

RMD Care Services Limited

# Lynmere Nursing Home

## Inspection report

278 Buxton Road  
Great Moor  
Stockport  
Greater Manchester  
SK2 7AN

Tel: 01614562634

Date of inspection visit:  
16 October 2023  
17 October 2023  
18 October 2023

Date of publication:  
08 November 2023

### 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

Lynmere Nursing Home is a care home providing accommodation for persons who require nursing or personal care to up to 24 people. The service provides support to older people, people with a physical disability and younger adults. At the time of our inspection there were 22 people using the service. The home accommodates people in one single-storey building. People have their own bedrooms and can access communal areas including adapted bathrooms, lounges and dining areas.

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

Medicines were managed safely by trained staff and people received their medicines as prescribed. There was a safeguarding policy in place and staff knew how to identify and report any concerns. The home was clean and tidy. Staff had been recruited safely and there were enough staff on duty to meet people's needs. Care plans were informative to guide staff on people's immediate care needs, how to manage risks and how people preferred to have their care delivered. Regular home safety and equipment checks were in place.

There was a mandatory training programme in place and staff completed the care certificate. Staff received supervision and ongoing support. Feedback about food and drink was positive and kitchen staff were aware of people's preferences and individual risks around food and drink. People were supported to access healthcare and the service facilitated appropriate and timely referrals to other agencies and professionals.

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 cared for by caring, respectful, and attentive staff who knew people well. We observed many kind and caring interactions. People were treated with dignity and kindness and were observed to be well cared for and had their independence respected. Feedback from people, relatives and visiting professionals was positive about the care provided at the home.

The service had a warm and homely environment and welcomed people's relatives, friends and pets, especially during activities and events. This helped people maintain important relationships. Group activities and entertainment were provided at the home and bespoke, one-to-one time was provided to those people who stayed in their room.

People, relatives and visiting professionals were very positive about the registered manager and staff team. The registered manager had built relationships with stakeholders and other professional teams.

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 good (published 8 December 2017).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lynmere Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

# Lynmere 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

This inspection was carried out by 2 inspectors, 1 specialist nurse advisor and 1 Expert by Experience. 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

Lynmere 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. Lynmere 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

This 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 the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 9 people who used the service and 4 relatives about their experience of the care provided. We spoke with 7 members of staff including the registered manager, nursing and care staff, the chef, laundry and maintenance staff. We spoke with the nominated individual at initial feedback. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included medication records and care records for 5 people. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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. At this inspection 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; Learning lessons when things go wrong

- People were protected from abuse and avoidable harm. There was a safeguarding policy and procedure in place for staff to follow.
- Staff had received training and they demonstrated their knowledge around safeguarding, and they told us they would report any safeguarding concerns to management.
- People told us they felt safe being cared for at the home. One person told us, "I do feel safe here because I am dependant on them to look after me and they are marvellous." Relatives also told us their loved ones were safe. One relative told us, "The care is very good here, they [staff] manage and look after [name] very well and make me feel very welcome when I come."
- Systems were in place to enable lessons to be learnt when things went wrong. Accidents and incidents were recorded and monitored. These were then analysed monthly, and any actions taken to mitigate further risks were also recorded and followed up. Monthly logs of any incidents were also shared with the local authority.

Assessing risk, safety monitoring and management

- People's risks were assessed to ensure people were safe. Staff took action to mitigate any identified risks.
- Risk management plans were in place for staff to help protect people from unsafe care and the environment, for example, safe manual handling and nutrition. These risks were reviewed regularly to ensure staff were aware of people's current care needs. Where necessary, monitoring charts were in place to ensure people received safe care and support. For example, charts were in place to monitor people's fluid intake and repositioning. We found some small gaps in monitoring charts, and we reported this to the registered manager.
- The registered manager and maintenance staff undertook regular checks of the environment to ensure it was safe. There was a schedule in place to ensure checks and maintenance of equipment were completed as needed. Emergency evacuation plans were in place which included the level of support each person needed in the event of fire.

