

Lyndhurst Rest Home Limited

# Lyndhurst Rest 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 6 and 7 September 2018 and was unannounced.

Lyndhurst rest home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Lyndhurst can accommodate 44 people. At the time of our inspection there were 29 people living at the service.

Accommodation is spread over 3 floors in a large and extended detached property, overlooking the seafront at Tankerton, with many rooms benefiting from this position. There were 2 dining rooms and 2 communal lounge areas where people could choose to spend their time.

There was no registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Registered persons have a legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run. A new manager had been appointed in June 2018, they had applied to CQC to become registered as the manager at the time of this inspection, but no decision had yet been made about their application. In the week following this inspection a decision was made to agree their application.

Lyndhurst was last inspected March 2018. At that inspection it was rated as 'Inadequate' overall. A number of breaches of Regulation were found during that inspection and the service remained in special measures.

Following the last inspection, we met with the provider to confirm what they would do and by when to improve all of the key questions at least good. Subsequently the provider has sent us a fortnightly action plan, detailing the improvements they were making.

At this inspection we found many improvements had been made, however we found one new breach of the regulations and three areas for improvement. The service is no longer in special measures.

At this inspection we found that recruitment systems had not remained robust. We reviewed recruitment records for staff, and found that safe processes had not always been followed.

Quality assurance audits had been recently introduced and were carried out to identify any shortfalls within the service and how the service could improve. Action was taken to implement improvements. Their effectiveness to ensure they are embedded into the service is an area for ongoing improvement.

Staff completed induction training when they first started to work at the service. Staff were supported during their induction, monitored and assessed to check that they had attained the right skills and knowledge to be

able to care for, support and meet people's needs. Staff continued to receive training to ensure their skills and knowledge were current. The manager was in the process of reviewing the training offered, and making arrangements for staff to attend further training, working with new training providers. These actions require time to ensure they are fully embedded and sustained into the service and therefore this is an area for ongoing improvement.

People were encouraged to eat and drink enough and were offered choices around their meals and hydration needs. Staff understood people's likes and dislikes and dietary requirements and promoted people to eat a healthy diet. Some people required their food intake to be monitored; staff were completing this but not consistently. This is an area for ongoing improvement.

At our previous inspection medicines were not consistently managed safely. At this inspection we found that improvements had been made and medicines were now managed safely. At our last inspection there was not sufficient staff on duty to meet people's needs. At this inspection we found that staffing levels were safe and met people's needs. People told us they felt there were enough staff and they didn't have to wait long when they needed help.

At this inspection we found that people were protected from the risk of abuse. Staff had received safeguarding training. They were aware of how to recognise and report safeguarding concerns. Staff knew about the whistle blowing policy and were confident they could raise any concerns with the provider or outside agencies if needed.

Equipment and the premises received regular checks and servicing in order to ensure it was safe. The manager monitored incidents and accidents to make sure the care provided was safe. Emergency plans were in place so if an emergency happened, like a fire, the staff knew what to do. Suitable arrangements were in place to prevent and control infection and lessons had been learned when things had gone wrong.

At this inspection staff worked well together and ensured that clear communication between themselves and external health professionals took place; for example, with care managers, commissioner GP's and district nurses. There were staff meetings, so staff could discuss any issues and share new ideas with their colleagues, to improve people's care and lives.

Care was delivered in a way that promoted positive outcomes for people and care staff had the knowledge and skills they needed to provide support in line with legislation and guidance. This included respecting people's citizenship rights under the Equality Act 2010. Suitable steps had been taken to ensure that people received coordinated care when they used or moved between different services. People had been supported to access any healthcare services they needed. The accommodation was designed, adapted and decorated to meet people's needs and expectations.

People were supported to have maximum choice and control of their lives. In addition, the registered persons had taken the necessary steps to ensure that people only received lawful care that was the least restrictive possible. The care and support needs of each person were different, and each person's care plan was now personal to them. People had detailed care plans, risk assessments and guidance in place to help staff to support them in an individual way. The service was not currently supporting anyone at the end of their life. The service had begun to discuss and record people's end of life wishes.

Staff encouraged people to be involved and feel included in their environment. People were offered varied activities and participated in social activities. Staff knew people and their support needs well. Staff were caring, kind and respected people's privacy and dignity. There were positive and caring interactions

between the staff and people and people were comfortable and at ease with the staff.

