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?	**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**

Summary of findings

Overall summary

Lynhales Hall Nursing Home is registered to provide nursing care and accommodation to up to 73 older people. At the time of our inspection 67 people were living there.

The inspection took place on 6 and 15 July 2016 and was unannounced.

At the time of our inspection no registered manager was in post. The former registered manager had left in February 2016. Since this time the provider had made arrangements to ensure the home was managed. A new manager who worked for the provider elsewhere was in place at the time of our inspection. This person commenced work at the home on 1 July 2016. They told us they intended to apply for registration as the manager as soon as possible.

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.

Lynhales Hall Nursing Home consists of two units. The 'main house' provided accommodation for up to 53 people. The 'John Sperry unit' is a ground floor extension to the main house. The unit provided care for up to 20 people who lived with dementia.

Management systems to monitor the quality of care and ensure events and incidents were followed up and acted upon were in place. These however did not reflect fully reflect incidents and actions taken.

Staff members were often seen to be kind and caring while they provided care and support for people. People believed staff to maintain their privacy and dignity.

People and their relatives we spoke with felt people were safe living at the care home. We found staff had knowledge about how to keep people safe and were aware of the action they would need to take if they were aware of abusive practice taking place. Relatives were pleased with the care their family member received and with the welcome and involvement they received.

We found medicine administration and management did not consistently make sure people's medicines were available and administered as prescribed to meet their health needs.

Staff told us they had received training in order to provide them with the skills and knowledge needed to care and support people. We saw and heard occasions where staff demonstrated behaviour which did not consistently valued people and good practice.

People did not always receive the support needed to ensure their nutritional needs were met. Risks to

people were identified and were known to staff. Records were not always maintained to show staff had provided the necessary care to reduce these risks.

There were sufficient staff on duty to care for people who lived at the home. Regular agency staff were used to ensure consistency of care where possible. Systems to ensure safe recruitment of staff were in place.

Staff felt supported by management and received training to ensure they had the skills and knowledge needed to care for people safely. The manager was aware of some training needs required.

People were consulted prior to them receiving care and support. Best interest decisions and referrals to local authorities were undertaken where people were unable to make an informed decision.

The healthcare needs of people were monitored as needed by professionals who were consulted as necessary. Relatives felt involved and were aware of their family member's health as appropriate. Relatives were confident they could raise any concerns they may have about the care of their family member and believed they would be listened to.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People did not always receive their medicines as prescribed and systems were not always robust. Risks to people's welfare were identified. Plans in place to minimise the risk were not always recorded as happening. Relatives told us they felt their family member was safe living at the home. Staff understood their responsibilities to protect people from the risk of abuse. Sufficient staff were on duty and recruitment checks were in place.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People did not always have their nutritional needs met consistently and in a timely way. Staff demonstrated areas of practice and behaviour which did not always value people as individuals. Consent was gained by staff prior to providing care and support. People had access to healthcare provision to ensure their well-being.

Is the service caring?

Good

The service was caring.

People received care and support from staff who were kind and considerate. People believed staff up held their privacy and dignity while they provided care and support.

Is the service responsive?

Good

The service was responsive.

People were able to participate in activities and events within the home. Relatives told us they were involved in the reviewing of care plans to ensure they were an accurate reflection of people's needs. Relatives were confident their concerns would be listened to and responded to.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

People and their relatives were aware of changes in the management of the home. Systems were in place to monitor the quality of the service provided were not always fully effective. Staff liked working at the home and received support and guidance.

Lynhales Hall Nursing 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 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 6 and 15 July 2016 and was unannounced. The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is someone who has personal experience of using or caring for someone who uses this type of service.

As part of the inspection we looked at the information we held about the service provided at the home. This included statutory notifications. Statutory notifications include important events and occurrences such as accidents and serious injury which the provider is required to send us by law.

We spent time with people who lived at the home and had discussions with four people about the care and support they received. We looked at how staff supported people throughout the time we were at the home.

As many people at the home were living with dementia we carried out a Short Observational Framework for Inspection (SOFI). This is a way of helping us to understand the care experiences of people who are not able to talk with us about their care experiences.

We spoke with the manager, the clinical lead, the operations manager and five members of staff. We spoke with 11 relatives of people who lived at the home.

