

Lynden Hill Clinics Limited

Lynden Hill Clinic

Inspection report

Linden Hill Lane
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Reading
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Date of inspection visit:
07 November 2018

Date of publication:
18 December 2018

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 7 November 2018 and was unannounced.

Lynden Hill Clinic is a care home with nursing. It is registered to provide a service for up to 28 people and provides respite, rehabilitation, therapies and nursing care. At the time of our inspection 13 people were receiving personal care, nursing and complimentary therapies provided by the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the overall rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were safeguarded from the risk of abuse. Potential risks to people had been assessed and managed to help them to stay safe. There were sufficient staff to provide people with their care safely. People received their medicines as required, from trained and competent staff. Staff ensured people were protected from the risk of acquiring an infection during the provision of their care. Processes were in place to ensure any incidents were reflected upon and relevant changes made for people's future safety.

People were cared for by staff who had received appropriate training, support and supervision in their role. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People were supported to eat and drink sufficiently for their needs. Staff supported people to see a range of healthcare professionals in order to maintain good health and wellbeing.

People consistently reported they were treated in a caring and kind manner by staff. People were supported by staff to express their views and to be involved in decisions about their care. Staff ensured people's privacy and dignity were upheld and independence promoted during the provision of their personal care. People's human rights were respected and supported.

People received personalised care which was responsive to their needs. People's concerns and complaints were encouraged, listened to and relevant action taken in line with the providers policy and procedures. The provider did not offer end of life care so we could not inspect this area.

The provider had effective governance processes in place. People and staff were encouraged to be actively involved in the development and continuous improvement of the home. The provider had robust quality assurance systems which operated across all levels of the service. Staff had worked effectively in partnership with other agencies such as GPs, pharmacies and therapists to promote positive outcomes for people.

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 remained Good.

Is the service effective?

Good ●

The service has improved to Good.

People received assessments and care plans were created from this to ensure care was individualised and person centred.

Staff received training and ongoing support in their role.

People had access to healthcare services as required.

Staff worked in partnership with other services to help ensure people received effective care.

Staff respected people's legal rights and freedoms.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good.

Lynden Hill Clinic

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 November 2018 and was unannounced. The inspection was completed by two adult social care inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

During the inspection, we spoke with three people about their experience of the care provided. We spoke with the registered manager, a registered nurse, two physiotherapists and the site supervisor.

We reviewed records that included four people's care plans, four staff recruitment and supervision records, and records relating to the management of the service. We observed care being delivered during mealtimes, when people were arriving for their visit and throughout the day.

Is the service safe?

Our findings

People we spoke with consistently told us they felt safe with the care provided. One person told us, "I feel safe, they look after me beautifully."

Policies, procedures and staff training were in place to protect people from risks including avoidable harm and abuse. Staff knew about the types of abuse and what signs to look for, and how to report concerns should they need to. Staff were confident they would be able to raise any concerns, which would be handled effectively by the registered manager. One staff member told us, "If I saw someone verbally abused I would go straight to the (registered manager) or nurse if manager not available."

Risks to people in relation to their personal care, health, mobility and risk of falls had been assessed with them, and people had risk assessments in place. Where risks had been identified, measures were in place to minimise them, such as through the use of walking aids, falls mats and alarms for people to be able to summon staff assistance 24 hours a day if needed.

There were sufficient staff to support people safely. Staff told us their workload was manageable, and that they could carry out their duties in a timely manner. The provider carried out the necessary pre-employment checks before staff started work at the service and had carried out a thorough recruitment process.

Arrangements were in place to receive, record, store and administer medicines safely and securely. People's medicines were administered by staff who had undertaken the relevant training to enable them to do so safely. Staff's competency to administer people's medicines had been assessed regularly to ensure continuity of knowledge and skills.

All staff had completed infection control training and staff who worked preparing, cooking and serving food had completed food hygiene training which they were required to update regularly. There was personal protective equipment (PPE) such as gloves and aprons available to staff. Staff told us there were plentiful supplies of PPE which they wore. Staff's adherence to the infection control guidance was monitored during 'spot checks' of their practice. Processes were in place to ensure people were protected from the risk of acquiring an infection.

