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# Lyndhurst Residential 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?

**Inadequate** 

# Summary of findings

## Overall summary

About the service: Lyndhurst residential is a care home that is registered to provide care to up to 15 people. At the time of the inspection 12 people were living in the home. This included a mixture of people both under and over 65. Some of these people were living with dementia and/or had mental health needs.

People's experience of using this service:

The service needed to ensure robust systems were in place to maintain compliance with CQC regulations and standards. The service had a poor regulatory history and action was needed to bring the home up to a consistent, high performing standard. Because of this, there were widespread and significant shortfalls in service leadership. Leaders did not assure the delivery of high-quality care.

Improvements were needed to the building environment, and grounds to bring them up to a good standard. This had been an issue at the previous inspection and had the potential to impact upon the care and support outcomes. For example, some carpets were not dementia friendly and the lack of a shower reduced people's bathing choices.

People and staff praised the registered manager and we saw they had made some improvements to such as to care plans. The staff team said they felt more settled.

People provided positive feedback about the care and support they received at Lyndhurst. People said staff were kind and caring and supported them appropriately.

People said they felt safe from abuse and staff understood the correct processes to follow. Some improvements were needed to the way people's money was managed to ensure people were fully protected from the risk of financial abuse. Some improvements were needed to medicine management processes to ensure people consistently received their medicines as prescribed.

Care plans were thorough, person centred and detailed. These were subject to regular review and were written in an accessible format.

There were enough staff deployed within the home. Safe recruitment processes were followed. However, action was needed to bring staff training up-to-date.

People had a choice of food and action was taken to address any weight loss. The service worked with healthcare professionals to meet people's healthcare needs.

A registered manager was in place. 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.

We identified three breaches of regulations relating to Regulation 12 (Safe Care and Treatment), Regulation 17 (Good governance) and Regulation 18 (Staff training) of the Health and Social Care Act (2008) Regulated

Activities 2014 Regulations.

Rating at last inspection: The service was rated Requires Improvement at the last inspection. It had been rated Requires Improvement at the two inspections prior to that and Inadequate at the inspection before that.

Why we inspected: The service was a routine inspection which also followed up on concerns found at the previous inspection in November 2017. At this inspection we checked if improvements had been made.

Enforcement: We issued a warning notice for Regulation 17 (Good Governance) and Regulation 18 (Staffing) requesting the service make improvements in these areas.

Follow up: We will meet with the provider and manager to make it clear that improvements are required to the service. We will re-inspect the service in the future to check the required improvements have been made.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not well-led.

Details are in our Well-Led findings below.

**Inadequate** ●

# Lyndhurst Residential Home

## **Detailed findings**

### Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 a routine inspection which also followed up on concerns found at the previous inspection which took place in November 2017. The inspection team consisted of two inspectors.

Service and service type:

Lyndhurst residential home is a care home for up to 15 people some of whom live with dementia or have mental health needs.

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

Notice of inspection:

The inspection was unannounced.

What we did:

Before the inspection, we reviewed information we had received about the service since the last inspection. This included information that the provider must notify us about. We also received feedback from professionals who work in the local authority.

During the inspection we spoke with seven people who use the service and one relative. We also spoke with three care workers including senior support workers. We spoke with the cook and the registered manager.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed parts of three people's care records. We also reviewed records and audits relating to the management of the home.

# Is the service safe?

## Our findings

At the last inspection we found risk assessments were not always suitable and sufficient. At this inspection we found improvements had been made to these. However, we had some concerns the way finances were managed did not fully protect people from the risk of abuse.

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations were not consistently met.

Systems and processes to safeguard people from the risk of abuse

- The home looked after some people's finances. However, improvements were needed to the way records were stored, audited and checked to reduce the risk of financial abuse. We raised this with the registered manager and had confidence it would be addressed.
- People said they felt safe and secure living in the home. They all told us staff treated them well. We observed people looked comfortable around staff and able to confide in them.
- Most staff had received training in safeguarding however 7 out of 21 staff had not. The staff we spoke with understood how to identify and raise concerns. We saw safeguarding procedures had been correctly followed to keep people safe.

