

Bupa Care Homes (ANS) Limited

Lynton Hall Nursing Centre

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

We carried out a comprehensive inspection of this service on 4 August 2015 at which a breach of legal requirements was found. The provider had not ensured that people who use services were protected against the risks of inappropriate care and treatment by means of the planning and delivery of care to meet the service users' individual needs and to ensure the welfare of the service user. After the inspection the provider wrote to us with a plan of how they would meet the legal requirements in relation to these breaches.

We undertook this unannounced comprehensive inspection of Lynton Hall Nursing Centre on 15 and 17 March 2016. We checked the provider had followed their plan and made the improvements they said they would make to meet legal requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Lynton Hall Nursing Centre on our website at www.cqc.org.uk.

Lynton Hall Nursing Centre provides accommodation and nursing care for up to 57 older people. There were 43 people living at the home when we visited. The home was based on two floors, the ground floor for people with nursing care needs and the first floor for people living with dementia. There were bedrooms, bathrooms and communal rooms on both floors.

The home had a registered manager at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection, we found the provider had followed their action plan, and legal requirements had been met. People's care plans and risk assessments were completed and comprehensive. The provider had a monthly schedule of checking care plans for accuracy and actions plans to deal with any errors.

People were safe at the home. The provider took appropriate steps to protect people from abuse, neglect or harm. Training records showed staff had received training in safeguarding adults at risk of harm. Staff knew and explained to us what constituted abuse and the action they would take to protect people if they had a concern. We saw that the office door was open and people could speak to the registered manager or deputy at any time.

Care plans showed that staff assessed the risks to people's health, safety and welfare. Records showed that these assessments included all aspects of a person's daily life. Where risks were identified, management plans were in place. Records showed that incidents or accidents were thoroughly investigated and actions put in place to help avoid further occurrences. We saw that regular checks of maintenance and service records were conducted.

We observed that there were sufficient numbers of qualified staff to care for and support people and to meet their needs. We saw that the provider's staff recruitment process helped to ensure that staff were suitable to

work with people using the service.

People were supported by staff to take their medicines when they needed them and records were kept of medicines taken. Medicines were stored securely and staff received annual medicines training to ensure that medicines administration was managed safely.

Staff had the skills, experiences and a good understanding of how to meet people's needs. Staff spoke about the training they had received and how it had helped them to understand the needs of people they cared for.

The service had taken appropriate action to ensure the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed. DoLS were in place to protect people where they did not have capacity to make decisions and where it is deemed necessary to restrict their freedom in some way, to protect themselves or others. We saw and heard staff encouraging people to make their own decisions and giving them the time and support to do so.

Detailed records of the care and support people received were kept. People had access to healthcare professionals when they needed them. People were supported to eat and drink sufficient amounts to meet their needs.

People were supported by caring staff and we observed people were relaxed with staff who knew and cared for them. Personal care was provided in the privacy of people's rooms and we observed that staff knocked on people's door and waited to be invited in. People were supported at the end of their lives and had their wishes respected.

People's needs were assessed and information from these assessments had been used to plan the care and support they received. People had the opportunity to do what they wanted to and to choose the activities or events they would like to attend.

The provider had arrangements in place to respond appropriately to people's concerns and complaints. People told us they felt happy to speak up when necessary. From our discussions with the registered manager and deputy, it was clear they had an understanding of their management role and responsibilities and the provider's legal obligations with regard to CQC.

The home had policies and procedures in place and these were readily available for staff to refer to when necessary. The provider had systems in place to assess and monitor the quality of the service. Weekly, monthly and annual health and safety and quality assurance audits were conducted by the home.

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. Staff were knowledgeable in recognising signs of potential abuse and the action they needed to take. Risk assessments were undertaken to establish any risks present for people who used the service, which helped to protect them.

There were sufficient numbers of skilled staff to ensure that people had their needs met in a timely way. The recruitment practices were safe and ensured staff were suitable for the roles they did.

