Lynden Hill Clinics Limited

Lynden Hill Clinic

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
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 14 and 15 April 2016 and was unannounced. We last inspected the service in May 2014. At that inspection we found the service was compliant with all the essential standards we inspected.

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.

The home is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At the time of the inspection the registered manager was on long term leave. The Care Quality Commission (CQC) had been made aware of this and the arrangements for managing the service in their absence. A new manager had been appointed and had begun the application process to register with CQC to become a registered manager. They assisted with the inspection.

People felt safe using the service. Staff understood their responsibilities to safeguard people and were familiar with the procedure to follow to raise concerns. Risks to people's safety were assessed and measures were taken to reduce them. Staff were recruited safely and there were sufficient numbers of staff to provide a safe service.
Medicines were managed safely and people received them when they needed them.

People had access to effective healthcare from a GP and other healthcare professionals when required.

People were provided with nutritious food tailored to their choice and tastes. When necessary people's food and fluid intake was carefully monitored.

People felt staff were competent and well trained. Staff received induction and training in core subjects but we found not all training was up to date. The manager agreed to address this.

Staff sought people's consent before offering care. However, not all staff had received training in the Mental Capacity Act 2005 (MCA). Therefore we could not be assured people's rights to make decisions were always protected. We have made a recommendation about staff training on the MCA.

The service had a relaxed and positive atmosphere. People told us they were happy using the service. People had been involved in drawing up their care plans. The care plans were focused on the individual and recorded their personal preferences. Staff were aware of how people liked to receive care.

People's privacy and dignity was respected and staff enabled people to regain their independence and maintain it whenever possible. People were treated with kindness and compassion by friendly and attentive staff.

Complaints were investigated and responded to appropriately. The quality of the service was monitored and audits were conducted regularly by the management team. Feedback was encouraged from people and used to make improvements.

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.

Risks to people's safety were assessed and monitored.

There were sufficient staff to provide care and support to people safely.

People were protected from the risk of abuse. Staff knew how to recognise signs of abuse and the action to take to report concerns.

People received their medicines safely. Medicines were stored and disposed of safely.

Is the service effective?

Requires Improvement

The service was not always effective.

Some staff had not received training in the MCA. We could not be assured people's rights to make decisions were always protected.

Staff received induction and training in core subjects however this was not always up to date.

Staff were supported by regular one to one meetings with their manager and appraisals of their work.

People were supported to have sufficient to eat and drink in order to maintain a balanced diet. Food was varied and nutritious.

People received appropriate healthcare support.

Is the service caring?

Good

The service was caring.

Confidential, personal information was not always stored securely. However, immediate action was taken to protect this information during the inspection.

People were cared for in a kind, patient and respectful way.

Staff knew people's individual needs and preferences. They gave explanations when providing support and worked at a pace to suit the individual.

Is the service responsive?

Good

The service was responsive.

Care plans reflected people's needs and were reviewed regularly. People had been involved in planning their care.

A programme of activities was provided for people.

People said the service responded to their needs and was flexible.

Is the service well-led?

Good

The service was well-led.

People were asked for their views on the service and they felt confident to approach the management with concerns.

Staff and professionals found the management approachable and open.

There was a process in place to monitor the quality of the service. This had led to improvements being made.

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.

The inspection was carried out by two inspectors on 14 April 2016 and one inspector on15 April 2016. The inspection was unannounced. This was a comprehensive inspection.

Before the inspection we contacted the local authority to obtain feedback from them about the service. We looked at information received about the service from other people and stakeholders. We reviewed previous inspection reports and checked notifications we had received. A notification is sent to the Care Quality Commission to inform us of important events relating to the service which they are required to do by law.

During the inspection we spoke with 11 members of staff, including the manager, three registered nurses, the premises supervisor, the maintenance officer, three care staff, a physiotherapy assistant and the chef. We spoke with five people who use the service including one long stay resident. We watched a medicine round and checked the storage and disposal of medicines. We spent time observing lunch in the dining room.

We reviewed five care plans and associated records including medicine administration records. We examined a sample of other records relating to the management of the service including staff training and supervision records, complaints, surveys and various monitoring and audit tools. We looked at the recruitment records for six staff. We also reviewed documents relating to health and safety, for example, servicing certificates for equipment and risk assessments for fire and legionella.

Good

Is the service safe?

Our findings

People felt they were safe at Lynden Hill Clinic. Comments from people included "Very safe." and "Oh yes, I am safe here." One person commented that staff responded quickly to call bells and said, "They're there instantly." This helped them to feel safe.

