

# Lyndhurst Lodge Residential Home Limited

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### Inspection report

87 Burton Road  
Ashby De La Zouch  
Leicestershire  
LE65 2QL

Tel: 01530563007

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Lyndhurst Lodge Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Lyndhurst Lodge Residential Home is located in a residential area of Ashby-de-la-Zouch and is registered to provide accommodation and personal care for up to 19 older adults. At the time of our inspection, there were 19 people living at the service, some of whom were living with dementia.

At our last inspection in May 2016, the service was rated as Good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Staff had a good understanding of how to protect people from the risk of abuse and safeguarding procedures to be followed. Risk assessments were in place to manage potential risks for people and staff were clear on the measures they needed to take.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out which helped ensure that suitable staff worked at the service. There were sufficient numbers of staff deployed to keep people safe and their needs were met in a timely manner.

Staff had the skills, knowledge and support they needed to meet people's needs. Staff demonstrated that they knew people well.

Staff received regular support and supervision. This helped them to reflect on their practices and identify areas of personal and professional development.

People were supported to have enough to eat and drink and people had access to healthcare to enable them to maintain their health and well being.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were treated with kindness, dignity and respect. Staff spent time getting to know people and their specific needs and wishes.

People and, where appropriate, their relatives, were involved in care planning and were able to contribute to the way in which care was provided. Information in care plans supported staff to provide personalised care and was regularly reviewed to ensure it reflected people's current needs.

A process was in place which ensured people could raise any complaints or concerns. These were acted upon promptly and used to drive improvements in the service.

The provider had systems in place to monitor the quality of the service. People, relatives and staff were supported to share their views about the service and this feedback was used to develop the service to ensure people received good care.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains well-led.	<b>Good</b> ●

# Lyndhurst Lodge Residential Home Limited

## **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 checked 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 May 2018 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and previous inspection reports before the inspection.

We reviewed other information we had about the provider, including notifications of any safeguarding or other incidents affecting the safety and well-being of people using the service. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with three people and one relative of a person who used the service. We also spoke with the registered manager, the deputy manager and three members of care staff. We looked at three people's care plans and other records relating to their care including risk assessments and medicines. We looked at three staff recruitment files, staff training records and other records relating to the day-to-day management and quality assurance of the service.

# Is the service safe?

## Our findings

People continued to receive safe care. One person told us, "I feel safe here, absolutely. If I have any worries, I know I can speak to the staff. They keep me safe, for example, reminding me not to lean forwards in my wheelchair in case I fall." Another person told us, "I feel much safer than I did at home. At home, I had falls. I have a walker here and I love it. It makes me feel safe, I don't have falls."

People were protected from the risk of abuse because staff had a good understanding of safeguarding and were confident to raise concerns if they needed to. Staff were able to describe how people may be vulnerable from abuse and were aware of their responsibility to raise concerns with external agencies if they had any concerns about malpractice within the service. The provider had a safeguarding policy and procedure in place and displayed safeguarding information, together with contact details about external agencies, on notice boards for people, visitor and staff. Staff had completed training in safeguarding and this was refreshed regularly.

The registered manager described how staff protected people from potential discrimination during safeguarding investigations. This included upholding people's rights to ensure people were not discriminated against because of their lifestyle choices or their behaviour. Staff had made timely notifications to external agencies which helped to ensure action was taken to reduce any risk of harm for people.

Risks to people's health and well being had been carried out and were regularly reviewed if people's needs changed. Risk assessments covered all the potential risks present for people and the environment. They were specific to people's needs and identified the hazard, the risks and actions staff needed to take to reduce the risk of harm. For example, risks associated with people's skin condition and risks associated with how people moved around the service. Staff demonstrated they were aware of measures needed to keep people safe. For instance, they ensured people had the equipment they needed to move safely in line with guidance in risk assessments.

There were effective risk assessments to support people whose behaviour may challenge. The registered manager had identified triggers that may lead to the behaviour and what staff should do to support people who became distressed. For example, one person required constant staff supervision, whilst another person needed an item of comfort with them at all times. Staff worked with health professionals to support people and completed comprehensive records to monitor incidents. This enabled health professionals to review behaviours that challenged and provide guidance and advice for staff to follow in line with best practice.

Risks to people's safety had been assessed and were kept under review. People had up to date Personal Emergency Evacuation Plans (PEEP) which assessed the level of support each person needed to evacuate in the event of an emergency.