Assessing risk, safety monitoring and management

- The registered manager had re-assessed risks to people's health and safety and implemented clear risk assessment and care plan documents. These were detailed, involved the person and were kept up-to-date.
- People were supported to take positive risks to access the community and give them a greater level of independence.
- Staff had a good understanding of the people they supported, giving us assurance safe plans of care were followed.
- Overall the premises were safely managed. Key safety checks were undertaken on the building and fire evacuation procedures were in place.

Staffing and recruitment

- There were enough staff deployed to ensure safe and appropriate care. People and staff both told us that staffing levels were sufficient.
- We observed staff were available to assist people when they required it and supervised communal areas appropriately.
- Safe recruitment procedures were in place. This included ensuring the required checks were undertaken on any new staff to check their suitability to work with vulnerable people.

Using medicines safely

- Overall medicines were managed safely and most people received their medicines as prescribed.
- Medicines were given by trained staff who had their competency to give medicines assessed.

- Medicine Administration Records (MARs) were in place and were generally well completed. Clear information was present within people's medicine plans on how people liked their medicines.
- Some improvements were needed to the way medicines were managed when people went out of the home. One person left the home before the morning medicine round, but staff had not asked them if they wanted to take their medicines before they left. We saw from the MAR they had not received some medicines for 10 days between 12 and 26 March. We raised this with the registered manager to ensure it was addressed.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations.

#### Preventing and controlling infection

- The home was kept clean and tidy and we saw evidence that infection control principals were adhered to.

#### Learning lessons when things go wrong

- Incidents were logged, investigated and actions put in place to reduce the likelihood of re-occurrences.
- Incidents were audited every month to look for any trends and to ensure appropriate lessons were learnt.



# Is the service effective?

## Our findings

At the last inspection we found the service was not consistently effective. Staff did not receive appropriate supervision and the environment was not maintained to a good standard. At this inspection we found some concerns about the environment remained and staff training was not consistently kept up-to-date.

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations were not consistently met. We found a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff told us they felt well supported by the registered manager. Staff demonstrated a good understanding of the people and topics we asked them about. Staff turnover was low which helped staff to build up detailed knowledge about the people they supported.
- Staff training was not always kept up-to-date with the training matrix showing that numerous training had not been completed at the frequency set out in the provider's policies. For example, 20 out of 21 staff had not completed training on infection control, or their training had expired.
- Staff received supervision and appraisal, but this had not been consistently kept up-to-date. We saw the registered manager had a plan in place to address this.

This was a breach of Regulation 18 of the Health and Social Care Act (2008) Regulated Activities Regulations 2014).

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

- The premises was not fully adapted to the needs of people who used the service.
- Since the last inspection, the registered manager had ensured that the two lounge areas were re-decorated and these were a pleasant living environment and suitable for the needs of people living in the home. People's bedrooms were also pleasant and personalised.
- The registered manager was keen to create a more dementia friendly environment for people and had spent time researching this. However, as we reported at our last few inspections, some areas of the home that had not been refurbished were not dementia friendly. The décor, including the carpets in the entrance, hallway, stairs and landing were worn and their design was not suitable for people living with dementia. The registered manager told us they hoped to have these areas refurbished in the near future.
- People didn't have access to a shower so their bathing choices were restricted. This had been reported at our last few inspections. The registered manager told us they hoped this would be addressed in the next few weeks.
- The garden area was also untidy and bland and could be improved to help make it a therapeutic and pleasant environment for people to spend time in.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs were assessed and a range of care plans put in place to assist staff. These were based on recognised standards and guidance for example moving and handling assessments were based on good practice examples. The new registered manager was researching tools to inform care practices. For example, they were in the process of introducing the Malnutritional Universal Screening Tool (MUST) to provide a more structured approach to nutritional management.

