Care Quality Commission

Mr Richard Burdett

Lyndale Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This unannounced inspection of Lyndale Nursing Home care home took place on 21 October 2015.

Situated in a residential area of Southport, Lyndale Nursing Home provides nursing and personal care for up to 25 people. Accommodation is mainly single bedrooms, some with en-suite facilities. A shared lounge is located on the ground floor. A passenger lift and stair lift provide access to the upper floors. There is a large back garden and parking to the front of the building.

A registered manager was 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.

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Staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults. People living at the home, families and staff told us there was sufficient numbers of staff on duty at all times.

Summary of findings

People living at the home that we spoke with during the inspection said they were safe living at the home. They said security of the building was good. The building was clean, well-lit and clutter free. Measures were in place to monitor the safety of the environment and equipment.

The staff we spoke with could clearly describe how they would recognise abuse and the action they would take to ensure actual or potential abuse was reported. Staff confirmed they had received adult safeguarding training. An adult safeguarding policy was in place for the home and the local area safeguarding procedure was also available for staff to access.

Staff told us they were well supported through the induction process, regular supervision and appraisal. They said they were up-to-date with the training they were required by the organisation to undertake for the job. They told us management provided good quality training.

A range of risk assessments had been completed depending on people's individual needs. Care plans were well completed and they reflected people's current needs, in particular people's physical health care needs. Risk assessments and care plans were reviewed on a monthly basis or more frequently if needed.

Processes were in place to ensure medicines were managed in a safe way.

People's individual needs and preferences were respected by staff. They were supported to maintain optimum health and could access a range of external health care professionals when they needed to.

Staff sought people's consent before providing support or care. The home adhered to the principles of the Mental Capacity Act (2005).

Staff had a good understanding of people's needs and their preferred routines. We observed positive and warm engagement between people living at the home and staff throughout the inspection. A varied programme of recreational activities was available for people to participate in.

The culture within the service was and open and transparent. People living at the home and their families described the staff as caring, respectful and approachable. They said the service was well led and well managed. Staff and families said the management was both approachable and supportive. They felt listened to and involved in the running of the home.

Staff were aware of the whistle blowing policy and said they would not hesitate to use it.

A procedure was established for managing complaints and people living at the home and their families were aware of what to do should they have a concern or complaint.

Audits or checks to monitor the quality of care provided were in place and these were used to identify developments for the service.

Summary of findings

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.

Relevant risk assessments had been undertaken depending on each person's individual needs.

Staff understood what abuse meant and knew what action to take if they thought someone was being abused.

Processes were in place to ensure the safe management of medicines.

Measures were in place to regularly check the safety of the environment and equipment.

There were enough staff on duty at all times. Staff had been checked when they were recruited to ensure they were suitable to work with vulnerable adults.

Is the service effective?

Good

The service was effective.

Staff sought the consent of people before providing care and support. The home followed the principles of the Mental Capacity Act (2005) for people who lacked mental capacity to make their own decisions.

People living at the home liked the food and got plenty to eat and drink.

People had access to external health care professionals and staff arranged appointments readily promptly when people needed them.

Staff said they were well supported through induction, supervision, appraisal and on-going training.

Is the service caring?

Good

The service was caring.

People living at the home consistently expressed that were happy with the care. We observed positive engagement between people living at the home and staff.

Staff treated people with respect, privacy and dignity. They had a good understanding of people's needs and preferences.

Is the service responsive?

Good

The service was responsive.

The care was person-centred and people's care plans were regularly reviewed and reflected their current needs. Families said the care was individualised and care requests were responded to in a timely way.

A full and varied programme of recreational activities was available for people living at the home to participate in.

A process for managing complaints was in place. People we spoke with knew how to raise a concern or make a complaint. A satisfaction survey was conducted on a regular monthly basis.

Summary of findings

Is the service well-led?

Good

The service was well led.

Staff spoke positively about the open and transparent culture within the home. Staff and families said they felt included and involved in the running of the home.

Staff were aware of the whistle blowing policy and said they would not hesitate to use it.

