

# Tamaris (South East) Limited

# Lydfords Care Home

## Inspection report

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Date of inspection visit:  
15 April 2019  
16 April 2019

Date of publication:  
16 July 2019

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Requires Improvement</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

About the service: Lydfords Care Home provides accommodation, nursing and support for up to 50 older people. It accommodates people on both a long term and respite basis. At the time of our visit 37 people were living at the service.

Accommodation was provided over two floors. There were communal areas, including two lounges, a family meeting room, dining room and an activities room. People had their own rooms. People had access to gardens at the rear of the home.

People's experience of using this service:

We received mixed feedback about staffing levels from people, relatives and external health and social care professionals. Staff rotas showed that there were enough staff to meet people's needs, but we recommend that the registered manager makes improvements to how staff are deployed.

At the last comprehensive inspection in October 2016 we recommended that the provider seeks guidance on how to safely assess, monitor and review call bell response times on a regular basis as call bells rang constantly. At this inspection, the registered manager and provider had installed a new system which gave them oversight of call bell response records. Despite this we did not see how the registered manager used the records to monitor responses to call bells to check that call bells are responded to promptly. We recommend that the registered manager continues to improve how they check that call bells are responded to promptly

In the last focussed inspection, we recommended that guidance for giving as and when needed medicines (PRN) and on steps to take before administering these as and when medicines was needed. At this inspection protocols for as and when (PRN) medicines continued to not comprehensively guide staff on steps to take before administering medicines. Despite this, people were not at risk of harm. Medicines were administered and stored safely.

Staff told us they had training and were supported to complete qualifications in health and social care. New staff completed an induction with mandatory training and the Care Certificate. Despite this, not all staff had received all training to meet people's needs. We looked at training records and saw gaps. For example, two staff out of 35 had completed training in nutrition and hydration and only seven staff had completed training end of life care. Following the inspection, the registered manager provided us with further evidence to show that 12 staff had completed modules of the dementia care framework and dementia experience training since the inspection.

At the last comprehensive inspection, we recommended increasing and improving meaningful activities offered to people that are cared for in bed due to health needs or that chose to stay in their rooms. At this inspection, people cared for in bed continued to be at risk of social isolation. Activities staff had been supported to give dedicated time in people's rooms, but this was only for 15 minutes per week per person.

We gave this feedback on the inspection and immediately following the inspection the provider acted to recruit a full-time activities coordinator who was dedicated to spending time in people's rooms. A structured activities programme was available to people and external entertainers visited once a month.

Systems of quality monitoring were in place but how the provider used the systems to learn from and improve the quality of care continued to be area of improvement. Mechanisms were accessible for relative's, people and staff to give feedback about the service. Staff attended team meetings three times a year and relatives and resident meetings were held twice a year. People and relatives could give anonymous feedback at any time by using a tablet device displaying a feedback survey in the reception.

People told us they felt safe at Lydfords. Risks to people were minimised. People were protected as risks were assessed and managed. Staff knew how to keep people safe in an emergency such as a fire.

Records showed people have input from a range of health and social care professionals. The people living at Lydfords benefit from the being part of an enhanced GP care programme that links the service to a local GP.

The service met the characteristics of Requires Improvement in all areas. More information is in the 'Detailed Findings' below.

Rating at the last inspection: Good. The last inspection report was published on 27 November 2017, this was a focussed inspection on the key questions of Safe and Well-led. The last comprehensive inspection received a rating of Good, that report was published on 14 October 2016.

Why we inspected: This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission (CQC) scheduling guidelines for adult social care services.

Enforcement: At this inspection we found three breaches of Regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the report.

Follow up: We will review the service in line with our methodology for 'Requires Improvement' services. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was not always caring.

Details are in our Caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Lydfords 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector, a specialist nurse advisor and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type:

Lydfords Care Home provides accommodation, nursing and support for up to 50 older people. It accommodates people on both a long term and respite basis. People who lived at the home had varied needs associated with old age and frailty, some people were living with dementia and conditions such as diabetes. People in care or nursing homes receive accommodation and personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection:

The inspection was unannounced.