We looked at the records relating to three people who lived at the home as well as six medicine records. We also looked at staff recruitment, training records, quality audits as well as accidents and incidents and complaints.

Requires Improvement

Is the service safe?

Our findings

People who lived at the home told us staff administered their medicines and were happy with these arrangements. Relatives we spoke with were confident their family member received their medicines as prescribed. One relative told us, "Staff make sure [family member] has his medication". We saw nursing staff administer people's medicines in a safe way and supported people with their medicines as needed. Medicines were seen to be stored safely.

Although people were confident they had received their medicines we found this was not always the case for everyone. We looked at three people's medicine records in the John Sperry unit as well as an additional three people's records in the main house. On the John Sperry unit we found people's health care needs were at risk because medicines were not always given as prescribed. We found one person had four too many blood pressure tablets remaining in a medicine box when audited against the number remaining. The dose prescribed had recently been changed. The nurse acknowledged this meant the person had not received their medicines as prescribed although staff had signed to show they had. The same person had one tablet too many remaining against an audit undertaken by nursing staff. Another person had a prescribed inhaler which was not available for nurses to administer. Nurses and the management of the home were unable to explain why this was the case or the length of time it had been unavailable. In the main house addition we saw other people's records contained gaps whereby nursing staff had not recorded whether people had received their medicines for example one person's records contained five gaps. We saw an audit carried out in May 2016 which highlighted areas needing improvement. The manager was concerned about our findings and told us they would carry out a full audit of medicines to ensure people were not placed at risk.

The manager was able to describe the action they would take in the event of abuse reported to them. Although the manager was new to the home they knew about recent events which had occurred at the home involving people. The manager was aware of a recent accident at the home although we found conflicting information about this incident. The manager undertook to address this and inform other agencies as necessary of events resulting in an injury. This was so they could also follow up any action which needed to go forward.

One person who lived at the home told us they felt safe living there. Throughout the inspection we saw people respond in a positive way to staff members. People's body language did not give us any cause for concern regarding people feeling uneasy with any member of staff. Staff reassured and comforted people if they were distressed or showing signs of anxiety. One relative told us they found their family member to be, "Always content and always responds well to the staff". The same relative told us their family member, "Seems more relaxed with the staff than me" and added, "I have no doubt that she is safe" living at the home. Another relative told us, "I am never worried about the care. It is safe. I never feel otherwise." A further relative told us they had, "Never heard a staff member raise their voice or be rough. I go away happy they are supporting [family member] needs.

Staff we spoke with told us they had received training in the different types of abuse people may be

subjected to. Staff were aware of their responsibility to report any actual or suspected abuse. One member of staff told us they were currently doing training on a computer about protecting people from abuse. The same member of staff told us they would speak with the manager if they had any concerns about the care provided. Another member of staff also told us they would speak with the manager. They also told us they could alternatively go to either the police or the Care Quality Commission (CQC) if they were worried or concerned about the care provided for people.

Risks assessments were in place to ensure people were cared for safely. We saw risks associated with people's care were reviewed and monitored. For example people at risk of weight loss were regularly reviewed so any indications of people losing significant amounts of weight were identified and action taken to reduce the risks to people's welfare. Staff we spoke with were aware of risks to people's welfare and of the actions they needed to take to reduce or minimise these risks. For example, staff were aware of the risk of people developing sore skin and the action they needed to take to ensure these risks were minimised.

During our inspection we saw there were sufficient staff available to people to enable them to spend time with people in the communal areas. We saw staff engage with people and they took part in events to occupy them. Staff told us they believed sufficient numbers were on duty to ensure they were able to meet people's care and support needs. One relative told us, "There are always staff members around". The relative told us staff always knew the whereabouts of their family member. This made the relative believe their family member was safe at the home. Another relative made similar comments and told us, "Always plenty of staff". A further relative told us, "There are lots of nurses and support staff."

We saw agency staff were working at the home. The manager and other staff we spoke with confirmed agency staff were used to cover the rota as needed. One agency member of staff we spoke with confirmed they had worked at the home previously and believed they were aware of people's needs. Relatives we spoke with told us they frequently saw the same staff including agency staff on duty. Two relatives we spoke with believed the use of agency staff resulted in a lack of consistency. Other relatives believed the level of care for their family member was maintained when agency staff were on duty.

