed that there were two members of staff on duty at night between the hours of 10pm and 8am.

The service also had three housekeepers and a cook covering each day of the week and an activities co-ordinator who worked Monday to Friday.

We requested to see dependency level assessments that had been completed to ensure the correct staffing numbers were in place. The registered manager informed us that they did not complete these assessments and therefore did not formally assess the amount of staff members required to adequately meet the needs of the people who used the service.

Is the service safe?

The registered manager told us they put as many staff on duty as possible, however they had two staff members on long-term sickness and two staff members on maternity leave. The service had therefore appointed a senior carer and a care staff who would be commencing employment at Lyndhurst Residential Home in the near future when the relevant checks had been undertaken. In the meantime staffing levels were insufficient.

These matters were a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as sufficient numbers of staff were not employed to meet the needs of people who used the service and staffing levels were not continuously reviewed.

We looked to see how people's medicines were managed within the service. Staff told us that the designated person responsible for medicine management was the registered manager. We saw that policies and procedures were in place for medicine management and these were readily accessible.

We were told that the senior care staff were responsible for the management and administration of all medicines. Training records we looked at showed that all senior care staff had received medicine management training in 2014. The registered manager completed medicines management training to keep their own knowledge up to date and check staff competency.

We saw the treatment room was kept locked and only the senior care staff had access to the keys for this room.

Records we looked at showed that the last recorded check of the fridge temperature had been undertaken on the 2 June 2015. We asked why this had not been checked since this time. The senior care staff informed us that the thermometer had broken on the 2 June 2015 and they had not yet received a replacement. We also found that temperature checks of the treatment room were not being undertaken. This meant the service was unaware if medicines were being stored at the recommended temperature.

We checked that medicines were being stored correctly. We found that medicine that required storage in a fridge was being stored in the medicine trolley. We advised a senior care staff member of this who informed us they would ensure that all this medicine was transferred to the fridge. Medication should be stored within recommended temperatures.

We checked to see that controlled drugs were safely managed. We looked at the record of controlled drugs held in the service. We found records relating to the administration of controlled drugs (medicines which are controlled under the Misuse of Drugs legislation) were signed by two staff members to confirm these drugs had been administered as prescribed; the practice of dual signatures is intended to protect people who use the service and staff from the risks associated with the misuse of certain medicines.

When we checked the stock of controlled drugs for people who used the service we found these corresponded with the records. We found that discontinued controlled drugs for one person who used the service had not been returned to the pharmacy and were continuing to be stored in the service. We also found that money was being kept in the controlled drug cupboard that belonged to a person who used the service. **We recommend that the service consults available best practice guidance in relation to the storage of controlled drugs.**

During our inspection we looked in a storage cupboard which staff used to place their belongings. There was a sign on the door stating 'Keep locked', however we found the key had been left in the door. We found a total of 56 paracetamol tablets were in this cupboard belonging to three people who used or had used the service. We spoke with the registered manager regarding this and why they were not being stored safely. They had not been aware that these had been left in this area.

Medicines were supplied to the service in a monitored dosage system (MDS). We noted all the Medication Administration Records (MAR) contained a photograph of the person for whom the medicines were prescribed; this should help ensure medicines were given to the right person.

We saw that creams that were to be applied were undertaken by care staff and they were responsible for signing the MAR sheet when they had done this. However, when we looked at the MAR for creams we found that not all had been signed for. This meant that the cream had either not been applied or staff had not signed to confirm it had been applied.

We saw that medication audits were being undertaken within the service. These audits looked at all aspects of

Is the service safe?

medication administration and reported on any findings and actions that had or were to be taken. The registered manager told us they regularly undertook observations and audits to ensure these were being managed safely.

We observed a medicine round at lunchtime. We noted that the senior care staff was wearing a white plastic apron, rather than the specific tabard the service had in place for when staff were undertaking medicine administration. We observed some good practice during the administration, such as explaining to the service user what tablets they were being asked to take and giving people time to take them. However on one occasion we noted the senior care staff handle one person's medicine with their bare hands prior to putting it in a medicine pot. This poses a risk of cross infection and some medicines can be absorbed through the skin.

These matters were a breach of regulation 12 (2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as medicines were not safely managed within the service.

Staff we spoke with told us they had received training in infection control and that they knew their responsibilities in this area.

