

Llysfield Nursing Home Limited

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## Inspection report

Middleton Road  
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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

Llysfield is a care home which provides residential and nursing care for up to 30 people. People living in the home have a mixture of needs, from requiring support with personal care to requiring nursing intervention for a particular medical condition. At the time of the inspection there were 24 people living at the home.

This was an unannounced inspection that took place on 8 November 2016. The home has a registered manager. 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 and associated Regulations about how the service is run. The registered manager was not on duty at this inspection.

We last inspected this home on 30 September 2015 where we identified one breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to people who had not been able to make a decision about their own care. The provider had not recorded why a certain decision had been made for them by staff. We asked the provider to submit to us an action plan outlining how they planned to meet this regulation. We reviewed the action plan during this inspection to see whether or not the provider had taken appropriate action. We found the provider had taken sufficient action to show they were now meeting the regulations.

Staff understood their role in keeping people safe. Staff carried out risk assessments and created plans to minimise known hazards whilst encouraging people's independence. There were sufficient staff in the home to help ensure people received the care and support they required.

Recruitment processes were in place to ensure that those staff who were providing care were suitable to be working at the home.

Staff followed the provider's procedures in administering medicines and medicines were stored safely.

Care was provided by staff who were trained and received relevant support from their line manager. Staff told us they felt supported by the registered manager and enjoyed working in the home.

Staff provided care in line with the Mental Capacity Act 2005 (MCA). Records demonstrated that people's rights were protected as staff acted in accordance with the MCA when being supported to make specific decisions. The staff were aware of when people may be restricted and the need to submit applications to the supervisory body in relation to this.

People were provided with a choice of meals each day and those who had dietary requirements received appropriate foods. Staff followed the guidance of healthcare professionals where appropriate.

There was a caring and calm atmosphere in the home where people and staff interacted together well.

People and relatives were very happy with the care provided and relatives were made to feel welcome when they visited.

Staff supported people to take part in various activities. Staff were attentive to people and knew them well.

People knew how to make a complaint if they felt the need to. Suggestions raised by people were responded to by management.

Care plans contained information to guide staff on how someone wished to be cared for. Staff had a good understanding of people's needs and backgrounds as detailed in their care plans.

Quality assurance checks were carried out to help ensure the environment was a safe place for people to live and they received a good quality of care. People and relatives were given the opportunity to provide feedback on the care they received.

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

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

People's risks were assessed and action taken to minimise risks to them.

Accidents and incidents were recorded and monitored for trends.

The provider ensured there were enough staff on duty to meet people's needs.

The provider carried out appropriate checks when recruiting new staff.

Staff understood how to keep people safe from abuse. They knew how to report any concerns.

Staff followed medicines management procedures to ensure people received their medicines safely.

### Is the service effective?

Good 

The service was effective.

Staff understood the Deprivation of Liberty Safeguards and followed legal requirements in relation to the Mental Capacity Act.

People were provided with food and drink which supported them to maintain a healthy diet.

Staff were trained to ensure they could deliver care that met people's needs.

Staff had the opportunity to meet with their line manager on a one to one basis to discuss their performance and development needs.

People had access to external healthcare professionals when they needed them.

### Is the service caring?

Good ●

The service was caring

People were treated with kindness and received dignified attentive care.

Staff respected people's own decisions and encouraged them to make choices in their care.

Relatives were made to feel welcome and included in the home.

### Is the service responsive?

Good ●

The service was responsive.

People were supported to take part in daily activities of their choice.

Care plans contained relevant and detailed information about the care people required.

People knew how to make a complaint.

### Is the service well-led?

Good ●

The service was well-led.

Quality monitoring audits were carried out to help ensure quality of care within the home and to drive improvement.

Staff felt supported and valued by the registered manager and people said the home was well managed.

Everyone was involved in the running of the home and feedback obtained was used to improve the service.

# Llysfield Nursing 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 unannounced inspection took place on 8 November 2016. The inspection team consisted of one inspector and an expert by experience. An expert by experience is someone who has had experience of caring or living with someone who would use this type of service.