There was guidance for staff with regards to reporting incidents and accidents. We saw actions had been taken for people following incidents. People's care records were updated in consultation with them, following any incidents and the information and any learning was shared with staff in team meetings and supervisions. Processes were in place to ensure any incidents were reflected upon and relevant changes made to avoid where possible any reoccurrence.

Is the service effective?

Our findings

People and staff told us that they received care and support that met their needs and that choices were given to them about the care they received. One person told us, "The staff always ask me what I would like or if I need anything, they are all lovely." One staff member told us, "We continuously assess for changing needs, if things change we adapt people's therapy (physiotherapy) to meet this."

At our previous inspection on 14 and 15 April 2016 we rated this domain as Requires Improvement. This was due to lack of training for staff on The Mental Capacity Act (MCA). At this inspection we found that staff had completed training in MCA and therefore met the criteria for a rating of Good.

Assessments were carried out prior to people commencing care. The person's needs were identified with their input and a person-centred care plan created, which was reviewed if needed during their stay. Due to people staying at Lynden Hill Clinic in the short-term reviews were not always necessary. Care plans included information on any healthcare concerns, risk assessments for example, regarding risk of falls. Care plans also contained information regarding people's medicines.

New staff undertook an induction programme. Training consisted partly face to face training and partly learning through DVD's as well as shadowing other staff members. The training was mapped to the Care Certificate standards. The Care Certificate is the industry standard which staff working in adult social care need to meet before they can safely work unsupervised. Staff had refresher training yearly to ensure their knowledge was kept up to date and their competence was assessed regularly and discussed in supervisions.

People were complimentary about the food and drink at the service. The menus offered choice and variety. People were offered one to one support with meals if this was required, at the time of inspection no one required support at mealtimes. During the inspection we observed there were snacks available for people between meals. Staff spent time ensuring people had sufficient food and fluid intake throughout the day by encouraging people and offering choice. People were individually catered for should they have a specific requirement with regards to the food, for example; the registered manager told us that they regularly prepared kosher food due to a person's religious beliefs. The registered manager ensured that kosher food was ordered in prior to a person arriving. This showed people's diversity and human rights were respected.

The registered manager told us of how the service due to its multi-disciplinary team were rarely required to be involved in helping people to access other healthcare services. The service offered nursing, physiotherapy and hydrotherapy. The area manager did tell us should a person require a GP that this was arranged.

The provider was in the process of making improvements to the home. All rooms had ensuite bathrooms and there was enough space for people to use walking aids if needed. Rooms were not individualised due to people staying short term. There was a designated part of the building for physiotherapy and hydrotherapy and relevant adaptations had been made for this, for example therapy beds, screens and non slip floors.

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 were asked to sign their consent to the care provided, which records confirmed. The registered manager told us all of the people they provided care for had the capacity to consent to their care, this was assessed prior to a person's stay at Lynden Hill Clinic. The clinic did not accept people who lacked capacity. Therefore, they had not needed to assess anybody's capacity to consent to the delivery of their care. Staff were trained in MCA should this become relevant.

Is the service caring?

Our findings

People and staff were consistently positive about the quality of care in the service. One person told us, "They are wonderful here, I couldn't ask for any more, I keep coming back." One staff member told us, "I wouldn't hesitate to have one of my family members here."

People were treated with kindness and compassion. We noted that people appeared relaxed and we observed positive interactions between people and staff throughout the inspection. Staff acknowledged people and engaged in conversation with them as they moved about the different areas of the service. Staff were warm and respectful when speaking with people. Staff explained what they were doing and why. For example, during physiotherapy sessions the staff member informed people of what they were doing next and explained the benefits of this. Staff worked at the pace of the individual and did not rush people.

People told us they were involved in their care planning, and had their independence and wishes respected in the process. There was evidence of this in people's care records. Where staff noticed people's needs or preferences had changed, this was fed back to the registered manager, who made the necessary changes in the care plan.