#### What we did:

Before the inspection: We reviewed information available to us about this service. We checked the information that we held about the service and the service provider. This included previous inspection reports, the provider's annual information return and statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events, which the service is required to send to us by law. We used all this information to decide which areas to

focus on during our inspection.

During the inspection we looked at:

- ☐ Audits and quality assurance reports
- ☐ People's care records and medicine records for four people
- ☐ Records of accidents, incidents and complaints
- Training and recruitment records

During the inspection we spoke to:

- ☐ Seven members of staff (activities coordinator, deputy manager, regional manager, two carers and two nurses)
- ☐ Two visiting health professionals
- ☐ 15 people using the service and four relatives

After the inspection;

We received feedback by email from two health professionals. These health professionals gave us permission to quote them in this report. We also spoke to the registered manager after the inspection.

# Is the service safe?

## Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

### Staffing and recruitment

- We received mixed feedback about staffing levels. A relative told us, "There's not enough staff, I've had to help people in the lounge because staff aren't always around, carers are never in the lounge." A person told us, "There's plenty of people to look after me." A health professional told us "There were a lot of residents in their rooms in the corridor behind reception and one particular resident appeared to be calling out for long periods." A carer said, "There is enough staff to meet people's needs but this relies on good teamwork."
- People and relatives told us there were less staff over the weekend and during the night. A relative told us, "Weekends and nights are not so well resourced." And a person told us, "The staff are very nice here except for one of the night staff who is very rude and abrupt. Says I can't use the hoist at night for the toilet, so I have to wear a pad." Staff rotas showed that staffing numbers were consistently the same every day including weekends despite this people and relatives told us there were less staff over the weekend and at night.
- The deputy manager showed us the staff rota's and the regional manager told that there has been no use of agency staff in the last 12 months and that staffing is consistently 10% over their dependency need.
- At the last comprehensive inspection in October 2016 we recommended that the provider seeks guidance on how to safely assess, monitor and review call bell response times on a regular basis as call bells rang constantly. At this inspection we saw that the registered manager and provider had installed a new system which gave them oversight of call bell response records. The registered manager and provider made automated reports from the system showing, despite this we did not see how the registered manager used the records to monitor responses to call bells to check that call bells are responded to promptly. For example, where call bell records showed long waits for a response we did not see if or how these were investigated. We were shown call bell monitoring that reviewed average waiting times for specific dates in response to concerns or complaints but did not identify any issues or actions. Call bell monitoring was available for one month and showed that there was an increase in average waiting times during the weekend. Following the inspection further records were made available to us.
- We received mixed feedback about the attitude of staff. A relative told us, "There are good carers and not so good carers. Some of the staff are a bit intimidating. However, I do feel <relative> is safe here." Another person said to us, "The staff are variable – some are excellent and some of them, their mannerisms are not good."

The failure to deploy staff effectively and to safely assess, monitor and review call bell response times based on the recommendation in the last inspection was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Robust recruitment systems ensured that new staff were safe to work in a social care setting. Staff files

showed that checks had been made with the Disclosure and Barring Service which considered the person's character to provide care. Checks were made that nurses were registered with the Nursing and Midwifery Council (NMC).

#### Using medicines safely

- In the last focussed inspection, we recommended that the provider seeks guidance from a national source about safe administration of medicines. This was because we saw a medicines trolley left unattended. Medicines were not consistently safe. Guidance for giving as and when needed medicines (PRN) and on steps to take before administering these as and when medicines was needed.
- At this inspection protocols for as and when (PRN) medicines continued to not comprehensively guide staff on steps to take before administering medicines. This was the case for one person receiving a PRN medicine to help them at night-time if they were unsettled. The PRN prescription advised staff to give PRN if person continues to be unsettled, this did not guide staff about other approaches to try before giving the person this medicine. We continue to recommend that the provider implements PRN protocols that give staff steps to use before giving the medicine.
- Despite this, no people were at risk of harm. The person receiving the PRN medicine received this appropriately and the person had been referred to the community psychiatric nurse.
- We observed nurses giving medicine. Staff used people's chosen names and were caring and patient with people. People told us they receive their medicines on time. A person told us, "The medications are done well, and the nurses are very good and friendly."
- Medicines were stored and managed safely, including medicines that needed special storage arrangements.

#### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe, a person told us, "I'm safe and well looked after. I like it here."
- Staff knew how to keep people safe in an emergency such as a fire. All people had personal evacuation plans and an emergency grab kit was accessible to staff. A nurse said to us, "Everything we do is about keeping the person safe and safeguarding them."
- A health professional said to us, "From our experience all the staff are aware of safeguarding procedures and raise safeguarding appropriately ensuring that people are safe. If the nursing home are unsure whether a particular wound is a safeguarding concern they will actively seek advice from ourselves and take action."

#### Assessing risk, safety monitoring and management

- Risks to people were minimised. People were protected as risks were assessed and managed. Risk assessments such as choking, falls and weight were monitored and reflected people's current needs. Staff monitored people's need and made referrals to external health and social care professionals when needed.
- People's needs, and risks were assessed before moving in to the home. For example, a person who was at risk of choking had a risk assessment, Speech and Language therapist guidance and kitchen staff knew the person's needs for soft and moist food and thickened fluids from the pre-admission assessment.
- A health professional told us, "Care planning and documentation of wound care, including wound assessment and photograph is of a very high standard. All staff are able to comment on the patient and the wounds when we ask or visit."

#### Preventing and controlling infection

- The premises were clean, well presented and people were protected from infection.
- Staff were trained in infection control and staff were seen using protective personal equipment when serving food or giving medicines.
- A person told us about the home, "Nice and clean. Comfortable and safe."



### Learning lessons when things go wrong

- The registered manager and provider monitored incidents and acted to learn from when things go wrong.
- Records showed that the registered manager and provider had carefully analysed accidents, such as falls, so that they could establish how and why they had occurred. The registered manager used an online system shared across the provider to monitor incidents and accidents.
- A health professional told us, "Staff are open, honest and transparent and are keen to learn if they have any lessons to learn from incidents."
- Relatives told us consistently that staff told them if there were any incidents involving their relative. A relative said, "It is very clean and safe here. They let me know about any incidents."

# 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

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Not all staff had received all training to meet people's needs. We looked at training records and saw gaps. For example, two staff out of 35 had completed training in nutrition and hydration and only seven staff had completed training end of life care.
- Established staff gave us mixed feedback about training available to them. A nurse told us, "currently the training for first aid is online but we discussed that it would be helpful to do face to face for something like first aid, I'm waiting to hear about that."
- In the last comprehensive inspection in October 2016, it was recommended that staff receive training in DoLS and that there were improvements to DoLS tracking. At this inspection we saw DoLS tracking records that were up to date. Staff were trained in the principles of the mental capacity act and staff had completed DoLS training.
- Staff told us their current dementia training is online. Records available to us at inspection showed some carers had completed dementia training in 2014. At the inspection, staff shared plans with us about new dementia training and told us they looked forward to increasing their knowledge about dementia to meet the needs of people living with dementia. Following the inspection further evidence was provided to us to show that all staff had completed dementia awareness training and a portion of staff had completed some modules of the Dementia Care Framework. The registered manager also sent us evidence after the inspection showing that more staff completed dementia care framework training after the inspection date. A number of staff had completed a dementia experience module two weeks after the inspection.
- At the time of the inspection, we felt that staff were not adequately trained and training in dementia was an area for improvement. We recommended that staff receive training in dementia. However as further evidence was made available to us immediately following the inspection showing that action was taken to ensure all staff were receiving training in dementia needs and care this no longer remains an area of improvement. We will be able to review how effective this training is at the next inspection.
- Staff told us they had training and were supported to complete level 2-5 qualifications in health and social care for example the activities coordinator told us they were doing Level 2 in Activities.
- New staff completed an induction with mandatory training such as fire safety and manual handling. Staff completed the Care Certificate as part of their induction. The Care Certificate is a work-based, vocational qualification for staff who had no previous experience in the care sector. New carers were supported by the senior carer who carried out observations and assessed competency before a new staff member worked unsupervised.
- Records showed that staff had regular supervision. Staff also told us they had enough informal support. A nurse told us, "we have a very supportive manager, always available, even at night."
- We saw records of group supervision where new topics were shared and training took place, such as when the service introduced SSKIN bundle for pressure care (SSKIN is a five-step approach to preventing and

treating pressure ulcers used by the NHS).

