

Rotherwood Healthcare (Lynhales Hall) Limited

Lynhales Hall Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Lynhales Hall Nursing Home is divided into two units. The 'main house' provides accommodation for up to 53 people aged 65 and over. The 'John Sperry Unit' is a modern ground floor extension to the main building, which provides nursing care for up to 20 people living with dementia. At the time of the inspection there were 50 people living at the home.

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

People were supported by staff who did not always have guidance about how to meet people's needs and support them as an individual available. The management team were working on a plan to improve how guidance was recorded and updated to ensure people's needs were met. People had interesting things to do and had access to the community. Complaints were investigated, and outcomes agreed, and improvements made when needed.

The provider had not always ensured improvements to the quality of the care provided were completed in a timely way. The registered manager and her management team were open and approachable. The new registered manager had improved the culture at the home and was taking positive actions to benefit people living at the home. The registered manager worked on promoting community links to improve people's well-being.

People were cared for by staff who knew how to keep them safe and protect them from avoidable harm. Sufficient knowledgeable staff were available to meet people's needs. People received their medicines regularly and systems were in place for the safe management and supply of medicines. Incidents and accidents were investigated, and actions were taken to prevent recurrence. The premises were free from odour, and staff followed infection control and prevention procedures.

People's needs were assessed, and care was planned and delivered to meet legislation and good practice guidance. Care was delivered by staff who were well trained and knowledgeable about people's needs and wishes. People enjoyed the meal time experience. 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.

People were cared for by staff who were caring. The atmosphere within the home was friendly and welcoming and staff were considerate towards people they cared for. People and their relatives felt involved and supported in decision making. People's privacy was respected, and their dignity maintained.

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

Rating at last inspection

The last rating for this service was requires improvement (published 23 November 2018).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations. Although we found improvements had been made, some of these were ongoing or needed to be fully embedded into the service. The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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?

Requires Improvement ●

The service was not always responsive.
Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.
Details are in our well-Led findings below.

Lynhales Hall Nursing 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 Care Act 2014.

Inspection team

The inspection team consisted of an inspector, a Specialist Adviser and an Expert by Experience. The Specialist Advisor was a specialist in nursing. 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

Lynhales Hall Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with 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. We used all this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with six people who used the service and seven relatives about their experience of the care provided. We spoke with 13 members of staff including the operations manager, quality manager, clinical lead, hospitality manager, senior care workers, care workers, domestics and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with two professionals who regularly visit the service.

We reviewed a range of records. This included eight people's care records and multiple medication records. We also reviewed a variety of records relating to the management and quality of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with the registered manager and reviewed additional evidence she sent.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives said people were safe. One person told us if they needed help staff came quickly.
- Staff had a good understanding about protecting people from abuse. They had up to date training and understood who to report concerns to. Staff were confident to take appropriate action.
- We saw examples where safeguarding incidents had been reported and these were actioned appropriately.

Assessing risk, safety monitoring and management

- People said staff supported them to remain safe. One relative explained that staff managed their family member's risks well.
- Risks were assessed and reviewed when required. Guidance for staff on managing people's risks was not always clear and person-centred. However, regular staff knew people and their risks well and agency staff explained they had a good handover and staff shared with them how to manage people's risks to mitigate them.

Staffing and recruitment

- People said there were enough staff when they needed them. Some relatives told us more staff were needed, whereas others said there were sufficient staff but a lot were agency staff who did not always know their family member well.
- Staff told us there were enough staff and the registered manager would arrange cover if needed from agency staff familiar with people living at the home when possible. We spoke with three agency staff who had worked at the home before. They all said there were usually enough staff on duty to keep people safe.
- The operation manager explained that staffing levels were kept under regular review to ensure there were enough staff to meet people's needs. They explained there were issues recruiting staff and there was an on-going recruitment campaign to fill vacancies. They told us regular agency staff were used where possible to ensure they had sufficient staff.
- Staff we spoke with told us they had provided references and there were checks in place to ensure they were suitable to be employed at the service. We saw this practice was reflected in staff files.

Using medicines safely

- Staff administered medicines in a safe way, following appropriate guidance, and using an effective system to ensure people had their medicines as prescribed. Staff were trained and there were regular checks to ensure they followed safe practice. There was safe storage and disposal of medicines at the home.

- Where people were prescribed as and when medicines there were protocols in place to ensure staff followed consistent guidance.

Preventing and controlling infection

- Measures were in place to control and prevent the spread of infection. Staff completed training and were knowledgeable about the requirements. We observed staff using personal, protective clothing and equipment safely.
- There were cleaning schedules in place to ensure staff followed best practice.

Learning lessons when things go wrong

- When there were accidents and incidents these were reviewed by the management team to look at trends and any learning from the incident. For example, the operations manager was working with the registered manager to ensure incidents were reviewed and any updates on care plan documentation were completed to ensure staff were aware.
- Staff knew how to report accidents and incidents and told us they received feedback about any changes made as a result.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- Assessments were completed prior to people arriving at the service and these were used to inform people's care planning.
- Staff used nationally-recognised tools to assess risks of pressure ulcers, nutritional risk and falls risks. Care interventions, such as fluid records to prevent dehydration, were completed consistently.
- We saw information on best practice guidance was available for staff.