Staff told us they felt supported by the manager to make sure they could support and care for people safely and effectively. Staff said they could go to the manager at any time and they would be listened to. People who lived in the service and members of staff were engaged in developing the service. There were systems and procedures to enable the service to learn, improve and assure its sustainability. The manager was working in partnership with other agencies to support the development of joined-up care.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Is the service safe?

The service was not always safe.

Recruitment systems did not ensure staff were recruited safely.

Since our last inspection the management of medicines had improved and people now received their medicines when they needed them and in a way that was safe. They were stored safely.

There were enough staff appropriately deployed to keep people safe.

Accidents and incidents were documented and analysed to look at ways of reducing the chance of them happening again. Risks to people were assessed and managed to ensure their health and safety.

People were protected from the risks of avoidable harm and abuse. Staff knew how to recognise and respond to abuse and understood the processes and procedures in place to keep people safe.

**Requires Improvement** ●

### Is the service effective?

The service was mostly effective.

Staff had begun to receive training and support to enable them to carry out their roles effectively. The manager was identifying additional training and training providers, to ensure staff's knowledge and skills continued to be developed.

People were provided with a range of nutritious foods and drinks; improvement was needed to ensure the consistent completion of monitoring charts.

Care was delivered in line with national guidance and people needs were assessed.

Staff understood the importance of gaining consent and giving people choice. People's health was monitored and staff ensured people had access to external healthcare professionals when

**Requires Improvement** ●

they needed it.

The premises were designed, adapted and decorated to meet people's needs and wishes. The manager told us about ongoing plans to further improve the environment for people.

### **Is the service caring?**

**Good** ●

The service was caring.

Staff took the time needed to communicate with people and included people in conversations.

Staff spoke with people in a caring, dignified and compassionate way.

Staff supported people to maintain contact with their family.

People were treated with kindness, respect and dignity.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's care and support was now planned in line with their individual care and support needs. Staff had a good understanding of people's needs and preferences.

People were supported to take part in a wide range of activities that they chose.

There was a complaints system and people knew how to complain.

The service was not supporting anyone at the end of their life.

### **Is the service well-led?**

**Requires Improvement** ●

The service was mostly well-led.

There was a manager in post, during the inspection they were not registered with the CQC. Since the inspection, they have become registered.

The manager understood their regulatory responsibility and had submitted statutory notifications as needed.

People, their relatives and staff were positive about the leadership at the service. Staff felt supported by the

management.

Regular audits and checks were now undertaken at the service to make sure it was safe and running effectively. They had identified most shortfalls.

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# Lyndhurst Rest 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 inspection took place on 6 and 7 September 2018 and was unannounced. The inspection team consisted of three adult social care inspectors and an expert-by-experience on the first day. The expert-by-experience had personal understanding of older people and those living with dementia. On the second day there were two adult social care inspectors.

Before our inspection we reviewed the information we held about the service including previous inspection reports. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. As part of our monitoring of services in special measures, the provider had been submitting an action plan each fortnight, we also used this to form part of our planning.

We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We met and spoke with 12 people who lived at Lyndhurst and observed their care, including the lunchtime meal, medicine administration and activities. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with six people's relatives throughout both days. We inspected the environment, including communal areas, bathrooms and some people's bedrooms. We spoke with six care staff, the cook, a leisure therapist, the deputy manager, the manager and the registered provider.

During the inspection we reviewed eight people's care plans and associated records. We also looked at other records, these included staff training and supervision records, staff recruitment records, medicines



records, risk assessments, accidents and incident records, quality audits and policies and procedures.

# Is the service safe?

## Our findings

People indicated and their relatives told us they felt safe at Lyndhurst. One person's relative told us, "We definitely feel our relative is very safe. She went through a stage of constantly walking about all day; we always saw a staff member walking with her."

At this inspection we found that recruitment systems had not remained robust. We reviewed recruitment records for staff, and found that safe processes had not been followed. We checked the recruitment files for four members of staff. In each case we found that the provider had failed to review gaps in work history. References had been sought for the staff members from previous employers, however in one case there was only one reference on file, with the second reference being a character reference. Not all references had been verified. Following the inspection the manager sent to us a checklist they had implemented, intended to prevent recurrence.