Processes for routinely monitoring the quality of the service were established at the home.

Lyndale Nursing 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.

This unannounced inspection of Lyndale Nursing Home took place on 20 and 21 October 2015.

The inspection team consisted of an adult social care inspector and an expert by experience with expertise in services for older people. 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 our inspection we reviewed the information we held about the home. This usually includes a Provider Information Return (PIR) but the Care Quality Commission (CQC) had not requested the provider (owner) submit a PIR. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications and other information CQC had received about the service. We contacted the commissioners of the service to see if they had any updates about the service.

During the inspection we spent time with five people who lived at the home and two family members who were visiting their relatives who lived at the home at the time of our inspection. We also spoke with the provider, registered manager, administrator, registered nurse, two care staff and the chef.

We looked at the care records for five people living at the home, four staff recruitment files and records relevant to the quality monitoring of the service. We looked round the home, including some people's bedrooms, bathrooms, the kitchen and the lounge.

Good

Is the service safe?

Our findings

The people we spoke with told us they felt safe living at the home and said staff treated them in a respectful way. A family member said to us, "Dad is safe I the home and no one can get through the front door who should not be in the home." The identification of the inspection team was checked by a member of staff on arrival at the home.

People spoke well of the staff and said they were treated in a way that they liked. A person said, "The carers are all very kind and fair." Another person told us, I am treated well by the carers." We observed staff treating people with kindness and respect throughout the inspection.

The staff we spoke with could clearly describe how they would recognise abuse and the action they would take to ensure actual or potential was reported. Staff confirmed they had received adult safeguarding training. An adult safeguarding policy was in place for the home and the local area safeguarding procedure was also available for staff to access. We observed the local area contact details for reporting a possible safeguarding concern were displayed on the notice board in the office.

We asked people and visiting family members their views about the staffing levels at the home. We consistently heard that the home had sufficient numbers of staff on duty at all times. A person living at the home said, "There are sufficient [staff] to meet my needs. When I ring my bell it is answered quickly enough." In addition, the staff we spoke with told us there were enough staff on duty at any given time. We noted that staff regularly checked on people in the lounge area and in their bedrooms. They responded to requests for support in a timely way.

We looked at the personnel records for four members of staff recruited in the last year. We could see that all recruitment checks had been carried out to confirm the staff were suitable to work with vulnerable adults. Two references had been obtained for each member of staff.

The care records we looked at showed that a range of risk assessments had been completed and were regularly reviewed depending on people's individual needs. These included a falls risk assessment, lifting and handling assessment, nutritional and a skin integrity assessment. We noted that risk assessments were in place for people who used bedrails. Care plans related to risk were in place to provide guidance for staff on how to minimise the risks for each person. Risk assessments and care plans were reviewed and revised on a regular basis. A system was in place for recording and monitoring incidents. Completed incident forms were located in each person's individual care record.

People living at the home said they received their medication at a time when they need it. Some people required medication either before food or with food and a registered nurse provided us with an overview of how medicines were managed safely within the home. The medication was held securely in a lockable room that was used by the nurses. We looked at the medication administration records (MAR). A list was in place of allergies people had and the people with diabetes. A list of staff authorised to administer medicines and their signatures was in place. Although we noted that one photograph was missing, the MAR included a photograph for the rest of the people. Specific guidance was in place for people who took medicine only when they needed it (often referred to as PRN medicine). Assessments were in place for people who managed their own medicines or people who used homeopathic medicines. Body maps were used to where prescribed topical creams should be applied.

Nurses were not using the codes correctly when a person refused medication. We observed that the code 'O' (other reason) was used but with no explanation given. We highlighted this to the registered manager at the time of the inspection. Registered nurses had access to nationally recognised medication reference book (referred to as the British National Formula or BNF) to check any queries they may have about a particular medicine. The BNF we saw was not the most up-to-date and the registered manager was unable to locate the current version of the NBF during the inspection.

