

# Bupa Care Homes (ANS) Limited

## Lynton Hall Nursing Centre

### Inspection report

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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?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Good



### Overall summary

At our last inspection on 15 December 2014 we found a number of breaches of legal requirements. At the time, we judged two breaches of legal requirements were serious enough, that we served two warning notices on the provider and told them to make the necessary improvements by 3 April 2015. This was because the provider did not carry out sufficient risk assessments of the premises and individual risk assessments for people and did not have an effective system to regularly assess and monitor the quality of services provided and did not submit a Provider Information Return to CQC in a timely manner. We undertook a focused inspection on the 6 May 2015 to check that the provider had met the legal requirements for these two breaches and found the

necessary improvements had been made. During this inspection we looked to see if the provider was continuing to demonstrate good practice against these breaches of regulation.

Also at the inspection on the 15 December 2014, we found another seven breaches of legal requirements. These were in relation to the condition of the premises, the management of medicines, the standard of cleanliness of the premises and the level of support given to people who required help to eat and drink. Care plans for the support people required were not detailed enough to describe how to meet people's individual needs and the provider had not taken the correct actions

# Summary of findings

to ensure that the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed. These safeguards ensure that a service only deprives someone of their liberty in a safe and correct way, when it was in their best interests and there was no other way to look after them.

The provider sent us an action plan and told us they would make the necessary improvements by the end of May 2015. We undertook a comprehensive unannounced inspection on 4 August 2015 to check that they had followed their plan to confirm that they now met legal requirements and to review the rating of the service.

Lynton Hall Nursing Centre provides accommodation and nursing care for up to 57 older people. There were 41 people living at the home when we visited. The home was based on two floors, the ground floor for people with nursing care needs and the first floor for people living with dementia. There were bedrooms, bathrooms and communal rooms on both floors.

The new manager at Lynton Nursing Centre had transferred from another BUPA home and had applied to the CQC to be the registered manager at this location. 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 this inspection we found the provider had made progress towards improving the safety of the home for the people who lived and worked there and for visitors. We saw communal bathrooms that were previously congested with equipment and emergency pull cords that were not within reach were now more accessible. This meant that people could use the bathrooms independently and safely and that equipment did not have to be stored in the corridors when a person wanted a bath or shower.

We saw that a new medicines room had been built on the ground floor, which was locked and only accessible to staff. These improvements meant risks associated with medicines storage were being mitigated.

We observed that the home was clean and free from malodours. Bathrooms were adequately equipped to

promote people's independence. There was a cleaning schedule of the kitchen area which was being followed. Risks to people and others from poor infection control practices were therefore minimised.

We saw the sluice rooms were locked and cleaning products and chemicals were safely stored within these rooms. This meant people no longer had access to dangerous substances.

We looked at the care records for six people and the accident/ incident records. The care plans we looked at identified a high risk of falls but this had not prompted staff to develop a falls action plan to address the matter. The manager stated this was something that was being developed with staff and was part of their on-going improvement of the service.

The service had contracts for the maintenance of equipment used in the home, including the lift, fire extinguishers and emergency lighting. Records showed that these items of equipment were being maintained as required.

The service helped protect people from abuse. Staff were aware of what constituted abuse and the actions they should take to report it.

Throughout the inspection we saw staff were available, visible and engaging with people. Staffing levels had improved since the last inspection. The provider now employed their own bank staff who were familiar with the service, rather than using agency staff.

We saw the correct procedures had been followed before staff were employed. New staff now had a statutory six month probation period built into the job. These checks and processes helped to ensure that people were cared for by people suitable to the role.

We observed a medicines administration round and the practices used were safe. We looked at medicine administration record (MAR) charts and saw that they were correctly completed and up to date. The checks we made confirmed people were receiving their medicines as prescribed by staff qualified to administer medicines.

We found that staff had a general understanding of the Mental Capacity Act 2005 and the need to assess a person's capacity before taking any decisions. However we also saw there were restrictions around the home for the use of the lift or to access the doors leading to the

# Summary of findings

stairs between floors because these were operated with the use of a key code pad. There were no assessments as to how these could restrict people's freedom and how the risks could be mitigated. We have made a recommendation in relation to this.