The provider had ensured safe recruitment procedures were in place. These included staff having a Disclosure and Barring Service (DBS) check carried out and obtaining references from previous employers. The DBS is a national service that keeps records of criminal convictions. The provider had used the information received to ensure suitable people were employed so people using the service were not placed at risk. The provider had a system in place to ensure nursing staff maintained their registration to practice as a nurse.

Requires Improvement

Is the service effective?

Our findings

We saw differences in the practices offered by staff to people who needed support or assistance while they were eating to ensure their nutritional needs were met. In the main house we saw staff sat next to people and either encouraged people to eat or provided the assistance they required. We saw staff spent time with people supporting them at their own pace. People were offered a choice of meal and drink.

However, we also saw occasions when people who lived with a dementia did not receive the attention they needed to ensure their nutritional needs were met. One person living on the John Sperry unit was seen sat with their mid-day meal in front of them for in excess of 14 minutes. During this period of time they received no staff support or encouragement to eat. We saw the person had their head in their hands and made no attempt to eat their meal. During this time we saw members of staff walk past this person and took no action to offer assistance or support. The manager saw what had happened and intervened by asking staff to provide the person with a replacement meal. We looked at the care plan which stated the person 'needs prompting and supervision at meal times to ensure adequate food and fluid intake'.

We saw another also living on the John Sperry unit one person had spilt a drink into their dinner. They had also dropped food on the table and on to the floor. We saw staff continually walk past this person. Once this was cleared away they were given a sweet. The person left without eating this. No staff support was offered to ensure this person had their dietary needs fully met.

In the main house we saw staff offer people 'finger food' which they could eat while remaining on the move if they did not want to sit down at the dining table. This ensured these people were provided with food which they otherwise could have refused.

During the inspection we saw occasions when staff encouraged people to have a drink. One member of staff on the John Sperry unit was heard saying to people while they were in the lounge they needed to drink due to the warm weather conditions. In the main house we saw staff offer people an alternative drink if they did not want the one they had initially selected. Staff we spoke with total us they were aware of the importance of people having sufficient amounts to drink throughout the day to maintain their hydration levels.

Relatives we spoke with felt staff knew what they were doing and associated this with staff having received the necessary training. One relative told us, "New staff get to know [family member] quickly and what their needs are."

Our inspection highlighted areas of practice and behaviours demonstrated by some members of staff. We heard staff on the John Sperry unit discuss personal matters regarding people who lived at the home openly and in front of other people. Staff were heard for example in discussion with each other whether people were out of bed, eaten their meal or how they were. We heard one member of staff say that somebody was in, "A terrible mood".

Staff told us they had received training on how to assist people in moving effectively to meet their physical

needs. We saw staff use different methods and equipment, such as hoists when they supported people to move. When staff used a hoist this was used safely to protect people from potential harm. We did however see two members of staff attempted to move one person using a banned method of lifting. This lift is banned due to the potential risks associated with its use. The lift was unsuccessful and as the person indicated they did not want to move the staff concerned did not continue with the lift. This incident was also seen by the manager. As staff had received training in how to correctly assist people the manager undertook to speak with staff about what we had witnessed.

Newly appointed staff received induction training prior to them providing care to people. We were informed staff undertook shadowing shifts when they first started work at the home. During these shifts they worked alongside experienced members of staff and had competency checks done. These checks were carried out to identify areas for further training.

One member of staff described the training they had received as, "Good". They told us the provider had introduced a new on line (using a computer) training system. This meant staff could do training at a time convenient to them and at their own pace. The same member of staff told us they could request additional training if they believed they needed it.

The manager told us they planned to provide training to all members of staff regarding the care of people who lived with dementia. We were told this initially was going to be for staff on the John Sperry unit only however the manager believed this training would be beneficial for all members of staff.

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 interest and as least restrictive as possible. The manager was aware of their responsibilities under the MCA. Staff we spoke with were aware of the act and what they needed to do to ensure people were protected.

During our inspection we heard staff members consult with people prior to them providing personal care. For example one person was consulted about footwear and what the person wanted to wear. Staff were seen to use equipment to assist people with their mobility; throughout this staff were seen seeking people's permission to carry out these tasks. Staff were also seen consulting with people about where they wanted to have their meals.