The failure to operate a robust recruitment process is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Criminal records checks had been made through the Disclosure and Barring Service (DBS). The Disclosure and Barring Service helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

At our last inspection the service was not safe. We observed people being supported to move in an unsafe way, PEEP's (guidance for staff about how to support individuals in an emergency) were not reflective of changing needs, actions to reduce risks to people, such as from falls, were not always documented or implemented in a timely manner and risk assessments were not in place to guide staff in supporting people at risk of choking. At this inspection we found many improvements in this area.

At our last inspection, people were at risk from unsafe care and treatment because staff did not follow procedures in risk assessments, and risk assessment had not always been updated to reflect people's changing needs. At this inspection, we noted that risk assessments had been reviewed and updated and considered a number of risks including falls, skin integrity and communication. There was guidance for staff regarding how to support people who were living with potentially unstable healthcare conditions such as diabetes. For example, when people were living with diabetes there was information for staff regarding signs if people's blood sugar levels were too high or too low and what action they should take.

During this inspection we observed people who required support to be moved receiving assistance from staff in the correct way. When we spoke with staff they could confidently describe how to support people who required assistance with their mobility. PEEP's had been reviewed and reflected people's current needs. They gave staff clear guidance about the support a person would need in an emergency situation.

At our last inspection staff and management were not clear about how to properly protect people from abuse and improper treatment. At this inspection we found that the manager was clear about their

responsibility around protecting people from harm and they had contacted the local authority safeguarding team where appropriate. Safeguarding and whistleblowing policies and procedures remained in place for staff to follow and staff had received training. They were able to tell us how they would recognise and respond to abuse, one member of staff told us, "You've got neglect, financial abuse, verbal, physical, sexual, racial abuse. They may have bruises, stop eating or drinking. They may be withdrawn or not come out of their room. I would report it straight away. I would report to the deputy or manager and then go to the provider. I would go to the CQC."

At our last inspection medicines were not safely managed. At this inspection we found improvements had been made and medicines were now safely managed. The registered provider had begun to use a different medicines system and had converted a small room into a medicines storage room. Staff told us this made the management of medicines much easier. The room was clean, tidy and cooled to ensure medicines were stored at the correct temperature.

People received their medicines when they needed them and in the way they preferred. Medicines were stored securely, properly labelled, prescribed to individuals and in-date. Stock was managed well so that people were not left without medicines they needed. Medicine records were completed fully and accurately and contained photos to help staff ensure the right person received their medicines. Some people had 'as and when required' (PRN) medicines; there were directions in place which helped ensure people were regularly offered pain relief or laxatives, with proper time gaps between doses. Charts were in place for people who required transdermal patches (medicine applied by an adhesive patch on the skin), they were clear and showed that patches were rotated in line with guidance.

Medicine audits were completed by senior staff; we saw records of the checks that had taken place. Competency checks were completed for staff responsible for administering medicines. Staff knew what medicines were for and were clear about procedures, such as what to do if a person refused their medicines.

At our last inspection there was not enough staff correctly deployed to support people. At this inspection the manager had introduced a dependency assessment tool. This helped them to identify the numbers of staff they needed based on the needs of people. This had been reviewed each month to ensure it remained current. One relative told us, "I feel there are enough staff now, it has improved in the last six months or so."

We reviewed staffing rotas for the four weeks prior to our inspection and found that levels matched those that we had been told about. During the inspection staffing levels matched the number of staff on the duty rota and there were enough staff available to meet people's individual needs and keep them safe. During the inspection staff were not rushed and told us they felt staffing levels were appropriate. On staff told us, "There wasn't enough staff, it's different now."

At times gaps on the rota were covered by agency staff, for example, on the first day of the inspection an agency care worker was on shift. The manager told us that they had asked the agency to provide consistent staff to cover shifts, this helped to ensure continuity for people. They commented, "We always get the same agency staff, it helps with continuity. We get a profile for each person. The agency staff have an induction and are shown around on arrival. They get to know the staff and residents. They are paired up with our own staff. It is so much better since we changed agency provider."

The premises were clean and well maintained. Measures were in place to prevent and control the spread of infection. These included the registered manager assessing, reviewing and monitoring the provision that needed to be made to ensure that good standards of hygiene were maintained in the service.

There were records to show that checks took place to help ensure the safety of people, staff and visitors. Procedures were in place for reporting repairs and records were kept of maintenance jobs, which were completed promptly after they had been reported. Portable electrical appliances and firefighting equipment were properly maintained and tested. Health and safety audits were completed and that these were reviewed by management to see if any action was required. These checks enabled people to live in a safe and suitably maintained environment. Staff told us everything was in working order. The business continuity plan detailed the steps staff should take in order to keep people safe in the event of emergencies.