Staffing and recruitment

- We reviewed staffing levels and found suitable numbers of staff were on duty to provide appropriate support.
- The service had safe employment checks in place to ensure suitable staff were employed to care for people at the service. These checks included DBS checks and references from previous employers. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment

decisions.

- Feedback from people and their relatives was positive about staff. One person told us, "I feel safe here and the staff are lovely; they are wonderful, I cannot fault them."

#### Using medicines safely

- People were supported to receive their medicines safely by trained staff.
- Protocols about how people liked to take their medicines, including guidance for medicines people only had occasionally, was in place. We discussed how this could be future developed to be more person centred and detailed with the registered manager.
- The registered manager conducted regular audits of medicine administration. However, we found some recording errors that had not been found. We have discussed this in the well-led domain.

#### 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 service was following current guidance in relation to visiting in care homes and there were no restrictions on people being able to receive visits from friends and family.

# 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 were assessed and care and support was delivered in line with current standards to achieve effective outcomes.
- Individual preferences and choices were assessed and documented within care plans. Staff knew people's needs and preferences well.
- People and their relatives told us their needs and choices for care were met. One person told us, "I prefer to eat my meals in my room. The staff know what to do for me and just get on with it. They know my routine." Another person told us, "My care plan is in that book there. If I want anything changing, I just tell them and they put it in the book."

Staff support: induction, training, skills and experience

- The service made sure staff had the skills, knowledge and experience to deliver effective care and support.
- Staff received an induction and a suite of annual mandatory training along with regular supervision and ongoing competency checks. Nursing staff registrations were up to date.
- Staff told us they felt supported and had regular training. One staff member told us they had received online and practical training and commented, "I'm happy with the training."

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

- People were supported to eat and drink enough to maintain a balanced diet.
- People were supported to have a healthy and nutritious diet and were fully involved in deciding menus around their individual preferences. People had a choice to eat with others in the dining room or in their own rooms. The chef was very knowledgeable about people's individual dietary requirements.
- We received positive feedback from people and relatives about the chef and meals at the home. Everything was cooked fresh, and the chef would make alternatives for people if they wished. One person told us, "There is plenty of choice with the food and the cook comes round in a morning to ask what I want." Another person told us, "The food is lovely. The chef comes round in a morning to tell us what's on the menu."

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

- The registered manager ensured the service worked effectively within and across organisations to deliver effective care, support and treatment.
- The service worked collaboratively with other healthcare professionals, such as social work teams and

tissue viability teams to understand and effectively meet people's individual needs. For example, a podiatrist visited the home regularly and the home was involved in a pilot scheme with local hospital teams to prevent unnecessary hospital admissions.

- Visiting professionals spoke highly of the home and the care people received. One professional told us they thought the staff were very caring and they follow any clinical advice given. Another visiting professional told us they thought nursing staff and the registered manager were "clued up" and very knowledgeable and know everyone's needs well. They commented, "This home is one of the brilliant ones."

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

- People's individual needs were met by the adaption, design and decoration of the premises.
- Rooms had been personalised to reflect people's individual preferences. People had their own photographs, pictures and bedding choices. One person had a personalised collage on their bedroom wall and another person had a large crucifix.
- The home had been laid out and adapted to maximise people's independence and accessibility. For example, there were handrails throughout the home and the bathrooms had a variety of adapted shower chairs to enable people to safely shower.

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.

- The registered manager was working in line with the Mental Capacity Act.
- People and their loved ones were fully involved in all decisions about their care and had their individual rights upheld. Capacity assessments were carried out and where necessary, meetings had been held to ensure any decisions were made in people's best interests. The registered manager was aware of the DoLS procedure and had made applications where necessary.
- People confirmed with us they were asked consent before care and support was given by staff. One person told us, "If they do anything for me, they will ask if it's alright or can I do this for you."