Staff had a good knowledge of safeguarding policies and procedures. They were aware of different types of abuse, signs that may indicate abuse and their responsibility to report any concerns promptly. Staff spoke of physical, mental and verbal abuse as potential concerns. One told us that physical abuse would be the, "easiest to spot" and also referred to "changes in the person" such as them being "emotional, crying or aggressive" which may be other signs that could cause concern. Staff were clear they would not hesitate to report anything of concern, one told us how they would act if they discovered a bruise. They said, "We'd photograph it. See in the notes if it had been spotted." They said they would then report it to the nurse in charge. They were confident action would be taken to deal with any concerns raised.

Information was available for staff to help them safeguard people. A poster from the local authority was displayed in the staff room. This provided telephone numbers and guidance for staff to follow on reporting concerns to outside agencies such as the police and the local authority as well as the Care Quality Commission (CQC). Information cards containing similar information were available in the reception area for people using the service and their relatives. Staff were aware of the provider's whistleblowing policy and procedure. They knew who to talk to if they had concerns and said they would be comfortable to report any issues. They felt they would be supported by the managers if they had to use the whistleblowing procedure.

Individual risk assessments were carried out. Assessments took account of risks associated with such things as moving and handling, skin integrity and poor nutrition. Staff were aware of measures to be taken to reduce and manage the risks identified. There was good communication between the nursing team and the therapy team to ensure risks were minimised. Staff told us they reported changes in people immediately to the registered nurses who would then reassess and seek professional advice if necessary.

People were protected from environmental risks to their safety and welfare. Risk assessments relating to the premises and environment were completed and reviewed regularly. The premises supervisor told us health and safety was taken, "very seriously". Regular maintenance checks were carried out on the building and equipment used at the service. The provider had contracts with companies to ensure equipment used in the service was maintained appropriately by suitably qualified staff. These included fire alarm systems, kitchen equipment and the passenger lift. The service employed a maintenance officer and an assistant. They were responsible for routine checks including such things as water temperature. Staff told us they could request jobs to be carried out by completing a request sheet. The work was generally completed by the next day unless an order had to be placed. All work was monitored and audited by the premises supervisor.

Incidents and accidents were reported and documented. However, the manager had identified that action was not always taken to learn and prevent recurrence or monitor for trends. They had instigated an audit which had revealed actions required. For example, to address emerging trends in falls. Action had been

taken and was being monitored by the manager through audits and clinical governance meetings.

Staff were trained in evacuation of the building and fire drills were carried out to ensure staff were both familiar with and understood the procedure.

Staffing levels were observed to be safe and sufficient, to meet people's care needs. At the time of the inspection there were 20 people using the service. 17 people were short stay, intermediate (rehabilitation) care clients and three had been resident at the service for significant periods of time. On the two days of the inspection the manager was present and there were two nurses and five care staff during the hours of 8am to 2pm. One nurse and four care staff between 2pm and 8pm. One nurse and one care staff between 8pm and 8am. An additional member of staff worked a twilight shift between 6pm and 10:30pm. In addition there was a duty manager on shift who was also a nurse. Staff generally felt there were enough of them to care for people safely. One commented, "Generally we are well staffed." However, another felt an additional member of staff at night would make the service safer. We discussed this with the manager who informed us the twilight member of staff would be asked to stay on if the needs of people required additional staff or there was an emergency situation.

The service also employed a range of therapists. For example, three physiotherapists were employed one full time, one part time and another full time via an agency. A physiotherapy assistant was also employed full time. A part time occupational therapist was available along with a number of self-employed therapists offering holistic and complimentary therapies.

In addition to the care and therapy teams the service employed three chefs, four catering assistants, two housekeepers, a premises supervisor and a range of staff who managed the reception, administration and maintenance of the service.

The clinic was clean and tidy. Routine cleaning was monitored by the property supervisor and regular checks were carried out. Infection control was maintained and audits were conducted six monthly. Where issues had been identified they had been addressed and discussed with staff. There was sufficient personal protective equipment for staff to use. Visual reminders of how to correctly dispose of waste were displayed throughout the service. However, we did find some cleaning chemicals not locked away. We brought this to the attention of the manager who took immediate action and locked them away appropriately. We checked on the second day of the inspection and found all chemicals were appropriately stored.

Recruitment procedures were robust and applied to all staff whether they were employed directly by the service, via an agency or self-employed. References were sought from previous employers to check on behaviour in other employment. A Disclosure and Barring Service (DBS) check was obtained prior to employment offers being made. A DBS check allows employers to ensure an applicant has no criminal convictions which may prevent them from working with vulnerable people. Staff holding professional qualifications had their registration checked regularly to ensure they remained appropriately registered and legally entitled to practice. For example, registered nurses were checked against the register held by the Nursing and Midwifery Council (NMC). Staff confirmed they had undergone the vetting checks set out in the providers recruitment policy and had attended for an interview prior to being offered employment.