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Mental Capacity Assessments had been carried out for the use of beds rails and use of equipment such as lap belts. Assessments were decision specific and, where people had capacity, consent was recorded. Staff could tell us about people's capacity and how they supported them to make decisions. A nurse told us, "Capacity is about whether the person can weigh up information and are able to retain information, we always ensure consent is in place for equipment like bed rails or sensor mats."
- At the time of the inspection there were appropriate DoLS authorisations in place and applications for others had been made for other people who did not have capacity and were under constant supervision.

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

- People's personal care and nursing needs were assessed before coming to live at Lydfords.
- Relatives and people gave us mixed feedback about their involvement in developing or reviewing their care plan. A relative told us, "I was involved in her care plan – they are very good about that." And another relative said, "I've not been involved in her care plan and nor has she." We saw records of one person where relatives had been involved in developing the care plan.
- We saw records of letters that staff told us they sent to relatives inviting them to visit to discuss care plans, however staff told us that relatives did not respond to this and preferred to discuss their relatives care needs in a relatives meeting.

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

- At the last inspection, we recommended that food and fluid charts were completed correctly, and the lunchtime dining experience enhanced. We saw that improvements had been made. People were offered choices from a seasonal menu. The dining room had music playing and the tables were laid with cutlery, condiments and drinks.
- At this inspection, people's nutritional needs and weight were monitored. People were referred to the dietitian and speech and language therapist when needed.
- People and relatives told us they liked the food offered. A person told us, "The food is very nice here and we get a choice". A relative said to us, "He loves the food here. I eat here quite often and it's very good." Care plans recorded people's dietary preferences and needs. The chef knew people's dietary needs.
- We saw that people chose to eat in the dining room, their room or the lounge and these choices were respected and accommodated. Some groups sat socially in the dining room.

Staff working with other agencies to provide consistent, effective, timely care

- We saw records of referrals made by staff to health and social care professionals.
- A health professional told us, "From our experience the nursing home is very effective in achieving good outcomes for patients. They refer in a timely manner and follow our advice."

- A visiting health professional told us, "Their medical knowledge is good, there's proper nursing here so you can feel confident. They always follow guidance we give to staff, they clearly understand what's required."

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

- The home is an adapted building across two floors, people were seen moving freely around the home. The home was kept clean and fresh smelling. Rooms were personalised.
- People were supported by adaptations made to the home, for example we saw people using a private family room and garden to meet with relatives.

#### Supporting people to live healthier lives, access healthcare services and support

- Records showed people have input from a range of health and social care professionals such as podiatrists, GPs, dietitian, community mental health and speech and language therapist.
- People told us they saw the GP when they needed. A person told us, "The GP service comes in a couple of times per week." And another person said, "I see the GP in the home and they look after my health needs."
- A visiting health professional said, "The carers are supportive, they keep me updated on people's needs and spot changes."
- A visiting GP and deputy manager told us the home is part of an enhanced care programme, meaning that the home has an allocated GP who visits regularly. The home's allocated GP carried out annual medicine's reviews and assessments at the home.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Respecting and promoting people's privacy, dignity and independence

