

Lyndhurst Limited

Lyndhurst Residential Care Home

Inspection report

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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

What life is like for people using this service:

Quality assurance processes had improved since the last inspection. The registered provider maintained oversight of the provision of care people received. Routine audits and checks were being completed, the quality and safety of care was regularly assessed and improvements identified and followed up on.

People and relatives told us that staff delivered safe care.

Staff were familiar with safeguarding and whistleblowing procedures and understood the importance of complying with such policies.

Risk assessments were detailed, contained relevant information and were regularly reviewed as a measure of keeping people safe.

People received their medication in a safe manner. Robust medication processes were in place and the staff received appropriate medication training.

People received safe care in a responsive and timely manner. Staffing levels were appropriately managed and people received care from consistent, regular staff.

Recruitment was safely managed. The necessary pre-employment checks were completed and people received care from staff who were suitable to work in adult social care environments.

The home was safe, clean and hygienic. Health and safety measures were in place to ensure people lived in a safe, well-maintained environment.

The registered provider complied with the principles of the Mental Capacity Act (MCA) 2005. People's level of capacity was appropriately assessed; measures were in place to ensure consent to care and treatment was appropriately monitored, reviewed and managed.

People's overall health and well-being was effectively assessed and managed. Referrals were made to external healthcare professionals accordingly.

People made positive comments about the quality and standard of food people they received. Menus offered choice and variety on a daily basis.

People were supported in a kind, caring and compassionate manner. Staff were familiar with the support needs of the people they were supporting and provided care in a person-centred way.

The registered provider had a complaints policy in place. People and relatives knew how to make a complaint if they needed to.

People were encouraged to participate in a variety of different activities. There was an activities timetable visible throughout the home and we received positive feedback about the activities that were planned.

We received positive feedback about the overall management of the service and the quality of care people received.

More information is in the full report below.

Rating at last inspection: Requires Improvement (report published 12 December 2017)

About the service: Lyndhurst is a care home that provides personal care for up to 20 older people. The registered provider also supports people living with dementia. At the time of the inspection 15 people lived at the service.

Why we inspected: This was a planned comprehensive inspection based on the ratings at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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 safe.

Details are in our 'Safe' findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our 'effective' findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our 'caring' findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our 'responsive' findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our 'well-led' findings below.

Lyndhurst Residential Care Home

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 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.

Inspection team: Two adult social care inspectors and an 'Expert by Experience' conducted the inspection on 4 December 2018. An 'Expert by Experience' is a person who has personal experience of using or caring for someone who uses this type of care service. Expertise of the 'Expert by Experience' included dementia care and older people's services.

Service and service type: Lyndhurst is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had two managers who were registered with CQC. This means that they and the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did when preparing for and carrying out this inspection: Prior to the inspection we reviewed the information we held in relation to Lyndhurst. This included the statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the Local Authority and the local Clinical Commissioning Group to get their opinions of the service.

We looked at the Provider Information Return (PIR). This form asks the registered provider to give some key

information about the service, what the service does well and what improvements they plan to make. We used this information to plan our inspection.

During the inspection we spoke with the two registered managers, six care staff, one member of kitchen staff, six people who lived at Lyndhurst, two visiting relatives and one external healthcare professional.

We looked at four people's care files, four staff recruitment files, policies and procedures, medicine administration processes, compliments and complaints, and other records relevant to the quality monitoring of the service.

We undertook general observations of the home over the course of the inspection, including the general environment, décor and furnishings, bedrooms and bathrooms of some people who lived at Lyndhurst, lounge and dining areas.

In addition, a Short Observational Framework for Inspection (SOFI) tool was used. SOFI tool provides a framework to enhance observations during the inspection; it is a way of observing the care and support which is provided and helps to capture the experiences of people who live at the home who could not express their experiences for themselves.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management:

- At this inspection, we found improvements had been made to care plans and risk assessments. They now contained the correct level of information about people's support needs and risks people faced were regularly assessed and reviewed.
- Staff were now familiar with people's needs and provided them with the correct level of care.
- The environment and equipment was safe and well maintained. Safety checks and audits were in place, compliance checks for gas, electricity and legionella were checked and emergency evacuation plans were in place to ensure people were remained safe in the event of a fire.

Staffing levels:

- People and their relatives told us that care was provided in a safe and timely manner. Staffing levels were appropriately managed and people received care and support from staff who were consistent and familiar with their needs.
- Recruitment was safely managed. All necessary pre-employment checks were carried out. People were receiving care from staff who had been appropriately vetted and fit to work with vulnerable people.