There were sufficient staff during meals times to help people who require assistance with their meal. People could choose their meal from a variety of food on offer or if they wanted something else this would be made for them. These improvements have helped people to have a better experience at meals times.

People were cared for by staff who received appropriate training and support. Staff had the skills, experiences and a good understanding of how to meet people's needs. Staff told us the training had enabled them to do their work to a good standard. The frequency of supervision for staff had improved and was now a more supportive and helpful discussion time with their manager.

People were supported to maintain good health and have appropriate access to healthcare services. Appointments people had with health care professionals such as dentists or chiropodists were recorded in their health care plan.

People were looked after by staff who were caring. Our observations found the interactions between staff and people were positive. We saw that staff showed people care, patience and respect when engaging with them. The atmosphere in the home was calm and friendly. Staff took their time and gave people encouragement whilst supporting them.

The main entrance hall had a notice board that gave people and visitors a variety of information so they knew what was happening in the home. This included information about events taking place, activities, important phone numbers and the minutes of the home meetings that all people and relatives were invited to.

We saw people had the privacy they needed and they were treated with dignity and respect. Staff used the correct procedures and equipment when moving people from their wheelchair to a lounge chair and people's dignity was retained while they did this.

People's needs were assessed before they moved into the home and improvements had been made to the details

within care plans but more detailed information was still needed to make sure staff were clear about how to meet people's needs. The care plans we looked at had been generated within the last six months.

Care plans covered the activities of daily living but we did note for some people there was a lack of personal history. The manager said they were gradually adding information to the care files to help staff understand who a person was through their background.

There was a programme of activities and it was noted in people's daily records if they had attended. The home employed two full time activity co-ordinators and records showed they had regular contact with people and what activities were offered to them.

We reviewed the records relating to complaints or concerns. We noted the received complaints had been investigated and a record of statements and actions taken were retained, all within a timely manner.

Weekly, monthly and quarterly audits were carried out, including audits of medicines' records and storage, care plans and infection control. A new cleaning checklist had been devised for domestic staff to follow and we saw this was being followed.

Staff told us the new manager was doing a good job and cited several improvements they had made. Staff said they could approach the manager with any issue and regular staff meetings had been started. Staff said these were a helpful way of sharing information and having an understanding of the improvements the home needed to make.

The manager had an understanding of their role and responsibilities. They understood their legal obligations with regard to CQC requirements for submission of notifications and these had been submitted in a timely manner.

The provider continued to ask people and staff for their opinion of the service through the annual survey. People and staff were able to give their opinions on the service through the staff meetings, the house meetings and having easier access to speak to the manager and deputy manager. This helped to ensure that people's opinions were heard in a timely fashion and any concerns dealt with promptly.

# Summary of findings

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations Act 2014. The actions we have asked the provider to take can be found at the back of this report.

# 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. The provider had made progress towards improving the safety of people and others in the home

Hazardous chemicals were stored securely and medicines were stored safely. The home was visibly clean and free of malodours.

There were sufficient numbers of staff to support people. The provider had taken appropriate steps to protect people from abuse, neglect or harm.

Regular checks of maintenance and service records were conducted to ensure items of equipment were safe to use.

Good



### Is the service effective?

The service was not as effective as it could be.

The service had taken actions to ensure that the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed but we identified some areas where further improvements could be made. We have made a recommendation in regards to this.

Staff had the skills and knowledge to meet people's needs. There was an annual staff training programme in place and we saw this training put into practice. The supervision of staff took place on a regular basis and staff meetings were held monthly.

There were sufficient staff during meals times to help people who required assistance with their meals but records of people's weight and food/fluid intake were not always consistently reported.

Requires improvement



### Is the service caring?

The service was caring. People were looked after by staff who were caring and respectful. People's independence was promoted.

Arrangements were in place to support people in making decisions about their care.

Staff respected people's privacy and dignity.

Good



### Is the service responsive?

The service was not as responsive as it could be.

Whilst people's needs were assessed prior to admission to the home and improvements to the details within care plans had been made more detailed information was still needed to make these more person-centred.

Requires improvement



# Summary of findings

Care plans lacked information about people's personal history, backgrounds, and interests. Staff therefore did not have all the necessary information to fully understand the 'person' when providing care and treatment.