Accidents and incidents involving people were recorded and management reviewed these reports to ensure that appropriate action had been taken following any accident or incident to reduce the risk of further occurrences.

## Is the service effective?

### Our findings

At our last two inspections we had concerns about the effectiveness of training that staff received. At this inspection we found improvements in this area. Staff had received training in a range of courses relevant to their roles, such as medicines administration, fire safety, dignity and respect, and safeguarding. Any staff that had not completed the care certificate were signed up to complete a qualification in health care. The manager was in the process of reviewing the training offered, and making arrangements for staff to attend further training, working with new training providers. For example, the manager had sourced end of life training that staff were due to attend. The manager told us their "Goal is to make sure all staff are fully, and well trained in their job roles. They have good knowledge, but giving them further training to give them more confidence. And therefore, improve the quality of the resident's care." At our last inspection, we had concerns regarding staff's understanding of training and putting it into practice; we observed some concerning manual handling techniques. At this inspection our observations showed no concerns regarding manual handling; we observed people being supported to move safely. These actions require time to ensure they are fully embedded and sustained into the service. Therefore, this is an area for ongoing improvement.

Staff completed regular assessments of people's ongoing needs using recognised tools. These included Waterlow assessments (to assess the risk of people developing pressure areas or skin breakdown) and a malnutrition universal screening tool to identify people at risk of losing weight. Specialist mattresses and cushions were used to help support people who were at risk of developing pressure areas. Where concerns were identified around how much people ate or drank, records were made. This enabled staff to track how much people ate and formed a starting point for dieticians to decide if fortified or food supplements were required. Although these were being completed, staff were not completing them consistently with the same information. For example, some staff were recording the exact meal whereas others were only recording the amount eaten. Recording both the meal and amount eaten would provide more consistent and helpful information. We discussed the need for these charts to be completed consistently with the manager, to ensure the risks associated with poor hydration and nutrition and sufficiently monitored and managed. This is an area for ongoing improvement.

Regular supervisions and appraisals were taking place. Supervision in care settings is a process whereby through regular, structured meetings with a supervisor, care staff can develop their understanding and improve their practice. Competency checks and observed practice was taking place. We reviewed documentation that confirmed observed practice was being reviewed including supporting people with personal care, supporting people to eat and manual handling. Comments recorded from the supervisions competency checks included; 'good communication witnessed' 'gave lots of reassurance to the resident' and 'personal protective equipment correctly used.'

The provider induction process included new staff working alongside experienced staff for three days, whilst getting to know people, staff and the environment. During this time, they would review care plans, and be signposted to relevant policies and procedures. Along with completing online and practical training. At our last inspection we found that there had not been sufficient improvements in assessments of people's needs. At this inspection we found that people's needs were assessed using a comprehensive assessment

tool. Nobody had moved into the service since our last inspection, however the manager explained to us the tool they had in place to assess people's needs in the future. This supported the manager to consider if the service could meet people's needs and review if any additional staffing or training was required. The assessment would be used to formulate the person's care plan. Where possible people and their relatives were involved in planning their care delivery and were aware of risks to be monitored and managed.

At our last inspection we reported that people were not adequately protected from the risks of poor nutrition and hydration. This was due to food looking unappetising and appearing to be served lukewarm. At this inspection there were improvements. Following feedback from people, a new menu had been implemented based around the choices of people. People were asked what they wanted to eat the day prior, and offered an alternative if they did not want that meal on the day. We observed lunch to be a pleasant affair. The food looked plentiful and appetising on the day of our inspection people had lasagne or meatballs with vegetables. One person was observed to have sausage and chips as an alternative. Other choices were available and people were given the assistance they required during lunch.

At our last inspection we observed limited options in relation to evening meals. At this inspection, a new evening menu had been designed, based on the feedback of people. People were now offered pâté, ploughman's and quiche as evening meal options. A selection of cakes were now made by the kitchen staff. One relative told us, "At teatime I have seen they now have a nice choice of sandwiches. The food always smells lovely."

At our last inspection there was only one chef, who worked three days a week, with care staff covering at all other times. At this inspection we found there was a chef and kitchen assistant employed, meaning care staff no longer had to cover kitchen duties.

