

Lyndhurst Limited

Lyndhurst Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 26 October 2017 and was unannounced.

Lyndhurst is a 'care home' and is registered to provide care and support for up to 20 people who have physical disabilities and/or mental health problems. The registered provider also supports people who are living with dementia. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of the inspection there were 16 people living at the home. Accommodation is provided across three floors and facilities include two dining rooms/social areas, a smoking area, a large garden area to the rear of the building as well as a small car park at the front.

At the time of the inspection there was two registered managers in post. A 'registered manager' is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the previous comprehensive inspection which took place in April 2017, the home was rated as 'Inadequate' and placed in 'special measures'. We found the registered provider was not meeting legal requirements in relation to person centred care, need for consent, premises and equipment, good governance and staffing.

Services in 'special measures' are kept under review and inspected again within six months. The expectation is that providers who have been providing inadequate care should have made significant improvements within this timeframe. If not enough improvements are made and there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service.

Following the previous inspection the registered provider submitted an action plan which outlined how they were improving the standards of care and quality of service. We checked at this inspection to make sure that the provider had made enough improvements to meet their legal requirements.

During this inspection we found a number of improvements had been made however the registered provider was found to be in breach of 'safe care and treatment'.

We reviewed a number of care records for the people who lived at Lyndhurst care home and found that care plans and risk assessments were not being maintained. Some risks had not been appropriately recorded and there was inconsistent information found in different assessments. This meant that the delivery of the care being provided was not safely monitored or reviewed, meaning that people were exposed to

unnecessary risk.

You can see what action we have told the registered provider to take at the back of the full version of the report.

During the previous inspection the registered provider was found to be in breach of 'good governance'. During this inspection, we identified a number of improvements which had been made in relation to this regulation although it was still evident that further systems and processes needed to be implemented and maintained in order to improve the standard and delivery of care which was being provided.

We have made a recommendation to the registered provider in relation to continual improvement of quality assurance systems.

There was evidence to suggest that most documents we showed that the service was operating in line with the principles of the Mental Capacity Act, 2005 (MCA). This was because most people were involved with the decisions taken in relation to their care and treatment, and there was a best interest process in place for people who lacked capacity to be involved. However some records we reviewed evidenced that there was still some confusion regarding the principles of the MCA. The registered provider was no longer in breach of the regulation in relation to 'need for consent' however we have made a recommendation regarding further improvements needed.

There was evidence during this inspection that improvements had been made to the environment and risks which had been identified on the previous inspection. During this inspection we did identify a number of areas which could have potentially posed a risk to people living at the care home. We discussed our concerns with the registered managers and they immediately responded and rectified the areas which were discussed. The registered provider was no longer in breach of the regulation in relation to premises and equipment.

During the inspection we found that the area of 'staffing' had improved since the last inspection. Routine supervisions and appraisals were taking place, staff were receiving the necessary training to enable them to fulfil their roles to their full potential and staff expressed that they felt supported on a daily basis. The registered provider was no longer in breach of the regulation in relation to 'staffing'.

During the previous inspection we found the provider in breach of regulations in relation to 'person centred care'. This was because people were not receiving the care and support which was right for them or met their needs. During this inspection we found that care records were personalised, staff were able to provide person centred care and the environment had been adapted to provide support to people who were living with dementia. The registered provider was no longer in breach of the regulation in relation to 'person centred' care.

Recruitment was being safely and effectively managed within the home. Staff personnel files which were reviewed during the inspection demonstrated safe recruitment practices. This meant that all staff who were working at the home had suitable and sufficient references and the appropriate criminal record checks had been conducted.

Accidents and incidents were being recorded and there was evidence which demonstrated that the registered managers were analysing and assessing the data on a monthly basis. The process and systems which were in place to assess and monitor accidents and incidents enabled the registered managers to analyse if changes needed to be made within the home and if further risks needed to be mitigated.

