

Llysfield Nursing Home Limited

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Inspection report

Middleton Road
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Website:

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

The inspection took place on 30 September 2015 and was unannounced.

Llysfield nursing home is registered to provide accommodation with nursing care for up to 30 people. There were 25 people living at the home on the day of our inspection.

There was a registered manager who was present during the inspection. A registered manager is a person who has

registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

People's right to make their own decisions about their care had not been appropriately assessed. Where decisions had been made on people's behalf there were no records to show that these decisions were in their best interests.

People's privacy and dignity was not consistently protected. During our visit one person was examined by the doctor in the lounge where other people were present.

The provider had checks in place to assess and monitor risks associated with people's care and treatment. People's care plans contained information on how to reduce these risks and were followed by staff. However staff did not always complete the required records to show the daily actions they had taken.

People and their relatives felt that they and their belongings were kept safe. Staff were aware of the risks associated with people's needs and knew how to keep people safe from harm or abuse.

People were supported by staff who had the skills to meet their needs. Staff had received training and support to enable them to fulfil their roles. Relevant checks had been made to ensure staff were suitable to work at the home.

People received their medicine when they needed it. Staff made sure medicine was given to people safely and maintained accurate records. People were able to see health care professionals as and when needed.

People's nutritional needs had been assessed and regularly reviewed. They were given support to eat where needed and drinks and snacks were readily available.

People were treated with kindness and respect. People were supported to identify their needs and preferences for care delivery.

People were able to choose how and where they spent their time. Staff supported people to take part in activities or outings of their choosing.

People and their families were encouraged to give feedback on the quality of the service and to make suggestions for improvement. The provider had a complaints process and people felt confident and able to raise any concerns with staff or management.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

People and their relatives felt they and their belongings were kept safe. Staff had received training on how to keep people safe and knew how to report any concerns. People received their medicine when they needed it to promote good health.

Good



Is the service effective?

The service was not consistently effective

Where people had not made decisions about their own care there were no reasons recorded why these decisions had been made for them. Staff asked people's consent for day to day things like what they wanted to wear. People received support to eat and drink enough and were supported to see health care professionals when they needed to.

Requires improvement



Is the service caring?

The service was caring

People were treated with kindness and respect. People were involved in making choices and identifying their wishes and preferences. People were supported to maintain their independence and individuality.

Requires improvement



Is the service responsive?

The service was responsive

People's needs were regularly reviewed and changes in their needs were responded to. People chose how they spent their time and were supported to take part in activities and outings of their choice. People and their relatives felt confident and able to raise complaints or concerns

Good



Is the service well-led?

The service was not consistently well led

The provider had put checks in place to monitor the quality of people's care however these had not always been completed. People and their relatives found that the registered manager was approachable and encouraged their views on the quality of the service.

Requires improvement



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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 30 September 2015 and was unannounced. The inspection team consisted of two inspectors, a specialist advisor and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we reviewed the information we held about the service, such as statutory notifications we

had received from the provider. Statutory notifications are about important events which the provider is required to send us by law. We asked the local authority and Healthwatch if they had information to share about the service. We used this information to plan the inspection.

During the inspection we spoke with eight people who lived at the home and five relatives. We spoke with ten staff which included the registered manager, nursing, care and support staff. We also spoke with one health care professional. We viewed 11 records which related to people's medicines, assessment of needs and risks and consent. We also viewed other records which related to management of the home such as complaints, accidents and recruitment records.

We spent time observing interactions between people and staff and how people spent their time

Is the service safe?

Our findings

People and their relatives told us they felt they and their belongings were safe. People told us they would speak to the staff or the registered manager if they had any worries. One relative said, “I feel [relative] and their belongings are safe here”. We spoke with staff who told us they had received training about how to safeguard people from abuse. They were able to tell us about their understanding of the different types of abuse and who they would report concerns to if they became aware of or witnessed abuse taking place.

