

# Rotherwood Healthcare (Lynhales Hall) Limited

# Lynhales Hall Nursing 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

### About the service

Lynhales Hall Nursing Home is a residential care home providing personal and nursing care to up to 73 people. The service provides support to younger and older adults who may have dementia, a physical disability or sensory impairment. At the time of our inspection there were 52 people using the service.

Lynhales Hall Nursing Home is divided into two units. The 'main house' provides accommodation for up to 53 people aged 65 and over. The 'John Sperry Unit' is a modern ground floor extension to the main building, which provides nursing care for up to 20 people living with dementia.

### People's experience of using this service and what we found

People told us they felt safe and supported by the staff who worked in the home. Staff recognised different types of abuse and how to report it. The registered manager understood their safeguarding responsibilities and how to protect people from abuse. People's care had been planned and potential risks to people had been identified, with mitigation in place to protect people from harm. There were enough staff on duty to keep people safe and meet their needs. People's medicines were managed and stored in a safe way. Recruitment processes were robust to ensure safe employment of new staff.

People's care needs had been assessed and planned, and any changes to people's planned care was identified promptly. Staff received training and support to be able to care for people in line with best practice. People were supported to have a healthy balanced diet and enjoyed a varied choice of home cooked food. Staff worked with external healthcare professionals and followed their guidance and advice about how to support people following best practice. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by staff who treated them well. One relative said, "When you left [after visiting] you knew [the person] was absolutely safe and in the best hands." Staff treated people as individuals and respected the decisions they made. Staff treated people with respect and maintained their dignity.

People's care was delivered in a timely way, with any changes in care being communicated clearly to the staff team. People were supported to engage in activities and interests which were individual to them. People had access to information about how to raise a complaint. People's end of life care needs were met in line with their preferences in a respectful and dignified way.

The provider had strengthened the systems and processes to monitor the quality of the service provision. People, relatives and staff were involved and engaged with the service provision. External professionals were working with the senior staff to build, shape and develop their working roles, to provide good outcomes for people.

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

Rating at last inspection The last rating for this service was requires improvement (published 24 October 2019).

#### Why we inspected

The inspection was prompted in part due to concerns received about people's care and treatment. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

## 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.

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.

# Lynhales Hall Nursing Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection at the service was carried out by 2 Inspectors and a Specialist Advisor who was a nurse. An Expert by Experience made telephone calls to relatives after our visit. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Lynhales Hall Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Lynhales Hall Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

The provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 6 people who used the service and 4 relatives about their experience of the care and support provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 11 staff, which included the registered manager, clinical lead, quality lead, regional director, compliance manager, nurses, team leaders, care staff and housekeeping staff. We requested feedback from 7 external health and social care professionals, and received feedback from 3 professionals. We reviewed aspects of 6 people's care records, staff recruitment records, training records, staff rotas and documents in relation to the governance of the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from risk of abuse.
- People told us they felt safe by the staff who supported them. One person said, "I feel safe, [staff members name] makes sure we are." While a relative told us, "You have to ring the bell to get in and they've got two sets of doors. It's very secure because it's about a mile off the road."
- Staff protected people from abuse and understood the providers safeguarding procedures to keep people safe from harm.
- The provider and registered manager understood their responsibilities regarding the action to take to protect people from harm and took action to protect people where required. Where safeguarding concerns had been raised, the registered manager took action to protect people.

Assessing risk, safety monitoring and management

- People's care needs had been assessed, monitored and managed. Identified risks had been mitigated as far as reasonably possible. The staff team were in the process of improving people's care plans and risk assessments. We read some newer records which were clear, concise and informative as to how staff were to support people.
- Staff supported people in line with their care plans. Staff understood people's individual risks and how to mitigate these. Where there were changes in people's care needs, these were escalated and care plans were updated to reflect people's most up to date care needs.
- People and relatives told us they had access to their care plans and notes within a documents folder, should they wish to read this.

Staffing and recruitment

- There were enough staff on duty to meet people's needs and keep them safe. We saw that when people needed assistance with their needs staff responded quickly
- People and relatives told us the right number of staff supported them with their care. People told us they were responsive to their requests for support. We saw staff supported people in timely way to keep them safe.
- Staff told us there were sufficient staff to meet people's needs during the day time. We received mixed reviews from staff about the staffing levels at night time, however from speaking with people, relatives and reviewing records, we could not find a negative impact.
- The provider used a dependency tool to help guide them with decisions on numbers of staff needed to meet people's needs. The registered manager told us they were working with staff from all departments to ensure a whole staff group approach was used to meet people's needs.