Medication processes and systems were safely managed. During the inspection we found that routine medications audits were being conducted, medication administration records (MARs) were being appropriately completed and staff had received the appropriate training. This meant that people were receiving a safe level of care in relation to the medications which they were being prescribed.

The day to day support needs of people living in the home was being met. The appropriate referrals were taking place when needed and the relevant guidance and advice which was provided by professionals was being followed accordingly.

People told us that their privacy and dignity was respected. Staff were able to provide examples of how they ensured privacy and dignity was maintained as well as describing how people's choices and preferences were supported.

Staff provided support to people with care, compassion and kindness. Staff were observed speaking to people in a friendly, sincere and warm manner. People were observed looking happy and content in the environment and there was a positive atmosphere throughout the course of the inspection.

There was an activities co-ordinator in post at the time of the inspection who was responsible for organising a range of different activities. The feedback we received about activities was positive. People we spoke with said they enjoyed the activities which were organised and people were observed taking part in the activities.

We received positive comments about the standard of food throughout the course of the inspection. People expressed that they were happy with the variety of food and enjoyed the different choices available.

There was a formal complaints policy in place at the home. There was evidence of how complaints were being responded to which were in accordance to the organisational procedures. At the time of the inspection there were no formal complaints being investigated.

Staff morale was positive. Staff expressed that they were 'happy' in their roles and expressed how much they 'loved' working at Lyndhurst. Staff said that they felt supported by both registered managers and believed there was an open and supportive culture.

The registered managers were aware of their responsibilities and had notified the CQC of events and incidents that occurred in the home in accordance with the CQC's statutory notifications procedures. The registered provider ensured that the ratings from the previous inspection were on display within the home.

There was a vast amount of policies and procedures in place. Specific policies which we reviewed included confidentiality, whistle blowing, safeguarding adults, equality and diversity and supervisions policies. Policies and procedures were available to all staff and they were able to discuss specific procedures and processes with us during the 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?

Requires Improvement 

The service was not always safe.

Care plans and risk assessments did not always reflect the care which needed to be provided and the risks which needed to be managed.

Medication processes were being safely managed.

Accident and incidents were recorded and were being analysed and reviewed to establish if lessons could be learnt.

Recruitment practices in place were safely adhered to.

Is the service effective?

Requires Improvement 

The service was not always effective.

Principles of the Mental Capacity Act, 2005 were being complied with but further improvements were needed.

Staff were receiving regular supervision and appraisals.

Staff were receiving the required amount of training required to support their roles.

People were supported to have sufficient food and drink.

Is the service caring?

Good 

The service was caring.

We observed kind, caring and compassionate support being provided.

Staff were able to demonstrate a good knowledge of the people they supported.

People expressed that they felt well cared for and treated with dignity and respect.

People's personal and confidential information was kept secure

and people's privacy was respected.

Is the service responsive?

Good ●

The service was responsive.

Care records contained person centred information which promoted individual choice.

Activities were stimulating, creative or meeting the needs of the people living in the home.

There was a complaints policy and procedure in place.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Audit processes and quality assurance systems need further development.

Regular quality assurance checks were being completed.

Staff meetings were regularly taking place.

The culture within the home was open, supportive and transparent.

Lyndhurst Residential Care Home

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.

The inspection took place on Thursday 26 October and was unannounced.

The inspection team consisted of three adult social care inspectors, and an 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.

Before the inspection visit we reviewed the information which was held on Lyndhurst Residential Care Home. This included notifications we had received from the provider such as incidents which had occurred in relation to the people who lived at the home. A notification is information about important events which the service is required to send to us by law.

A Provider Information Return (PIR) was also submitted and reviewed prior to the inspection. We used information the provider sent us in the PIR. This is information we require providers to send us at least once annually to give us key information about the service, what the service does well and improvements they plan to make. We also contacted the commissioners of the service and the local authority safeguarding team. We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke with the two registered managers, the nominated individual (NI) was available during the inspection who was the representative for the registered provider, five members of staff, nine people who lived at Lyndhurst, the activities co-ordinator and the cook.