There were two activities co-ordinators and a programme of activities to ensure people had enough activities to choose from and to keep occupied.

## Is the service well-led?

The service was well led.

Systems used by the provider to assess the quality of service were effective and actions arising from these assessments were being followed through so the necessary improvements were made.

The provider ensured the service was operated in an open and inclusive manner. Staff and relatives felt the manager and deputy were approachable.

**Good**



# Lynton Hall Nursing Centre

## 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.

We undertook an unannounced comprehensive inspection of Lynton Hall Nursing Centre on 4 August 2015. This inspection was done to check that improvements we asked the provider to make in relation to the breaches of regulations we found after our comprehensive inspection on 15 and 16 December 2014 had been made and to review the rating of the service.

This inspection was carried out by one inspector and a specialist advisor who was a qualified nurse.

Before our inspection we reviewed all information we held about the service and the provider including looking at the

previous inspection reports and reviewing these in line with the action plan the provider submitted to the Care Quality Commission (CQC). We also reviewed the information sent to us by the local authority.

During this inspection, we spoke with six people living at the home, six relatives, two nurses, five care staff, the manager and deputy manager. We also spoke with two nurses from the local nursing impact team and a physiotherapist who was visiting the home.

We looked at the care records for six people and more closely at the care and support four of these people received. We reviewed 12 people's medicines records. We also looked at other records that related to how the home was managed including the quality assurance audits that the manager and provider, Bupa Care Homes Ltd completed. We also reviewed the training and staff supervision records for all staff employed at the home.

We observed care and support in communal areas. To do this we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

People were protected from the risks associated with the environment because the provider had suitable arrangements to ensure their safety within the home. On 15 December 2014, we inspected the service and identified breaches of the regulations in relation to the environment as the communal bathrooms were congested with equipment which made it difficult for people to use these facilities. The provider sent us an action plan and told us they would make the necessary improvements by the end of May 2015. At this inspection we found the provider was meeting this legal requirement.

People could use the bathrooms independently as much of the equipment previously stored in them had been removed. We found equipment in the bathrooms kept to a minimum and was stored in such a way that would not interfere with people accessing the facilities. The registered manager said they had designated a bathroom for storage and this was kept locked. We saw the majority of alarm pull cords were in reach with only two having been looped up off the floor. We spoke to the manager about this and they said they would remind staff that pull cords must hang down to the floor. These improvements meant that people could use the bathrooms independently and safely and that equipment did not have to be stored in the corridors when a person wanted a bath or shower, which could have put other people at risk of falls or injury.

In December 2014 the provider was also breaching the regulation in regard to the management of medicines because they did not have suitable arrangements to protect people against the risks associated with medicines. Medicines were not stored safely and securely and were accessible to people and visitors. The provider sent us an action plan and told us they would make the necessary improvements by the end of May 2015. At this inspection we found the provider was meeting this legal requirement.

During this inspection we saw that a new medicines room had been built on the ground floor. This room was locked and was only accessible to staff. The fridge to store medicines was locked and the temperature of the fridge recorded each day. The medicines trolley was securely kept in this room when not in use and medicines used for the afternoon and evening rounds were kept in locked cupboards. Unused medicines waiting to be returned to the pharmacy were stored in a locked cupboard and

returned promptly when not required. Staff told us the provider had recently changed the pharmacy they used and this had made a lot of difference to the efficiency of the service. These improvements meant that risks associated with the unsafe storage of medicines were minimised.

In December 2014 the provider was also breaching the regulation in relation to the control and prevention of infection because they did not make sure the premises were cleaned to an adequate standard to ensure people were protected from the risk of the spread of infection. The provider sent us an action plan and told us they would make the necessary improvements by the end of May 2015. At this inspection, we found the provider was meeting this legal requirement.

During this inspection we spoke with people who commented that the home was cleaner and looked nicer. One person said “The cleaners start really early and everything looks better”. We observed that the home was clean and free from mal-odours. We saw that domestic staff cleaned the dining area after meal times and bedrooms were being cleaned during our inspection. We saw that all the sinks in communal bathrooms and toilets now had plugs in them; this would help to ensure people could manage their own care and hygiene. We saw that bins had been emptied and toilet paper was in reach.