- Recruiting into the home had been challenging for the provider over the last few years, which the registered manager felt was due to the homes' remote location. The provider had recruited overseas staff, as well as local staff to support the home.
- Staff were recruited safely prior to starting their role. Relevant and appropriate recruitment checks, such as the Disclosure and Barring Service (DBS) were in place. The DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People told us they received their medication. A relative told us, "[Staff] always checked to make sure [the person name] had swallowed them."
- We saw staff followed safe practice when administering medication. Staff checked if people needed medicine prescribed 'as required' such as pain relief, to ensure people were comfortable.
- People received their medicines in line with their prescription by staff who were trained to do so.
- Where people required to have their medication covertly, the clear instructions from the pharmacist had now been obtained to ensure this was administered in a safe way.
- The provider was following safe protocols for the receipt, storage and disposal of medicines.
- The provider completed spot checks of their staff to ensure they followed safe administration practice.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

The provider supported people's family and friends to visit in line with current government guidance.

#### Learning lessons when things go wrong

- The provider had systems and processes in place to identify where things had gone wrong, and had acted upon these to reduce the risk of them from happening again.
- The management team adapted and reviewed their checks and audits to ensure these were robust at identifying care and support was being provided in line with best practice.
- Where incidents had taken place, these were reviewed so that learning could be undertaken to prevent them from happening again.



# Is the service effective?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and preferences were assessed and delivered in line with guidance and law.
- People's protected characteristics under the Equality Act 2010 were identified as part of their need's assessment. Staff members could tell us about people's individual characteristics and knew how to best support them. This included, but was not limited to, people's religious beliefs, cultures and personal preferences. People told us there were improvements in supporting them to continue to practice their faith since the easing of restrictions due to the pandemic.

Staff support: induction, training, skills and experience

- Staff were supported with training so they had the skills and experience to effectively meet people's needs.
- Staff completed competency checks and the registered manager completed observations of their practice so the provider could be assured staff had understood the training they had received.
- The provider had been working with the overseas staff to help them better understand British cultures, so they could support people in the right way. For example, providing further guidance on appropriate food at mealtimes, to encouraging staff to initiate conversations with people.
- Agency staff were from the same company, and had worked in the home before which meant they were familiar faces to people, and the staff were able to build a good understanding of people's needs and how to meet them.
- Staff told us there was a good skill mix of staff, where they had skills and experience to bring into the team.
- Where staff had not worked in care before, or where they had come from overseas they completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People were supported to eat and drink enough to keep them healthy.
- People's dietary needs had been assessed, and plans were in place as to how to meet them.
- Where people required a specific texture of food to support their safety, the food was prepared in the kitchen to ensure it met the correct standards.
- People told us they enjoyed the food which was prepared for them, with a good variety and choice of different meal options to suit people's individual needs. One person said, "I liked the pasty for lunch and my evening meal is always good, no complaints."
- We saw mealtimes were a positive experience for people. Where people did not want the food offered,

alternatives were offered and provided. Where people required assistance, staff spent time to support them to eat their meals in a relaxed and dignified manner.

- An external professional told us, "I often visit adhoc around mealtimes and have found that residents needs have been met particularly when it comes to assistance with their meals."
- Where people were on a textured modified diet, people were supported to have this safely. A health care professional told us how staff had responded well to training in this area, and supported people with a wide variety of food options suitable for their needs
- People's weight was monitored in line with their individual needs, and where weight changes were identified, action was taken to address this promptly. For example, if a person had unexplained weight loss, increased monitoring and contact with external healthcare professionals was made.

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

- Staff worked with other agencies to provide timely and effective care. People were supported to access healthcare support.
- When people's needs changed, appropriate referral had been made in response to this.
- Staff supported people to attend health appointments, opticians and dental appointments, so they would remain well.
- Staff were aware of people's upcoming health appointments, and so ensured people were ready and prepared to attend these appointments on time.