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

During the inspection we also spent time reviewing specific records and documents. These included four care records of people who lived at the home, four staff personnel files, recruitment practices, staff training records, medication administration records and audits, complaints, accidents and incidents and other records relating to the management of the service.

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

Is the service safe?

Our findings

The home was last inspected in April, 2017 and was rated 'Inadequate' in this domain. The service was unsafe and was found to be in breach of Regulation 15. This was because the premises were found to be hazardous and people were exposed to unnecessary risk. We asked the registered provider to address these issues; an action plan of what actions and improvements were made was submitted. We checked this as part of this inspection.

During this inspection we reviewed four care records and risk assessments of people who were living in the home. Three of the four records did not contain the most relevant detail in relation to the care which needed to be provided and risk assessments did not provide information in relation to the risks which needed to be managed.

For instance, one person's care file indicated that they needed to be supported with a specialist diet to support their health and well-being. We could not find any specific detail in relation to how the person needed to be supported in relation to the food and drink they should be consuming and staff did not appear to be familiar with the persons support needs or the importance of accommodating the person's specialist diet. This meant that the person was being exposed to unnecessary risks and not being provided with the specialist care and support they needed.

Another example included care plan documentation which indicated that the person was confused, was sometimes uncooperative and could often 'wander'. The risk assessment had been recently reviewed in September, 2017 however we then came across another risk assessment for 'behaviour' which was a contradiction of other assessments. The behaviour assessment gave no indication that the person could 'wander', or could be uncooperative. This inconsistent information could mean that staff were not always supporting the person in the most appropriate way.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the previous inspection there was a breach in regulation identified in relation to 'premises and equipment'. A number of environmental risks and hazards were identified which exposed people to potential harm. During this inspection, we found that improvements had been made to the environment and people's safety was no longer compromised. Refurbishment work had taken place across the home and people were living in comfortable, clean and a well maintained environment.

We did observe a number of potential risks which we discussed with the registered managers during the inspection. For example, we did find a number of the bedroom doors which were not automatically closing as they should. All bedroom doors act as a fire door in the event of a fire and protect people from the exposure of fire and smoke which could spreading through the home. We raised our concerns and the registered provider immediately contacted an external contractor who arrived on the same day to complete the repair work which was needed.

The registered provider was no longer in breach of Regulation 15 of the Regulated Activities Regulations 2014 (Premises and equipment).

Medication was being safely being managed. We saw that medications were well organised and stored in two locked trolleys in a temperature controlled room. The temperature of this room was recorded twice a day and was within the recommended range. Ensuring medications are stored at the correct temperature is important, as their ability to work may be affected if they are not stored correctly. Medication requiring cold storage was kept in a dedicated medication fridge; the temperature of the fridge was also recorded to ensure it was in the correct range.

We reviewed a sample of Medication Administration Records (MARs) for three people and counted their medications. We saw that all totals corresponded to what was recorded on the MARs. There were no missing signatures on the MARs. We also checked the procedure for administering controlled drugs (CD's). Controlled Drugs are medications with additional safeguards placed on them. CD's were appropriately stored and signed for.

We saw one person's medication contained eye drops which had been prescribed in September 2017. The pharmacy label directed that the eye drops were to be discarded after 28 days of opening. There was no date documented as to when these had been opened on the bottle, however the MAR chart indicated they had been opened on 10 October, so they were still within use. The senior carer wrote the date on the bottle straight away to ensure staff were aware of when the medication was opened.

People were prescribed pain relief such as paracetamol to be given 'as and when' required (PRN). There was a plan in place to guide staff about when this medication should be given. PRN medicine was mostly prescribed for pain or if people became upset or anxious.

We found that topical MAR charts were in place for all topical creams (medicated creams) which needed to be administered. We reviewed the medication policy during the inspection and found that this did refer to old health and social care regulations and outcomes and not the new regulations which were updated and revised in 2008, we raised this at the time of our inspection and were informed that such policies would be reviewed.