At our last inspection specialist advice from the speech and language therapist (SaLT) had not been sought in relation to people who had swallowing difficulties. At this inspection, we found that timely referrals had been made to SaLT, and the guidance issued was being followed by staff. At our last inspection, documentation relating to SaLT assessments and guidance had previously been inconsistent due to poor handwriting, however with the new electronic system in place this was no longer an issue. Care records contained clear guidance for staff to follow.

At our last two inspections we raised concerns about people not being referred to appropriate healthcare professionals in a timely way when they lost weight. At this inspection, we found the manager had implemented a care lead, a hydration & nutrition champion and dignity champions (staff with responsibility for those areas). The manager informed us that one senior staff had taken the opportunity to become the hydration and nutrition champion, and was due to receive some additional training in this area. In the interim they were responsible for reviewing people's records to ensure they had received sufficient food and drink. The member of staff told us this role was made much easier with the introduction of the new system, which easily showed which people had not had sufficient fluids for example. The staff went on to advise this information was then used to inform staff to encourage further fluids for this person.

At our last inspection, there had been a number of falls documented with little or no action taken. The manager informed us one of the first things they did was to complete a review of all falls since January 2018 and retrospectively analyse the information. From this they were able to implement changes for people and make any relevant referrals, for example to the falls clinic or intermediate care team. Documentation we reviewed confirmed one month 12 falls had been documented, and in more recent months this had reduced to between one and four falls a month. One person was recoded as having eight falls in one month. The manager reviewed their care and implemented a sensor mat so staff were aware when the person was trying

to mobilise. Staff also worked with the person to mobilise with the use of their walking frame. As a result, the person was documented as not having had a fall since April 2018.

At our last inspection we found that the service was not operating within the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

At this inspection we found that staff understood the principles of the MCA and people were offered choices throughout the inspection, like where they would like to spend their time and what they would like to drink. When important decisions needed to be made on people's behalf, best interest meetings had taken place with people who knew the person well.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). DoLS applications were made as required and any specific conditions attached to authorisations met.

At our last inspection, we found that people's needs were not being met by the adaptation of the building and environment. This was due to improvements implemented by the provider not yet including dementia friendly signage throughout the service. At this inspection, we found improvements in this area. There was now clear signage on doors to indicate to people who may forget the use of each room, such as the bathroom. Staff were in the process of decorating people's doors with colours they had researched as dementia friendly, and people choose a photo for the door to help remind them it was their bedroom. One person was observed to be agitated by the decoration of the corridor outside their room, telling the manager they made them 'angry'. Staff spoke with the person, and involved them in choosing new pictures for the walls, which were based on music and musicians. The person had a musical background, and was observed to have improved mood as a result of the new design.

The manager received feedback from people that they felt the dining areas were 'drab'. The manager completed a survey with people to involve them in the design of these rooms, and based on their feedback the rooms were redecorated, one sea themed and the other garden themed.

## Is the service caring?

### Our findings

At our last inspection people were not always treated with respect and their dignity was not always protected. At this inspection we found marked improvements.

People told us and indicated that they felt staff were thoughtful and acted in a caring manner. Comments included, "You would not think the carers are staff, they are more like a friend" and "The staff are kind and caring, I like it here." Relatives were also positive, telling us, "She has two key carers who are both lovely; they took her to hospital when she had a fall."

Staff knew about people's background, their preferences, likes and dislikes and their hopes and goals. Staff told us they spent time with people to get to know them, throughout the inspection we observed staff spending time with people. One member of staff told us they had found out about where a person had grown up, they found this gave them something to talk about. There were descriptions of what was important to people and how to care for them in their care plan. Staff talked about people's needs in a knowledgeable way and explained how people were given the information they needed in a way they understood so that they could make choices.

Staff supported people in the way they preferred. People responded well to staff and looked comfortable in their company. Staff interacted with people in a way that demonstrated they understood their individual needs and had a good rapport with them. Staff talked about and treated people in a respectful manner. Staff treated people with kindness and compassion.

People told us, and we observed that staff were respectful and knocked on bathroom and people's doors before entering. A relative told us, "They show respect and dignity by putting a screen around when they are hoisting them."

Since our last inspection the role of dignity champion had been introduced to the service, with the leisure therapy staff undertaking this role. In this role they hold regular dignity meetings with the people, either "one to one" or small group sessions. These meetings were designed to encourage people to feel empowered, and supported to voice any concerns they may have. Minutes were displayed and any concerns or suggestions had been shared with the manager.