We found the registered provider had systems in place to protect people against risks associated with the management of medicines.

Is the service effective?

Good ●

The service was effective. Staff had the skills and knowledge to meet people's needs and preferences. Staff were suitably trained and supported for their caring role and we saw this training put into practice.

People were supported to eat and drink sufficient amounts of their choice to meet their needs. Staff took appropriate action to ensure people received the care and support they needed from healthcare professionals.

The service had taken the correct actions to ensure that the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed.

Is the service caring?

Good ●

The service was caring. We observed staff treated people with dignity, respect and kindness. Staff were very knowledgeable about people's needs, likes, interests and preferences.

People were listened to and there were systems in place to obtain people's views about their care. People were encouraged and supported by staff to be as independent as possible.

People received good end of life care.

Is the service responsive?

Good ●

The provider had taken the agreed actions set out in their improvement plan for the home.

The service was responsive. Assessments were undertaken to identify people's needs and these were used to develop care plans for people.

Changes in people's health and care needs were acted upon to help protect people's wellbeing.

Is the service well-led?

Good ●

The service was well-led. An experienced registered manager and deputy were in place who promoted high standards of care and support for people to ensure people's quality of life.

Staff told us they felt well supported by the registered manager and deputy who were approachable and listened to their views.

Staff understood the management structure in the home and were aware of their roles and responsibilities. We found there was a friendly welcoming atmosphere to the home and this was confirmed by people we spoke with.□

Lynton Hall Nursing Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. It was also done to check that improvements had been made by the provider after our comprehensive inspection on 4 August 2015. This is because the service was not meeting legal requirements at the time of that inspection.

This unannounced comprehensive inspection took place on 15 and 17 March 2016.

This inspection was carried out by one inspector. We reviewed the information we had about the service prior to our visit and we looked at notifications that the provider is legally required to send us about certain events such as serious injuries and deaths.

We gathered information by speaking with seven people living at Lynton Hall, eight relatives, the registered manager, the deputy manager and 11 staff. We observed care and support in communal areas. We looked at six care records and five staff records and reviewed records related to the management of the service.

Before the inspection we emailed a questionnaire to 11 commissioners of services and one professional to ask them their opinion of their clients care. We received one reply.

Is the service safe?

Our findings

One person we spoke with said "Staff are very good, I am well looked after." Another person said "Staff work very hard, they always come when you call." A relative told us "I wouldn't worry about anyone here. Staff are very patient with everyone." During our visit we saw that staff and people got on well together in a friendly and relaxed atmosphere.

The provider helped to protect people from abuse. Staff we spoke with were aware and could explain to us what constituted abuse and the actions they should take to report it. Staff understood what whistleblowing meant and the need to report their concerns. Whistleblowing is when a worker reports suspected wrongdoing at work. A worker can report things that aren't right, are illegal or if anyone at work is neglecting their duties, including: someone's health and safety is in danger. They said they would speak up in the event of an incident, even if it involved a colleague with whom they worked. Records confirmed staff had received training in safeguarding adults.

When we spoke with the registered manager they were aware of procedures in relation to making referrals to the local authority that had the statutory responsibility to investigate any safeguarding alerts. The service had policies and procedures in place to respond appropriately to any concerns regarding protecting people from possible abuse and these were readily available for all staff to read.

Risks to people were being managed so that people were protected and supported. We saw that risk assessments and care plans were appropriate to meet a person's needs, including manual handling, skin and oral health care and nutrition. The cook showed us a weekly list of people's dietary requirements, including any known allergies. Where risks were identified management plans were in place, which gave details of the risks and the preventative measures to take to help prevent an incident occurring. We saw that risk assessments were well written and updated regularly.