Prior to this inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. We also received feedback from the local authority and Healthwatch prior to the inspection.

We had 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.

As part of our inspection we spoke with seven people, the deputy manager, five staff, two relatives and a visitor. We reviewed a variety of records which included three people's care plans, two staff files, training information, medicines records, quality assurance records and policies and procedures in relation to the running of the home.

# Is the service safe?

## Our findings

People felt safe living in the home. One person told us, "I have been here for years now and I am doing well. The girls are all nice and friendly and look after me well. I have no worries about being safe. You know you are safe here. If I was uncomfortable I would live somewhere else." Another person said, "Security is better here now, all my belongings are safe. People just can't walk in as the doors are locked."

Staff we spoke with said that following training, they had the confidence to identify concerns about abuse and said they would act to keep people safe. Staff knew of the procedures they should follow if they suspected any abuse was taking place. They were able to tell us who they could contact in the event they wished to report concerns outside of the home. One staff member said, "I know what to do and would definitely not give up until the person was safe." Another member of staff told us, "I would let my manager know if there was abuse happening to a person."

People were helped to stay safe and free from risk as staff had a good understanding of their responsibilities for reporting accidents, incidents or concerns. When people had accidents or incidents these were recorded and monitored. Appropriate action was taken in the event that people had recurrent accidents such as falls. For example, providing people with mobility aids.

Risks to people's safety had been assessed and plans were in place to minimise these risks. People were supported to take risks to retain their independence whilst any known hazards were minimised to prevent harm. We saw people used mobility aids to assist them in walking around the home unsupported so they could remain as independent as possible. People's mobility aids were placed close to them and they were repeatedly asked by staff if everything was alright and where they wanted it. Other people were moving around the home independently in their wheelchairs without staff support. A staff member said, "Some people need help with keeping safe, but we help them do as much for themselves as they can."

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. Records showed that checks had been made with the Disclosure and Barring Service to make sure people were suitable to work with older people. Staff we spoke with described their recruitment process as very thorough. One staff member said, "Yes they interviewed me and accepted me for the job. I didn't start until everything had been cleared and they were sure I was suitable."

We received good feedback from both staff and people in relation to staffing levels. People considered there were enough staff and did not feel they had to wait to receive support from staff. We saw that call bells were answered promptly.

A dependency tool was used to determine the number of staff on duty each day. We found the staff on duty were those reflected in the rota. We observed that staff had the time and resources to care for people safely. One staff member told us, "I have no worries about staffing. There are plenty of us and you need the staff to give safe and good care. I have known elsewhere what it is like when there are not enough staff. It is not like

that here we are not rushed." We were told that agency staff were occasionally used to cover short notice sickness. We saw that the registered manager had received information from the supplying agency to ensure staff were safe to work at the service. We saw information that showed agency staff were given an induction into the service if they were new.

People were satisfied with the way staff managed their medicines. One person said, "I am a diabetic and have to take medicine for that. I have my finger pricked every so often and they make sure it is kept in check and are careful with my diet. It's very good." Another person told us, "They look after my medication and give extra painkillers when I need them." People we spoke with knew they took medicine and what it was for and we observed medicines being given in a professional manner. People were given the medicine and it was discreetly explained to them what it was for. We saw that staff checked each person's medicines with their individual records before administering them in their room. This made sure people got the right medicines and preserved the dignity and privacy of the individual, in relation to their medicine. People were protected by safe systems for the storage, administration and recording of medicines. Medicines were supplied from a pharmacy that individually blistered medications where appropriate. Medicines were securely kept and at the right temperatures so that they did not spoil.



# Is the service effective?

## Our findings

At our previous inspection in September 2015 we found a breach of the regulation in relation to assessing people's capacity to make their own decisions and consent. The registered manager had not followed the correct processes. At this inspection we found the registered manager had addressed this shortfall in the service.