There were enough staff to meet people's needs. Rotas we reviewed and staff we spoke with confirmed this. During our inspection we saw that people had the support they needed and staff responded promptly when

called. There were enough staff available to make sure people were safe, and to provide interaction and conversation.

The provider followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service (DBS) checks were completed, references and proof of identify obtained. The DBS checks help to make sure that potential employees are suitable to be working in care.

Staff mostly supported people to take their medicines safely. People told us they were happy with the support staff provided to take their medicines. Two people told us staff supported them to meet with their GP to regularly review their medicines.

Medicine storage within the service was safe. Staff had received relevant training to safely administer medicines and had completed medicine administration records we reviewed accurately. Each person had a medicines plan which included a photograph, details of their medicines, health conditions and how they preferred to be supported to take their medicines. Medicine guidelines for people who received medicines on a 'when required' basis [PRN] were clear. We observed staff consulted with people regarding these medicines to identify if they were needed and in what quantity. One person required their medicines to be administered covertly [disguised in food or drink] and a protocol from the GP was in place to authorise this. Additionally, staff had consulted with the pharmacist to identify any foods or drinks that may affect the performance of the medicines and should therefore be avoided.

We observed staff supported people to take their medicines at their own place and provided reassurance and encouragement where needed. We saw staff did not always follow infection control procedures in administering eye drops and touching tablets with their hands. This could present a potential risk of infection for people. The registered manager had provided gloves and hand sanitisers around the service, but we did not observe staff using these during the administration of medicines. The registered manager told us they would address this with staff.

Staff took pride in the building they were working in and provided care to people in a clean and tidy environment. The domestic staff member was absent from the service and staff were completing the day-to-day cleaning. We saw they followed infection control procedures in undertaking cleaning, particularly in high risk areas such as the kitchen and the laundry. Personal protective equipment, such as gloves and aprons was available for staff to use.

Incidents and accidents were recorded within the service accurately, reviewed and used to prevent the risk of further harm. Records were regularly analysed and reviewed by the registered manager who then identified actions to prevent further occurrences. For example, the registered manager had identified that a large proportion of falls by people occurred during the night time or early hours of the morning. They had completed detailed falls risk assessments for people. Where people had been identified at risk of falling, sensor mats had been provided in rooms which alerted staff if people got up out of bed. The registered manager told us this action had reduced the number of falls people experienced significantly. The registered manager had also worked with staff to learn lessons from incidents of behaviours that challenge. Information about incidents was analysed and used to identify peak times when more intensive staff supervision was required, and times when the person appeared more settled. Staff rotas had been designed to respond to these needs which meant people received the supervision they needed to keep them and others safe.

## Is the service effective?

### Our findings

Staff continued to provide effective care that met people's needs. People told us staff knew them well and knew how to meet their needs. One person told us, "The staff know I like to be independent. They respect this and support me to do as much as possible for myself." Another person told us staff knew how they liked things to be done and this gave them confidence.

People's needs were assessed during an initial assessment prior to them using the service. The assessment covered people's physical and emotional needs, their wishes and preferences, which enabled staff to meet diverse needs. Care plans included detailed information about people and how they communicated their choices. This information helped staff to protect people from the risk of discrimination and ensure care was provided in line with the person's wishes.

Staff told us they felt they had completed enough training to enable them to carry out their roles. One staff member told us, "We complete lots of training and it's regularly updated so we know what we need to do. We are also supported to develop. For example, I am working towards completing my NVQ (a nationally recognised care qualification)." Another staff member described their induction when they first began to work in the service. "I had an introduction into the service, including a show round and health and safety training, which was detailed. I then completed three shadow shifts (working alongside experienced staff). This helped me to get to know people. Training is provided through a DVD or face-to-face with a trainer; it depends on the type of training. Training is always available." Records showed training included subjects such as safeguarding, dementia care and equality and diversity.

Staff received regular supervision and told us they felt supported in their roles. Regular one-to-one sessions and staff meetings provided good forums for staff to discuss their performance and areas where further development was needed.

People were supported to maintain a balanced diet. We saw that people were supported to access food and drink throughout the day. Menu planning took place and people were offered a choice of food, with a good range of alternatives available to the main meals. We observed that lunch took place in a relaxed and comfortable atmosphere that people enjoyed. During the lunch period, staff consulted with people about the choices and checked they were happy with them. Pictorial menus were available to assist people to make choices. Kitchen staff were provided with information, such as individual likes and dislikes, allergies and special dietary needs. This helped to ensure people's nutritional needs and wishes were met. Where people required support to eat their meals, this was provided through sensitive staff support or aids and adaptations, such as adapted utensils. People spoke positively about the meal and told us staff made the effort to provide them with their favourite foods as part of menu planning.