The kitchen and heated food trolleys were clean and personal clothing was not being stored in food cupboards. The cleaning schedule for the kitchen was being followed and we saw notices telling staff not to enter the kitchen without protective clothing on and we saw that staff adhered to this request. The provider had employed additional domestic staff including a cleaner for the evenings, which helped to keep the home clean at all times. The provider also had a programme of re-decoration including replacing carpets with hard wood floors. Staff we spoke with were happy with the cleanliness of the premises and said “The home is looking brighter, it’s a nice place to work.”

In December 2014 the provider was breaching the regulation in relation to managing risks to people and others because they had not carried out adequate risk assessments in relation to the premises and individual risks assessments did not reflect people’s changing needs. We serve a warning notice in relation to this breach. We carried



## Is the service safe?

out an inspection in May 2015 to check if the provider was meeting the requirements of the warning notice. The findings were that the provider had made the necessary improvements to meet this regulation.

During this inspection, we saw that the provider continued to meet this legal requirement. We found that sluice rooms were locked and cleaning products and chemicals were safely stored within these rooms. The sluice rooms could only be accessed by staff using a key pad system. This meant the risk of people accessing these areas had been mitigated by keeping the sluices locked.

We looked at the care records for six people and saw that these had been updated within the last six months. We also looked at the accident/ incident records from January 2015. Accidents were recorded and there was an accident log which provided a summary of the months accidents. The manager told us there was a weekly clinical meeting, where falls /accidents/ incidents were discussed. In addition risk assessments and care plans were reviewed and if appropriate the health service falls team and GP's would be involved. The care plans that we looked at showed that a falls risk assessment tool had been used, although when there was a high risk identified, or there was a history of falls, this did not appear to prompt staff to develop a falls action plan to address the matter. The manager stated this was something that was being developed with staff and was part of their on-going improvement of the service. We did see that behaviour charts were being used effectively to help monitor a person's behaviour and the actions that may trigger a change in behaviour. This information could then be used by staff to redirect the person's behaviour and reduce the risks to the person, staff and others.

The provider had appropriate arrangement to manage risks in the event of a fire. Details of people's individual personal emergency evacuation plans (PEEP) were within their care plan and in a file kept near to an emergency exit. This meant they were readily available in the event of an emergency. Records showed that 45 of the 50 staff had received recent fire awareness training. We saw that the service had contracts for the maintenance of equipment used in the home, including the lift, fire extinguishers and emergency lighting.

The provider helped to protect people from abuse. Staff we spoke with were aware and could explain what constituted abuse and the actions they should take to report it. They

understood what whistleblowing meant and the need to report their concerns. Staff had received training in safeguarding adults as part of their annual mandatory training. The manager told us if there were any concerns or safeguarding incidents they would report them to the CQC and to the local authority safeguarding teams. We saw that safeguarding information with phone numbers was on display in the manager's office. Our records showed that CQC were notified of the safeguarding concerns that had occurred in a timely manner.

One person said "There are enough staff and my call bell gets answered quickly. A relative felt that generally there were enough staff although said weekends were variable in numbers of staff on duty. Throughout the inspection we saw staff were available, visible and engaging with people. Staff we spoke with felt there were enough staff to meet the needs of people and staffing levels had improved with no agency staff now working at the home, which staff felt was very beneficial. One staff member commented "We [staff] are responsible for the improvement, this is our work." Both the deputy manager and the registered nurse (RN) said regular staff had improved the care delivery. The provider now had a bank of staff known to them they could call on to cover shifts when regular staff were absent.

We looked at three personal files of staff who had been recently recruited and saw the necessary recruitment checks had been carried out before staff were employed. This included completed application forms, references and criminal record checks. New staff now had a mandatory six month probation period built into the job. These checks and processes helped to ensure that people were cared for by people suitable to the role.

We observed a medicines administration round and the practices used were safe. The person administering the medicines wore a red tabard to show they were administering medicines and should not be disturbed. They said this helped them to concentrate on the one task and ensure people received the correct medicines.