People's privacy and dignity were respected. We observed staff knock on doors before entering a person's room. Staff described how they maintained privacy and dignity when offering personal care or during therapy sessions by ensuring people were covered appropriately and doors were closed. All rooms had ensuite bathrooms which helped support people's privacy and dignity.

People's preferences were respected. The registered manager told us that at times a person has specifically requested a certain sex of staff to carry out their care or when having therapy treatments. We were told of a person that for cultural beliefs did not want the opposite sex to see them partially clothed. It was arranged that while having a hydrotherapy session there was no one in the therapy room of the opposite sex. The service met the needs and wishes of this person's beliefs and culture.

People were provided with information in their preferred way. For example, we were told of a person who could not read with ease. They were given their physiotherapy programme in picture form with arrows showing how the person was to move. Another example was of a person who found English difficult to understand, there were several staff who spoke their language and they cared for this person to allow maximum communication and engagement during their stay.

Is the service responsive?

Our findings

People and staff told us the service was responsive to people's needs. One person told us, "If my needs or wants change they are very good at making changes fast." One staff member told us, "we are flexible with therapy times and choices, if people want to change times or have an extra physiotherapy session rather than hydrotherapy then we arrange this." People were clear about the pathway they had to follow for any issues to be resolved with regards to concerns or complaints.

People's choices and preferences were documented in their care plans such as, their food preferences, and which therapies they would like. The care staff we spoke with were extremely knowledgeable about the people they were caring for. The records we looked at were person centred and people's individual needs were being met.

People were provided with opportunities to access interests and hobbies such as a library and to play bridge. Due to the service being for short term stay and mainly for respite and rehabilitation most activities were therapies. People could access physiotherapy and hydrotherapy daily, individual programmes for people were created. People could also access complementary therapies such as massage, acupuncture and aromatherapy. There was also a hairdresser and beauty therapist should people wish to have these treatments.

People had been provided with information about how to make a complaint and how any complaints would be addressed. People were able to make complaints in writing or had the opportunity to drop in and speak with the registered manager about any issues. People spoken with knew how to make a complaint and felt confident that any concerns they expressed would be addressed in the right way. Staff understood their role if they received any complaints. We looked at the complaints received, these had been properly investigated and relevant action taken in line with the provider's complaints policy.

Due to the home being for respite and rehabilitation there were no people accessing the service that required end of life care.

Is the service well-led?

Our findings

People and staff consistently stated that the service was well led. One person told us, "The service is very well managed, they sort anything out for you and it is well run." One staff member told us, "[registered managers name's] door is always open, she is very supportive, I can go to her with anything."

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.

The provider had a clear vision to provide a good standard of care and support based on the aims and objectives of the service such as; To deliver a service of the highest quality that will improve and sustain the patient's overall quality of life. To ensure that the Care Service is delivered flexibly, attentively and in a non-discriminatory fashion while respecting each patient's right to independence, privacy, dignity, fulfilment, and the rights to make informed choices. When we spoke with staff it was evident they worked within the provider's values.

There was a clear governance framework in place, and individual responsibilities were clear and understood. The registered manager was supported by a clinical sister, a matron, registered nurses and care staff.

People and staff were engaged with the service in a variety of ways. People were asked to complete questionnaires to gather feedback on the service and identify areas for improvement. The registered manager also had a section on these forms to log actions taken such as changes in meal choice.

Regular staff meetings and supervisions were held to gather feedback from staff and staff fed back that the registered manager was open to suggestions and feedback, and was proactive in actioning these.

There were processes in place to monitor and assess the quality of the service provided. In addition to questionnaires, there were regular reviews of people's care records to identify any areas that required attention. People's medicines administration records were audited regularly. The registered manager carried out regular analysis of any incidents to identify any trends such as in relation to medicines or falls and where issues had been identified. Staff training, supervision and appraisals were monitored to ensure they were up to date.

The service worked in partnership with professionals such as; GPs, pharmacies and complimentary therapists to ensure people's needs were being met.