We saw people's capacity in making decisions regarding aspects of their care had been carried out. Following these assessments applications had been made to the local authority where required. We saw best interests decisions were made on behalf of people who lived at the home as needed. These had involved suitable people such as professionals and family members. The best interest decisions were specific and looked at the least restrictive options.

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). The manager was aware of thirteen applications which were authorised by a local authority and of other applications which were currently with different local authorities awaiting assessment.

People we spoke with told us they were supported to see a doctor if they wanted one. Relatives we spoke with believed their family member had their healthcare needs met. Relatives were confident appropriate

support and advice was sought such as from the person's doctor as well as other healthcare professionals including chiropodists as needed. We heard one relative say to their family member, "You look well" when they arrived to visit. This relative told us they were happy with the healthcare arrangements for their family member.
Another relative we spoke with told us, "No problem with them getting the GP out." The same relative told us about times when staff had alerted their family member's doctor and the actions taken following the doctor visiting to ensure the person's health improved. A further relative told us their family member had been ill a number of times. They told us staff had dealt with these occasions with sensitivity and had helped the family as well as care for the person back to good health, therefore the person's health had improved. They told us their family member was made as, "Comfortable as possible" while they had been unwell.

We saw staff had taken action if people had lost weight. This included involving a doctor. In addition staff had involved specialists such as professionals involved in the care of people who were diabetic or had swallowing difficulties.

Good

Is the service caring?

Our findings

People we spoke with especially people living in the main house told us staff were kind and considerate. Relatives told us they were pleased with the care provided for their family member. One relative told us their family member was, "Very well looked after". The same relative told us they believed the care provided to be, "Very good." Another relative described the care provided by the regular staff as, "Brilliant." A further relative told us "I am always impressed with the care" and added, "The care and attention is heart-warming." Other comments made included one relative who told us they believed their family member to be living in the, "Best place possible" and added their family member now had a, "Better quality of life" than they had previously had. The same relative told us they had visited at different times of the day and always found their family member to be well cared for.

People who lived at the home were provided with choices throughout our inspection. Staff were seen to encourage people to retain levels of independence where possible such as while mobilising around the building. For example we saw plate guards were in place so people could eat their meal independently. A relative told us they were aware staff offered their relative a choice of clothing for them to select what they wanted to wear and told us they would be offered an option of where they wanted to sit. Another relative told us their family member was offered a choice of where they wanted to have their meals. A further relative told us their family member had their nails cared for and staff used colours the person would have chosen for themselves. This was seen as important for the person as it maintained their chosen personality.

Relatives told us they felt involved in and consulted about the care provided. They also believed staff understood their family member and their needs. One relative told us a member of staff would always ring if for example their family member had a fall and added, "They [staff] always say if there is anything we need to know." The same relative told us staff were aware their family member had recently mislaid their glasses and were confident staff were looking for these knowing how important having these was for the person. They told us staff were keen to find out about people in order to get to know them better and understand them as an individual. Another relative told us they were pleased the kitchen staff had spoken with them about their family member's likes and dislikes.

People we spoke with told us they were pleased with how staff maintained their privacy and dignity. People confirmed staff knocked on their bedroom door before they entered. During our inspection we saw staff doing this before entering people's rooms. We spoke with staff about privacy and dignity. They were able to describe how they maintained this. For example ensuring personal care was carried out behind closed doors and with curtains shut.

Relatives were spoke with were happy with how staff up held their family members privacy and dignity. One relative told us they were, "Delighted" their family member lived at the home as people were, "Treated like adults" by the staff.

Relatives we spoke with told us they were able to visit whenever they wanted to and without restrictions. They told us they were made welcome at the home by staff members and would regularly be offered a drink

with their family member. One relative told us, "I always get a wonderful welcome. I am always asked if I want some tea."

Good

Is the service responsive?

Our findings

During our inspection we saw people who lived at the home participated in a variety of events or activities organised by staff members. We saw people joined in with some singing while other people were seen to either dance or clap their hands to the music. Other people were seen engaged in other group activities or involved in games with an individual member of staff. Staff were seen to explain to people what they were doing and encouraged people to participate working at people's own pace. Staff were seen to kneel down when speaking with people to ensure eye to eye contact was maintained.