We looked at 12 medicine administration record (MAR) charts and saw that they were correctly completed and up to date. The majority of medicines were administered using a monitored dosage system or blister pack, supplied by a local pharmacy. Only staff trained in medicines administration could give medicines to people using the service. The MAR charts we looked at had information including a photograph of the person and information

## Is the service safe?

about any allergies which was clearly hand written onto the front cover of the MAR chart. We saw that one allergy was not clearly written and staff when asked were unsure what the allergy was. We spoke to the manager about this one error and they said that they would check all the MAR

charts to ensure that any written allergies were legible. Records showed and staff told us that they received regular training for medicines administration. The checks we made confirmed that people were receiving their medicines as prescribed by staff qualified to administer medicines.

# Is the service effective?

## Our findings

On 15 December 2014 we inspected the service and identified a breach of the regulation in relation to obtaining people's consent when providing care and treatment. This was because the provider had not taken the correct action to ensure that the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were being met. The provider sent us an action plan and told us they would make the necessary improvements by the end of May 2015.

At this inspection we found the provider had made some progress to meeting the shortfalls in relation to this legal requirement.

We found the manager and deputy were both aware of their role in relation to MCA and applying to the local authority for a DoLS assessment. Staff had a general understanding of the MCA and the need to assess a person's capacity before taking any decisions. But some elements of the MCA had not been considered for people who lived at Lynton Hall. We saw that within each care file there was a document relating to a mental capacity assessment in respect of care planning and a person's capacity to decide on the care they required. However it was not always clearly stated, where a DoLS order had been granted what this covered, the plan in relation to this and the time scale to review the order. This meant that staff might not fully understand the impact this could have on a person and the care they received.

We also saw there were restrictions around the home for the use of the lift or to access the doors leading to the stairs between floors because these were operated with the use of a key code pad. We did see that visitors knew the codes, but there had been no assessments in regards to whether some people at the home could be given the codes so they could move freely within the home. We spoke to the manager about this and they said they would ensure that key codes were displayed or known to people so as not to restrict people's movement. We have made a recommendation to the provider about this.

In December 2014 the provider was breaching the regulation in relation to supporting people to eat and drink adequate amounts because there were insufficient staff during meals times to help people who required assistance with their meals and that records of people's weight and

food/fluid intake were not consistent to monitor their nutritional condition. The provider sent us an action plan and told us they would make the necessary improvements by the end of May 2015. At this inspection we found the provider was meeting this legal requirement.

During this inspection we observed the end of the breakfast service and the whole of the lunch service on both floors of the home. Where people required help to eat their meals we saw this was given by staff, who sat with the person throughout the meals, spoke to them in a kind and friendly manner and did not rush them. We saw that people who ate in their bedrooms had their food and drinks within reach and staff checked that they were able to manage their meals. We observed that people were encouraged and helped to be as independent as possible with eating and drinking and to make decisions about what they ate and drank.

We saw that food and fluid intake charts were used for people who required them. Some were completed and indicated frequent food and fluid intake. Others were less well completed. An example of this was that in one care plan the food and fluid chart for one day had only one entry listed, a yogurt. Another three entries indicated again only a yogurt eaten. There were no entries indicating other food had been offered or declined. For the same person there were also gaps in the Malnutrition Universal Screening Tool (MUST) records for a two month period and a loss of weight evidenced, but we could not find an action plan or explanation as to why this had occurred. We spoke with the manager about this one care plan and they said they would look into why the records had not been updated.

People we spoke with commented about the food saying "If you don't like what's on offer [food] staff will change it". Another person said "Food is good; I get up early and can always get a cup of tea while I wait for breakfast". One person said "I'm not keen on the food, but you can always get something else".

We saw that menus were on display and correct for the day, the tables were laid out with tablecloths and flowers and the atmosphere in the dining room was cheerful and friendly. People were shown two plates of food and we heard staff asking "What can I tempt you with today". We saw that people could choose a combination of the food on offer or if they wanted something else this would be made for them.