None of the people living at the home had their medicines given covertly. This means that medication is disguised in food or drink so the person is not aware they are receiving it. One person had their medicine crushed at their request. The registered manager advised that this had been discussed and agreed with the pharmacist.

Medicines requiring cold storage were kept in a dedicated medication fridge. A system was established for monitoring the fridge temperatures each day. We noted that the two weeks prior to the inspection no checks had taken place.

Good

Is the service safe?

The registered manager was unsure why the nurses had not carried out this duty and said it would be addressed immediately. On the second day of the inspection the fridge temperatures had been checked and were in range.

Some people were prescribed controlled drugs. These are prescription medicines that have controls in place under the Misuse of Drugs legislation. They were stored correctly in line with the legislation and appropriately signed for once administered to the person. Topical medicines (creams) were stored safely.

People living at the home told us the building was kept clean. A person said, "The building is always clean and tidy and well looked after." We had a look around the home and observed it was clean, warm and in good repair. It achieved a compliance score of 97.7% for infection prevention and control when assessed by Liverpool Community Health in May 2015.

A range of assessments and checks were in place which showed adequate measures were taken to regularly check the safety of the environment and equipment. For example, records demonstrated that checks and servicing was up-to-date for fire, electrics, gas, portable appliances, passenger lift, hoists and stair lift. We could see from the maintenance request book that jobs requiring attention were addressed in a timely way. An environment risk assessment was undertaken in November 2013 and we could see that all the actions identified had been completed. We checked the hot water in some of the bathrooms and it was at a safe temperature. We also checked some upper floor windows and restrictors were in place to prevent the windows from opening too far to prevent an accident. We noted some trailing wires in a bedroom that could present as a trip hazard. We highlighted this to the registered manager and on the second day of the inspection they had been made safe.

The registered manager advised us that the local fire service carried out an audit of the home last year and structural changes to the building had been made to ensure evacuation procedures were in accordance with the fire regulations. Each person living at the home had a fire risk assessment and evacuation plan in place. These were stored in the person's care record and the evacuation plans were also accessible in the foyer.

Good

Is the service effective?

Our findings

The people we spoke with told us they had access to health care services when they needed it. A person told us, "I have the doctor when I require him." Another person said, Since I have been here I have not needed to see the doctor, optician or any other professional." Families were pleased that staff ensured their relative's health care needs were met. A family member said, "The chiropodist comes in to see my dad's feet and the staff tell us if he is not well."

From our conversations with staff it was clear they had a good knowledge of each person's health care needs. We could see from the care records that people had regular and timely input from professionals when they needed it, including the GP, dentist, optician and chiropodist. A record template was in place to record all consultations with health or social care professionals. Some people received specialist health care input when necessary. This included input from the local community mental health team and the speech and language therapy service.

All the people we spoke with were satisfied with the quality of the food provided at the home. We spent time with people when they were having their lunch. There was not a dedicated dining room. Some people ate lunch in the lounge from portable tables but the majority of people had their meals in their bedrooms. A person said, "I am in my room by choice most of the time and I also have my meals there." The person also told us, "I enjoy the food in the home and we have a choice if we do not like the meal on offer. We get drinks and snacks throughout the day."

The mealtime was calm and unhurried with a lot of friendly conversation between the people living there and staff. There was sufficient staff available to ensure people who required support with their meal received it in a timely and unhurried way. Some people had pureed meals and this was served in an appetising way. A variety of diets were catered for, including a person on a gluten-free diet. We noted that a person who did not like the meal was offered a sandwich. We did observe that some people may have benefitted from plate guards and adapted cutlery but this equipment was not available.

We looked to see if the service was working within the legal framework of the Mental Capacity Act (2005). This is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. Throughout the day we heard staff appropriately seek people's consent before providing day-to-day care. For example, we heard staff ask people if they wished to take their medication or use the bathroom. The majority of people living at the home had capacity. Some people needed support with more complex decisions and this was identified on a mental capacity assessment. Although it was outlined who would support the person with decision making, the assessments did not clearly outline the actual decisions the support with. The registered manager said she would revise the assessments to include this level of detail.