Relatives told us they had seen their family member involved in leisure activities when they had visited. One relative told us staff engaged and stimulated their family member. As a result the relative believed their family member to be, "Much happier now". The same relative described the events which took place involving people as, "Brilliant". They told us staff had taken photographs of their family member and sent them on to them. The relative told us this made them feel involved in the home and the care provided for their family member. Another relative told us their family member responded better with a male member of staff and confirmed staff were aware of this. As a result the relative believed staff were able to meet their family member's social needs. A further relative told us, "I see a lot happening and I am very happy with what I have seen." A relative told us about a party provided for people who lived at the home. We were told it had been a black tie event (formal dress) and how staff had taken time to ensure people's appearance matched the formal event. Another relative told us they liked joining their family member at different parties and celebrations at the home. They told us it was important for them to be able to share these times with their family member.

Staff confirmed they attended handovers between shifts in order they could receive information about how people where and any changes in their needs. Staff told us they would refer to people's care plans or speak with the nurse if they were unsure on any aspect of a person's care. Relatives we spoke with believed they were involved in the reviewing of care plans and communicated to regarding changes in their family members care. People's needs in areas such as weight loss were monitored and assessed. In the event of changes in care needs professionals as appropriate were involved in planning the care people required.

We spoke with relatives who confirmed they had in the past received surveys and had the opportunity to comment on the level of care and support provided. One relative told us they always gave positive feedback.

Relatives we spoke with were confident they could raise concerns with the manager. One relative told us, "I have no complaints." The same person told us they felt involved in the care and support provided and as a result had no need to make complaints about the service provided for their family member. Another relative told us, "I am sure they [staff and management] would listen if I complained about the care." A further relative told us they had no worries about raising concerns if they needed to and told us they would, "Go to the administrator or manager" if they needed to.

The provider had a complaints procedure in place which was displayed outside the home in a cabinet. The

manager was able to show us one complaint received at the home. We saw the person was offered an apology and showed the actions taken to reduce the risk of a similar event taking place in the future.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection there was no registered manager. The former manager had left in February 2016. Since then up until shortly before our inspection the provider had made arrangements to ensure the home was managed. A new manager was in place. They were working for the provider elsewhere. One the first day of our inspection it was their sixth day in post. They told us they intended to apply to the Care Quality Commission to become the registered manager as soon as possible.

Relatives were aware of a new manager recently coming into the home. One relative told us there had been a lot of changes and felt there had been a lack of leadership and communication recently. Although the manager had only recently started work at the home it was nevertheless evident they knew many of the people who lived there and was getting to know people's care needs.

Management systems were in place to evaluate and monitor the care provided for people. These were not however always effective. Accidents and incidents were recorded. We saw systems were in place to monitor these and as a means of establishing whether any trends were happening. We saw action plans were drawn up following this. However, the action plans were the same each month and did not reflect what had happened. We found there was conflicting information regarding a recent accident which had resulted in an injury. The written record did not match what the manager understood to have happened.

Audits of care plans were taking place. We saw these identified any shortfalls in the plan so staff could take the opportunity to make amendments or update as needed. During our inspection we found records were not always maintained to evidence the care had been undertaken. Staff acknowledged they needed to evidence the care they had undertaken to demonstrate action described within the care plan had happened and individual needs were met. We also saw some written records did not always fully respect and value people and their care needs for example 'walks around aimlessly'. These findings were brought to the attention of the manager who undertook to address these.

The manager told us they intended to carry out a number of different staff meetings in order to get to know staff and seek their views and experiences of the care and support provided for people who lived at the home.

Staff told us they enjoyed working at the home and found all the staff and management to be supportive. One member of staff told us, "We work as a team". Staff confirmed they had with the previous manager attended staff meetings and had received regularly supervision. We were told during these meetings staff had the opportunity to discuss how things were going for them and about any concerns they had about people's welfare. One member of staff told us they were encouraged to make suggestions on how the home could be improved such as new equipment which was needed.

The manager showed they were responsive to the findings of our inspection and undertook to take the appropriate action to make improvements. The manager told us of some plans they had and wished to introduce. For example the introduction of new ways of working with people who lived with a dementia to

ensure they received individual one to one time with staff members. They also told us of plans to improve the environment making it more suitable for people with a dementia.