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

- People told us the food was tasty and they had a good choice. One person said "Foods lovely, I eat everything. They make you something else if you don't like the choices." We sampled some of the food and found it to be tasty and appropriate. Menus showed a variety of food was served on a daily basis and most food was home cooked.
- People's weights were monitored and action was taken to address any weight loss; for example, referral to the dietician.
- Some people required a soft or pureed diet and staff were clear on who required this and the reasons, giving us assurances that safe plans of care were followed.

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

- People said their healthcare needs were met by the service.
- Clear information on people's medical history and health needs was recorded within care plans to aid staff deliver person-centred care.
- The service worked with a range of health and social care professionals to ensure effective and timely care.
- People were supported to attend regular appointments to maintain their general health, oral health, eyesight and hearing.
- Information from healthcare services was recorded within people's care records to help staff deliver appropriate plans of care.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible".
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The service was acting within the legal framework of the MCA and DoLS. Appropriate DoLS authorisations were in place for two people who lacked capacity and the home had ensured these were reviewed within the required timeframes.
- Care plans demonstrated people's consent to care was sought. Where people lacked capacity best interest processes were followed. We identified one care record needed updating with details of a recent best interest decision that had been made. Documentation did not clearly show how the service had come to this decision. The registered manager said they would take immediate action to address.
- We saw evidence people were involved to the maximum extent possible in their care and support and their comments recorded when decisions needed to be made. Care plans set out how to support people to make decisions.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People consistently told us that staff were kind and caring to them and treated them well. One person said, "It's excellent, the care staff are very caring and friendly."
- We observed care using the Short Observational Framework Interaction (SOFI). Staff interacted positively with people and regularly checked on their welfare.
- We saw staff had developed good positive relationships with people and were able to confide in them about anything that was causing them distress. For example, on the morning of our inspection, a staff member noticed a person was worried about something. The staff member asked them if they wanted to talk about it and spend time patiently and calmly chatting with them and offering support and reassurance.
- Staff were kind and patient with people, for example, when supporting people with medicines.
- People's needs were assessed to determine whether they had any diverse needs which needed to be taken into account.

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

- People told us they felt involved in their plans of care. People told us they were able to make decisions on a daily basis about what they did, when they got up and what activities they were involved in.
- Care records showed that people had been consulted in the design and review of their care and support plans. The service worked with people to identify their goals and objectives and put plans in place to address these. The registered manager told us these would be reviewed on a regular basis.

Respecting and promoting people's privacy, dignity and independence

- We observed staff were respectful of people's privacy. For example, we saw staff using privacy screens, knocking on people's doors and waiting for permission before entering rooms.
- Care planning showed people's independence was promoted and we saw people being encouraged to undertake tasks around the home relating to laundry and preparing drinks. One person told us they assisted with the gardening and enjoyed this responsibility. They told us they grew fresh vegetables to be used in the kitchen during the summer months.

# Is the service responsive?

## Our findings

At the last inspection in November 2017 we found care plans were not always thorough enough and there was a lack of activities available to people. At this inspection we found that overall improvements had been made.

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People said they received a high standard of care and support from the home. One person said, "The care is brilliant, it is first class." They went on to say they had experienced good outcomes living in the home including the restoration of their confidence.
- The registered manager had recently re-assessed people's needs and completely re-written care plans. These were written to a high standard and were very detailed and person centred. They included action to take if 'things went wrong' with people's care and support.
- Care plans were written in an easy read format to promote people's own understanding of their care and support plans.
- We saw people were involved in the creation and review of these plans.
- Since the last inspection a programme of activities had been introduced. These were rather basic but flexible depending on people's individual preferences on each day. External entertainers periodically visited the home.
- Some people accessed the community independently and others with staff support. We saw people had been supported to go shopping and on a trip to Blackpool.
- The home was meeting the requirements of the Accessible Information Standard (2016). Information was available to people in easy read formats and people's communication needs were fully assessed with detailed plans of care put in place detailing individual methods of support.