Lynton Hall had a full time maintenance person and staff could report any faults with equipment directly to this person and they were noted in the maintenance book and actioned. We saw that repairs were actioned in a timely manner and signed as completed. We saw that the service had contracts for the maintenance of equipment used in the home, including the lift, fire extinguishers and emergency lighting. A food hygiene inspection in June 2014 gave the kitchen a rating of five, where one is the poorest score and five the highest score. We saw that the kitchen was clean and food stored correctly. Temperatures were taken of the fridge and freezers daily and equipment defrosted when required. These measures helped to ensure people were kept safe in all parts of the home.

Throughout the inspection we saw staff were available, visible and engaging with people. Staff we spoke with felt there were enough staff to meet the needs of people. One person told us "They [staff] all work very hard." A relative said "Staff are very prompt, I have nothing but praise for them." We heard during our inspection that call bells were answered promptly and people who were in the lounge or dining rooms had their needs met when required.

Staff were aware of the fire emergency plans and these were kept up to date. The fire alarm was tested weekly. A full evacuation of all people living at Lynton Hall was conducted six monthly and plans were in place for how to manage people in bed during a night time evacuation. The provider had arrangements in place to deal with emergency situations to help ensure continuity of service. Arrangements had been made with the local school and church as well as with neighbours to the home who could help to accommodate people in an emergency situation.

We looked at five staff files and saw the necessary steps had been carried out before staff were employed. This included completed application forms, references and criminal record checks. Volunteers to the home also underwent the same checks. The registered manager told us and records showed that criminal record checks were updated every five years.

Applicants before they were offered a role at the home were asked to shadow staff on one shift and to feedback their thoughts and reactions to the role. Feedback was also taken from the employed carer, as to the suitability of the person for the role. Applicants also completed the Dementia Awareness training before they started to ensure they had a good understanding of what it was to work with people with dementia. The manager told us this helped to give applicants a chance to see if the role was suitable for them. These checks helped to ensure that people were cared for by staff suitable for the role.

Medicines were administered safely. We observed that medicines were being administered correctly to people by the care staff. The majority of medicines were administered using a monitored dosage system or blister pack, supplied by a local pharmacy. Only staff trained in medicines administration could give medicines to people using the service. We looked at six medicine administration records (MAR), information included a photograph of the person, details of their GP, and information about any allergies they may have. The MAR sheets were up to date, accurate and no gaps in the administration of medicines were evident.

Medicines were stored securely in locked cabinets. Medicines that needed to be kept cool were stored appropriately in a refrigerator and we saw records that the temperature in the refrigerator was checked and recorded on a daily basis. There were safe systems for storing, administering and monitoring of controlled drugs and arrangements were in place for their use.

The home had a medicines policy that was available for all staff to read. Records showed that staff received regular training and competency assessments for medicines administration. The checks we made confirmed that people were receiving their medicines as prescribed by staff qualified to administer medicines.

Is the service effective?

Our findings

People were cared for by staff who received appropriate training and support. People and relatives described staff as, 'hard working' 'very good' and 'prompt and patient.'

Staff had the skills, experiences and a good understanding of how to meet people's needs. Records showed staff had attended recent training in safeguarding adults, moving and handling, food hygiene, behaviours that challenge, dementia awareness and fire safety. The training was a mixture of classroom based and e-learning. Staff had easy access to their training profile online which helped them to keep up to date with their learning. Staff spoke about the training they had received and how it had helped them to understand the needs of people they cared for.

Staff received one to one supervision every three months or more often if needed plus a yearly appraisal. Records we looked at confirmed this. We looked at the minutes of the last two staff meetings and saw that actions from the meetings had been recorded and addressed.

We spoke with the registered manager and deputy who said they were asking staff to think 'Would I like that for my Mum and if not why not?' They were encouraging staff to take their time with people, to look for quality of care not quantity of care and to challenge bad practice. The registered manager helped to plan staff rotas so that staff could achieve a good work life balance and be flexible with their work times. Staff were also asked to work on both floors, so they became familiar with all the people at Lynton Hall and the different ways of working with different people's needs. Staff told us they were fully supported by the registered manager and deputy manager and that communication between one another and management was good.