During the inspection we reviewed staffing levels to ensure there was enough staff to provide the support which people required. Typical staffing levels included three care staff during the day, two 'wake in' care staff through the night, one cook, two registered managers and a 'handy-man'. We received positive comments about the staffing levels across the course of the inspections. These included "I never have to wait", "They're [staff] always on hand" and "I don't have to wait for help, if I want anything I just press the buzzer" "They [staff] come quickly" and "They have a lot of staff." We observed enough staff providing a safe level of support throughout the inspection. People were assisted and responded to in a sufficient amount of time.

Throughout the inspection we received positive feedback from people we spoke with who lived at the home. Some of the comments we received included "I've been in a few care homes and this is the best one I've been to", "It's very safe, we're never alone, there's always someone there for us" and "There's nothing to feel unsafe about"

During the inspection we reviewed four staff personnel files. Staff files are reviewed to demonstrate that there are robust systems in place to ensure the staff who are recruited are suitable to work with vulnerable people.

Staff records demonstrated how the managers had robust systems in place to ensure staff who were recruited were suitable for working with vulnerable people. Full pre-employment checks were carried out prior to a member of staff commencing work. The manager retained comprehensive records relating to each staff member. Records included the interview process for each person, two suitable references on file prior to an individual commencing work as well as the appropriate Disclosure and Barring Service (DBS) checks. A valid DBS check is a check for all staff employed to care and support people within health and social care settings. This enables the manager to assess their suitability for working with vulnerable adults.

We reviewed the accident and incident process which were in place at the home. We found that all accidents and incidents were recorded appropriately and reviewed at the end of each month to establish if there were any trends. This process enabled the registered managers to identify if any changes needed to be made within the home or if any further risks needed to be mitigated. For example an incident had occurred between a resident and family member, this incident was appropriately recorded and reported to the necessary professionals. In addition to this the home took steps to ensure that the person was then safeguarded from further incidents.

We saw evidence of personal emergency evacuation plans (PEEPs). PEEP information included name of the person, bedroom number and floor allocation and level of risk. We did discuss with the registered managers that further information did need to be included on the PEEPs which would further mitigate risk and help to manage emergency evacuations in safer and more responsive way. PEEP information needed to also include the equipment which would be needed in the event of an emergency and whether or not the person needed to be horizontally evacuated or vertically evacuated.

The registered provider employed a maintenance co-ordinator to attend to any day to day maintenance work which needed to be carried out and there was also a contract with an external contractor who provided maintenance support for more of the extensive work which was required.

There was evidence of health and safety audits and checks being conducted to ensure the people who lived at the home were safe. Audits which were conducted included a monthly health and safety quality audit, water temperature checks, weekly fire alarm and fire extinguisher checks, monthly fire risk assessments and monthly accident/incident reviews. Records also confirmed that gas appliances, electrical equipment and legionella testing all complied with statutory requirements.

We reviewed the systems which were in place to manage and monitor infection prevention control. It is essential that there are robust systems in place to ensure people are protected from avoidable and preventable infections and there are measures in place to ensure that environments are safe, hygienic and cleanliness is well maintained. The registered provider is responsible for maintaining the health and safety of the environment by ensuring they are compliant with health and safety requirements.

The home was clean and well maintained, there was a housekeeping schedule in place which ensured that people were living in a clean and hygienic environment, we observed staff wearing personal protective equipment (PPE) and there was a cleaning schedule in place which helped to maintain the standards of the environment people were living in. We also saw evidence of the infection control policy which provided clear guidance for staff in relation to correct hand washing procedures; colour coded cleaning charts, infection outbreak guidance as well as food safety hygiene. Staff had recently completed infection prevention control training and were familiar with the different control processes which needed to be in place.

We received positive comments in relation to infection prevention control measures. For example, one person stated "This is a new carpet and curtains, they're [staff] always doing something" and another

comment included "It's spotless."