Safeguarding systems and processes:

- People were protected from avoidable harm and abuse. The registered provider had safeguarding and whistleblowing policies in place and staff explained how they would report any safeguarding concerns. Safeguarding training was provided and staff had access the relevant policies.
- People and their relatives told us how safe care was provided. Comments we received included, "I feel very safe" and "I'm as safe as houses."
- The registered provider ensured that any safeguarding concerns and/or incidents were reported to the Local Authority and CQC as required.

Using medicines safely:

- Medication processes and systems were safely in place. Staff received the necessary training, regularly had their competency assessed and complied with the medication policy which was in place.
- Medication was safely stored in locked cabinets, were administered in conjunction with guidance and instructions and medication administration records (MARs) were appropriately completed.
- Protocols were in place for people who were prescribed 'as and when' medications and topical preparations (creams) were safely applied.
- Routine medication audits were completed. Audits ensured that medications processes were assessed and areas of risk were identified and improved upon.

Preventing and controlling infection:

- The environment had improved since the last inspection. A refurbishment programme was in place to improve the standards and quality of care people received.
- Infection prevention control policies were in place and staff were provided with personal protective equipment (PPE). Checks and audits were in place to ensure infection control measures were safely followed.

Learning lessons when things go wrong:

- The registered provider ensured that all accidents and incidents were recorded and trends were established as a measure of mitigating risk.
- Analysis of such accidents and incidents enabled the registered manager to review such 'occurrences' within the home and to establish if lessons could be learnt.
- There was evidence of improvements made and areas of development being identified. This ensured the quality and safety of care was continuously monitored and assessed.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this. Legal requirements were met.

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

- People's support needs and level of risk was regularly assessed and effectively monitored. Where risk or changes in people's health and well-being had been identified, the appropriate referrals were made to external healthcare professionals.
- Staff were familiar with people's assessed need and the relevant guidance which needed to be followed in order to keep people safe.
- Staff applied learning effectively in line with best practice. People received a holistic level of care and positive outcomes were being achieved. People told us, "The girls [staff] are very good. They will help you" and "I get plenty of help."

Staff skills, knowledge and experience:

- Staff received training relevant to people's needs, their role and responsibilities. Staff told us that the training was regularly refreshed and their skills and competency levels were continuously being developed.
- People told us they received the correct level of support by trained and competent staff.
- Staff received regular supervision and they told us they felt supported on a day to day basis.

Eating, drinking, balanced diet:

- We received positive comments about the quality and standard of food people received. People told us they were offered a choice of meals each day and alternative meals could be provided upon request.
- Kitchen staff were familiar with any specialist dietary needs and people were encouraged to maintain a healthy and balanced diet.
- Menus were rotated every four weeks and people who lived at Lyndhurst were encouraged to share their views, preferences and suggestions in relation to the choice and variety of food offered.

Staff providing consistent, effective, timely care:

- People received care and support in a safe, effective and timely manner.
- People's health and well-being was routinely assessed and referrals were made to external healthcare professionals accordingly. Any guidance provided was incorporated within people's care records.
- Staff assessed and positively reacted to any change in people's health needs.
- We saw that one person had received support from Speech and Language Therapists (SALT) due to swallowing difficulties they were experiencing. Care records were up to date and guidance was routinely followed by staff.

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

- Improvements had been made to the environment since the last inspection. A refurbishment programme was underway and people had the opportunity to be involved in the decisions being made in relation to the adaptations.
- People could safely and independently mobilise throughout the home. There was clear signage, adequate lighting and contrasting walls and hand rails.
- The home had sufficient amenities and facilities for people to use. People's bedrooms were personalised and they had been actively involved in choosing how their personal space was to be designed and decorated.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires 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).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

- People's level of capacity was appropriately assessed. Staff ensured that people were involved in decisions about their care and records indicated that consent had been obtained from people.
- Where people did not have capacity to make decisions, the appropriate best interest decisions were made and involved the necessary representatives and professionals.
- Where people were deprived of their liberty, the relevant DoLS application had been submitted to the Local Authority. DoLS authorisations for two people contained specific conditions which needed to be followed. Although the conditions were being complied with, the registered managers needed to formally record how and when the conditions were reviewed. They agreed to formalise this process.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

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

Ensuring people are well treated and supported:

- People were treated with care, compassion and kindness. Feedback from people confirmed this. Their comments included, "Staff are pretty good", "They are fabulous, oh yes, staff are lovely" and "Staff are very good."
- Staff were familiar with people's needs. They were attentive, responsive and provided support and care in a respectful manner.
- Relatives told us people received a good level of care and felt staff knew their loved ones well. Comments we received included, "They know how to treat them" and "They know [person] well."
- A visiting external professional told us that people were well cared for, people appeared happy living at Lyndhurst and received the required level of support.