Staff were able to demonstrate their knowledge of people’s needs and associated risks. They told us how they would identify and report any changes. We saw that staff supported people to move around the home in a safe manner. We looked at people’s care records and saw that there were detailed care plans and risk assessments in place. Where people were at high risk of deterioration in their health we saw that charts were put in place to monitor their condition and the support they required.

Staff were aware of their responsibility to report any accidents or incidents. The registered manager told us although they did not have a formal process for analysing accidents, they were aware of all accidents that occurred due to the size of the service. We saw that they had oversight of the accident and incident reports and they told us they would take action to prevent reoccurrence. They told us about a person who had suffered an increased number of falls and they had identified that this was due to a weight increase. They discussed their findings with the

person who declined their advice and support to reduce their weight. As the person had the mental capacity to make decisions in relation to their own care and treatment the manager was only able to provide advice.

People, relatives and staff told us they felt that there were sufficient staff to meet the needs of people living at the home. People told us that they had call bells available in both their bedrooms and in the lounge areas. One person stated there had been a problem with the call bell system the previous day and they had not been able to call for assistance when they needed it. The registered manager told us that the maintenance team had rectified a problem on the day of our visit and that they were in the process of reviewing the current call bell system. We observed that care was delivered in a patient manner and that no one was rushed or left waiting for support. The registered manager told us they did not use agency staff as they had bank staff that covered shifts where required. We saw that that the provider completed checks on all new staff prior to them starting work at the home to ensure that they were suitable to work with people living there.

People told us that staff supported them to take their medicines in their preferred manner. We saw that staff clearly explained to people what their medicine was for and ensured that they took it as prescribed. We observed that medicines were recorded and stored appropriately and that the registered manager completed regular medicine audits. Medicine was only administered by nursing staff who had received training on safe administration of medicine. We saw that the registered manager completed regular competency checks to ensure ongoing safe management of medicine.

Is the service effective?

Our findings

We found the provider had not followed the requirements of the mental capacity act (MCA) 2005 and associated code of practice to prove that people did not have the capacity to consent to their own care and treatment. We saw that relatives had signed some people's consent forms and two Deprivation of Liberty (DoL) applications had been submitted. There were no records to show how the provider had determined these people did not have capacity to consent to their own care and treatment. We also saw no evidence of why specific decisions made on people's behalf were in their best interest. When we spoke with the registered manager we found that they did not have a full understanding of their responsibility under the MCA.

We also saw that one person's care plan recorded that they did not want to be resuscitated should the situation arise, however we were unable to locate a do not attempt cardio pulmonary resuscitation (DNACPR) decision form. When we discussed this with the registered manager they found that DNACPR had been discussed with the person and their family but the doctor had not completed the form. This may have resulted in the person receiving treatment that they had not consented to.

This was a breach of Regulation 11 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

Staff we spoke to had a good understanding of the principles of consent such as offering people choice about what they wanted to wear or what they wanted to eat or drink. Staff told us they offered people choice and if they declined support they would respect their decision and offer support at a later time. Staff were clear that they would not force anyone to do something they did not want to do. They also told us that if people continually refused to take their medication they would speak to the person's doctor to review the person's medicine.

People and their relatives told us that staff knew people well and were skilled in the job that they did. One person said, "They do very well by us really". One relative said, "Staff know [person]. They've looked after them pretty well". A visiting health professional told us that staff always assisted them when they visited the home and they found

them to be knowledgeable in their approach to people's needs. Staff told us about the training they had done and how this helped them to carry out their role. We spoke with a new member of staff member who told us they had completed an induction and were also being supported to do a care course to enable them to fulfil their role. Staff told us the registered manager had an 'open door' policy and they felt that they could approach them at any time. They told us they had regular supervisions and felt well supported. We saw that there were systems in place to monitor and update staff training requirements and that additional training was provided to meet the needs of people with specific conditions.

