

Bupa Care Homes (ANS) Limited

Lynton Hall Care 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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Lynton Hall Care Home is a care home providing personal and nursing care for up to 51 people. At the time of our inspection there were 41 people using the service. The service supports older people living with dementia and having physical care needs. The home is arranged over 2 floors, each with their own separate adapted facilities.

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

People felt safe living at the home. People's care and support needs were assessed and staff did their best to meet them. There were robust staff recruitment procedures in place and enough staff to support people safely. Staff had the necessary equipment to effectively manage risks associated with infection control. Appropriate management systems were in place to ensure medicines were managed safely.

People were empowered to make decisions about their care. Staff had on-going support to carry out their role responsibilities as required. People's wishes and dietary requirements were acted upon as necessary. Mental capacity assessments were completed by the service to support people in the decision-making process. The provider had planned to refurbish the home, also making sure the environment was meeting the needs of people living with dementia.

Staff dedicated time to attend to people and displayed care and concern for their well-being. There was a good leadership at the service with shared responsibilities to ensure good care delivery. Quality assurance checks were operated effectively to minimise the risks associated with people's safety. The staff team ensured they had good communication with the healthcare professionals and family members making sure people were provided with the care they needed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 17 June 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of Regulations.

You can read the report from our last inspection, by selecting the 'all reports' link for Lynton Hall Care Home on our website at www.cqc.org.uk.

Why we inspected

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

This was a focused inspection and the report only covers our findings in relation to the Key Questions safe, effective and well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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.

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?

The service was safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-Led findings below.

Good ●

Lynton Hall Care 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.

Inspection team

This inspection was carried out by an inspector, specialist advisor and Expert by Experience. The specialist advisor was a nurse. 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

Lynton Hall Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement dependent on their registration with us. Lynton Hall Care 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.

This service is required to have a registered manager. A registered manager is a person who has registered with the CQC to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 the information we held about the service including the last inspection report and notifications. A notification is information about important events, which the provider is required to tell us about by law. 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 of this information to plan our inspection.

During the inspection

We spoke with 6 people who used the service and 2 family members. We also spoke with the registered manager and 10 staff members who provided care to people. We contacted 3 healthcare professionals to find out their experiences of working with this provider.

We reviewed a range of records. This included people's care plans and risk assessments, medicines management procedures and staff files in relation to training and recruitment data. A variety of records relating to the management of the service, including audits and policies were also reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people continued to be kept safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection we found the provider's monitoring systems were not robust enough to ensure staff effectively managed the risks associated with people's pressure sores. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- Systems and processes were in place to safely manage pressure sores at the service.
- At the time of our visit there were no people who required support with pressure sores. Staff were skilled in management of pressure sores. A staff member told us, "I feel that we assess the risks for skin integrity. We check this daily during personal care."
- People's care plans and risk assessments were up to date and accurately reflected the needs of the individuals and provided clear instructions for the staff to follow. For example, staff members were instructed on how to reduce the risk of skin damage for those at risk by implementing frequent pressure relief.
- Healthcare professionals told us that risks to people's well-being were managed appropriately. Comments included, "We found the approach to risk management much improved from a year ago. Incidents were logged appropriately. The staff engaged well during our session on incidents and safeguardings."
- Systems were in place to ensure fire safety at the service. Fire safety checks were carried out regularly and people had individual Personal Emergency Evacuation Plans (PEEPS) in place to inform staff about the support they required should there was a fire in the home. Environmental risk assessment was carried out to identify and manage hazards related to people's environment.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm.
- People felt safe living at the home. Comments included, "I think [staff] are very good. The staff are very kind and helpful and I feel safe" and "I do feel safe. Everyone is friendly and there is normally someone around." A relative told us, "The staff are excellent and the care is good. It always feels safe here. We would know if there was a problem, our relative would let us know."
- Staff received training and understood how to protect people from abuse. A staff member told us, "Safeguarding is about concerns about the residents or staff and in relation to their emotions, finances, neglect etc. The policy is to raise a concern when necessary with the nurse first of all. The line manager

should be aware also."

- Any safeguarding concern received were appropriately recorded, reported and investigated. Lessons learnt were communicated to the team to prevent future occurrences.