## Is the service effective?

Two relatives said they often visited at mealtimes to assist their relative. We asked one relative whether the home could cater for their relatives specific cultural food needs and they said “This was not a problem for the home”. We saw that staff knew about people’s cultural food needs and during mealtimes people were offered a meat, fish or vegetarian option. We saw one person who was on a soft diet asked staff for a sandwich, which they wouldn’t normally eat because of the risk of choking. The kitchen made this for them using very soft bread and thin slices of meat. Staff stayed with the person while they ate and the person said “I really enjoyed that”. The improvements detailed above helped people to have a nutritious and good experience at meals times and to retain their dignity while being assisted with their meal.

People were cared for by staff who received appropriate training and support. Staff had the skills, experiences and a good understanding of how to meet people’s needs. Records showed staff had attended recent training in safeguarding adults, food safety awareness, manual handling and nutrition and hydration. The home had a Dementia Champion and staff had received training in dementia awareness which included managing behaviours that challenged. Staff told us they also received updates to the mandatory training and had received specialist training from the Speech and Language Therapist (SALT), which helped them to care for people with eating or swallowing difficulties. The registered nurses (RN) had received additional training in the use of a syringe driver; this would allow them to administer pain relief medicines, especially for a person at the end of their life. Staff told us the training had enabled them to do their work to a good standard.

We spoke to staff about their induction and one staff member said it was over a 4/5 day period, and this had included covering the mandatory training topics including health and safety, fire awareness and safeguarding. The staff member felt that it was sufficient to enable them to do their work. Staff provided variable information about the frequency of supervision, one care staff saying she had received none this year, although had had a recent appraisal. Another said they had received supervision within the last three weeks and had found it a supportive and helpful discussion. Records showed that kitchen staff had also received supervision every six to eight weeks and notes of these sessions were kept on file.

Monthly staff meetings were held and staff told us these had helped them improve the service delivery. One staff said “We have a clear direction now, we know what we are doing”, another said “Communication is better; we are now told what is happening”.

People were supported to maintain good health and have appropriate access to healthcare services. Care files we inspected confirmed that all the people were registered with a local GP. People's health care needs were also well documented in their care plans. A visiting healthcare professional said they had received all the information they needed and had found staff very helpful. Appointments people had with health care professionals such as dentists or chiropodists were recorded in their health care plan.

**We recommend that the service consider current guidance on the Mental Capacity Act 2005, and Deprivation of Liberty Safeguards and how these should be implemented.**

# Is the service caring?

## Our findings

People were supported by caring staff. On 15 December 2014 we inspected the service and identified a breach of the regulation in relation to respecting and involving people in their care. This was because the provider had not taken the correct actions to ensure people were always given the opportunities in making decisions regarding their care and to have their dignity, privacy and independence maintained by staff. We served a warning notice on the provider against this breach and told them to meet the regulation by 3 April 2015. We inspected against this breach of regulation in May 2015 and found that staff were more considerate and caring towards people.

At this inspection we found the provider and staff were continuing to demonstrate a considerate and caring attitude towards people. Our use of the Short Observational Framework for Inspection (SOFI) tool found the interactions between staff and people were positive.

One person speaking about the care staff had given said “Staff helped me get my balance back”. Another person said “Staff are very friendly, that’s why I come back here”. Another person said “They felt looked after”, although they did say because they were confined to their bed, they were unable to reach some of their possessions and would like this reviewed. They didn’t say if they had spoken to staff about this matter. We spoke with the manager for this person and staff were sent to ensure their possessions were made accessible.

We saw that staff showed people care, patience and respect when engaging with them. We heard staff calling people by their preferred name. We observed staff engagements throughout the day in communal areas. We saw staff treating people in a respectful and dignified manner. The atmosphere in the home was calm and friendly. Staff took their time and gave people encouragement whilst supporting them. We heard music on in different parts of the home and there were quiet areas where people could just sit. We saw some people were very animated making their needs and choices known, they initiated conversations with staff and visitors and were confident in doing so, other people were quieter and staff took the time to engage with everyone.

We saw that action had been taken to ensure where a person needed a specific piece of equipment to aid their mobility, this had now been provided. Also previously people had a set day on which to have a bath or shower but we now saw that people were asked and could request a bath or shower when they wanted one.

One relative said “When you walk in you are really welcomed and the friendly receptionist is really nice”. Another relative told us they felt their relative was well looked after and when they had had issues these had been addressed. Another relative was also satisfied with the care and commented that they too had felt that things had improved over the last six months stating that staff were more proactive.