We found the service had an infection control file and policy in place. Within the file there was information for staff including information on the management of diarrhoea and vomiting, needle sticks, sharps and hand hygiene practice.

On the morning of our inspection we checked the hot water in some of the toilets and found the water was cold. We discussed this with the registered manager who informed us that they were aware of this and were awaiting a plumber. We observed the plumber in the home during our inspection and found that this situation was addressed and hot water was available in the afternoon.

We saw that personal protective equipment (PPE) was available throughout the service and noted that staff members used the correct PPE when undertaking personal care. However, during the lunchtime period we observed staff entering the kitchen without the appropriate PPE, causing a risk of cross infection. We spoke with the registered manager regarding this and were informed that this was not usual practice and that this would be addressed with the staff.

During our inspection we noted that clinical waste, dirty laundry and linen were placed in coloured bags on the floor of an upstairs toilet. We also found a wheelchair, cushion and a commode were being stored in this toilet. We spoke with the registered manager regarding the risk of cross infection and were informed that they would address the situation.

We checked a number of bathrooms and shower rooms throughout the service. We found one shower room did not have paper towels or a waste bin. We found a bath hoist had a strap which contained stains of what looked to be bodily fluids that had not been cleaned off. We noted that in one bathroom there were toiletries left in there. Staff told us that these toiletries were used by several of the service users. Toiletries should be personal to each individual to demonstrate choice and help prevent any possible spread of infection.

One person who used the service had MRSA. We saw that the service had a policy in place for the management of MRSA which gave staff clear guidance on procedures to follow. We observed a sign on the person's bedroom door informing staff where to leave the persons personal clothing and that PPE was to be worn at all times. Staff we spoke with were aware of the precautions they needed to take when supporting this person.

We saw that the housekeeping staff had a cleaning schedule in place. This detailed how often areas were to be cleaned and checked, for example bedroom windows, moving furniture to deep clean and light fittings etc. We found this has been completed regularly and our observation of the service was that bedrooms and communal areas were clean.

The service had a policy in place in relation to Legionella. This was dated 2010 and showed no evidence of a review being undertaken.

We saw that water samples were sent to an external contractor on a regular basis and temperature checks of the water were being undertaken. However, we looked at the cleaning schedule and found that regular disinfectant of shower heads were not being undertaken to reduce the risk of legionella. We spoke with the registered manager regarding this who informed us they would ensure that the housekeepers do this regularly.

Is the service safe?

These matters were a breach of regulation 12 (2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Two staff members and four visitors that we spoke with told us they had never seen or heard anything that would have been a safeguarding concern.

All the staff we spoke with told us they had received safeguarding training and were able to tell us what they would do if they had concerns about the safety of people who used the service.

The service had a safeguarding policy in place dated July 2014. This gave staff clear examples of the types of abuse and signs that they needed to observe for and report on. We noted that the service did not have a copy of the local authority safeguarding adult's policy and discussed this with the registered manager. They informed us they would put this in place immediately as they were under the impression that one was already in the file for staff to read.

The service had a whistleblowing policy in place which gave staff clear steps to follow should they need to whistle blow (report poor practice). Within the policy the telephone number for the Care Quality Commission (CQC) was detailed. Staff we spoke with told us they were aware of the whistleblowing policy and knew what to do if they had any concerns. They told us they would approach the manager and felt confident to do so.

We saw various equipment was available throughout the service, including hoists, wheelchairs and walking aids. Mechanical hoists were inspected on a regular basis by an external company. The last dated inspection was in 2014 and it was deemed that all hoists were safe. However, we did not see any evidence that wheelchairs and walking aids were checked on a regular basis to ensure they were safe and appropriate for use.

We saw that all the electrical equipment had been serviced and checked within acceptable timescales. This included electrical installations and portable electrical equipment.

We saw that accident and incident forms were in place within the service. This also included body maps to show where people had been injured. We found these were reviewed by senior care staff and advice or actions were documented to show how these had been dealt with.

We looked at the recruitment process followed by the registered manager when recruiting new staff. We saw the

provider had a policy and procedure to guide them on the relevant information and checks to be gathered prior to new staff commencing; ensuring their suitability to work at the service. However we found this was out of date, referring to the criminal records bureau (CRB) instead of the disclosure and barring service (DBS). The policy stated two written references were required, however the application form stated that one of these must be from the most recent employer and therefore did not correlate with the policy.