We could see that Do Not Attempt Resuscitation (DNAR) plans were in place for some people. These were in accordance the Mental Capacity Act (2005), led by the person's GP and the person and/or their family was involved in the decision making process.

The registered manager advised us that no applications in relation to Deprivation of Liberty Safeguards (DoLS) had been submitted to the Local Authority for any of the people living at the home. DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. From our review of the care records, it may be appropriate that some people are considered for a DoLS assessment. The registered manager said they would contact the Local Authority to discuss this further.

The staff we spoke with told us they were up-to-date with their annual appraisal and said they received regular supervision. They also told us told us they were up-to-date with the training and refresher training they were required to complete for the job. The registered manager confirmed that annual appraisals were up-to-date but said they were a bit behind with the staff supervision and were working on this. An overview of the training was displayed on the wall and the administrator monitored this and updated it when training had been completed.

The registered manager advised us that the Cavendish Care certificate induction course had been introduced for newly recruited staff. This new care certificate has been introduced nationally to ensure care workers are consistently prepared for their role through learning outcomes, competences and standards of care. They complete the induction course prior to starting the job.

Good

Is the service caring?

Our findings

People living at the home were satisfied with the way staff interacted with them and said staff treated them with dignity, and respected their privacy. A person told us, "When the carers shower and dress me they treat me with dignity and respect." Another person said, "They [staff] treat me with dignity and respect when carrying out personal tasks for me." A family member told us that the staff, "Treat [relative] with kindness and compassion. They are all lovely."

The people we spoke with said they could make choices about how they spent their day. People said they had a choice of what to eat at each meal time and could choose whether or not to join in activities. People told us they could have visitors whenever they wished. A family member told us, "We can visit whenever we want and at different times of the day."

The staff we spoke with had good knowledge of each person's needs and preferences. Staff spoke about people with warmth and demonstrated a positive regard for the people living at the home. Throughout the inspection we heard staff speaking in a kind and caring manner to people. We also observed staff supporting people with their personal care in a discreet and dignified way. A member of staff said to us, "We try to do everything we can to make our residents as happy as we can. It is important that the elderly feel valued."

Most of the people we spoke with were aware of their care plans. Some people said they did not know if they had a care plan but said staff talked to them about any changes to their care, such as a change of medicine. We observed in the care a document titled 'Client agreement to care plan', which also outlined that any changes to care would be discussed with the person. Some of these were signed by the person but some were not. The registered manager said they would prioritise getting these agreements signed by either the person and/or their relative.

Families we spoke with said staff communicated well and discussed their relatives care with them. A family member said, "My [another relative] dealt with the care plan but we all speak for dad."

Good

Is the service responsive?

Our findings

People living at the home told us that staff responding to requests in a timely way. They said they were happy with the staff that supported them but had not specifically been asked about their preferred gender for staff support. A person said, "I am not sure about gender but females are better than males in carrying out personal care tasks." Another person told us, "I have not been asked about the gender of the carer but I don't mind." We discussed this with the registered who said they would ensure people's preference for gender with personal care was recorded.

The care plans we looked at were detailed and focused around people's current needs. We could see that care plans had been revised to reflect any changes to people's needs. People told us they could get up and go to bed at a time that suited them. Staff told us there was no pressure to get people up in the morning and confirmed that people went to bed when they wished. The people we spoke with said they were supported to be independent. A person said to us, "They [staff] encourage me to be independent and do things for myself." We observed some people using walking aids and they moved about at their own pace.

Care records contained information about people's life story, including relationships, working career and interests. Some life histories were far more detailed than others. The majority of the people living at the home would be able to verbally share this information. However, some people experienced memory loss and could not always recall these details so it would be supportive to staff, particularly new staff, to have this recorded. One of the people was aware that their memory was not so good and liked to record daily events in a book. Staff made sure this book was always within reach for the person.