Where people were identified as being at risk of poor nutrition, food and fluid intake was monitored and recorded. Staff monitored people's weight regularly and made referrals to health professionals if they had concerns about people's nutritional needs.

People were supported to maintain their health and wellbeing. Records in people's care plans showed that the staff worked collaboratively with healthcare professionals such as GP's, dentists and specialist agencies. Guidance provided by healthcare professionals was included into care plans for staff to follow. For example, guidance in managing specific health conditions or behaviours that challenge. This helped staff to ensure care was provided in line with best practice.

People told us staff supported them to stay healthy. One relative told us staff had responded to two incidents where their family member had been unwell. They told us, "There have been two health issues where [name] was poorly. Staff were responsive and dealt with them as I would have. They kept me informed of everything. They encourage [name] to eat and drink enough." Handover records between shifts commented on people's emotional as well as physical wellbeing. Records showed staff made referrals where they were concerned people were acting out of the ordinary or were not well.

People's rights were protected as staff understood their responsibilities under the Mental Capacity Act 2005 (MCA). People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People were supported to live their lives in the way they chose. Staff supported people to make their own choices about their care where possible and otherwise involved family members, health and social care professionals or advocates in decisions about their care as appropriate. People's care plans detailed the decisions and choices people were able to make and these were regularly reviewed. The registered manager had applied for DoLS authorisation as required in order to deprive people of their liberty in certain situations where this was in their best interests to keep them safe. We observed staff sought consent before providing care and support.

The provider had recently decorated areas of the service and replaced furnishings to provide people with a clean and bright environment. The registered manager had displayed pictorial and word signs around the service to support people's orientation. This included signs to rooms and communal areas, signs to describe the weather, time of day and date. People were able to personalise their rooms with belongings. Communal areas were comfortable and homely which encouraged people to use them. We identified that the flooring in the dining room was worn in places. The registered manager told us this had already been identified by the provider who was planning further upgrade and development of the building. There was a rear garden which was available for people to use in good weather.

## Is the service caring?

### Our findings

Staff continued to develop and maintain caring relationships with people. Comments from people included, "I can't fault the staff; they are all friendly and helpful," "The staff are very good and caring. I like all the staff and they seem happy working together," and "It's a lovely place, they [staff] look after me very well. They make you feel at home."

The staff we spoke with were positive about the people using the service and were knowledgeable about people's needs and preferences. We saw staff interacted with people in a friendly, respectful way and gave people the time they required to talk and receive care. There was good natured banter between people and staff which encouraged a relaxed, informal atmosphere for people.

Visitors were welcome at any time. A relative we spoke with told us they visited frequently and were always made to feel welcome. We saw staff supported the relative to visit their family member in private and offered support and refreshments during the visit.

Care plans contained clear guidance about how to best support people to communicate and share their views. For example, one person communicated most effectively when they had an object of comfort with them. Staff ensured the person had this with them and included the object in conversations. We saw the person was happy and at ease with this approach. People and one relative told us they had been involved and consulted in developing their care plans. At the time of our inspection, there were no people using the service who had specific cultural or religious needs. However, the service had policies in place to support diverse needs and protect people against discrimination.

People were encouraged to be as independent as possible and this was captured in their care plans. For example, care plans referenced people's abilities, how much they were able to do without support and how much support may be needed. One person told us their independence was important to them and staff respected this and enabled them to do as much as possible each day. We saw staff encouraged people to move around the service independently wherever possible.

Staff knew how to provide care in a dignified way and told us they closed doors and curtains to maintain people's privacy. They explained how they provided personal care in a sensitive manner to maintain the person's dignity. They also discussed any personal information quietly so that others could not overhear them. The service had recently been awarded a bronze dignity award from the local authority in recognition of staff protecting people's rights to be treated in a dignified manner.

People's information was stored securely and only accessed by relevant staff. Staff ensured that cabinets were kept locked and demonstrated they understood people's right to have their data protected to protect their right to confidentiality.

## Is the service responsive?

### Our findings

People continued to receive a service that was responsive to their needs. Individual needs were identified and assessed before people began to use the service. This information was used to develop a care plan that recognised and promoted people's personal preferences and wishes.