We examined the files for five staff members. All five files examined had copies of applicant's identification as detailed in the service policy and procedure and two references, some of which were two character references. All the files we looked at had full copies of the DBS certificate in place. Services are no longer required to keep copies of these certificates; instead providers need to ask a person to see their certificate and to keep a record of the relevant details. We discussed this with the registered manager who informed us they would address this and remove the certificates.

We looked at all the records relating to fire safety. We found there was a risk assessment in place dated October 2012. The fire policy and emergency plan stated that staff must complete fire safety training at least once per year and records we looked at confirmed that all staff had received yearly training on fire safety. The service also had a contingency plan in place. This gave staff instructions on how to deal with emergency situations such as loss of gas, electricity and water supply, flood or extreme weather.

We found that people who used the service had a Personal Emergency Evacuation Plan (PEEP) in place. These detailed the person's mobility and how many staff would be required in manual handling. This should ensure that staff members know how to safely evacuate people who use the service in an emergency situation.

We saw that fire equipment, fire extinguishers and fire blankets, had been maintained on the 18 June 2014 where they were deemed safe and appropriate. Fire doors throughout the service were regularly checked to ensure they were safe.

We saw a weekly inspection of means of escape should have been undertaken, however we found this had not

Is the service safe?

been completed regularly. There was a record of a fire drill that had been undertaken, which also highlighted the staff that had been on duty. However this record had not been dated.

Is the service effective?

Our findings

People we spoke with told us they did not get the opportunity to look at a menu and therefore did not know what was on offer for their meals.

We saw a ring binder in the main reception area that contained four weekly menus. The menu showed that people who used the service had a choice of a main meal or soup at lunchtime and a snack or soup for the evening meal.

We spoke with the cook who told us they were aware of people's likes and dislikes in regards to food and they monitored food wastage as a way of checking if people who used the service were eating what was prepared.

We saw five staff members were serving lunch to twenty four people in the dining room. We observed that numerous staff members entered the kitchen at the same time, some without wearing personal protective equipment (PPE). We saw one staff member supporting a person to eat their lunch. The staff member left them at intervals throughout this process, to support someone else, resulting in it taking some time for the person to eat their meal.

Some people who used the service were given protective aprons to cover their clothing but this was some time after they had started their meal. We found that tables were not laid with all the necessary cutlery items, which resulted in staff going back into the kitchen to get cutlery. We spoke with the registered manager regarding these issues. They informed us that the cook had spoken to her regarding the above concerns and they would be addressing this with the staff. However, the registered manager told us they have improvement plans to make another doorway into the kitchen which would help prevent some of the issues identified.

On the day of our inspection we saw the food on offer was sausage casserole or soup and bread. We also looked at the choice for the evening meal and found this was also soup and bread or egg on toast. This meant that if people did not like the choice for lunch or was on a soft diet the only food available to them was soup for lunch and evening meal. We discussed this with the registered manager who informed us they had tried a variety of different ways of giving people choices at mealtimes.

However, they told us that if people requested an alternative hot meal this would be arranged. We saw no evidence that people had been given or offered any other alternative hot meal.

The registered manager told us that snacks and fruit were available throughout the day if people requested them. However, they were not readily accessible to people who used the service.

We checked food stocks in the kitchen and found a minimal amount of fruit available, namely five bananas' and one orange for 31 people and the next delivery was two days after our inspection. We spoke with the registered manager regarding this and were informed that should it be necessary, more items could be purchased until the delivery arrived.

We found the service had the Safer Food Better Business guidance in place and this was being used. There was a cleaning schedule in place for the kitchen which was fully completed and records of food temperatures were completed daily. We saw the service had received a four star rating during the last environmental health inspection.

All the bedrooms that we looked at had jugs of water/juice for people who used the service, However we did not see jugs of juice/water available in communal areas for people to help themselves to.

People we spoke with told us they did not get a drink of their choice when waking up in the morning. One person told us "I wake up between 4am and 6am and the first hot drink I would get would be at breakfast at 8am". We noted that hot drinks were made available at designated times throughout the day, however we did not see people asking for or being provided with drinks at any other times.

These matters were a breach of regulation 14 (4)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked around the home and found communal areas provided a comfortable environment and were in keeping with the features and character of the building. The bedrooms that we looked at were clean, tidy and personalised. We were told that everyone was able to personalise their room to their own tastes if they wished.