Many people at Lynton Hall were independent, mobile and could make decisions for themselves as to what they did each day. They did not have their freedom to do things restricted in any way. The first floor of Lynton Hall was specifically for people with behaviours that challenged or a diagnosis of dementia, Alzheimer's. One relative told us "My relative [who has dementia] is so much better now, they are not so agitated, and this is their home now." We saw that staff encouraged people to make their own decisions and gave them the encouragement, time and support to do so.

The provider had taken appropriate action to ensure the requirements were followed for the MCA and DoLS. 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. DoLS protects people when they are being cared for or treated in ways that deprive them of their liberty. People can only be deprived of their liberty to receive care and treatment when it 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.

The registered manager explained that where necessary mental capacity assessments had been carried out

for people living at Lynton Hall and these had been submitted to the local authority for verification. We saw forms had been correctly completed and the outcome of these referrals retained securely. This information was also noted in people's care plans and staff were informed about the decisions so they could apply restrictions appropriately. An easy to understand guide to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) was available for staff to read and each staff member had a small pocket size card which detailed the basic principles of the MCA and DoLS.

People were supported to eat and drink sufficient amounts to meet their needs. Staff monitored people's weight, as a way of checking a person's nutritional health. People said "I enjoy the food" and "It's [food] very good." We saw that menus were displayed on the dining tables and that a weekly menu with pictures was displayed in the ground floor entrance hall area. Staff explained that the menu for the following day was taken round to people and they had a choice of two main meals but they could also choose an alternative. During lunch we saw two occasions where people did not want the food offered and requested a specific alternative. Staff got the person the food of their choice. Extra servings of the main course and desserts were offered to people. We spoke with the cook who told us they spoke to people to find out first-hand what they liked to eat and this helped to plan the menus. As part of staff training on nutrition an afternoon tea for the staff was organised. This used the same type of foods that was served to residents and helped staff to understand what it was like to be served food and to decide if they would like to be treated in this way or if they needed to change their approach to serving food.

The dining rooms were welcoming and each table was set with cutlery, condiments, flowers and a table cloth. People could also choose to eat in their rooms or the lounge. Family and friends were invited to join people for a meal. There were sufficient staff to help people with their meal if required. We saw that staff knew people well and understood people's different eating patterns and gave them time to eat their meal in their own time. We observed that staff sat beside the person while assisting them with their meal. Staff spoke kindly to people and asked them what they would like to eat or drink. Drinks and snacks were available throughout the day and evening that people could help themselves to or request. We saw fresh coffee was available in the main entrance hall for visitors and people.

Care plans contained information on people's food preferences their likes, dislikes, the food consistency and type of drinks they preferred so staff had the necessary information to support them appropriately with their nutrition.

People were supported to maintain good health and have appropriate access to healthcare services. Care files we inspected confirmed that all the people were registered with a local GP and their health care needs were well documented in their care plans. We could see that all appointments people had with health care professionals such as dentists or chiropodists were always recorded in their health care plan. People could access an eye sight test in the comfort of the home from a visiting optician. During the second day of our visit the local GP was visiting and seeing people accompanied by the registered nurse. We were unable to speak to the GP during his rounds but we did receive a reply to our emailed questionnaire from one healthcare professional. They commented that people were referred to them appropriately and that communication between the multi-disciplinary teams was effective. This showed that people were helped to maintain a healthy life style.

Is the service caring?

Our findings

People were supported by caring staff. Three people commented by saying "I like it here, it's very comfortable," "they [staff] treat us very well," "we are happy here, staff are kind." Two relatives said "The care is amazing, not just practical but personal," and "the care has improved all the staff are very kind." All the people who commented about staff said they were nice and kind and listened to them.