People had different views about the choice of meals available to them. Some people told us they enjoyed the meals. However two people told us they were not always offered a choice or did not know if they could ask for something different. We observed that there was only one choice written on the menu board in the dining room. When we spoke with the cook they told us they were aware of people's likes and dislikes of food and which people required special diets. They told us that one person disliked what was on the menu that day and they had cooked an alternative of their liking. People were able to choose where they wished to have their lunch, some sat by the dining area, others in the lounge or in their rooms. One person told us they had difficulty cutting their food up and staff would help them to do this. We observed that staff were attentive and assisted some people to eat their food. There was a sociable atmosphere during lunch as people and staff chatted to each other. We observed people's care records and found that their nutritional needs and weight had been assessed and regularly reviewed to reduce the risk of deterioration. We also saw that menu options had been discussed with people and relatives in meetings held by the registered manager and as a result more options had been added to the menu.

People told us they could see the doctor or optician when they needed to. We observed that three different healthcare professionals visited on the day of our inspection. When we looked at people's care records we saw that people were appropriately referred and seen by various health care professionals as required including doctors, chiropodist and therapists.

Is the service caring?

Our findings

We saw that a visiting doctor was allowed to examine a person in the lounge where another person was present. This compromised that person's dignity and privacy. When we spoke with the registered manager about our concerns they told us that the person had consented to the doctor examining them in the lounge. They acknowledged our concerns and agreed that it was inappropriate for people to be examined in the lounge when there were other people present. They told us that going forward they would make sure that people were seen in the privacy of their own room. During our visit we observed that staff promoted people's dignity by putting up do not disturb notices on people's bedroom room when delivering personal care and supporting them in a discreet manner.

We observed that some people did not get up until mid-morning. When we spoke with them, three people told us that they would prefer to get up earlier. One person said, "The staff are very busy so they come when they can to get me up." When we spoke with registered manager, they had not been made aware that people wished to get up earlier but agreed to review people's preferences and take necessary action to ensure their wishes were followed.

People and their relatives told us staff were kind and polite. One person said, "[One staff] is very polite, they will do anything for anybody". Another person told us, "[Staff] is my best friend". One relative said, "I feel listened to, and am always made to feel welcome". However two people told us that they did not feel staff were compassionate and they felt they were only spoken with when staff needed to

complete a task with them. One person told us, "You can have a drink but it's not given with care". However, we saw that staff had good relationships with people and spoke to them with kindness and respect.

People and their relatives told us that staff asked their opinions and involved them in decisions about their care. They felt that staff listened to them and respected their views. One person we spoke with recalled being asked about their needs and wishes prior to moving into the home and told us that staff offered them choice. We saw that people's histories, likes and dislikes were considered when completing their care plans. Where people had difficulty with verbal communication staff told us they would observe gestures or body language to interpret their needs. People told us they were offered choices such as whether they would like to take part in activities or how they would like to spend their time and felt able to decline support. One person told us they had decided not to go on the trip arranged for that day as previously planned and staff had respected their wishes. Staff told us they had read people's care plans and were aware of people's abilities, their like and dislikes.

Throughout our visit we observed a relaxed friendly atmosphere. Staff chatted with people about day to day things as they went about their job. We saw staff talking to people about their trip out and there were smiles and laughter as they recalled their experience. Staff provided care and support in a patient and reassuring manner. Relatives we spoke with were also positive about the staff and management approach.

Is the service responsive?

Our findings

People and their relatives told us that staff had talked to them about their care and the support they needed. Staff knew people well and demonstrated a good understanding of their needs. They told us that they had read people's care plans and were kept up to date about changes in people's needs during shift handovers. Relatives told us that staff kept them informed of any changes in people's needs and they were involved in decisions about people's care. One relative told us that they had recently attended a meeting with their family member and the registered manager where they went through the person's care plan and were given the opportunity to raise any concerns that they had. The relative felt that this meeting had gone really well, so much so they told us they had congratulated the registered manager following the meeting. When we spoke with the registered manager they told us they had recently introduced regular review meetings with people and their relatives as not everyone was happy to speak out in larger meetings held at the home.