We saw that the carpet in the main corridor was torn, uneven and part of this was taped together. There was also an area near the lift where the carpet was raised. This

Is the service effective?

created a trip hazard for people who used the service, staff and visitors. During our inspection the expert by experience tripped on this carpet. We spoke with the registered manager regarding this and were informed that this would be replaced when the extension had been built. However, work on the extension had not commenced and therefore the risk would be present for some time.

We also found a number of bedroom doors throughout the service had two locks on. One was a normal key lock and the other was a star lock. The registered manager informed us that the star locks were no longer in use and no one had a key for these. However we noted that a star lock key had been left in the staff toilet door that was accessible to anyone and could pose a threat to the safety of people by being locked in their rooms.

These matters were a breach of regulation 12 (2)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as some equipment within the service was not safe.

We looked at how staff were supported to develop their knowledge and skills, particularly in relation to the specific needs of people living at Lyndhurst Care Home. We spoke with the service users, registered manager, care staff and examined training records.

People who used the service told us they thought staff were trained and able to meet their needs.

One relative told us “I have seen the staff undergoing training and I have been told by members of staff that they are going on training courses”.

Staff spoken with and records examined showed that an induction was completed when they commenced work at the service. One staff member said they had an induction when they started and had ‘shadowed’ experienced staff who had instructed them on what they needed to do. All staff spoken with told us they did not work independently until such time as they felt able to do so and were assessed as being competent.

The registered manager told us that all new staff members had to complete an induction and were subjected to a twelve week probationary period. They told us that people employed to work night’s would undertake their induction

for a two week period on days and that anyone who commenced employment who did not have their Diploma level 2 in Health and Social Care were enrolled on this as soon as possible.

Training records we looked at showed that staff members had undertaken training in various areas such as, first aid, food hygiene, dementia and moving and handling. We also noted that a number of staff had completed further training, such as end of life and Diploma’s level two and three in Health and Social Care. This showed the provider was committed to enhancing the knowledge and skills of people who worked in the service.

The service had a supervision policy in place. Records we looked at showed that staff received supervisions and the service also had group supervision meetings. The minutes of these showed that policies and procedures had been discussed during one of these meetings.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We spoke with the registered manager and deputy manager, and were shown records to indicate that 16 people were subject to a DoLS authorised by the supervisory body (local authority). All applications made were in regard to people who use the service not being able to freely leave the home and being under constant supervision and control.

Staff we spoke with told us they had received training in relation to the Mental Capacity Act 2005 (MCA) and DoLS. We saw policies and procedures were available to guide staff in areas of protection, such as safeguarding adults, Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS) and consent. Discussions with staff showed they all had an understanding of the responsibilities and what may be deemed as depriving someone of their liberty. Training records confirmed staff had undertaken the training.

Records we looked at showed that people had been assessed in relation to their capacity. These assessments had been undertaken by the relevant and appropriate people and had involved the person and their family.

We saw consent forms were in place in relation to photographs being taken. These had been signed by the service user or other appropriate person.

Is the service effective?

People who used the service told us they were supported with their health needs. Comments we received included; “An ambulance comes for me about every two weeks and takes me to hospital, a carer comes with me. If I need to see the doctor the home rings him for me straight away” and “[relative] is going to the podiatrist this afternoon, the home arranged that”.

Relatives we spoke with told us they were always kept informed about their relative. One person told us “They always phone me first, I take [relative] on all her appointments and if she needs a doctor they ring me so that I can be here when he comes”.

Records we looked at showed that people who used the service had access to external health care. This included podiatrists, dentists, bladder and bowel services, dieticians, opticians and district nurses.

One relative we spoke with told us they thought that the service needed better signage to assist people with dementia to orientate themselves to their surroundings.

We noted there was a lack of appropriate signage for people with dementia throughout the service. This included a lack of pictorial signs to identify toilet and bathroom facilities as well as a lack of photographs or other identifying features on bedroom doors. Walls and doors were painted the same colour throughout the building making it difficult for people with dementia to define different areas. The use of pictures and other visual aids can be helpful in promoting the independence and orientation of people with dementia related needs. **We recommend that the service explores the relevant guidance on how to make environments used by people with dementia more ‘dementia friendly’.**

Is the service caring?