- We received mixed feedback about people being treated with dignity. For example, a relative told us that their relative's hands were not clean and had faeces under their fingernails. The relative told us they had raised a concern about this which the deputy manager addressed, but that this had happened again a few days later, they told us they raised a complaint, and this has not happened again. Another relative said to us, "I sometimes see other people wearing my mother's clothes."
- During our visit, we did observe staff knocking on people's doors before entering their room and introducing themselves. Staff told us that when they delivered personal care they closed the curtains and door.
- At the last comprehensive inspection, we recommended increasing and improving meaningful activities offered to people that are cared for in bed due to health needs or that chose to stay in their rooms.
- Since the last inspection, activities staff had been supported to give dedicated time in people's rooms, but this was only for 15 minutes per week. The activities coordinator told us they would do what the person wants for example play puzzles; read a book or chat about current affairs. A person told us, "I haven't made friends here. I spend quite a lot of time in my room."
- One person had a psychological care plan, this encouraged staff to increase opportunities to socialise and promote emotional wellbeing by using music and relaxation techniques, but the person's daily records did not reflect on any activities to avoid social isolation. A relative told us, "<Person> likes to listen to music in their room but when I visit, music is never playing."
- We fed back to management that people and relatives gave us mixed feedback about staff and that people continued to be at risk of social isolation. We gave this feedback on the inspection and immediately following the inspection the provider acted to recruit a full-time activities coordinator who was dedicated to spending time in people's rooms. The provider gave us further evidence to show that while they waited for the new staff member to join additional staff shifts had been allocated to spend time with people who are cared for in bed.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives gave us mixed feedback about the attitudes of staff. One person said to us, "The staff are alright. Some of them get a bit impatient." And another person told us, "Most of the staff are nice, but some have a bit of an attitude." Another person said to us, "I quite like it here. The staff are nice." And another person told us, "I'm happy here and well looked after."
- A health professional told us, "From our experience all the staff are very caring and kind towards patients and are respectful of the patient's personal needs or wishes. They are always aware of patient's dignity when wound care is in a personal area and protect the patient's privacy and dignity."

- A person told us how staff supported them through a bereavement, "When he died they were very kind to me."
- We saw compliment records, compliments were seen such as, "we were made to feel extremely welcome when we visited, staff were so friendly." and "<person's> care was exceptional, I felt you were my friend too."
- Staff received equality and diversity training and were supported by the provider's equality and diversity policy.

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

- People and their relatives gave mixed feedback about being involved in making decisions about care and given opportunities to express their views. Despite this feedback, we saw records that showed staff actively inviting relatives to be involved in writing and updating their loved one's care plan. We saw records of meetings where relevant professionals, local authority and relatives were involved in best interest decision meetings.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- An activities programme was displayed in the home and there was a dedicated activities room. The activities room accommodated up to five to six people at a time. People were observed sitting in wheelchairs in lounge rather being transferred to lounge chairs.
- Staff told us that people living with dementia had picture books or jigsaws, but we did not observe these being used. We observed people in the lounge did not have meaningful activities and engagement. On the second day of our visit we observed staff cleaning people's nails in the lounge.
- An activities coordinator gave structured activities during the week and another activities coordinator provided activities during the weekend. A carer told us, "<Activities coordinator> is amazing. Activities are all important"
- The programme of activities included a mix of in-house activities such as bingo, arts and crafts; flower arranging; a clothes sale; keep fit; music; board games and seasonal events and celebrations. External professionals visited to carry out activities once a month such as a singer and armchair exercises.
- People told us they enjoyed the activities offered. A person said, "Plenty of things to do. <Activities coordinator> have a lot for us to do." And another person told us, "I do like the bingo."
- Seasonal celebrations and events, we saw Easter displays showing recent Easter themed craft activities.
- During our visit, a vicar conducted an Easter service. The activities coordinator arranged for a Catholic priest and Church of England vicar to attend monthly. Staff told us that all spiritual and religious needs can be accommodated
- Staff arranged fundraising events to support funds for activities in the home.
- Staff arranged for outings to local towns and to a local café or pub. The activities coordinator told us they liked to invite the community in, for example by holding coffee afternoons, holding clothes sales, holding summer and having a visiting hairdresser.
- The home had a pet rabbit which had a lead, the activities coordinator told us the rabbit visits people in their rooms.
- During our visit we saw families and pets were welcome to visit.
- The activities coordinator collected information they could about a person's history or preferences with input from the person, relatives or people that know them well to write 'My living choices' booklets and "This is me" books. The deputy manager told us the booklets were completed to support staff and visiting professionals in knowing the person better, but staff agreed this was not possible as the booklets were stored in cupboards at the time of our visit.
- The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. A relative told us, "They are good regarding his hearing aids and making sure he has got them in."
- We saw guidance for staff on meeting the needs of people living at the home who were registered blind or

had hearing impairment. Staff were advised to introduce food and to check that people were using their hearing aids.