People told us they could choose how they wanted to spend their time. One person told us they found it too hot in the lounge and preferred to listen to music in their room. We saw that there were a range of activities that people could take part in and on the day of our visit two people went out on a trip to a local attraction. On their return home both people told us about their trip and how much they had enjoyed it. The provider employed an activities coordinator who told us that they recognised that people's

needs and wishes changed and therefore always offered variety and looked for new activities that may interest people. They had made a reminiscence blanket which had old black and white pictures, dolly pegs and other items of nostalgia to stimulate conversation about people's past and interests. We observed that the activities coordinator spent time chatting with people and helped them with their nail care. They told us that often in a morning they would spend time with people who stayed in their rooms. They also ran a weekly mobile shop service where people could buy items such as their own toiletries which promoted their independence.

We spoke with people about what they would do if they had any concerns or were not happy with the service. They told us they would tell staff or speak to the registered manager. All but one of the relatives we spoke with told us they felt able to approach the registered manager if they had any concerns. One relative we spoke with told us that whenever they had any concerns they had spoken with the registered manager and were happy with how they had been handled. We saw that the provider had a system of handling complaints and that previous complaints had been responded to appropriately by the registered manager. When we spoke with the registered manager they told us they encouraged people to discuss concerns as they arose. This was confirmed by a relative who told us that the registered manager had said, "Don't ever go home unhappy, always come and tell me your worries". We observed that there was a complaints book in reception and that the provider had a process for dealing with complaints.

Is the service well-led?

Our findings

We saw that the provider had systems in place for managing the quality and safety of the service. However, staff did not always complete the required record to show the daily action had been taken despite reminders to do so. The registered manager had identified some but not all the shortfalls in service that we had. This had no impact on people because staff had delivered the care that was needed. However, this meant that people's records were not always accurate or up to date.

People told us they found the staff and registered manager polite and approachable. One relative told us, "I am very satisfied with the manager and the staff. There is a good atmosphere here, the staff are good and friendly". Another relative said, "It is homely here and the staff are good with [relative]".

Staff spoke positively about the registered manager and the working culture. They felt that they were listened to and trusted the registered manager to respond to any concerns that they had. One staff member told us they had to change their working pattern due to personal circumstances and that the provider had been supportive. Staff meetings were regularly held and staff felt confident and able to raise any concerns that they may have. We looked at minutes of these meetings which confirmed that staff views were gathered and discussed. For example staff had requested and received clarification around their breaks and whether they could be taken together with other staff.

The registered manager told us they were keen to develop and improve the service. They had recently improved

infection control practices by making available more dispensers for protective clothing for staff. The registered manager told us they monitored staff practice and service delivery by working alongside staff on both day and night shifts. There was a clear management structure where the deputy manager would oversee the running of the home in the absence of the registered manager. The registered manager informed us that they received regular visits from the provider who would discuss the needs of people living at the home and any maintenance that was required to the home.

The registered manager told us they actively encouraged people to raise any concerns or make recommendations for improvement. They made themselves available when people wanted to discuss any issues and held formal meetings with people and their relatives every six months.. One relative told us that they had attended these meetings and found them very good. We viewed minutes of these meetings and found that choice of meals and activities were matters that were regularly discussed. We saw that matters raised in previous meetings had been addressed such as the request for a new menu board and for a fruit bowl to be placed in the dining area. In addition to the meetings the registered manager showed us the annual questionnaire which was sent out to people and their relatives. They told us the results were not published but that the findings were discussed at meetings with staff and actions were agreed to improve the service. Currently the results were not shared with people and their relatives, they agreed to review their process to address this issue.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

How the regulation was not being met: The provider had not had regard to the Mental Capacity Act 2005 in obtaining people's consent.