Improving care quality in response to complaints or concerns

- People said they were satisfied with the service and had no cause to complain.
- A system was in place to log, investigate and learn from any complaints. There had been one concern since the last inspection which had been investigated appropriately. Compliments were also recorded by the service so the home knew any areas it exceeded expectations. One included, 'We cannot thank you enough for all the friendliness and care you showed to (relatives) whilst we were there. You guys in our eyes went above and beyond what we expected and nothing seemed too much trouble...the staff make it homely and friendly and the quality of care would be difficult to find elsewhere.'

End of life care and support

- People's end of life needs were assessed and the service worked with a range of health professionals to meet needs in this area. End of life care plans were in place which were regularly reviewed.
- We were told about examples where staff and management had provided emotional support to people

who were on palliative care.

# Is the service well-led?

## Our findings

At the last inspection in November 2017 the service was not consistently well led. This was because systems of governance had not been sufficiently robust in identifying and rectifying areas of concerns and ensuring a consistently high performing service.

At this inspection we found standards were still not consistently being met. The service had been in breach of regulation in four of five inspections including this one, and had never achieved a rating better than requires improvement.

Whilst we found the new registered manager had put in place a number of improvements, for example to care plans, investment was needed by the provider in the building and systems such as training to ensure a high performing service.

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

There were widespread and significant shortfalls in service leadership. Leaders did not assure the delivery of high-quality care. There was a breach of regulation 17 of the Health and Social Care Act (2008) Regulated Activities 2014 Regulations.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service had not taken appropriate action to fully act on the feedback from previous inspections around the home environment. For example, carpets in some areas of the building were not suitable for people living with dementia, there only had one bath in the building and no shower room.
- Whilst audits and checks were in place, systems of governance were not sufficiently robust to ensure consistent compliance with our regulations and standards. For example, at this inspection staff training was not consistently kept up-to-date and medicines audits had not identified the issue with one person not receiving their medicines consistently.
- More robust auditing and monitoring systems were required to reduce the risk of financial abuse.
- Although the registered manager was clear about the improvements they wanted to make, the service lacked a formal improvement plan detailing the timing and structure to these improvements. This was a breach of regulation 17 of the Health and Social Care Act (2008) Regulated Activities 2014 Regulations.
- Staff were clear in their roles. They said they were happy in their roles and thought the service provided good quality care. They said the registered manager had improved the home and settled the staff team. Staff did say they would like to see the environment improved.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- A registered manager was in place. We found the registered manager and staff were committed to

providing people with compassionate and person-centred care. People praised the overall care experience they received from the service. Comments included, "I have complete confidence in the home", "[Registered manager] is very nice, always very caring and make sure you have what they want" and "This one is run to a very high standard. It's an excellent place to be. It's a pleasure to wake up here."

- The registered manager was open and honest with us about the service's performance and areas that needed development.
- A statement of purpose was in place but it needed updating to reflect the correct service user bands and scope of the service. For example, it stated that it delivered care to older people but there were a number of people living in the home under 65. All services are required to have a statement of purpose which clearly describes the services provided, it's aims and objectives and the needs of the service users,

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

- People told us they felt involved in decisions made in the home. They told us they attended periodic resident meetings and had a say in menu's, activities and other events in the home.
- Staff meetings were periodically held and used to drive improvement.
- The views of people and staff were regularly sought through surveys. We saw responses from recent surveys were overwhelmingly positive.

Working in partnership with others

- The service worked with a range of health and social care professionals to co-ordinate care.
- The registered manager kept up-to-date with best practice and new care delivery ideas through membership of internet forums and groups. They told us they were planning to attend the local authority provider forums in the near future.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  (1) (2g) Medicines were not consistently managed in a safe and proper way.



This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>(1) Systems and processes were not operated to ensure consistent compliance with our regulations.</p> <p>(2a) Systems were not sufficiently robust to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.</p> <p>(2e) The service had not fully acted on feedback from relevant persons for the purposes of continually evaluating and improving such services;</p>

### The enforcement action we took:

We issued a warning notice to the provider requesting it become compliant with the regulation by 2 September 2019.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>18 (2) Staff were not receiving regular training, supervision and appraisal.</p>

### The enforcement action we took:

We issued a warning notice to the provider requesting it become compliant with the regulation by 1 July 2019.