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

- People were supported to make decisions about their care and staff ensured people were provided with 'choice' on a day to day basis.
- Staff were familiar with the tailored level of care people required as well as being familiar with their likes, dislikes and preferences.
- For people who did not have any family or friends to represent them, contact details of a local advocacy service were available. Advocacy services support people to make decisions with different areas of care and support they may need.

Respecting and promoting people's privacy, dignity and independence:

- People regarded Lyndhurst as their home. They were encouraged to remain as independent as possible.
- Staff prompted, supported and assisted people in a way that respected their freedom and they encouraged people to make every day choices and decisions they made.
- Staff respected people's privacy and dignity Staff provided people with dignified care in a person-centred way.
- People's sensitive and private information was protected and in line with General Data Protection Regulations (GDPR).
- People were supported to maintain and develop relationships with those close to them, social networks and the community. Loved ones were able to visit the home without any restrictions.

Is the service responsive?

Our findings

Responsive – this means that services meet people's needs.

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

Personalised care:

- People received person-centred care that was tailored around their support needs. For instance, one care record indicated that the person preferred to sleep with two pillows, liked a morning shower, preferred to go to bed between 8pm and 9pm and enjoyed a cup of tea and toast.
- Staff were familiar with people's likes, dislikes, preferences and wishes. Care records contained specific information that enabled staff to develop good knowledge and understanding of the people they were supporting.
- People's needs were identified from the outset. People were appropriately assessed and protected characteristics (such as age, gender, disability, cultural, religious support needs) were identified. Any reasonable adjustments and/or adaptations were supported to ensure that people were treated fairly and equally. One person told us that they wished to continue practising their faith whilst living at Lyndhurst and this was accommodated.
- People were encouraged to participate in a range of different activities. An activities timetable was visible in the home and were arranged around the likes and interests of people who were living at Lyndhurst.

Improving care quality in response to complaints or concerns:

- There was a complaints policy and procedure in place. We discussed with the registered managers that some of the information contained within the policy/procedure was not completely accurate. Following the inspection, the registered manager informed us that revised paperwork was put in place.
- People and relatives told us they knew how to make a complaint and would feel confident speaking with managers and/or staff. One person told us, "They [staff] are all helpful."
- The registered managers ensured that a record of complaints was kept; complaints were responded to in accordance with organisational policy. At the time of the inspection, no complaints had been made.

End of life care and support:

- People who were assessed as being at the end of stages of life were supported by staff who received the necessary end of life training.
- Staff provided end of life care in a dignified and sensitive manner, ensuring that the wishes and desires of the person were respected and maintained.

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promotion of person-centred, high-quality care and good outcomes for people:

- Quality assurance systems and processes were in place to ensure that the people living at Lyndhurst received safe, effective and high-quality care.
- The registered provider and registered managers ensured that they maintained a good level of oversight in relation to the quality and safety of care people received.
- Regular audits, checks and tools enabled the provision of care to be continuously monitored and assessed.
- Staff told us that the registered provider and registered managers were committed to providing high-quality care which led to positive outcomes for people living at Lyndhurst.
- Staff told us that they felt that improvements were continuously being made and the quality and safety of care was a priority.
- Staff understood the importance of delivering person-centred care; they acknowledged that people should be receiving care that is tailored around their needs, wishes and preferences.

Continuous learning and improving care:

- The registered managers demonstrated an open and positive approach to learning and development by following up on improvements needed. This included making improvements following our previous inspection to ensure regulatory requirements were met.
- The registered managers ensured that they monitored accident and incident trends; this helped to identify any 'lessons learnt' to improve the quality and safety of care.

Manager's and staff are clear about their roles, understanding of quality performance, risks and regulatory requirements:

- The service was well-run. We received positive feedback from people about the delivery of care provided and the importance of maintaining high quality and safe care.
- The quality assurance systems and processes had improved since the last inspection. The registered provider and registered manager understood the importance of providing high quality care and were aware of their regulatory responsibilities.

Engaging and involving people using the service, the public and staff and working in partnership with others:

- The registered provider ensured that the views, opinions and suggestions of people living at Lyndhurst were captured. Feedback from people living at the home enabled the registered managers and staff team to identify areas of strength but also areas that required improvement.
- Routine satisfaction surveys were circulated to relatives and people living at Lyndhurst. Comments we reviewed were all positive and indicated that people were happy and content with the quality and safety of

care they received.

- Staff and 'Resident' meetings were taking place. These helped to ensure people and staff were actively involved in the discussions taking place in relation the provision of care.
- The registered providers had developed effective working relationships with other agencies who were supporting the home. Relationships had been developed between the Local Authority, GP's, the local Church and social workers.