We spoke with staff about their knowledge and understanding of safeguarding and whistleblowing procedures. They were able to explain their understanding of 'safeguarding' what safeguarding concerns they would raise and who they would need to liaise with. When staff were asked to explain their understanding of 'whistleblowing' they explained that this was in relation to raising concerns identified in relation to inappropriate practice. Records confirmed that the appropriate safeguarding referrals had been made to the local authority and staff did ensure that all people were protected from the risk of abuse. There was an up to date adult safeguarding policy in place and staff had received the necessary training in relation to the protection of vulnerable adults.

Is the service effective?

Our findings

During our last inspection we found the service was 'Inadequate' in this domain due to the breaches of regulation which were identified. These included a breach in Regulation 11 in relation to 'Need for consent', a breach of Regulation 9 in relation to 'person centred care' and a breach in Regulation 18 in relation to 'staffing'.

We asked the registered provider to take action to address the concerns we identified. The registered provider submitted an action plan which outlined how the breaches in regulation were being addressed. We viewed this during this inspection and found that improvements had been made. The provider was no longer in breach of regulation.

The Mental Capacity Act (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 make 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 interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People who were assessed as having capacity to make decisions did not have their liberty restricted; they were able to consent to the care being provided and had full involvement in any decisions which needed to be made, this was evidenced in a number of files we reviewed. However, we did find some inconsistent information in people's care records in relation to the MCA and best interest's decisions.

During the last inspection we found evidence that the registered provider was in breach of regulation 11, 'need for consent'. This was because 'consent' to administer covert medication had not been lawfully gained in line with the principles of the Mental Capacity Act, 2005. Covert medicines are administered in a disguised format, in either food or drink; this is only used in exceptional circumstances; but there was no evidence of any best interest meetings or decisions being held.

We found during this inspection that the service had improved enough to not be breach of regulation, however, there were some inconsistencies which required further improvement was needed.

For example, we reviewed one care file which indicated the person was able to consent to the care being provided. However, we also found a mental capacity assessment which suggested that the person did not have the mental capacity 'regarding their general well-being and welfare'. We were also informed on the day of the inspection that this person needed to be supported with a specialist diet. We observed the person eating and drinking the same food which had been prepared for everyone else who was living at the home. When we discussed this with the registered managers we were informed that the person was able to make decision in relation to their diet and were aware of the risks. Although the principles of the MCA and DoLS were being followed, processes need to be consistent, transparent and records needed to contain the most relevant and up to date information.

Staff that were interviewed demonstrated their knowledge and understanding of the principles of the MCA and DoLS and training record demonstrated that staff had attended MCA and DoLS training. During this inspection we found the registered provider to be complying with the principles of the MCA, although some further improvements need to be made. People living in the home were being assessed, their level of capacity was being determined based on the MCA guidelines and decisions were being made in relation to the outcome of the assessment.

The registered provider had made sufficient improvements to no longer be in breach of Regulation.

We have recommended that the registered provider reviews their processes in relation to the MCA/DoLS and seek further guidance from credible sources.

During the previous inspection we identified that there had been no consideration given to people who were living with dementia. At the time of the last inspection we provided feedback to the registered provider about how they could provide extra support and adapt some of the environment as a measure of including every person who was living in the home. During this inspection we found that improvements had been made in this area.

We saw pictorial and visual menu's for people to choose their food from, there was signage on each of the doors throughout the home so people could determine where they were going and there was decorative wall art on the different floor within the home. People living with dementia should be living in environments which have been adapted to support their care needs, people should be able to interpret their surroundings with ease and be able to navigate independently around the home safely. During the tour of the building on the first day of the inspection we found that there had been adaptations made to the interior and exterior of the home. The garden area had been adapted so people could access this with ease and renovations had taken place within the home to ensure it was a safer and more comfortable environment. The provider was no longer in breach of regulation in relation to person centred care.

During our previous inspection we found the provider was in breach of regulation in relation to 'staffing'. We found that not all staff had received the necessary training as part of their induction. Following this inspection the provider sent us an action plan which we checked as part of this inspection.