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

- In the John Sperry unit the environment was designed and adapted to meet people's needs. Since our last inspection improvements to the gardens had been made, which meant they were accessible and had plants of interest. Further work to the environment was required to take into consideration the needs of people living with dementia or a sensory impairment. There was a lack of signage in place to support people to navigate around the home. There were limited signs to help people recognise their own rooms, for example, all bedroom doors were painted differing shades of blue and there was not consistently an identifiable way for people to recognise their room. Handrails in the corridors were in the process of being improved to promote mobility were easily identifiable to people with a sensory impairment, for example.
- In the main house improvements were taking place to create more communal areas for people to spend their time, for example, a cinema/crafting room was in the process of being decorated.
- Most bedrooms had ensuite facilities, the home had specially adapted baths for people with reduced mobility should people wish to use these.

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 MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's consent to care and treatment were sought. Where it was deemed people did not have capacity to consent, care was provided in line with law and guidance.
- We saw most staff gained consent from people before they provided support, for example, when assisting a person to move into another room. Where we had seen staff had not engaged with a person before providing support we raised this with the registered manager.
- The registered manager had clear monitoring systems for the progress or outcomes of applications for Deprivation of Liberty Safeguards (DoLS) authorisations. This meant some people who were unable to consent to their care may be being deprived of their liberty without authorisation from the local authority. Where it had been deemed a person may be deprived of the liberty, referrals had been made for these aspects to be considered.
- Where people had conditions placed on their DoLS authorisations, the registered manager ensured these were met.

# Is the service caring?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated well and were shown respect by the staff who supported them.
- People told us the staff treated them well and felt respected by them. One person said, "It's nice here, [staff] are my family." While a relative said, "It's the atmosphere at Lynhales Hall. The kindness shown by all the different staff who are there."
- Staff knew people's individual preferences. For example, one person liked cats, and staff had given the person a robotic animated cat, which blinked and purred, we saw the person enjoyed spending time with the cat, which brought them comfort.
- We saw staff were friendly and supportive; they knew people well and what was important to them.

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

- People felt listened to and involved with decisions about their care. People shared examples of how staff supported them to do things which were important to them.
- Relatives where appropriate had been involved in their family member's care.
- Staff recognised what was important to people and ensured they supported them to express their views and maintain their independence as much as possible.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect.
- All people we spoke with told us they were treated in a dignified and respectful way. One person said, "They [staff] are so good to me." While another person said, "The staff are lovely here, they are very respectful."
- Staff were respectful towards people and maintained people's dignity, for example, with their continence needs.
- Staff told us they respected people's privacy by ensuring information about their care and support was only shared with their consent.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- At the last inspection records of people's care was not always up to date and accurate, and actions needed to support people with their changing care needs had not always completed. At this inspection improvements had been made.
- People's choices, needs and preferences were clearly identified within people's new care plans. Further work was being done to ensure everyone had the new care plans in place.
- People told us staff respected their wishes, such as when they would like to get up in the morning and when they would like to go to bed.
- Staff told us there was a good level of information about people's care needs and preferences held within their records.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider had assessed people's communication needs. Consideration had been taken to ensure people with a sensory impairment were supported to receive information in a way they understood. For example, with larger text, or description photographs.
- We saw people were supported with their day to day activities to receive information, for example, subtitles were in place on the television people were watching.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships and take part in social activities which were important to them.
- People shared with us how staff promoted and encouraged their passions, and how these extended into the local community. Some people told us they enjoyed gardening, and were part of the gardening club. Staff supported people with visiting garden centres, and working with a local charity who support people living with physical or mental health concerns to explore ideas and enter their flowers and vegetables into competitions. One person said, "I love gardening." We could see people were proud of their achievements.
- Relatives told us how staff tailored activities to their family members individual needs. For example, one

person had music therapy from an external organisation. The relative told us this had a positive impact for the person's wellbeing. While a further relative told us, "[Person's name] likes gardening and they've got [them] doing some. I don't think [they've] tried that for years.

- The registered manager told us there were many people living in the home who were from a farming and agricultural background. They told us how they were in contact with 'Farming Minds', a charity, which offers mental health support to farmers. The registered manager told us the charity members were undergoing dementia training, and once completed, people would be able to reminisce and receive support through like-minded members of the community.
- People were provided with activities and interests throughout the day when they wished, for example, playing card games, reading papers and magazines and dancing to music. People told us they enjoyed this.
- People had access to a minibus which meant that people had greater accessibility to attend external events and outings. One person told us, "I go to the shops when I want."
- People's friends and family were able to visit when they wished to. Relatives told us they also attended events that were celebrated in the home, such as Christmas time and the jubilee.
- People were supported to spend their day according to their wishes. Some people preferred to stay in their rooms but were given the opportunity to go to the communal areas if they wanted. Other people preferred to visit the communal lounges. One person told us, "I just like watching TV here in the lounge where it's quiet."