We could see that staff were happy and relaxed in their work and were talking and helping people in a friendly manner. One staff member said “It’s definitely got better by 200%”. Another said “You can hear the change in the way that staff speak to people now, it’s much kinder and quieter”.

The main entrance hall had a notice board that gave people a variety of information they may need, such as events taking place, activities, important phone numbers and the minutes of the home meetings that all people and relatives were invited to, which were held every two to three months. We saw the minutes of the last meeting held in June 2015 where nine families attended. A number of issues regarding the running of the home were discussed including the last CQC inspection visit.

We saw that people had the privacy they needed and they were treated with dignity and respect at all times. One person said “Staff help me to have a bath and they are always very polite about it”. Staff knocked on people’s bedroom doors before they went in. We saw that staff used the correct procedures and equipment when moving people from their wheelchair to a lounge chair and that people’s dignity was retained while they did this. We saw for people who stayed in their room the call bell was within reach and staff answered the bell promptly when it rang. One staff member said “We always close doors and are prompt at helping people”. This helped to ensure people’s dignity was maintained.

# Is the service responsive?

## Our findings

People and their relatives gave positive feedback about the care and treatment they received. However, we found that people were not always protected against the risks of poor care because of a lack of person centred care planning.

On 15 December 2014 we inspected the service and identified a breach of the regulation in relation to the care and welfare of people because the provider had not taken the correct actions to ensure people's care plans were detailed enough to meet a person's individual needs. The provider sent us an action plan and told us they would make the necessary improvements by the end of May 2015.

At this inspection we found the provider had started to follow their action plan to meet the shortfalls in relation to the legal requirement described above. The provider had made progress towards improving the responsiveness of the home for the people who lived there, but they still had more to do.

During this inspection we looked at the care plans for six people and more closely at the care and treatment four of these people received. All the care plans were currently under review and a new format was being introduced. The care plans we looked at had been generated within the last six months.

We saw improvements had been made in the details within care plans but that more detailed information was still needed. Care plans covered the activities of daily living, lifestyle information relating to people's preferences, hobbies and interests. However we did note for some people there was a lack of information about their personal history, backgrounds and interests so staff had a good understanding of the 'person' they were responsible to care for. We spoke with the manager about this and they said they were gradually adding information to the care plans to help staff understand who a person was through their background, although this was not always possible where people did not have family.

We saw that for some specific medical needs the community nurse had been involved in the development of the care plan and the information needed was fully documented. But other specific health issues were not fully documented with an action plan of how to manage the concern. One body map we saw noted a skin tear and this was detailed in the care plan, but we were unable to locate

a wound care plan for this injury. Another care plan was lacking in consistent details for a person's weight and Waterlow score (this tool assists staff to assess the risk of a person developing a pressure ulcer) and the actions needed to be taken to improve this person's health.

Additional information such as an assessment for depression or for behaviours that challenge were detailed and helped staff to understand a person's reactions such as verbal or physical aggression, but there was little information on the actions to take when an incident occurred. This lack of information may mean that staff would not be able to take the appropriate action to meet a person's needs.

We saw that the details in the daily records we looked at were variable in content. Some had good information which was reflective of how the person had spent their day, others had statements such as "Personal care needs met." We spoke with the manager about the lack of details in some of the care plans. The manager told us all staff were getting used to the new style of care plans that the provider BUPA had developed and was aware that improvements needed to be made. They had developed a weekly schedule for checking and updating care plans and had started with people whose needs were the most urgent. The above showed there were risks that people might not receive the care they needed according to their preferences and wishes because the details in the care plans were insufficient to fully understand a person's needs. There was a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that some of the care plans had people's or their relatives' signatures, relating to their involvement in care plans, and statements saying people were unable to sign were in other files where there were no signatures. One relative said they had seen the person's care plans and staff informed them of changes in their relatives care. They told us, "I would never move my relative from this home."

The home was developing a hospital passport for each person. A hospital passport is a booklet designed to accompany the person when they go into hospital. It contains essential and useful information for professionals about the particular needs, likes and dislikes of a person and helped to reduce the incidence of distress or misunderstanding.