During this inspection staff expressed that they felt there was sufficient training opportunities and they were all encouraged to develop their skills and knowledge as much as they could. All mandatory training had been completed by staff which provided them with the necessary skills to carry out their roles and responsibilities. Mandatory training included adult protection, infection prevention control, fire safety, food hygiene, MCA and DoLS, dementia awareness and first aid. In addition to the mandatory training which all staff were expected to complete, the staff who were responsible for the administration of medication had received the necessary medication training and regular competency assessments were being conducted. The provider was no longer in breach of regulation in relation to 'staffing'.

Staff expressed that they felt supported in their role and they had been receiving regular supervisions and annual appraisals. Supervision enables management to monitor staff performance and address any performance related issues. It also enables staff to discuss any development needs or raise any issues they may have. Appraisals are used to identify goals and objectives for the year ahead to ensure staff are supported to develop within their role.

Handover and communication books were in place and regarded as effective methods of communication. One member of staff said "The communication is really good". We were informed that two daily handovers

took place and this provided all staff who were either on day or night shifts to familiarise themselves with any events which they needed to be aware of. We saw evidence of significant information being documented, as well as day to day care which had been provided, any visitors people received, appointments which people had attended and 'follow' up actions which staff members needed to be complete. This meant that all staff were able to familiarise themselves with the day to day activities which had taken place as well as any significant changes to people's circumstances.

We reviewed how people's nutrition and hydration needs were assessed and met. Each care record contained an 'Assessment of need for daily living' which included 'likes and dislikes' in relation to individual preferences and the topic of food and menu choices were discussed during team meetings. We also received positive comments about the standard and quality of food during the inspection. Comments we received included "There's enough food and I get a choice", "It's very nice", "it's excellent", "The food is very good, I enjoy every meal, I don't leave anything" and "some days I think the food is excellent." For people who could not communicate their choices, there was a visible pictorial menu which people could refer to if they needed this level of support.

Kitchen staff were aware of the specialist dietary needs although it was observed during the lunch time period that people had been given food which was not suitable for their specialist diets. For example, one person was offered a bowl of trifle which could have compromised their diet. When this was raised with the staff member, the trifle was immediately removed and the person was offered yoghurt. We raised our observations with the registered managers who assured us that specialist diets would be discussed with all staff.

Health and well-being of the people living at the home was well supported. We saw evidence of external healthcare appointments, healthcare professionals visiting the service and the appropriate referrals taking place. Care records confirmed that people were receiving support from external services such as chiropodists, GP's, occupational therapists, physiotherapists, dieticians and opticians. This meant the people were receiving a holistic level of safe care and support which could help with their overall quality of life.

Is the service caring?

Our findings

During the inspection we received positive comments from people who lived at the home. Some of the comments included, "We're like one big, happy family", "They're [staff] are excellent", "They're [staff] all very good", "They're [staff] all very kind" and "The staff are very nice, they are as lovely as they can be. If I want help, they'll help me."

Staff were observed provided care and support to people in a manner which was kind, compassionate and in a dignified manner. Staff were observed being attentive, responsive and engaged well with the people they were supporting. Staff were seen to be providing care in a person centred manner rather than the care being 'task-led'. Staff did express that they felt there was enough staff on each of the shifts to provide the care which needed to be provided. One person commented "Yes, there is lots of staff; I always get help when I need it."

Staff were able to demonstrate their knowledge and understanding of people they were supporting throughout the course of the inspection. Staff would always use first names when talking to people and were observed having conversation with people about their hobbies, relatives who were due to visit and their interests. For example, one staff member was able to tell us the different places someone had visited across the world and openly engaged in conversation with the person about their travelling experiences. Staff were committed to supporting people when they were requested to and it was evident that people were happy to receive the support from the staff who were providing the care.