Staffing and recruitment

- Staffing levels ensured safe care delivery.
- People told us there was enough staff to support them as necessary. Their comments included, "There always seem to be enough staff. I leave my door open and there's always someone walking by." A family member said, " You can find a staff member if you need someone."
- Staff told us they were able to meet people's care and support needs safely. Their comments included, "We have enough time to talk to residents. We had a challenge in the mornings as there are a lot of residents need [support with eating]. It's been addressed now. We take time when residents need [support with eating], the management was able to increase the staffing for this." During our visit we observed adequate staffing levels that allowed for the timely meeting of people's care needs.
- Call bell response times were regularly analysed making sure people's care needs were attended to in good time. Actions were put in place if an increased response times were noticed. We observed people being able to access the call bells when they required staff's assistance.
- Checks were carried to ensure safe recruitment decisions. Staff were required to provide references, eligibility to work in the UK and Disclosure and Barring Service (DBS) check before they started working with people. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People's medicines were managed consistently and safely in line with national guidance.
- Medication Administration Record (MAR) charts were properly completed and were easy to follow.
- Medicines were managed by staff who had received the relevant training and who underwent annual assessments of their competency. Only authorised staff had access to medicines. We observed staff being patient and kind when administering medicines to people.
- There were checks of medicines and audits to identify any concerns and address any shortfalls. Staff followed the guidance in place on managing 'when required' medicines for each person and documented the reasons why they had administered the medicines.

Preventing and controlling infection

- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was promoting safety through the hygiene practices they applied when supporting people in their homes.
- Cleaning schedules were implemented and staff used appropriate cleaning products to minimize the spread of infections to vulnerable people.
- Staff told us they had the necessary supply of the personal protective equipment (PPE) which they used to support people with personal care safely. A staff member told us, "We have enough [of PPE]. If I have to do personal care or cleaning, I wear PEE. I don't wear it at the first point of call, I need to ask the resident what he wants. If it's just water, I don't need to wear PEE."

Learning lessons when things go wrong

- Systems were in place to learn from safety alerts and incidents.
- Incidents and accidents were recorded and reported as necessary so that appropriate action could be taken in good time to support people safely. This included people being provided with the required support after they had a fall or complained about a pain that needed medical examination.
- Systems were in place to review the quality of how the incidents were managed and to discuss the trends

that required addressing.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support; induction, training, skills and experience

- Staff were provided with opportunities to meet with their line managers to discuss issues arising and any concerns they had about the care delivery. Appraisals, 1 to 1 and group supervisions were facilitated to agree on actions necessary for people's safety.
- Competency assessments were completed to observe staff on the job carrying out tasks related to medicines, moving and handling and infection control.
- The registered manager told us they encouraged staff to develop and move up the roles where possible, adding "This supports staff's retention and boost their morale." Staff members were supported to get a nursing qualification and train as a chef.
- Records showed and staff had confirmed their training was comprehensive and relevant to their role. Training attended by staff was in relation to safeguarding of vulnerable adults, medicines management, manual handling, dementia care and infection control. A healthcare professional told us, "I feel that that the staff have the skills and knowledge to support people. I feel that they go above and beyond. They are fond and care for people in their charge."

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

- Important information about people was effectively shared and available to the staff team so that they could provide good care to people.
- People received the care that they needed and according to their choices. Comments included, "I choose the clothes I wear and I don't need much support with personal care. If I need [staff], they are there" and "[Staff] look after me 100% here. I'm very happy with everything. They come in to see me and take care of things." Family members' comments included, "We think that [my relative] is very well supported. [Staff] can meet her needs as she is now at this stage of her life" and "Overall, we are happy with the care that our relative receives."

Supporting people to eat and drink enough with choice in a balanced diet

- People had support to eat and drink in a way that met their wishes and dietary requirements.
- People were happy with the food being provided for them. Comments included, "There is plenty to eat, I'm not used to eating so much", "They do their best to accommodate you" and "The food is very good, it's fresh at least." A family member told us, "They bake cakes for birthdays, which is lovely. They always make an effort for special occasions. There always seem to be plenty of drinks on offer."
- People were provided a wide range of quality diets tailored to meet the specific needs of each person, such as chopped, pureed, diabetic, low fat, and low salt options.

- During our visit we saw people being provided with food that looked appetising. People were served their meals promptly and respectfully. Snacks and beverages were offered throughout the day. Moreover, staff supported people with meals and drinks according to their preferences and choices, including accommodating their religious and cultural needs.