Staff support: induction, training, skills and experience

- People and their relatives said most staff were skilled and competent.
- Staff told us they had completed training when they first started their role. They were supported by experienced staff who shared best practice knowledge. They said the management team completed competency checks so they were confident they were completing their role effectively.
- Staff said they were supported with all the training they needed to ensure they could meet people's needs. One member of staff explained they had dementia training which had really improved their practice when supporting people at the home.
- Ongoing training updates were arranged for staff, and staff said they were encouraged to further develop their knowledge and skills through vocational training.

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

- People said the food was good. People were offered choices with their meals and if people wanted something different they could just ask. One relative told us the chef always cooked bespoke food for one person because this was what they liked. Other relatives said the food could be improved. We saw the hospitalities manager had arranged a tasting event for people and relatives to try new ideas for the menu.
- When people needed support with their meal this was provided in a dignified and respectful way.
- People were offered drinks and snacks through the day and enjoyed their meal time experience.
- There was a good system in place to provide food that was suitable for people with specific nutritional needs. This information was clear for staff to ensure people were not at risk of eating food that was not suitable for them. These were monitored and regularly reviewed by the management team.

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

- People could access healthcare services when they needed.

- The clinical lead had established strong links with health professionals such as the GP and mental health team. We spoke with a community psychiatric nurse who regularly visited the home and they were confident staff supported people well and appropriate guidance was sought and followed as needed. We saw appropriate referrals were made to support people with their health needs.

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

- In the John Sperry unit the environment was designed and adapted to meet people's needs. There were plans to improve some areas such as the garden to improve stimulation and accessibility. There were adaptations to support people's needs such as clear signage to identify key areas for people living with dementia.
- In the main house there was a lack of signage and design adapted for people living with dementia. The registered manager had worked with Herefordshire's Focus on Dementia network supported by Alzheimer's Society to review the home and had identified the main house needed improving. The registered manager was working with the provider to arrange these improvements.

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 Act 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff consistently obtained consent for people's care and support. All the staff we spoke with had a good understanding of the principles of the MCA and people were supported wherever possible to make their own decisions.
- Where people needed support with decisions this was recorded in their care records with clear decision specific assessments and decisions made in people's best interests.
- DoLS applications had been made when required. Any conditions associated with their DoLS authorisation had been met.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People told us staff were kind and caring.
- Relatives said staff were usually considerate and knew their family member well. They said there had been improvements recently with more consistent staff. One relative explained how their family member had received a recognition award from the registered manager who had made an event of the presentation. The family member really appreciated this gesture.
- We saw examples of staff being kind and caring throughout the inspection. Staff were quick to identify when people needed extra support and provide what they needed.
- We saw staff demonstrated sensitivity and consideration about issues around equality, diversity and human rights. Staff were patient when people were struggling with their understanding and offered reassurance that was individual to the person. We saw people really enjoyed the company of staff and staff took the time to talk to people throughout the day.

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

- Staff asked people what they wanted to do and offered choices to meet people's needs. One member of staff spent time reassuring one person and we saw this person became more relaxed because of the support provided.
- The management team were encouraging people and their families to attend meetings to feedback about the quality of the service and suggest improvements. People and their families were asked to complete questionnaires regularly and the feedback was generally positive.
- Relatives told us they felt involved in the care of their family member and were kept included and updated by staff and the management team. One relative told us how they had been contacted when their family member had an accident and action had been taken to mitigate the risk.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their dignity and encouraged to be independent where possible.
- We saw staff were careful to close doors when supporting people in their own rooms and knocked on people's doors before entering and ensured people's dignity was maintained when supporting people to mobilise.
- Staff were respectful of people's needs, for example making sure they were at the same level as people when they spoke with them.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

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

- People were at potential risk of staff not being aware of their needs. For example, we found one person had a medical condition that needed clinical support, and this had been updated yet this was not consistently recorded in the care plan for this person. Staff and the clinical team were aware of this condition, and agency staff had the information handed over to them. We saw the information was recorded on the handover sheet for all staff.
- People's care records were not consistently clear and up to date. We found examples where key information was not followed through from assessment to ensure staff were guided with how to provide support. For example, one person had a medical condition that had been identified at assessment but was not included in the care planning. However, this information was included on the handover sheet.
- Guidance had not always been updated over time with person-centred detail about the individual, for example, identifying when a person is in pain. This was specifically important at this home because of the number of agency staff supporting people which meant people were at potential risk of staff not being aware of their needs.
- We found some care plans were confusing because of the volume of information included within them. For example, we found several versions of the same care plan which was confusing to understand which to follow.
- The management team were aware there were shortfalls in their care planning documents and had started reviewing and updating these. However, this process had not been completed at the time of the inspection. The systems in place to keep records up to date was not effective because the lack of permanent staff. The management team had new staff starting so they were confident this would improve.
- Permanent staff were knowledgeable about the people they supported and shared the information with agency staff. We saw there were thorough handovers completed when staff changed shifts. We spoke with agency staff and they explained they had been at the home before and were provided with all the information they needed.
- People's care records provided information about their life history, cultural and spiritual needs and activities they enjoyed.
- Relative's told us people had personalised support and they were kept up to date with what was happening with their family member.