We spoke with people who lived at the home and they all expressed that the staff maintained their privacy and dignity by 'knocking on doors' and 'keeping doors closed when providing personal care'. Staff also expressed that they would encourage people to remain as independent as possible. For example, staff described how they would encourage people to make their own choices about the clothes they wished to wear on a daily basis or how they would encourage people to choose what food they wished to eat throughout.

Staff explained that they would always try and accommodate any requests which people would ask for. For example, one staff member explained that a hairdresser visits the home each week. However, there is one person who prefers to have their hair cut every three weeks at the local hairdressers. The staff member explained that this is something which is really important to the person; therefore the staff ensure that this request is supported as and when needed.

Throughout the course of the inspection we observed how people's confidentiality was maintained and sensitive information was securely stored away. For example, information in relation to specialist diets was not available for others to see, all care records were securely stored away in a staff office and private and confidential information was respected and preserved. This meant that people's sensitive information was respected and was not unnecessarily being shared with others.

The atmosphere throughout the course of the inspection was warm, friendly and inviting. We observed a lot

of laughter during the inspection, people appeared to be happy in the environment and people expressed how they 'loved' being amongst 'friends'.

During the inspection we asked staff how people were involved with the delivery of care being provided. We were informed that 'resident' meetings take place as a measure to gauge the views, thoughts and suggestions of the people living at Lyndhurst. People living at the home were asked about the 'resident' meetings and one person stated "We have lots of them, they listen to us." We were informed that it was during a 'resident' meeting that the idea of a 'Tuck Shop' was discussed and agreed.

The 'Tuck shop' (lockable cabinet) was found in the dining area and contained a variety of different snacks and treats people could have throughout the day. Although, this idea was a creative and imaginative idea, we did identify that people who needed to be supported with specialist diets had not been considered and there was no available snacks/treats they could choose from. We did discuss our thoughts with the registered managers who were responsive and agreed to explore this further.

Across the course of the inspection we observed how staff were able to respond to the different levels of support needs within the home. Staff were able to communicate with people using different techniques. For example, staff were seen to be crouching down next people so talk to them if the person had hearing difficulties, there was a pictorial menu in place so people could visualise the range of different food options they could choose from and there was a notice board in the main dining area which illustrated the weather for the day, the food options available, the staff who were on shift and the different activities which were taking place. This demonstrated how staff were able to be creative with the range of different activities they used in order to include rather than exclude people from day to day routine.

For those who did not have any family or friends to represent them, contact details for a local advocacy service were available at the home. At the time of the inspection there was nobody being supported by a local advocate. One person expressed that they were familiar with the advocacy service available to them if ever needed this level of support.

Information about the home was available in the main foyer of the home. For example, there was information provided about fire evacuation and safety procedures, complaints information, the previous Care Quality Commission report and ratings certificate as well as registration certificates and policy information.

Is the service responsive?

Our findings

During the previous inspection the service was rated 'requires improvement' for this domain. This was due to the lack of detailed information within assessment paperwork for people living with dementia. During this inspection we found that there had been improvements made to this area of care being provided.

Care records we reviewed were found to be personalised and contained pertinent information in relation to each person who was living in the home. 'All about me' information was found in each care file as well as information in relation to the person's activities, hobbies, medical history, likes, dislikes and day to day preferences.

The information which was captured from the outset then helped to formulate the different care plans and risk assessments which were implemented. For example, one care record we reviewed highlighted that the person 'preferred to be woken up between 9am and 10am', 'enjoys to socialise in the lounge' and 'did not like to talk about bereavement'. Other examples included how many pillows a person liked to have, how a person preferred to dress and if people followed any particular religious practices.

There was an activities co-ordinator in post at the time of the inspection and people were positive about the range of different activities which took place. Comments we received included "Sometimes we have quizzes, sometimes we have dancing, I've had a nice pleasant life and it continues here the same" and "We do various things, we play games" and "I go and do a bit of shopping, I like the crosswords, we also talk and get together." The activities co-ordinator informed us that there are activities scheduled for every day of the week, we observed a poster up around the home for the up and coming 'party' which was taking place and we were also informed that people living in the home have a monthly entertainer coming to the home to provide entertainment such as singing and dancing.