People received their medicines in a safe manner. One person told us, "Nursing staff are very thorough before issuing us medicine. They tell you what it is, not here it is take it." Nursing staff were responsible for medicines in the clinic. Individual people's prescribed medicines were kept in a specifically designed, locked wall cabinet in their room.

We observed medicines being administered in a competent manner. The nurse explained the medicines to the person and offered them a drink. Where people were prescribed medicines to be taken when needed (PRN) they were asked if they required them. For example, PRN was given for pain relief. Medicine administration records (MAR) were completed accurately following the administration of medicines. The clinical room was kept locked and air conditioned. Daily temperature checks were made of the room and refrigerators used for medicines or specimens. When necessary medicines were disposed of safely.

Requires Improvement

Is the service effective?

Our findings

People received effective care and support from staff. One person told us "They all completely know what they are doing." Others told us that physiotherapy and hydrotherapy sessions had significantly helped with their recovery after joint replacement surgery. One person commented that they thought hydrotherapy was, "brilliant" and "physio(therapy) is great." They added that, "Some of the holistic treatments are brilliant."

Staff received induction training when they began work at the service. This included the provider's polices and becoming familiar with the building and the fire exits. One care worker told us new staff had, "Three months with a mentor (and) we first start (by) shadowing." They told us this process continued until, "They think you are ready" (to work independently). During this time new care staff learnt the practical skills required of them under the supervision of their mentor. They also learnt the expectations of their role. At the end of the period they discussed their progress and their mentor signed of their competence. New staff were also enrolled onto the care certificate once they had familiarised themselves with the service. The Care Certificate is an identified set of 15 standards that health and social care workers adhere to in their daily working life.

Staff spoke highly of the training provided and told us, "It's better than I've had in other places." Another commented that there were, "Updates all the time" for example, different techniques when helping a person to transfer. Members of staff with professional qualifications such as the registered general nurses confirmed they were given the opportunity to continue their learning and development in order to meet the requirements of their professional registration. Care workers were able to gain qualifications in health and social care under the qualification and credit framework. One staff member taking a level three qualification told us they had, "Nearly finished."

Although staff received training in mandatory subjects and refresher training was provided not all staff were fully up to date. For example, six staff had not refreshed their training in safeguarding adults since 2008 and 18 had not refreshed their training in Deprivation of Liberty Safeguards (DoLS) since 2009. The training matrix indicated some staff had been booked onto sessions in May and stated all staff were due to refresh their training in June and July 2016. We therefore could not be assured staff had the most up to date knowledge. We discussed this with the manager who agreed to look into this and address the shortfalls.

Staff had individual meetings with their line manager every six months. These meetings gave staff the opportunity to talk about their objectives, discuss areas of good practice and identify areas for improvement. Staff were also supported through annual appraisals. They provided an opportunity to reflect on their performance. Staff said they felt supported by their managers and told us there was always someone available for advice and guidance. They were all aware of the recent changes in the senior management of the service and told us they felt the new manager was approachable. Staff meetings had not been held regularly over the previous two years. This had been identified by the manager who told us a meeting had been held the previous week and going forward they would be held regularly. Minutes of this meeting were not available for us to see.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The manager was aware of their responsibilities under the MCA and knew how to apply for DoLS should this be required. There was no-one using the service who required DoLS at the time of the inspection. The door of the clinic was not locked and people went out as they wished.

Staff showed a good understanding of consent and recognised people's right to refuse. However, they had not all received training in MCA and DoLS. Some found it difficult to recall the key principles such as the assumption of consent for an adult. One told us, "Maybe I did it a long time ago." This meant there was a risk that people's rights may not be protected.

The majority of people using the service were receiving intermediate care and had full capacity to make decisions. However, in one care plan for a long term resident we saw mental capacity assessments had been conducted. Their care plan stated financial decisions were made by relatives. We did not see any documentation for Lasting Power of Attorney (LPA) for property and affairs. There was no evidence to suggest this had had an impact on the person.

Where a person had a 'do not attempt cardiopulmonary resuscitation' (DNACPR) in place this had been discussed with the person, a 'relevant' other or both.

Most people were positive about the food and drink at the service, however one person told us the food was, "Not so great." The menus had recently been redesigned and offered choice and variety. Fresh fruit was available for people and drinks were always within reach of people in their rooms. People were offered one to one support with meals when this was required. During the inspection we observed there were snacks available for people between meals. These included fresh fruit, biscuits and cakes as well as a choice of drinks, they were offered regularly throughout the day. Staff spent time ensuring people had sufficient food and fluid intake throughout the day by encouraging people and offering choice. For example we observed people being offered water during a hydrotherapy session. Staff told us this was important as people could become dehydrated during these sessions. Where necessary people's food and fluid intake was recorded.