# 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. The rating for this key question has remained 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 well supported and treated with respect by staff.
- There was an equality and diversity policy in place and staff had received training. The registered manager demonstrated a good understanding of the protected characteristics covered in the Equality Act 2010.
- People and relatives gave consistent feedback around how caring and kind staff were. One person told us, "I ring the bell and they [staff] come with smiley faces, and nothing is too much trouble. They are there if I need them which is a great comfort." Another person told us, ""They [staff] absolutely treat me with respect. If I need privacy, they give it to me."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- Staff had received regular training in dignity respect and privacy, and we observed many kind and caring interactions.
- People were happy to tell us they felt respected and were treated with dignity by staff. One person told us, "The staff are very good with me. They treat me with respect and there is no awkwardness." Another person told us, "I can have a bath or a shower when I want. I can manage myself, but they help me get there and are on hand if I need assistance."

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

- People and their relatives were very involved in decisions about care and support.
- The registered manager ensured there were enough staff around to enable them to provide care and support in a timely and compassionate way. People told us staff mostly attended in a timely way when they pressed their call bell. One person told us, "One of the things I really appreciate is a cuddle when I am having a tearful day. They [staff] show they are there to help me and I can see they care."
- People consistently told us they were given choice and involved in decisions. One person told us, "I wasn't happy with the use of the stand to get me up, I preferred the hoist, so the manager sorted that out for me." One relative told us, "I am really pleased at the way Mum is looked after and I would recommend the place to anyone who needs the same care. They [staff] treat people properly."

# 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 good. The rating for this key question has remained 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

- People were supported as individuals, in line with their needs and preferences.
- People's care records were informative and reflective of the care and support being delivered and people's personal preferences, likes and dislikes.
- People told us they were in control and received care in the way they like it. One person told us, "I have a bed bath because my knees are painful, and it hurts too much to go on the hoist. The bed is very comfortable, and I have a bed control so I can move it about." Another person told us, "If I want anything changing [care], I just tell them [staff] and they put it in the book."

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 registered manager was meeting the Accessible Information Standard and people's communication needs were understood and supported.
- People's care records included their individual communication needs and we observed staff knowing people well and how to effectively communicate with each person.
- The registered manager explored ways to communicate with people with different needs. For example, one previous person with hearing difficulties had chosen to have printed pictures on their bedroom wall of the British Sign Language alphabet to assist staff with communication.

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's wellbeing was promoted, and families were encouraged to be involved with people's care and activities. People's pets were also welcomed into the home.
- The service employed an activity co-ordinator and there was an activity programme in place and displayed in the home. People's birthdays and other special days were celebrated; the home had previously held a wedding celebration. We received positive feedback from people about the activities co-ordinator. One person told us, "[Name] does the activities and she comes to see me, and we have a chat and a good laugh. She is very friendly."

- Group activities and outside entertainment were regularly provided. Some people were nursed in their bed or chose to stay in their room, and we found the home placed importance on providing wellbeing interactions with them to avoid social isolation. Daily one-to-one sessions with the activity co-ordinator were given to people and these were individual sessions of the person's choice.
- People told us they felt involved in activities, one person told us, "[Name] is wonderful and last week she came to see me. She had a singer booked for entertainment and she knows that I like music, especially musicals. [Name] brought the singer down to my room and she sang to me at the end of the bed." Another person told us, "I prefer to stay in my room and the activities lady came in today and did some exercises with me. The rest of the time I watch TV and listen to music which they [staff] put on for me. They are very kind."

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

- People's concerns and complaints were listened to, responded to and used to improve the quality of care.
- The home ensured people were aware of how to complain or comment on the service. There had been no recent complaints at the home and people and their relatives told us they were happy with the care and had no complaints. One relative told us, "I have no complaints about how they look after my [relative]. They treat them very well and I am very pleased with this place."
- There were many cards and letters of thanks displayed at the home from people and relatives expressing their appreciation to staff on how well people were cared for.