Staff spent time with people and gave them the support they needed. People could choose whether they wanted to spend time in communal areas or time in the privacy of their bedrooms. People could have visitors when they wanted and were supported to have as much contact with family and friends as they wanted to, some people had mobile phones so they could contact family whenever they wanted to. Staff told us that people who needed support were supported by their families or their care manager, and no one required any advocacy services. Information about advocates and how to contact an advocate was held within the service, should people need it. An advocate is someone who supports a person to make sure their views are heard and their rights upheld to ensure that people had the support they needed.



Staff described how they supported people with their personal care, whilst respecting their privacy and dignity. This included explaining to people what they were doing before they carried out each personal care task. People, who needed it, were given support with washing and dressing. People were supported to be as independent as possible. When people had to attend health care appointments, they were supported by staff that knew them well, and would be able to help health care professionals understand their communication needs.

Some people required additional support to communicate. Staff used some signs and symbols to assist people's understanding where possible. There were pictures and signs displayed of the activities on offer and of the menu to reinforce people's understanding.

People's care plans and associated risk assessments were stored securely and locked away so that information was kept confidentially. Within people's care records there had been consideration to any additional provision that might need to be made to ensure that people's citizenship rights under the Equality Act 2010 were fully respected. An example of this was the manager establishing if people had cultural or ethnic beliefs that affected how they wanted their care to be provided.

## Is the service responsive?

### Our findings

At our last inspection care records were not always person-centred and contained inconsistent, incomplete or out of date information. Since our last inspection a computerised system for storing care records had been introduced to the service.

This system was user friendly and helped to ensure that records were accurate. Staff had I-pods on which they could input information throughout their shift, reducing the risks of information being forgotten. The system also created graphs and charts from the data entered which enabled the manager and senior staff to analyse the information for any changes or anomalies. Staff told us they found the new system much better and were happy that it had reduced the amount of time they spent completing paperwork, enabling them to spend more time with people. Comments included, "Paperwork used to take 2-3 hours. The pods are so much quicker. We get to spend more time with people now" and "The electronic care planning is great; it saves time and gives us real time information."

Along with the new system, people's care plans had been reviewed and now contained clear, specific guidance for staff. They also contained more person-centred detail. Within people's care plans were life histories, guidance on communication and personal risk assessments. In addition, there was guidance describing how the staff should support the person with various needs, including what they could and could not do for themselves, what they needed help with and how to support them. Care plans contained information about people's wishes and preferences and guidance on people's likes and dislikes around food, drinks and activities. Specific person-centred detail such as which toiletries a person preferred or how they like their sink to be filled was in plans to help staff be sure they supported people in the way they preferred.

When people needed support with moving and handling there was information regarding the type of sling they needed and how staff should support them effectively. They also contained information about people's likes and dislikes and things that were important to them. Health plans detailed people's health care needs and involvement of any health care professionals. Each person had a healthcare plan, which would give healthcare professionals details on how to best support the person in healthcare settings if needed, such as if the person needed a stay in hospital. Care plans were regularly reviewed and reflected the care and support given to people during the inspection. One member of staff told us, "We look at and help with care plans. We think about the individuals needs and how they need to be supported."

People's end of life wishes had begun to be discussed and were recorded in their care plans together with any Do Not Attempt Resuscitation (DNAR) decisions. The leisure therapist had started to complete an end of life wishes document. This enabled a conversation about any wishes a person may have about what sort of care they would like at the end of their life. Such as any religious involvement; anyone they would like to see; anything they would like to do; anywhere they would like to go; anyone they would like with them and further thoughts. They told us once they had spoken with everyone they planned to collate them and work together as a team to meet their wishes as best they can. At the time of our inspection, no one was receiving end of life care.

At our last inspection we had ongoing concerns about the lack of a robust complaints system. At this inspection we found improvements had been made. Complaints since the last inspection had been investigated and responded to. People and their relatives told us they felt management and staff were approachable and that they were listened to and changes were made in response to their concerns raised. There was an easy to read guide on display. This explained 'what to do if you are not happy with the care or treatment you receive at Lyndhurst Care Home, and how to make things better.' It was in big type with pictures/symbols and a clear guide of how to complain about 'anything that makes you feel angry, upset, scared or any other way you may not like'. A relative told us, "We have never had to complain but if we did we would speak to senior staff or to the owner."