The 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and senior staff had attended training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and now had an understanding of the Act. They spoke to us about their understanding of the legislation and guidance. Staff said they a person's capacity was always assumed. They ensured that people's rights and freedoms were protected. Nobody living at the home was having their liberty restricted. We saw relevant records that showed people's needs regarding this had been assessed. The registered manager had consulted with the local authority about these assessments. Staff we spoke to had an understanding of the implications of the MCA, including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. A staff member told us, "If residents have (mental) capacity, then it's up to them what they do. We can't force them."

People were supported to make important decisions. These decisions included Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) and records showed that relevant people, such as relatives, legal representative and other professionals, had been involved.

People told us they liked the food and were able to make choices about what they had to eat. One person told us, "The food is very good. It's home cooking and lovely." We saw water was available in people's rooms and people who remained in bed had been assisted to drink from time to time. People were offered a choice of meals each day and menus showed a good range of nutritious food was provided to people. One person said, "We generally get two choices at lunchtime which is good. I have to be careful as I have put weight on but I have lost it again and the GP is pleased with me. The cook talks to me about my diet which is good." We observed the lunchtime activity. People were seen to be provided with meals in line with the menu. Staff were encouraging people to eat by themselves, but also providing assistance towards those who needed help. Staff interacted throughout the lunchtime, sitting with people and chatting socially. The food looked and smelt appetising. Lunch was nicely served and the tables laid well with tablecloths, napkins and condiments. It was a very social occasion with most people coming to eat in the dining room. Some people wore tabards at their request to protect their clothes.

People's dietary requirements, likes and dislikes were known by staff. People were weighed regularly so staff could monitor if a person was suffering from weight loss. People's nutritional intake was monitored in line with their assessed level of risk and referrals made to the GP and dietician as needed.

People told us their health care needs were well supported. One person in the home said, "I see the GP when I need to. It's never a problem. I also see the chiropodist." Another said, I take tablets and do see the GP if needed. A lady comes in to take care of my feet and she cuts my fingernails as well. Yes I am well looked after here and I enjoy the company and the food – which is always good." We saw that staff monitored people who had fragile skin closely and supported them with special pressure relieving aids such as, cushions and mattresses. People's care records demonstrated that staff sought advice and support for people from relevant professionals such as the district nurse. Outcomes of visits were recorded and reflected on within the plan of care so that all staff had clear information on how to meet people's health care needs.

People were supported by staff who stated they had received training and one on one support for their role during which their performance was reviewed and discussed. We saw that new staff members were required to complete an induction programme. Staff were not permitted to work alone until they had completed induction training such as moving and handling. This meant that people received their care from a staff team who had the necessary skills and competencies to meet their needs.

## Is the service caring?

### Our findings

One person told us, "Staff are very kind and helpful." Another person told us, "I am very comfortable and cared for in this home and it is my home now. I am looked after very well and everyone here is exceptionally kind and caring. They will be coming to get me ready in a minute and wash and dress me then I am having my hair done before lunch. I never feel uncomfortable with the girls they are all very respectful and careful to make sure I am never embarrassed."

The staff we observed were attentive and treated people with kindness and respect. When staff spoke with people they knelt or sat by the side of them making eye contact and tried to involve others in their conversation where possible and appropriate.

There was a comfortable and relaxed feel in the home during the morning when we saw several people sitting together in the lounge area enjoying a drink and snack. Other people were having their hair done by the visiting hairdresser. We heard staff comment on how people looked after they had been.

There was good interaction between people and staff consistently took care to ask permission before intervening or assisting. Staff were skilful in their approach to people and more experienced care staff were seen to support the newest recruits.

People were cared for by staff who knew them well. We saw that they were treated with respect and dignity. One person said, "The staff are very caring, they talk to me very well, they are patient." Another person told us, "Everything here is respectful. I am treated with dignity and respect I would say and I am never embarrassed when they have to help me with personal things, like showering."

A relative said, "(person) is very settled here and we know the care is good here, we have no worries or concerns about her. This is an excellent home with good staff and care." A staff member told us, "I make sure I check with people for consent before doing anything. If they're unhappy I won't do it or stop and maybe try again later. I always knock on people's doors before going in."