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

- People had access to healthcare as necessary.
- People felt confident to ask staff to refer them to the healthcare services when they needed it. A person told us, "I would call for a nurse if I wasn't feeling well."
- Staff worked collaboratively with the health and social care agencies and promptly responded to recommendations to ensure the best interests of the people they supported. Liaison with services such as speech and language therapists, GPs, dieticians, podiatrists and tissue viability nurses was evidenced.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- MCA and best interest meetings took place to support people in the decision making process. The registered manager told us that mental capacity assessments were completed following the 5 principles of the MCA and if a person's capacity was doubted to make a decision. This was in relation to bed rails for example.
- Staff told us how they applied the MCA in practice. Their comments included, "We don't assume and give the chance to residents to express themselves. We don't determine [people's] capacity, it has to be assessed" and "Some residents have capacity and can decide what they want. If they don't have capacity, we need to understand their care plans, for example when they should be supported to have the fluids. We offer what the care plan says, if it's juice or water."
- The care home applied for DoLS and requested to renew the applications as and when necessary.

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

- The home environment was comfortable and suitable for people's physical needs.
- People were able to move around freely with wheelchairs and railings were available to support people's mobility where they required it.
- People's rooms were individualised with personal belongings such as pictures of their family members that were important to them.
- We saw some strategies of dementia care being implemented at the home to help people to manage their difficulties. Pictures were used in communal rooms such as toilets to support people's orientation. Memory boxes were available to help people to have conversations with the staff team. However, we felt that more

could be done to support people living with dementia. The home also required refurbishing which the provider told us was going to start in a few weeks time. Dementia improvement plan was in place to be implemented at the same time. We will check their progress at our next planned inspection.

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

Continuous learning and improving care

At our last inspection we found the provider's governance systems in place were not always operated effectively to minimise the risks associated with people's safety. This is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- Quality assurance processes were in place to inform improvements to the service.
- Checks were completed by the managers on all levels making sure people were well looked after. Actions necessary were recorded and monitored to ensure these were completed in good time. Audits undertaken were in relation to health and safety, infection control, medicines and people's care records.
- CQC Notifications about the events that affect the care provision were now sent in good time making sure the information was shared as necessary.

Planning and promoting person-centred, high-quality care

- The culture at the service had promoted people's individuality.
- Staff were kind, compassionate and respectful towards people. People's comments included, "I have a chat with [staff]. I think they do listen. That's the good side of being in a place like this. I ask them about where they are from. They seem to like it because I show an interest in them too. It's a two-way relationship", "I like it because it is very free and easy. No-one is standing behind you telling you what to do. I would hate that" and "I couldn't wish for more, [staff] are wonderful to me."
- People received support with communication where they required it. A staff member told us, "Residents use signs if they can't speak. We give a variety of choices, offer a choice of 2 meals, for example. When we open the wardrobe, we show the clothing so they can choose." Pictures were also used to support people's understanding in the decision making process.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- There was a good management structure in place with shared responsibilities to ensure good care provision.
- Most people told us that the registered manager was visible and approachable when they wanted to talk to

them. A person said, "Oh yes, she does walk around and you do see her. Yesterday, she actually sat at the table in the dining-room and [supported with eating] 1 of the other residents."

- People and their family members told us they felt confident to raise concerns should they have any. 1 person commented, "If there was a problem I would let one of the senior people know. I would be happy to do this myself."
- Staff told us they enjoyed working for the provider. Comments included, "It's lovely working here. I find it comfortable. The [registered] manager is very ok. 1 of the things she has is an open door policy which gives opportunities to share concerns. I know she is definitely reporting to other people if I share concerns" and "[The registered manager] is wonderful, very nice. Definitely supportive."
- Care records were kept in a secure place and access was limited to those with overall responsibility for the day-to-day care of the residents. A staff member told us, "Bupa takes privacy very serious, any information concerning the residents need to be private. It can only be shared with the right authorities that need to know."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Duty of Candour

- People, and those important to them, were encouraged to take part in improving the service delivery.
- People's views were sought involving them in decisions about their care. The managers were carrying out daily walk arounds where care was observed and people spoken to. Residents and relatives meetings took place to discuss upcoming event and any matters that were important to them.
- The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour providers must be open and transparent if things go wrong with care and treatment. The staff team applied duty of candour where appropriate by giving honest information and suitable support to the inspection team during the inspection.

Working in partnership with others

- The provider worked well with external organisations to support people's care needs.
- The staff team told us they had good partnership working with health and social care professionals, including GPs, Local Authorities, speech and language therapists and dieticians. Care records confirmed people had regular health checks that they required to support their well-being.
- Healthcare professionals confirmed they had effective partnership working with the provider. Comments included, "In my interactions with the lead nurses, I have found them very helpful and efficient. I have found them forward-looking and anticipating problems that may occur well."