#### Improving care quality in response to complaints or concerns

- Complaints were responded to in line with the provider's policy. The provider had considered these complaints as opportunities to drive improvement.
- People told us they knew how to raise a complaint if they needed to. All people we spoke with did not have any concerns, but felt confident their concerns would be acted upon.
- Relatives told us they were able to raise concerns. Where one relative had raised a concern they felt this was responded to in a timely way, which resulted in a positive outcome for their family member.

#### End of life care and support

- People were supported to make decisions about their preferences for end of life care.
- Improvements had been made in understanding people's preferences and wishes, so staff understood how to meet their end of life care wishes.
- People's care records showed discussions had been held with people, and where appropriate their relatives about their end of life care wishes.
- One relative we spoke with felt their family member was treated with dignity and respect at the time of their death. We also read comments from relatives expressing their thanks to staff for the support given during this time.
- Staff understood how to support people who needed end of life care and support.
- Staff sought support and worked with external healthcare professionals to ensure the right medicines and equipment was in place, should a person require these at the end of their life.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had been requires improvement in the Well-Led area for the last five consecutive inspections. At this inspection we saw improvements to the management structure, monitoring and taking actions against identified shortfalls had been addressed.
- Since our last inspection in 2019 there had been three manager changes. The provider's representatives had recognised that this had created instability within the home. The current registered manager was registered with the CQC in October 2022, however, they were supporting the providers services across the group at this time. In January 2023 they became the permanent manager of Lynhales Hall Nursing Home.
- A compliance manager for the provider had been in place since November 2022. They carried out 'mock inspections', and checks on the provision and quality of care people received.
- In addition to this, a new staffing structure had been put in place within the home. There was a clinical lead and a quality assurance lead, as well as HR support and administration support who reported to the registered manager. The registered manager advised the senior management, and lead roles had clear accountabilities and an annual programme of checks and actions to undertake.
- Care staff had been given clearer roles and accountabilities. For example, on each shift, care staff were allocated to people, where they were responsible for ensuring their food and fluid intake was monitored, to ensure people were having sufficient food and fluids throughout the day. The registered manager told us this meant that if a person had not had sufficient fluid intake, they were able to speak directly to the staff member to understand why.
- Regular meetings with heads of department were made, to bring a consistent holistic approach to provide people with the right care and support.
- Staff supervisions and competency checks were in place. Where a learning need was identified, additional and/or more comprehensive training was given to staff to help their knowledge and understanding.

Working in partnership with others

- Systems for working effectively with other organisations with responsibilities for people's care had improved.
- The registered manager told us that previously communications with external professionals had not been as good as they would expect them to be. They told us that since they had returned to manage the home directly, they had worked with the professionals to improve their working relationship. For example, they now had regular meetings with the GP, where they explored better ways of working and arranged training for the staff.

- Professionals felt the new lead roles gave them a good point of contact, and were continuing to work with them to develop and shape their working relationship, so that the best outcomes for people could be given. Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
- People were happy with the care and support received. People were supported to have their views listened to through one to one conversations and surveys.
- Most staff felt well supported and valued by the registered manager and provider. Staff had supervisions, staff meetings and opportunities to raise any queries or improvements they may have.
- The registered manager felt their staff team was stabilising and were working together to achieve positive experiences for people.
- Professionals who visited the home to us how they continued to work with staff to ensure people received good outcomes.
- The registered manager was supported by a senior management team, who listened and supported the registered manager.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities to be open and transparent with people. Where events had happened in the home, they had communicated with the appropriate people and external agencies.
- The provider understood their responsibilities for notifying the CQC for other events, such as deaths, serious injuries or DoLS authorisations.
- The legal requirement to display the CQC rating of the last inspection in the home was met.

Continuous learning and improving care

- Previously the provider's systems to monitor quality and safety was not robust in that it did not ensure identified areas for improvement were consistently acted upon and used to improve the service provision. At this inspection systems were in place to continually monitor all aspects of the service to ensure they remained up to date with regulatory requirements and driving improvements.
- The provider held regular meetings with managers across their services to share best practice and update on service developments and health and safety alerts. Quality bullet-ins were shared across the provider's services to ensure staff had up-to date knowledge of best practice.
- The provider had scheduled learning events for managers within the provider group, to ensure their management staff received training relevant to their roles, and improving care provision across the group.