We saw that staff showed people care, patience and respect when engaging with them. The staff knew people well and this was evident in the way staff and people spoke together. We heard staff calling people by their preferred name and engaging them in conversation about a topic of interest, such as the football and rugby results. The registered manager had started a new scheme called 'Resident of the Day.' Each day one person was chosen to be resident of the day and on that day staff would look specifically at their care plan to see if any changes were needed. The cook, housekeeper and maintenance man would visit the person to see if they needed anything and any comments were fed back to the care staff. This knowledge of people gave staff the opportunity to care for people in the most effective way.

We observed staff engaging with people throughout the day in communal areas. We saw staff treating people in a respectful and dignified manner. The atmosphere in the home was calm and friendly. Staff took their time and gave people encouragement whilst supporting them. There were daily newspapers available and people could choose where they would like to sit and what they would like to do. People who were able could move freely within the home and no restrictions were placed upon them.

People were supported with their spiritual needs. The registered manager explained a short church service was held each week by local churches and people could choose whether to attend or not.

A main notice board on the ground floor gave people a variety of information that they may need, such as events and activities taking place each day. A copy of the latest CQC report and the complaints process and forms were also displayed. Residents meetings were held every three months and everyone including family and friends were invited. We saw the minutes of the last two meetings and saw that concerns raised had been actioned, for example people complained that clothes were not always returned to the right person. The registered manager had bought a label printing machine, which produced small coloured named labels that were stuck discreetly into people's clothes. The housekeeper told us that when a new person came to Lynton Hall they would visit them and offer to label all their clothes. New baskets had also been purchased with each person's name on for use in the laundry room. These actions had helped to ensure people received their own clothes after being laundered.

We saw that people had the privacy they needed and they were treated with dignity and respect at all times. We saw that staff knocked on people's bedroom doors before they went in and spoke quietly to people. This helped to ensure the person's dignity was maintained.

People were supported by staff to make decisions about their end of life care. A person could choose to die at Lynton Hall, which was their home. They would be supported by the staff, the GP, the ambulance service

and the local hospice palliative care service. One relative said "Staff were so kind and supportive to all our family, they kindly and carefully explained what palliative care was." They went on to explain to us the care that had been given to their relative and how it had helped all of them. They described staff as 'compassionate' and their relative as having a 'beautiful death.' The registered manager gave another example where due to the good care a person was receiving, their expected lifespan had been increased and the person was still enjoying a good quality of life. The actions the provider had taken could help to ensure people had the end of life experience that they wanted, in the place they wanted it to be.

Is the service responsive?

Our findings

At our comprehensive inspection of this service on 4 August 2015 we found the provider was in breach of the regulations. The provider had not ensured that people's care plans were completed, up to date and reviewed appropriately. The provider sent us an action plan for the necessary improvements in September 2015. They told us these would be completed by the end of October 2015 to ensure they met the requirements of the regulations.

At this inspection we saw people's care plans were organised and securely stored and accessible to staff. The care plans included information and guidance to staff about how people's care and support needs should be met. The information included sections called 'My Day, My Life, My Portrait, My Story.' This clearly explained how a person would like to be addressed, their likes and dislikes and their work and life history. The amount of detail varied dependent on how much was known about the person and what the person was able to convey. There were sections on pre admission information, mental capacity assessments, information from other healthcare professionals, as well as daily notes and activities the person had joined in with.

We saw that reviews of a person's care were conducted monthly and any changes noted. An annual review was also conducted with the person, their family, GP and district nurses where appropriate. People and relatives when asked said they were aware of their care plan and had been involved in developing the care they required. Care plans were signed and dated by the person where possible. Where people were unable to sign an explanation was given.

Lynton Hall employed two full time activity co-ordinators. There was a programme of activities for the morning and afternoon on both the floors. Some activities were held jointly for all people at the home. We saw activities on both days of our visit, including a musical quiz and sing a long session, an activity with silk scarves, which prompted discussion and conversation and a game using a parachute and ball. We saw a volunteer talking and reading the newspaper to people. For people who chose to stay in their rooms we saw they had access to a radio or television and to newspapers and books. We saw there was now a dedicated hairdressing salon, where previously a spare bathroom had been used. The new salon was bright, welcoming and well equipped. This helped to make the experience of going to the hairdressers special and fun. The variety of activities on offer helped to ensure there was something to suit everyone and to which people could join in if they wished to.