End of life care and support

- Staff were skilled to supported people with end of life care when this was needed. They were knowledgeable about how to respect people's needs and wishes.
- The management team were aware the views of people and their families were not always fully captured

in staff guidance and had included these in the review of all care planning documents.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The management team were aware of the Accessible Information Standard and told us of ways in which they were meeting the standards. For example, they provided information to people in different formats when needed.
- Staff knew how to communicate with people to understand their wishes and when people were less able to communicate verbally. Permanent staff supported agency staff to understand people's complex communication needs.

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 said they had things to do. Relatives said their family members had some interesting things to do. For example, visits out to areas of interest, shopping and group activities at the home such as arts and crafts.
- There was an activity program advertised around the home, with events planned regularly which people told us they enjoyed participating in. People also went out on day excursions and events were planned at the home for special occasions where everyone could attend if they wanted to.
- We saw activities staff knew people well and provided very personalised support for people and adapted plans to meet people's needs. People responded very positively to activity staff intervention and we saw they visibly relaxed with them.
- There was dementia massage provided by a skilled professional, available for people when arranged by their families. We saw people really enjoyed this treatment and the professional knew people really well.
- The registered manager was working with care staff to improve their interactions with people living with dementia.

Improving care quality in response to complaints or concerns

- People and relatives said they could complain if they needed to. One relative explained they had contacted the provider when they were not happy with a particular issue. There had been difficulties at the home which the new registered manager was addressing.
- We saw where complaints were made, these were investigated, and the complaints policy followed by the registered manager. The registered manager reviewed complaints with the provider to ensure continuous improvement in the service.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider's governance systems and processes were not as effective as they needed to be. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, we did identify further improvement was needed to establish quality care. This was the service's fifth successive overall rating of 'requires improvement', and the provider's quality assurance had not sufficiently established the improvements to address the shortfalls in quality we identified during our inspection visits.

- At our last inspection improvement was needed with how care records were completed. At this inspection care planning documents to guide staff had improved overall yet there were examples where records were not always complete, up to date or specific to the individual. With the high level of agency use this needed to be a priority to ensure people received consistent care. The management team were aware of the shortfalls and had completed some elements of the updates. The provider had not ensured the resources were in place to complete this improvement in a timely way.
- The local authority had raised similar concerns at their inspection in June 2019. Although the management team had not received the report until September 2019, feedback about the areas for improvement had been shared. During the inspection we found examples of key information not included and care plans continued to be confusing with misleading information. Although this was partially mitigated by an effective handover system.
- The management team had started reviewing people's oral care and had completed the recommended assessments. However, these needed to be incorporated into care plans to ensure they were reviewed and updated.
- The management team completed regular audits and checks to monitor the quality of the care provided. The operations manager was implementing a system to ensure improvements were completed and monitored regularly.
- The management team and staff were clear about their responsibilities and the leadership structure. The operations manager regularly visited the home and was accessible to staff. Staff were confident that the

management team would listen and support them when they needed it.

- The registered manager was clear about their responsibilities for reporting to the CQC and regulatory requirements. Risks were identified and escalated where necessary.

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 had systems in place to ensure they completed their legal responsibility. The registered manager understood they needed to be open and honest and contact families when mistakes happened. We saw examples where the registered manager had completed this.

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

- People and relatives said staff knew them well and treated them as individuals. We heard about and saw examples of person-centred care from staff and the management team.
- Relatives explained they were establishing confidence in the registered manager. They said the registered manager was approachable and would listen and had made improvements where possible.
- All the staff we spoke with said the registered manager had created an open and positive culture at the home. Staff said the registered manager listened to their feedback and ideas, and put the people living at the home at the heart of everything they did.
- The registered manager had worked with lead staff to identify potential in staff and had encouraged staff to develop and take on new roles.
- The management team acknowledged the high use of agency, and explained they had reviewed staff terms and conditions and were running a recruitment campaign to attract new staff to the home.

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

- People and their relatives were encouraged to contribute their views on an ongoing basis through conversations with the management team. We saw when feedback had been gathered action was taken to address areas of improvement. For example, inviting people and their families to taste the new menu to ensure their ideas were considered.

Continuous learning and improving care

- The operations manager was working with the management team to drive through improvements. There had been a period of change related to staff and management and the management team were now establishing and completing improvements to ensure they were embedded.
- The registered manager had an action plan which included the identified improvements to ensure they were completed.
- We found accidents and incidents were regularly reviewed and learning used to inform future plans.
- The provider held regular meetings with managers across their services to share best practice and update on service developments and health and safety alerts.

Working in partnership with others

- The management team had established strong links with the community and health professionals to support people living at the home.
- The new manager had set up a local Focus on Dementia Network supported by Alzheimer's Society and they have completed a 'Dementia Friendly Audit' at the service to establish where improvements could be made.