Since our last inspection the provider had increased levels of activities staff; at Lyndhurst they are referred to as 'Leisure Therapists'. During discussions, it was evident that the lead leisure therapist was very committed to improving the wellbeing of people through a varied programme of activities, they told us, "I really like working here, the owner is very open minded, listens to me and has taken onboard suggestions." The social activity programme had been built on ideas and suggestions from people and included a variety of physical, mentally stimulating and holistic activities. We received positive feedback from people and relatives about the improved social programme.

Regular activities included quizzes and puzzles, sewing and crafts, flower arranging, dementia friendly Bingo, skittles, hoopla, ball games and an exercise class. We were told about the positive feedback that people had given about the 'Pamper Wagon'; which gave people the option of having massages, manicures, hand reflexology and retro aromatherapy. This had been requested as an extra weekly event, with people having commented on the improvements they felt to their skin tone, muscle and joint aches, and overall self-esteem. Art workshops had been introduced, provided by a local artist experienced in teaching painting classes for people with dementia.

There was also a gardening club, where people enjoyed planting and caring for plants and flowers in the garden and patio area, along with table top gardening and wheelchair friendly raised garden beds. This summer people had planted, grown and harvested their own salad, vegetables and herbs. These had then been used within the kitchen at Lyndhurst. A range of musical entertainers also visited the service. During our visit we met the services' therapy dog, who was very popular with people. Other activities included 'tell a story'; whereby staff read to people and 'the Friday files' newspaper read; where a selection of national and local newspapers were read and discussed.

Care staff understood the importance of promoting equality and diversity. People were supported to follow their chosen faiths. The service had sought links with local faith groups of different denominations to support people with their individual choices.

# Is the service well-led?

## Our findings

At our last inspection, the service had not been well-led. At this inspection we found many improvements, although we still had some concerns.

At our last inspection, there was a continued breach of Regulation 17 of the Health & Social care Act 2008 (Regulated Activities) Regulations 2014. This was due to the provider failing to assess, monitor and mitigate risks to the quality and safety of the service and to individual people using the service.

There was no registered manager at the time of our inspection. There had not been a registered manager since December 2017, although the provider had employed a manager in June 2018 and they were going through the process of applying to become registered. Since our inspection their application has been agreed. 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 our last inspection, a number of audits had been introduced, however they had not been completed in the previous three months leading up to the inspection. At this inspection, we found that audits were in place and being utilised. The manager informed us they had formed an action plan based on the last inspection report, and prioritised risks to people's safety.

The manager completed monthly quality audits which included looking at environmental issues, reviewing people's care plans, and addressing any risks to people. The audit tool used by the manager helped to easily identify any issues highlighted, action taken to address them, and any outstanding action to be followed up in the next audit. Documentation we reviewed showed that as issues were identified, action had been taken to minimise the risk. For example, the infection control audit highlighted the service did not have colour coded mops. The manager organised for new colour coded mops to be purchased and implemented in the service without delay. Accidents and incidents had been reviewed and action taken to reduce any issues.

The manager had commenced unannounced spot checks during night shifts to ensure the shift was running as it should and that people were receiving the support required. During one spot check it was identified that a person's sensor alarm was not turned on. The information that the person now required the sensor mat had not been handed over. The manager reviewed the handover with the staff team, stressing the importance of sharing information on people's changing needs. The most recent spot check found no issues.

The systems to assess, monitor and mitigate risks to the quality and safety of the service had been in place for around two months at the time of the inspection, and were mostly identifying issues. However, they had not identified the shortfalls in recruitment files. This is an area for ongoing improvement; to ensure they are fully effective and embedded into the service.

The manager had a sustainability plan for the following month, which focused on any areas highlighted as needing action from the previous months audits. The manager told us this was to ensure there was continued improvement within the service. The manager told us "I am proud of the staff. They have been through a rocky road, they could have easily given up but they have been so on board with the changes, they have made it happen. They have supported one another. They all want the best for the residents and it just shows. There has been a big change since I started."

People, staff and relatives told us there was a positive, inclusive culture at the service. The manager told us, "We have a culture of openness and transparency, learning from our mistakes, and driving forward improvement to make things better for the residents." Throughout the inspection, staff and people came to the office to speak with the manager about any day to day issues. The manager told us, "I have an open-door policy, and all the staff, residents and relatives can contact me if they want to." Staff comments echoed those of the managers. The manager completed a daily walk round, and knew people and staff well. The manager told us to "There's a lot more I want to do. But we have come a long way." People and relatives told us they found the manager was visible and approachable, "We often see the manager walking around, she stops to chat."