Care plans and assessments were detailed and personalised. They included information about people's life history, where they grew up, school and childhood memories and significant events or favourite memories. In addition, care plans provided step-by-step guidance about how people liked to be supported and what was important to them. For example, routines included what time people preferred to get up and go to bed, what toiletries they liked when bathing or showering and items that they liked to have around them. This helped staff to provide personalised care and support. Care plans were regularly reviewed to ensure they reflected people's current needs. Reviews involved staff and wherever possible, the person and their representative.

People were supported to engage in meaningful activity. We saw that a physical exercise session has been arranged in the communal lounge which a group of people were involved in. Staff created a sing-a-long session with people by playing favourite songs from by-gone eras. We saw people responded positively to this, joining in individually and as groups. Other people were engaged in individual activities, such as knitting and pampering. One person was supported through doll therapy, which we saw brought a great deal of comfort for them, improved their communication skills and reduced their anxiety. The service employed an activity co-ordinator who was not present during our inspection visit. The registered manager explained activities were centred around stimulation and engagement for people living with dementia. Sessions included 'in-house shopping,' for example clothing sale, trips to the local community and in-house services from the local church. One person told us, "They [staff] help you to spend the time how you want to. They don't just let you sit here like a cabbage."

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016. This is legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. People were provided with information in a format they preferred. This included written, verbal or through an agreed third party.

People knew how to make a complaint if they needed and were confident that their concerns would be listened to and acted upon as required. One person told us, "I can say if I don't like things. I can speak to any of the staff here if I am not happy." The provider's complaints policy supported people to understand how to make a complaint and how this would be managed. The registered manager maintained a record of complaints received. These showed complaints had been investigated and the complainant had been provided with an outcome. Complaints were used to bring about improvements in the care provided. For example, a complaint about laundry had resulted in improvements to the laundry service.

No end of life care was currently being provided at the service. Policies were in place and staff had received training should a person require end of life care. The registered manager had put in place a new care plan to support people through end of life care. People were supported with advanced decisions as they required and individual wishes were included in people's care plans where these were known.

## Is the service well-led?

### Our findings

People and the relative we spoke with were positive about the management and leadership of the service and felt that the registered manager was approachable. Staff spoke highly of the registered manager and demonstrated good awareness of the provider's values of person centred care within a 'home from home' environment. Comments included, "The [registered manager's] door is always open. [Name] is approachable. The place is well managed and people are happy. The directors also take the time to speak with us. The philosophy here is look at the person, not the illness and I feel we do that here," "It's different here than where I have worked before. It is more caring; not time scheduled. We really do try to look after people's best interests. It is well led because everything is organised and there is good communication," and "We are like a big family here. If there are any issues, they are resolved straight away. I have confidence in the manager, they are very supportive."

The service had a registered manager in post. 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. They were supported by a deputy manager and senior care staff. There was a clear leadership structure in place that was both supportive and encouraged others to be involved in decision making.

The registered manager and the staff team told us they worked well together. Staff spoke of respecting each other's diversity and different approaches which resulted in strong team work. Staff were encouraged to share views and discuss improvements during staff meetings, in addition to more informal forums. Minutes from staff meetings held in April and May 2018 showed staff were supported to discuss best practice, such as the importance of accurate recordings, professional boundaries and improvements in day-to-day working practices.

The registered manager supported people to share their views about the service by developing a 'listening forum'. This involved the activity co-ordinator spending time individually with people, consulting them about their care and the service. Recent feedback showed people were happy with their care and had made minor comments regarding suggested improvements to menus. These had been implemented and menus had been amended accordingly. People were also supported to share their views through surveys and meetings, where the registered manager discussed procedures. For example, safeguarding procedures were discussed to raise people's awareness of the risk of abuse and fire procedures to remind people how to stay safe in the event of a fire.

Quality assurance systems were in place to monitor all aspects of the service. The registered manager and senior staff completed regular audits and checks in all areas of the service to identify any areas of improvements. We saw that when issues were found, actions were set to make improvements. For example, audits identified the need for more accurate recordings and this had been discussed with staff in meetings. On-going monitoring was in place to ensure improvements had been made.

The registered manager was aware of their legal responsibilities and had made appropriate notifications. The provider visited the service regularly and had ensured the latest ratings were displayed on their website and at the registered location. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgements.

The service worked positively with outside agencies. This included working with health and social care professionals to ensure people received care in line with best practice. The service was part of the local community and people were supported to use local amenities wherever possible, for example shops and places of worship. The local authority had been communicating with the service and had carried out a quality monitoring visit. The registered manager was awaiting the results of the review and felt positive that the relationship with the local authority and commissioners was open and transparent.