The provider had arrangements in place to respond appropriately to people's concerns and complaints. Copies of the complaints process and complaints forms were available in the main reception area. People and relatives told us they knew who to make a complaint to and said they felt happy to speak up when necessary. Two relatives told us about concerns they had raised with the registered manager and how these had been responded to. One relative felt their concern had not been resolved fully. We asked the manager about this and heard the explanation of what had been done to rectify the concern and how they would continue to work with the family to find a resolution the family were satisfied with. Overall people and

relatives expressed they had confidence that the registered manager would deal with any concerns promptly. Records showed that any concerns or complaints were dealt with in a timely manner and to the satisfaction of the person using the service or their relative.

Is the service well-led?

Our findings

We could see that people who lived at Lynton Hall knew who the registered manager, deputy and staff were by name and could freely chat with them at any time. We saw people greeted the registered manager and deputy, asked them questions, caught up with news and the managers took time to speak with people and relatives. People we spoke with spoke positively about staff and management. One relative said "Whenever I ring up, staff always pass on my messages, they never forget."

The service was led by a new registered manager, who was supported by a deputy manager. From our discussions with the registered manager and deputy, it was clear they had an understanding of their management role and responsibilities and the provider's legal obligations with regard to CQC including the requirements for submission of notifications of relevant events and changes.

The registered manager and deputy both worked in the home with people. This helped to ensure that the management team were fully aware of what was happening within the service and were available to people when needed. The registered manager told us they kept an 'open door' policy for the office and people, relatives and staff could come in at any time to speak with them. One member of staff said "It's brilliant here now, better management, very supportive of staff." Two other staff said "We have stable management, more staff and good support," and "The management is better, they have brought the staff together, we get good support." The registered manager had started an 'Employee of the Month' award and had thank you notes available for people, management or staff to send to one another, as a way of appreciating what staff had done.

The home had policies and procedures in place and these were readily available for staff to refer to when necessary. Staff said they had access to the policies and any changes were discussed at team meetings. The registered manager told us they held two managers meeting each week on a Monday and Friday. This was to plan for the week ahead, to discuss what went well or not so well and then to review the week. A weekly heads of department meeting also took place and management meetings were held with carers every fortnight to discuss good practice. Meetings were also held at night for the night staff. After the GP completed their weekly rounds the registered nurses would meet to discuss any actions they needed to take. These meetings helped to ensure staff were kept up to date and that people received accurate and appropriate care.

Systems were in place to monitor and improve the quality of the service. The provider conducted surveys to gain feedback from people and relatives about the quality of the service that was being delivered and to identify areas for improvement. The latest questionnaire sent to people was in October 2015. The analysis showed that 76% of people thought the management was effective, 71% that leadership was good and 67% of people felt involved or engaged with the home and the planning of care. An action plan had been written to address any area of the survey that needed improving.

Lynton Hall was part of the BUPA organisation and quarterly quality assurance and health and safety reviews were undertaken of the home. These included accidents and incidents, an internal inspection of the

home, property maintenance, infection control and complaints. Following these reviews a management meeting was held to develop an action plan where necessary and to sign off on actions completed. The home also conducted a variety of daily, weekly, monthly and quarterly audits including fire alarms and emergency lighting, water temperatures and equipment used in the home and care plans. On completion of these audits the registered manager met with senior staff, the housekeeper, cook and maintenance man to discuss and develop a plan of action. These checks helped to keep people and staff safe and improve the quality of the service delivered.

We saw the records of two recent medicines audits that had been undertaken. Where mistakes were found they were dealt with promptly so that staff were aware of the mistakes and this helped to ensure people received their medicines safely.