## Is the service responsive?

There was a programme of activities and it was noted in people's daily records if they had attended. The home employed two full time activity co-ordinators and their records showed they had regular contact with people and what activities were offered. Each person had a weekly activities plan in the room and copies were seen around the home and on the notice boards. During our visit a singer was performing in the upstairs lounge and people from downstairs had come up to join in. We saw several people singing along and showing great enjoyment of the performance. People were able to bring their pets into the home with the manager's agreement. We saw that people enjoyed stroking the animals and they helped give a homely feel to the home.

We saw the service had a complaints procedure which detailed how people could make a complaint about the service. We reviewed the records relating to complaints or concerns. We noted that complaints had been investigated and a record of the investigation and actions taken were retained. These were acknowledged, investigated and responded to within a timely manner. A log of complaints received and the outcomes were maintained and a summary of them helped to identify trends and patterns so further action could be taken to address any systemic issues.

# Is the service well-led?

## Our findings

The provider had an effective quality assurance system to make sure people received safe and appropriate care and treatment.

On 15 December 2014 we inspected the service and identified a breach of the regulation in relation to quality assurance because the service was failing to protect people through an effective system to regularly assess and monitor the quality of services provided and to submit notifications to CQC in a timely manner. We issued a warning notice to the provider against this breach and the provider sent us an action plan and told us they would make the necessary improvements against this breach. We inspected the service in May 2015 to check the provider was meeting this legal requirement and found the provider was meeting the requirements of the regulations.

At this inspection we found the provider was continuing to improve the services received by people. One relative commented about the recent positive improvements in the home and spoke about the redecoration of bedrooms and the changes made to other areas of the home, saying “It’s good to see the changes; it makes a difference to people here”.

Records showed the provider’s monitoring systems were effective because where actions were needed to be taken they had been. The housekeeping service had developed a checklist for domestic staff to follow when cleaning various areas of the home, including communal areas and bedrooms and we could see that this was effective. Where items were in need of repair and noted on the checklist we saw these had been actioned.

Weekly, monthly and quarterly audits were carried out, including audits of medicines’ records and storage, care plans and infection control. Areas for improvement were noted and discussed with staff.

The service was well led by a new manager and the former deputy manager who were supported by the area manager for BUPA. One person who lived at Lynton Hall said “The manager and deputy are very good, you can chat to them”.

Staff felt the new manager was doing a good job and cited several improvements they made, since taking up the post. Staff told us the home was cleaner and refurbishment and redecoration was taking place. They said that more regular staff had made a big improvement on care delivery. One staff member said they had been personally thanked by the manager for their hard work, which made them feel good. Staff said they could approach the manager with any issue and regular staff meetings had been started to ensure staff had a forum to relay comments, concerns or ideas on how to improve the service. We also saw in the staff room a ‘Barrier Board’. This was where staff or management could put notes to what was a barrier to good care. These could then be discussed at team meetings or at supervision. This gave staff a chance to air their views and to help make changes to the service delivery.

From discussion we had with the manager, it was clear they had an understanding of their management role and responsibilities. They understood their legal obligations with regard to CQC requirements for submission of notifications and these had been submitted in a timely manner. The notifications we had received from the home confirmed this. During our inspection we found the manager and deputy manager were receptive and responsive to any comments we made about the home or staff. We undertook a partial tour of the premises with the manager and any minor concerns or issues we identified were addressed immediately or noted down to be addressed before we left.

The provider continued to ask people and staff for their opinion of the service through the annual survey. We reported on the most recent surveys in our last report. The people and relatives survey was last sent out in November 2014 and the staff survey sent out in September/October 2014. We did not see if there was an action plan following these surveys. There had been no update since these dates. But people and staff were now more able to give their opinions on the service they were receiving through the staff meetings, the house meetings and having easier access to speak to the manager and deputy manager. This helped to ensure that people’s opinions were heard in a timely fashion and any concerns dealt with promptly.



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	Regulation
	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care
	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care
	People who use services were not protected against the risks of inappropriate care and treatment by means of the planning and delivery of care to meet the service users' individual needs and to ensure the welfare of the service user.
	Regulation 9(1)(a)(b)(c)(3)(a)(b)