Our findings

People we spoke with who used the service told us they were well cared for. Comments we received included; “All the staff are kind and very willing” and “All the staff are lovely, always ready to help”. However, one person told us “Not all of them are always kind. Sometimes things are too much trouble. I get comments like ‘I have something else to do you will have to wait’. They could say I am busy but I will come back later or when I can”.

One relative told us “My [relative] a few months ago displayed very challenging behaviour. The staff dealt with her with good humour, understanding and everlasting patience”.

We observed interactions from care staff that were kind, patient and sensitive. We observed one care staff speaking kindly and sensitively with a person they were supporting. Staff were knowledgeable about the people they were supporting and knew how people liked to be supported.

The service had a key worker system in place. Staff told us that this system helped them to get to know the three service users they were supporting and helped them to get to know the families.

People that we spoke with who used the service told us their privacy and dignity was always respected. One person told us “I share a room with my wife, whenever they are giving her a bed bath or helping her they always bring a screen in so she has her privacy”. Another person told us “They always knock on my door before coming in”.

We found a notice on the outside of one person’s bedroom door. Whilst this was in place to inform staff of the correct procedures to follow in regards to infection control, it was not dignified to have this in place on the door. We spoke with the registered manager regarding this and the sign was removed immediately.

Records we looked at showed that two senior staff members had undertaken further training in end of life care. Staff we spoke with told us that this had improved the care people received.

On the day of our inspection there was one person who used the service that was receiving end of life care. We looked at their care plan and found this detailed the person’s choices and wishes in the event of their death. This had been regularly reviewed and showed that the service was using best practice guidance for the care of people who were at the end of their life.

Relatives we spoke with told us they were always made to feel welcome in the service and they were always offered refreshments or a meal. They told us they were able to visit their relative day or night and could visit in private if they wished to.

The registered manager told us that one relative has their meals at the service three days per week and that relatives are invited to attend service user meetings and any activities that are being undertaken in the home or externally.

We saw that the service had information on advocacy located in the main entrance to the service.

Is the service responsive?

Our findings

One person we spoke with who used the service told us that a male staff member took him to the local shops or the park once per week, which he was grateful for as without this support he would not be able to access the community.

We saw a notice board in the entrance area of the service that detailed all the activities that were occurring throughout the week. These activities included armchair exercise, beauty therapy, quiz, bingo, sing-a-long, baking and name that tune.

The service had an activities co-ordinator who was on duty on the day of our inspection. They informed us that they raised money for the service by making lavender bags and knitted snow men and Easter bunnies that they could sell.

During our inspection we observed an armchair exercise to a music session taking place in the morning and a bingo session in the afternoon. We noted that both these activities were enjoyed by the female service users only. The activities co-ordinator told us that they found it difficult to engage the male service users in activities and told us that apart from a bit of one to one hand massage, they did very little with people who lived in the service who were less able or had dementia.

We did not see any evidence of dementia friendly resources, such as memory boards, sensory or tactile items or adaptations in the communal lounges, corridors or bedrooms. This lack of resources resulted in lost opportunities to stimulate, exercise or relieve the boredom for people who used the service. **We recommended that the service considers meaningful activities and resources are put in place to stimulate people with dementia or those who may lack capacity.**

The religious needs of people who used the service were addressed with the offer of Holy Communion once per week for those people who were Catholic and a Church of England service the last Thursday in the month. This meant the service was actively promoting involvement in pastoral activities to meet the needs of the service users.

None of the people we spoke with who used the service had ever made a formal complaint but told us they felt confident enough to speak with staff and management if they had a problem or concern.

One relative told us “I have had a few issues over the five years [relative] has been here. The manager deals with things very well, she doesn’t stand any messing”. Another relative told us that the manager always informed them of how any concerns/complaints had been resolved.

We observed the complaints procedure was placed in the main entrance area and accessible. We found that complaints had been recorded, responded to, investigated and a detailed written response of the outcome was given.

Staff told us there was a verbal handover given at the start of each morning shift.

We found there was a handover book in place which included things that staff members needed to be aware of or things they needed to follow up.

We looked at the daily records for some of the people who used the service. We found these to be basic and did not include what people had done throughout the day or the support and interactions they had received.

Records we looked at showed that prior to people being admitted to Lyndhurst Residential Home a pre-admission assessment was undertaken. This ensured the service was able to meet the person’s needs prior to them moving into the service.

All the people we spoke with told us they had not had any involvement in their care plans. However, one person told us “I discuss with the senior how I wish to be cared for. If I had a problem I would take it up with her”.