The manager supported staff and ensured they felt valued and listened to. The manager told us "I have made a point of showing the staff that we are all here to do the same job, everyone is treated equally. Everyone will be treated the same. The first few weeks the staff were unsure, now staff are accepting and we have gelled well together as a big team." Following our previous inspection, where the service was rated as Inadequate and placed in to special measures, the manager requested that staff worked as a team to make the necessary improvements. Staff told us there had been noticeable improvements, one staff member told us "Since the new manager came we seem to be moving all in the same direction" and "I really enjoy working here now, it's so different. Everyone had put their heart and soul in to it."

The manager told us they kept their skills up to date by reading CQC reports of other homes, to see what they were doing, and how they could improve at Lyndhurst. The manager kept their mandatory training up to date and had a qualification in management. They told us they would be registering to be a part of the registered managers forum, as another tool to support them to drive improvements. The manager had signed up to receive a number of healthcare related updates, including information from NICE and the CQC bulletin.

The manager told us they had been well supported by the provider, telling us, "I can honestly say they have been very supportive, anything I have asked for they are willing. I can see they care about the residents and are passionate about the care we provide them."

The manager had notified the Care Quality Commission of important events as required. It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the manager had conspicuously displayed their rating in the service and the provider had displayed the service's rating on their website. The manager was also aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support.

At our last inspection, we found the provider had sought feedback from relatives in the form of a questionnaire. However, the provider was unable to demonstrate how they had responded to concerns and complaints raised in the questionnaire, and therefore it was identified as an area for improvement.

At this inspection, we found improvements had been made in this area. The manager had requested feedback from people in the form of three questionnaires that had been given to people to complete over three months. One questionnaire was designed specifically around food, and gave people the opportunity to highlight their likes and dislikes of the menu. This information was used by the manager to implement a new four weekly menu designed around the feedback of people. For example, one person had stated they wanted meatballs on the menu, and we observed this to be on offer on the day of our inspection. Staff were then asked to check with people the day before to offer them the choice for the following days meal, with people being offered alternatives if they did not like the menu choice for the day. Other feedback from the survey included people wanting more variety of meals on offer in the evening, which we observed had been implemented in the new menu.

The manager had organised a residents and relatives meeting to introduce themselves to people and relatives and discuss plans to move the service forward. During the meeting, relatives suggested staff should have name badges to remind people of the staff's names. The manager was able to show us the progress with implementing the name badges, which were imminently due to be implemented. Other topics included a review of activities offered at the service, with the new leisure therapists aim being to provide 'something for everyone.' One suggestion had been for visits from the 'pets as therapy' dog, which we observed on the second day of our inspection, and which people very much enjoyed. Comments documented from the most recent meeting suggested that relatives and people had seen 'positive changes' within the service, with a 'calmer' and 'more friendly' atmosphere. Feedback from surveys was mostly positive, with a few negative comments which were followed up individually by the manager. Results of the surveys and meetings conducted had been displayed on the notice boards. The manager had plans to implement an interactive board to display results and actions of the surveys moving forward. The most recent surveys had been adapted to include pictorial references to support people to complete them.

Staff meetings had been initiated by the new manager, and were being conducted bi-monthly. We reviewed staff meeting notes, which suggested there was open and honest communication with staff regarding the progress of the service, challenges with the service, and staffing updates including leavers and new starters. Within the most recent meeting staff had been given the opportunity to put themselves forward to be 'care leads'.

The manager had started to collate feedback from visiting healthcare professionals. Feedback documented since June 2018 included "very clean, nice staff, residents seem happy" and "very happy environment" as well as "staff member very helpful." Other feedback included "staff able to provide comprehensive information about the client" and "very helpful and patient" and "I feel residents are well cared for."

The manager informed us they had already formed good working relationships with the local health and social services. The manager had liaised with the GPs who visited the home regularly, as well as the district nursing teams, occupational therapists and other healthcare professionals. The manager informed us of plans to work with the local commissioning groups, and ambulance service to develop training for the staff at the home. The local authority commissioning group had visited the service to conduct service reviews.

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	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The failure to operate a robust recruitment process is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.