A range of professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. This included a GP who visited twice weekly, physiotherapists and an occupational therapist who assessed people with regard to appropriate equipment and in readiness for discharge. A speech and language therapist had been involved in assessing swallowing difficulties and making recommendations for longer stay residents. A range of other complimentary therapies were available to people at the clinic if they wished to access them. For example, reiki and aromatherapy.

We recommend that the service finds out more about training for staff, based on current best practice, in relation to MCA and DoLS.

Good

Is the service caring?

Our findings

On the first day of the inspection we found personal confidential information was not always stored in a secure manner. A folder containing confidential personal information dating back to 2001 was found in an unlocked cupboard. Filing cabinets containing information regarding people using the service at the time of the inspection were found unlocked. This presented a risk of confidential information being accessed by those not entitled to see it. We brought this to the attention of the manager. They took immediate action and all confidential personal information was locked away. We checked this on the second day of the inspection and found information was being stored appropriately.

People were treated with kindness and compassion. People appeared relaxed in the service and we observed positive interactions between people and staff throughout the two days of the inspection. Staff acknowledged people and engaged in conversation with them as they moved about the different areas of the service. Staff were respectful and polite in their approach when speaking with people.

People praised the care staff and the service, comments included, "Staff are brilliant.", "They meet every need you have.", "They bring you coffee on the terrace. Nothing is too much trouble." and "This place is wonderful." People told us they did not have to wait long for assistance and that staff responded promptly to their requests.

People's care needs were responded to sensitively and in a caring manner. For example, one person who was a long stay resident with a health condition that could vary in its effects told us, "I'm having a bad day." We observed staff supported the person in a sensitive and thoughtful way. They knew the person well and provided effective reassurance.

Staff gave explanations when assisting people. For example, during therapy sessions they informed people how different exercises promoted their recovery. Staff worked at the pace of the individual and did not rush people.

People told us staff knocked on the doors of their rooms and asked if it was alright for them to enter. Staff described how they maintained privacy and dignity when offering personal care by ensuring people were covered appropriately and doors were closed. All rooms had ensuite bathrooms which helped support people's privacy and dignity.

Staff told us the service was "Very caring." and had "Brilliant caring." They pointed out that each person is asked to evaluate the service before they leave. They told us and records indicated that caring and physiotherapy consistently got a five star rating. They went on to say, "There's nothing nicer (than receiving this positive feedback)."

Relatives were able to visit at any time and were made to feel welcome. Guest rooms were available for relatives to use if they needed to have overnight accommodation when visiting. People were able to spend time privately with their visitors if they wished, either in their own room or in quiet areas of the service.

People told us they were involved in decisions and the planning of their own care. Staff encouraged them to regain their independence. Staff told us that people quickly regained independence following surgery and that, "Within a week or two (people were) up on their feet." One person described how they had needed the assistance of two care staff and a hoist to get in and out of bed when they were first at the clinic. They were, "Delighted" that now, two weeks later they were supported by just one member of staff to walk. For long term residents staff encouraged them to maintain as much independence as possible.

Good

Is the service responsive?

Our findings

People's needs were assessed prior to their admission. Care plans focused on the individual and followed the 'activities of daily living' model. For example they included details of how people liked to communicate, their mobility needs and tissue viability. Care plans accurately reflected people's needs and were reviewed and evaluated daily for those people receiving intermediate, short term care. Care plans for long term residents contained additional sections for example, 'life story', 'monthly observations' and 'keyworker report'. These plans were reviewed six monthly or when changes arose.

Information in room folders such as, fluid intake charts, positioning charts and topical cream application records were completed. However, we did note a body map had not been completed for one person to indicate where creams would be applied.

Staff told us they felt the service was responsive to people's needs. They said they were kept up to date with information about people. For example, they told us there was a weekly meeting with the physiotherapists where people's changing mobility needs were discussed. Detailed entries were made into the care notes for each person. For example, one person had been reminded of how to use the call bell system and replied that they understood. This information was shared at handovers so all staff were aware.