We asked people how they spent their day. Some people said they liked to sit in the lounge. Others stayed in their bedrooms, reading or watching television. All said they were satisfied with how they spent their day. There was some regular entertainment, including a singer, home cinema and a person who facilitated armchair exercises. People said they could join in if they wished but were not made to do so. One person said, "I go into the lounge if there is anything I like on. Another person told us, "I can go to church when I can." A list of the planned entertainment and dates was displayed in the foyer.

An armchair exercise session was taking place during the inspection. People living at the home were participating and appeared to enjoy it. We observed the facilitator going to people's bedrooms. Staff confirmed that people who did not wish to leave their room were offered the opportunity to engage with some exercise.

A complaints procedure was in place and it was displayed in the foyer. People living at the home and their families said they knew how to make a formal complaint but said they had not needed to do so. The registered manager maintained a log of all complaints received. We could see that the log included a briefing of the complaint, the action taken and when the complaint was closed. There were very few complaints recorded. A file was located in the foyer that contained numerous 'Thank you' cards and compliments about the service.

A satisfaction survey was completed via www.carehomes.co.uk and the registered manager showed on-line examples of the comments received from people living at the home and their families.

Good

Is the service well-led?

Our findings

A registered manager was in post and they had managed Lyndale nursing Home for many years.

We asked people living at the home their views about how the home was managed. People told us it was well managed. A person said, "From what I have seen the management is alright." Another person told us, "The home is well managed." Families too expressed their satisfaction with how the home was run. A family member said to us, "The staff work well as a team and are well managed. They always have time for the family."

An annual meeting was held for people living at the home and their relatives. We looked at the meeting minutes from March 2015 and we could see that matters, such as entertainment, food, call bells and access to health care was discussed. People were also invited to make suggestions about how the service could be improved. The registered manager gave us examples of changes that had been made as a result of feedback from people living there and families. For example, Wi-Fi had been installed at the request of a family. A beauty day took place each week as this was something people living there had requested.

Staff were positive about the leadership and management of the home. It was clear from our discussions and observations that they felt supported by management and that management led by example. Staff told us it was a good place to work as the staff team worked well together and supported each other. Care staff said the nurses too were supportive and took the time to listen to any concerns they had. A member of staff said to us, "I really like it here. I like the way it is run. The owner is kind to residents and staff. The atmosphere is good." Another member of staff told us, "I love working here. I'm not just saying that; I really do. I would not go to another nursing home."

We asked staff their views about what the service did well. Staff said they provided good personalised care and encouraged people to be independent. They told us they responded quickly to health concerns before they became more serious. We also asked staff about what improvements could be made to the service. There was just one suggestion put forward. A member of staff said they would like to have more time to support people to go out more regularly when the weather is good.

Staff told us an open and transparent culture was promoted within the home. They said they were aware of the whistle blowing process and would not hesitate to report any concerns or poor practice. Staff told us periodic staff meetings were held at the home to share information. Meeting minutes confirmed that the last meeting was held in February 2015.

A range of policies and procedures were in place and these had been purchased from the Registered Nursing Home Association (RNHA). Some of these seemed out of date or were not reflective of the service. For example, the medicines policy did not make reference the recent 2014 NICE guidelines for managing medicines in care homes. NICE (National Institute for Health and Care Excellence) provides national guidance and advice to improve health and social care. The registered manager said they would follow this up with the RNHA. Staff told us that they had access to the policies if they needed them.

We asked the registered manager about the overarching quality monitoring framework for the service. The home was part of the CQUIN scheme. This is a national scheme which stands for Commissioning for Quality and Innovation. It is designed to focus on quality, innovation and seeks to improve the quality of care. The registered manager collated information each month and forwarded it to a central data base. It meant the manager was routinely monitoring, analysing and reporting on quality and risk issues each month. We could see from the CQUIN reports that the areas reported included: the number of DoLS assessments completed; number of safeguarding referrals made; numbers of complaints received and the number of falls. Although the registered manager told us she checked the safety of medicines, a formal medicines audit was not in place and the registered manager agreed to develop a process whereby the management of medicines would be formally audited on a regular basis and against set criteria.

The manager ensured that CQC was notified appropriately about events that occurred at the home. Our records also confirmed this.