#### End of life care and support

- People were supported at the end of their life to have a comfortable, dignified and pain free death.
- Some people had end of life care plans in place; however, we fed back that these could be more person centred. The home was working closely with local healthcare teams to improve the use of advance care plans and end of life plans for people who chose to have them.
- We found many compliments from relatives about the end of life care provided at the home. Comments included, "Thank you for your wonderful kindness in supporting me and all my family after [Name's] sudden death. We are all so grateful." And "You all made a difficult time much easier with everything you did. We could not have asked for a better place for [Name] to have been. We will be forever grateful to you all."

# 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 good. The rating for this key question has remained 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 registered manager had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- Regular audits and checks of the service were carried out to ensure the quality and safety of the home and care provided.
- We found minor recording errors in care and medicines documentation that had not been identified in audits. We discussed this with the registered manager during the site visit and with the nominated individual during our initial feedback session. We did not see any evidence that these minor shortfalls in record keeping had impacted on people's quality of care. The registered manager took immediate action during the inspection to address this with staff.
- The home was very busy and people living there had complex needs. The registered manager ran the whole service themselves and did not have a deputy manager or any administrative provision. We spoke with the nominated individual about increasing support for the registered manager and they agreed to provide the necessary resource.

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; Continuous learning and improving care

- The registered manager understood their responsibilities under the duty of candour.
- The registered manager demonstrated their awareness of their duty of candour and their also their responsibility to act on accidents, incidents and complaints. We saw evidence that these had been responded to appropriately.
- The registered manager had created a learning culture at the service which improved the care people received. They were knowledgeable about their regulatory requirements and wider legal responsibilities. Statutory notifications had been submitted as and when required. A notification is a report required by law when certain events occur.

Working in partnership with others

- The registered manager worked in collaboration with their partners to provide safe and effective care.
- The registered manager had established links with the local health protection teams and kept up to date with government guidance. Plans were in place to protect people in the event of an infection outbreak.
- The registered manager had close working relationships with social workers, the local GP service, nursing

teams and other medical professionals to ensure people received prompt and appropriate medical care. We saw staff had made appropriate referrals to medical professionals where they had concerns about someone.

- Visiting professionals told us they were confident people received good, joined up care from other relevant professionals. One visiting professional told us they had been welcomed into the home and commented, "[Manager] was great, everyone was very friendly and caring. Staff follow advice from medical professionals, and they have dieticians involved and other specialist nursing services."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and staff were involved in the running of the service and people's protected characteristics were considered and fully understood. There was a positive and open culture at the service. There were systems to provide person-centred care that achieved good outcomes for people.

- The registered manager was very visible around the home and had an open-door policy for staff, people and visitors. People and their relatives told us how approachable the registered manager was, one relative told us, "I can speak to [Name] anytime and she is very approachable warm and friendly. I can trust her to act if something needs doing."

- People and relatives were regularly asked their opinions about care at the home. One person told us, "I had a questionnaire 2 weeks ago and it was asking what I like about the place and what could be better. I told them exactly what I have told you; that this place is very good to me, and I would not sit here and say it was good if it was not true." We reviewed survey responses and found these gave very positive feedback.

- Regular team meetings were held, and staff told us the registered manager was very approachable and kept staff "in the loop" with good communication. Staff felt they knew what was expected of them by the registered manager and felt valued. One staff member told us, "[Manager] lets us know what we have to do and when. We look after this home properly we can ring her at home if we have any questions."

- People and their relatives told us the registered manager was very good at communication and they felt involved at the home. One person told us, "If anything is the matter, they [Manager] will ring my family." Another person told us, "What's good is that when I press the buzzer they come and if I ask for [Manager] I know she will always come and see me and she explains things clearly."

- The registered manager told us how proud they were of the care provided at the home. They commented, "I am proud and humbled that the residents and families entrust me with their safety and wellbeing of their loved ones during their most vulnerable and difficult times."