People felt the service was flexible and responded to their needs. One person gave us an example of their therapy sessions being arranged at times to suit them on the day of a family event. Another person told us they had not found their bed to be entirely comfortable. They had raised this with the service and although the problem had not been fully resolved they told us the staff had done everything they could. They went on to praise the service and said, "This place is great."
Special diets were catered for including those related to religion or culture. The chef made a point of meeting people individually when they were admitted to the clinic. This meant they were able to take note of individual preferences and cater for them. Special requirements such as those relating to medical conditions and allergies were recorded. A light menu had recently been created and was available throughout the day. This had been developed in response to people requesting lighter meals in the initial post-operative care phase when they did not want a heavy meal.

A programme of activities was provided. This was displayed on the notice board and people had copies in their rooms. It included exercise sessions, tea, cake and discussion sessions and 'brain gym'. In addition a library containing a considerable number of books, some in large print was available. A piano and music were available in the drawing room and each person had a television set in their room. However, the manager felt this was an area that could be enhanced and told us she hoped to increase the number of activities on offer. People could choose to take part in activities as they wished.

Staff told us there was contact with a local convent and occasional religious services were available for those who wished to attend. A hairdresser and beauty therapist were also available to the service should people wish to use them.
The provider had a complaints procedure and information on how to make a complaint was available to

people. People told us they were aware of how to make a complaint if they needed to. One person said they would, "Sort it out with the same person (and) if I couldn't rectify it, I'd go higher. "We reviewed the complaints log and noted thirteen complaints had been made during 2015 and two since January 2016. All had been recorded, investigated and responded to in line with the provider's policy. Two complaints from 2015 were on-going and the manager told us they were waiting for further information to bring them to a conclusion. We were told that learning took place and improvements were made as a result of complaints. One example was the installation of a stair lift in response to complaints received when the passenger lift had broken down.

Good

Is the service well-led?

Our findings

At the time of this inspection the registered manager was on long term leave. A new manager had taken up post to maintain the day to day running of the service. They had been at the service for 18 days and confirmed they would be submitting the relevant forms to become registered with the CQC as is required by law.

The manager was aware of her responsibilities to inform the CQC of certain events that happen in the service. Notifications had been submitted appropriately.

We saw the manager approach people and introduce herself to them if she had not met them before. People who had previously met her responded well and appeared relaxed when speaking to her. Staff also commented on feeling the manager was approachable and we observed them exchanging information throughout the inspection. We noted the manager had already held a meeting with heads of departments and a clinical governance meeting. She had clear ideas of how she wished to work with the current team to develop the service. For example, one member of staff had significant skills in a particular area and they had discussed how their job role could be adapted to make appropriate use of these skills.

We found there was an honest and open culture in the service. For example, senior staff told us they had been informed of the changes taking place in the management team by the provider. They in turn cascaded this to their staff team. One commented that although this was a difficult phase as they had had a long established management team, they were confident the high standards they felt the service delivered would continue.

We noted the service did not have a duty of candour policy in place. However, it was clear from looking at responses to complaints that the service was transparent and informed people when things went wrong. We raised this with the manager. Following the inspection they sent us a draft policy with accompanying letter templates to be used when necessary.

Staff showed an awareness of the values and aims of the service. For example, they spoke about giving respect to people and being caring. One said, "If you don't care, don't be a carer (staff)." Another staff member emphasised the importance of choice for people using the service.

Staff told us they felt able to voice their opinions and there was a suggestion box for them to make comments if they didn't want to speak to someone. These were collated and displayed in the staff room with some responses on how they may be addressed. Staff told us they enjoyed working at Lynden Hill clinic and commented, "Support is great here.", "(There is) always someone we can go to.", "I feel this is a lovely place to work." and "We try to be like one big team."

A programme of audits was completed by the management team and monitored by the manager. The director of nursing oversaw audits relating to the delivery of care such as care plans, medicines and infection control. The premises supervisor dealt with those related to the premises, utilities and equipment, such as

water temperature and fire equipment checks. The chef and catering staff carried out food safety checks and audits. The service had received five star rating in January 2016.

The manager had identified not all audits led to a timetabled action plan to follow issues through. They told us they had already begun to address this. We saw from the minutes of a recent clinical governance meeting how this had been discussed and implemented for trends in falls within the clinic.

People were asked to complete a quality survey at the end of their stay and questionnaires were left with them the night before discharge. The service consistently received positive feedback and scored highly. However some poorer scores had been received regarding the catering. This had been used as a learning point and had resulted in new menus being introduced and the chef meeting each person individually to gather their preferences.

People were also asked to leave comments on the survey. Some examples from surveys during February and March 2016 included, "It was restful and peaceful with fantastic care and beautiful grounds. Ideal for a good recovery.", "Staff have been exceptionally competent, friendly and helpful.", "This is my third visit – several friends have been patients and we all agree we are lucky to have such a superb clinic." and "Friendliness of all staff helps one recover more quickly."