One relative told us “Every six months or when needed we have a care plan review”.

Staff told us they were involved in developing care plans and were aware of where to find relevant information about people.

We saw that care files included a photograph of the person on the front cover and a detailed ‘my life’ section. This included information about the person’s life history and information about what was important to them and how they wished to be supported. This information was given either by the person or their family member and should ensure people were treated as individuals.

Care plans were detailed and gave staff information on how people wanted to be supported and about their likes and dislikes. We found that some care plans had been reviewed and had been updated or changed to reflect this. However,

Is the service responsive?

we found some care plans showed no evidence of a review taking place and some had not been dated. The registered manager told us that senior care staff were responsible for the reviewing of care plans and they would discuss these issues with them.

Is the service well-led?

Our findings

The home had a manager who registered with the Commission on 8 November 2010. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We were given the quality auditing file that was in place in the service. This showed that audits were being undertaken in various areas including, care plans, activities, equality and diversity and privacy and dignity. However, we found that the infection control audit that was in place was not sufficiently robust to identify any concerns or how they would be actioned. We also saw a monthly kitchen checklist was in place but noted this had not been completed. We did not see that audits were in place for maintenance of the service or health and safety. We found some health and safety concerns which are identified in the safe section of this report that could have been identified by the service if robust monitoring systems had been in place.

These matters were a breach of regulation 17 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 .

Most of the people we spoke with knew who the manager was and they felt they had a very visible presence in the service.

Relatives and staff we spoke with told us that the manager was approachable and "firm but fair". They told us they felt they were listened to and their concerns were taken seriously and acted upon and that they were confident to leave their relatives in their care. One person told us they were going on holiday and worried that their relative would miss them. They told us the registered manager reassured them and said they would speak with their relative every day to tell them they were on holiday and would be back soon.

We noted that the registered manager spent time in communal areas of the service and made themselves

available to both people who used the service and staff, as well as visitors who were in the service. The registered manager knew the names of all the people who used the service and was able to speak in detail about their needs.

The registered manager was aware of and had sent prompt notifications to the Care Quality Commission and other organisations if required.

We asked the registered manager how they focussed on improvements and if they had made any changes within the service. The registered manager gave us an example of how they continuously improved the bedrooms within the service and that was done as soon as a bedroom became available. We were also informed that the provider had planned to extend the service in the near future.

A comprehensive set of policies were available for staff to use. We saw that policies and procedures were discussed during group supervision sessions and were accessible to staff at all times. We saw a range of policies, including safeguarding, whistleblowing, infection control, medicines management and recruitment.

Staff told us they had staff meetings on a regular basis and felt able to discuss any issues/ideas they may have.

Records we looked at showed that staff meetings were held on a monthly basis. These meetings included discussions about care practice and detailed any actions that needed to be addressed and by whom.

We saw that the service sent out surveys to service users, relatives and professional visitors in order to gain feedback on the service provided at Lyndhurst Residential Care Home. This showed the service actively looked for ways of improving the service.

We saw that a service user meeting had taken place on the 27 May 2015. Minutes of these meetings were available in the main entrance area of the service and accessible to everyone and showed people had a say on how the service was run.

We saw a collection of thank you cards and letters that the service had received from relatives. These reflected the kindness and compassion that care staff had shown their relatives during their time at Lyndhurst Residential Care Home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>People who used the service were not receiving care and treatment that was provided in a safe way. Regulation 12 (1).</p> <p>The registered person did not assess the risks to the health and safety of people who used the service. Regulation 12 (2)(a).</p> <p>The registered person did not do all that was reasonably practicable to mitigate any risks. Regulation 12 (2)(b).</p> <p>The registered person did not ensure that the premises were safe to use for their intended purpose and used in a safe way. Regulation 12 (2)(d).</p> <p>The registered person did not ensure the proper and safe management of medicines. Regulation 12 (2)(g).</p> <p>The registered person did not assess the risk of, and preventing, detecting and controlling the spread of, infections. Regulation 12 (2)(h).</p> |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | <p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>Sufficient numbers of suitably qualified, competent, skilled and experienced persons were not employed.</p> |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | <p>Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs</p> <p>Suitable and nutritious food and hydration which is adequate to sustain life and good health was not always readily available.</p> |

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems or processes did not enable the registered person to assess, monitor and improve the quality and safety of the service provided.