The registered provider had a formal complaints policy and sufficient processes in place. The complaints procedure was visible in the main foyer of the home. We did need to advise the registered managers that some of the information on the complaints poster was incorrect. Information in relation to external organisation people could contact if they wished to make complaints was incorrect. Once we informed the registered manager of the correct information, they responded to this and immediately rectified the details. At the time of the inspection there were no formal complaints being investigated.

People living in the home explained that they had never had a reason to complain but if they did they would happily speak to staff. One person expressed "I don't need to complain, there's nothing to complain about."

We asked if 'End of Life' care was supported at the home but we were informed that this is not an area of care which they routinely provide. People who were admitted in to Lyndhurst were generally supported with their mental health support needs, a disability which required residential support and people who needed to be supported with dementia. 'End of Life' care is provided in a specialist way in an environment which can accommodate people who are at the end stages of life.

Is the service well-led?

Our findings

At the previous inspection we identified a breach of regulation in relation to 'Good Governance'. It was identified that there was a number of areas which did not comply with the legal requirements needed within a care home.

During this inspection we checked to see if the registered provider had made improvements.

We looked at the quality assurance systems and auditing processes which were completed at the home. We saw that routine audits were being completed in areas such as care planning, health and safety, infection prevention control, accident and incidents and medication. We saw that the registered managers were identifying areas which needed to be improved and there was evidence during the inspection that the actions were being completed.

We identified that systems and processes had improved since the last inspection and the quality and delivery of care was being monitored and assessed. The registered managers were regularly reviewing all aspects of care as a measure to maintain and improve the standard of care being provided but to also ensure people were living in a safe, comfortable, well maintained and homely environment.

Although we identified that improved auditing systems and quality checks were in place for different areas of service provision, we also found that further developments were still needed in this area. Continued improvements and developments will ensure that records contain the most up to date, relevant and precise information and service provision is safe, effective and of high quality.

We recommend that the registered provider continues to develop their quality assurance systems as a measure of continual improvement and on-going assessment.

We reviewed the different policies which were in place at the home. Policies are in place for staff to familiarise themselves with and to raise their awareness of the different processes and principles which are in place. Policies we reviewed included safeguarding, confidentiality, equality and diversity, medication and supervision policies. Although these were in place, it was identified that some of the policies needed to be updated as they did not always refer to the Health and Social Care Act, 2008.

There was two registered manager at the home at the time of the inspection. One manager had been registered with the CQC since 2010 and the second manager had been registered with the CQC since 2017. Both registered managers were fully aware of their responsibilities and understood how and why they needed to be providing a service which was compliant with Health and Social Care regulations. Both registered managers were open, transparent and responsive to our feedback throughout the course of the inspection and demonstrated a professional and approachable manner.

Staff we spoke with were complimentary about the registered managers. Some of the comments included "We're all really close here and we're all really supported, we can go to them [managers] if there is a

problem" and "I feel really supported, I receive supervision each month and I feel listened to."

There was evidence of regular staff meetings taking place at the home, staff expressed that they found team meetings to be an effective level of communication and enabled everyone to come together to discuss different aspects of care being provided. For example, we saw evidence of meetings taking place which discussed care plans and updates, menu and standard of food, leadership and management at Lyndhurst, training and development, the environment and the culture within the home.

As of April 2015, providers were legally required to display their CQC rating. The ratings are designed to provide people who use services and the public, with a clear statement about the quality and safety of care being provided. The ratings inform the public whether a service is outstanding, good, requires improvement or inadequate. The rating from the previous inspection for the home was displayed for people. Statutory notifications were also submitted in accordance with regulatory requirements. Statutory notifications are documents which inform the CQC of the incidents/events which affect the safety and well-being of people who are living in care homes.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People were exposed to unnecessary risks in relation to the care which should have been provided. Care plans and risk assessments were inconsistent and staff were not being made aware of the most current and relevant health care needs.</p>