People could make their own choices. One person told us, "I get choices. If I want to stay in bed I can and if I want to go to the lounge I can do that as well." Another told us, "It's up to me if I want to get up to eat or eat in my room."

People were supported to maintain relationships with people close to them. One person told us they did not like to join in with the activities, but they had, "Lots of visitors." We saw people meeting with their visitors during the day, spending time in their rooms or communal areas.

## Is the service responsive?

### Our findings

We observed the care throughout the inspection was consistent and focussed on the individual and their wants and needs. Individual preference about getting up early or later was respected and staff knew who preferred what. Staff told us that some people preferred a good wash morning and night while others preferred a shower. We observed staff asking people which clothes they wanted to wear with which pieces of jewellery.

People's care needs were assessed before they moved in to the home. This was to ensure that staff could meet the needs of that individual. We saw that care plans for people were detailed and written in a person-centred way. They included information about a person's mobility, personal care, nutrition, skin integrity and communication.

People said their care was provided exactly how they wanted it to be. Care plans were reviewed and updated regularly by staff to help ensure that any new staff would have access to the most up to date information about a person. Staff used a communication book to ensure that urgent issues were dealt with on a daily basis. The care documentation included how the individual wanted to be supported, for example, when they wanted to get up, their likes and dislikes and important people in their life.

People and their relatives said they were consulted in the day to day running of the home. We saw minutes of resident meetings that discussed the service and what people felt could be done better. For example, people were pleased with the improved security to the home.

People told us that activities and social events were available to them. One person said, "You can do as you please with your day. We do have arranged activities from external people coming to entertain." Another person said, "I like to sit in the lounge and watch TV. I would enjoy sitting outside when the weather is nice." There was a picture collage displayed on a wall of various outings for people to view. The PAT dog visited weekly which people told us was very popular. Newspapers and magazines were available. One person had bible study weekly with others and staff were encouraging people to do small things like chat and talk about their lives and families.

One person told us, "When the manager was appointed they came to me and told me any problems I am to go to them. The staff are always there and ready to help too." A copy of the complaints procedure was displayed in the home. This gave people information about who to complain to initially and how to escalate it to the provider. It did not inform people of external authorities they could approach should they not be happy with the way their complaint has been handled by the provider. The service had received one recent complaint that was resolved through the complaint procedure. People said they would be happy to talk to the registered manager if they had any concerns and were confident they would address any issues.

## Is the service well-led?

### Our findings

People knew the registered manager and gave us positive feedback about them. One person told us, "The care here is excellent and I have no worries and all the staff are first class. If I need them they come and attend to me. (Name) is an excellent manager. They sort most things out for me." Another person said, "Yes, I do know who the manager is, they are always about the home."

The registered manager had good management oversight of the home and worked to keep improving the quality of the service provided. They carried out regular audits, for example, on care plans, accidents and incident and medicines. The registered manager was aware of their statutory requirements in relation to notifying the Care Quality Commission (CQC) of accidents and incidents and safeguarding concerns. Notifications and safeguarding concerns had been received in line with requirements.

People were involved in the running of the home. Residents meetings were held and people told us staff asked for their opinions. A regular survey was carried out, following which a meeting was held with people and their relatives to feedback the outcome. One person said, "We do have resident meetings and we discuss a lot of things."

Staff were given the opportunity to give feedback through their meetings. Staff were asked for their opinions on leadership within the home, how supported they felt, training and development and how they felt people were cared for. Staff felt valued and supported and said there was a positive culture in the home and good teamwork. One member of staff said, "Everyone's really supportive, domestic staff, carers, management." Another told us, "We all work together, if anyone in the home needs help then that's what we do."

Staff told us the registered manager frequently worked alongside them to monitor their practice and support their development. Staff told us they were confident to report poor practice or any concerns, which would be addressed by the registered manager immediately through the whistleblowing process.

A representative of the provider visited the service regularly. A report was seen of their recent visit. It gave an overview of the service including speaking to people who used the service and staff on duty to ascertain their views. The registered manager received the report which outlined any necessary actions as a result of the visit.