- Minutes of relatives and resident meetings were available in large format when needed.

Improving care quality in response to complaints or concerns

- People and relatives knew how to raise a complaint, but we received mixed feedback about whether complaints resulted in consistent and sustained action or improvement. Despite this we saw that complaints were recorded and investigated.
- A relative said, "The manager is very approachable, but <person> thinks I shouldn't make a fuss as <person> then gets asked lots of questions." Another relative told us that they had raised a complaint which was dealt with, but then the issue they raised a complaint about happened again. Another relative told us, "I know who the manager is here and would know who to make a complaint to."
- Another relative told us that after requesting that their relative was moved to another room this was accommodated by the manager.

End of life care and support

- Provision had been made to support people at the end of their life to have a comfortable, dignified and pain-free death.
- Compliment records showed some feedback from relatives of people that had received care at the end of their lives. We saw compliments such as, "Lyford's is exemplary, it gave us such peace of mind knowing he was so well cared for." And "we couldn't have wished for a better place to spend her last few months."
- Where people had a do not attempt cardiopulmonary resuscitation (DNACPR) this was recorded.



# 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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

### Continuous learning and improving care

- A range of audits were not available to us to see how the quality of care was measured and used to improve the service such as call bell monitoring. The registered manager monitored people's needs but did not use audits to measure and learn from. For example, the provider had a system for recording incidents and complaints, this was used to track investigations and outcomes. A tracking system measured individuals care needs, including any changes, and outcomes.
- The registered manager and deputy manager had a tracker system to maintain oversight of people's needs and monitor progress. A senior carer told us, "The manager is fair, professional and supportive. If there's an error we learn from it, see what we can do differently."
- The provider had collected feedback from relatives and people however there was no evidence of how this had been analysed or what actions had been taken when negative feedback was submitted. Analysing feedback and taking actions to improve the quality of care continued to be an area of improvement.
- We saw evidence of actions taken after concerns raised in relative meetings. For example, a "You said, we did" poster in reception showed that a relative told the provider their relative's hearing aid batteries were not changed and did not feel confident staff knew how to do this. Some staff attended Action for Deafness training including hearing aid maintenance.

### Working in partnership with others

- Records showed that staff liaised with external professionals to meet people's needs. A health professional said, "The manager and deputy manager are great examples of leading a service well. They are approachable and responsive to the needs of the patient and the advice given by the healthcare professionals. They appear supportive to staff and staff seem happy within the nursing home."

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The deputy and registered manager understood their duty of candour.
- The service achieved good outcomes for people with nursing needs.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The rating achieved at the last inspection was on display in the home. Notifications that the registered manager was required to send to CQC by law had been completed.
- The regional lead visited the service monthly.

- A visiting health professional said, "The manager is helpful, seems like a good captain of the ship."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Mechanisms were accessible for relative's, people and staff to give feedback about the service.
- A relative told us, "I can talk to anyone, no trouble. They have relative and residents' meetings and they act upon the comments." The same relative added, "and they communicate well about any incidents."
- Residents and relatives meetings happened twice per year. A relative told us they had attended one relative meeting but had not been involved in any reviews of their relative's care.
- A tablet device where people, relatives and staff could give anonymous feedback was near the reception to the building. A selection of results was provided, 67% of respondents answered that it was likely they would recommend the home to friends and family and 70% responded that the home was a happy place to live. Free text comments were seen in the questionnaire for relatives, comments said, "the staff are always friendly and welcoming." and "very clean and tidy."
- A nurse from Lydfords told us, "yes it's a happy place to work, that's why I'm still here." And another nurse said, "The best thing about working here is the very supportive team." A carer told us, "It's a happy place to work."
- Records showed that staff team meetings happened three times a year.
- Staff told us they benefitted from free transport coordinated by the provider and the provider told us this helped retain a consistent staffing group.

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 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The failure to deploy staff effectively and to safely assess, monitor and review call bell response times based on the recommendation in the last inspection was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.