Care Quality Commission

Mr & Mrs R Mahomed

Lyndhurst Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 11 April 2018 and was unannounced. Lyndhurst Nursing 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 Nursing Home accommodates 16 older people in one adapted building. There were 10 people using the service at the time of our inspection.

At the last inspection on 27 and 28 April 2017, we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had not carried out satisfactory background checks for some staff before they started working. Staff had not completed all trainings relevant to their roles and responsibilities and they had not received regular supervision and annual appraisal. The service did not have effective system and procedures to monitor the quality of the care people received, and some of the provider's policies and procedures were inaccurate and incomplete. Following that inspection the provider sent us an action plan showing how they planned to make improvements.

At this inspection we found improvements had been made. People and their relatives told us they were satisfied with the way staff looked after them, and that staff were knowledgeable about their roles. The provider carried out comprehensive background checks of staff before they started work. We also saw checks had been made on the registration of qualified nurses with their professional bodies to ensure their suitability.

Records showed the provider supported staff through regular supervision and yearly appraisal. Staff told us they felt supported and could approach their line manager, and the registered manager at any time for support.

The service had system and process to assess and monitor the quality of the care people received. As a result of these checks and audits the provider made improvements, for example, care plans and risk management plans were up to date, and the premises had been redecorated where required.

The provider had reviewed their policies and procedures and updated as appropriate. For example, the complaints and whistleblowing blowing, staff training, and the recruitment policy and procedures and they were fit for purpose.

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

Staff knew how to keep people safe. The service had clear procedures to support staff to recognise and respond to abuse. The manager and staff completed safeguarding training. Staff completed risk

assessments for every person who used the service and they were up to date with detailed guidance for staff to reduce risks.

The service had an effective system to manage accidents and incidents, and to prevent them happening again. Medicines were managed appropriately and people were receiving their medicines as prescribed. Staff received medicines management training and their competency was checked. All medicines were stored safely.

The service had arrangements to deal with emergencies and staff were aware of the provider's infection control procedures and they maintained the premises safely.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People consented to their care staff provided them.

Staff assessed people's nutritional needs and supported them to maintain a balanced diet. Staff supported people to access the healthcare services they required, and monitored their healthcare appointments. The registered manager and staff liaised with external health and social care professionals to meet people's needs.

People or their relatives, where appropriate, were involved in the assessment, planning and review of their care. Staff considered people's choices, health and social care needs, and their general wellbeing.

Staff supported people in a way which was kind, caring, and respectful. Staff protected people's privacy and dignity.

The provider recognised people's need for stimulation and social interaction. People had end-of-life care plans in place to ensure their preferences at the end of their lives were met. Staff completed daily care records to show what support and care they provided to each person.

The service had a clear policy and procedure about managing complaints. People knew how to complain and told us they would do so if necessary.

The service sought the views of people who used the services, their relatives, and staff to improve the service. Staff felt supported by the registered manager. The service worked effectively with health and social care professionals, and commissioners.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People and their relatives told us they felt safe and that staff and the manager treated them well. The service had a policy and procedure for safeguarding adults from abuse, which the manager and staff understood.

The service had enough staff to support people and carried out satisfactory background checks on them before they started work.

Staff completed risk assessments for every person and they were up to date with guidance for staff to reduce risks. The service had a system to manage accidents and incidents to reduce reoccurrence.

Staff were aware of the provider's infection control procedures and they maintained the premises safely.

Medicines were administered to people safely and stored them securely. The service had arrangements to deal with emergencies.

Is the service effective?

Good

The service was effective.

People and their relatives commented positively about staff and told us they were satisfied with the way they looked after them. The provider supported staff through training, supervision and an annual appraisal.

Staff assessed people's needs and completed care plans for every person, which were all up to date. Staff completed daily care records to show what support and care they provided to each person.

Staff assessed people's nutritional needs and supported them to have a balanced diet.

People consented to their care staff provided them. The manager

and staff knew the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and acted according to this legislation.

Staff supported people to access the healthcare services they needed. The registered manager and staff liaised with external health and social care professionals to meet people's needs.

Is the service caring?

Good

The service was caring.

People and their relatives told us staff were kind and treated them with respect.

People and their relatives were involved in making decisions about their care and support.

Staff respected people's choices, preferences, privacy, dignity, and showed an understanding of equality and diversity.

Is the service responsive?

Good

The service was responsive.

Staff recognised people's need for stimulation and social interaction.

Staff involved people or their relatives in the assessment, planning and review of their care.

Staff prepared, reviewed, and updated care plans for every person. Care plans were person centred and reflected people's current needs.

People had end-of-life care plans in place to ensure their preferences at the end of their lives were met.

People knew how to complain and would do so if necessary. The service had a clear policy and procedure for managing complaints.

Is the service well-led?

Good

The service was well-led.

Relatives commented positively about the service.

The service had a positive culture, where people and staff felt the

service cared about their opinions and acted on their feedback to make improvements to the service.

Information about the management of the service was shared with staff through regular meetings to ensure they understood the responsibilities of their roles.

The service had an effective system and process to assess and monitor the quality of the care people received. Action was taken by the provider to drive improvements based on their monitoring of the service.

The service worked in partnership with health and social care professionals and commissioners.

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Lyndhurst Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 April 2018 and was unannounced. A specialist nurse advisor, one inspector and an expert by experience inspected. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at all the information we held about the service. This information included the statutory notifications that the service sent to the Care Quality Commission. A notification is information about important events that the service is required to send us by law. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted health and social care professionals involved in people's support, and the local authority safeguarding team for their feedback about the service. We used this information to help inform our inspection planning.

During our inspection we spent time observing the support being provided to people. We spoke with one person and five relatives, four members of staff, and the registered manager. We looked at six people's care records and six staff records. We also looked at records related to the management of the service such as the administration of medicines, accidents and incidents reports, Deprivation of Liberty Safeguards (DoLS) authorisations, health and safety records, and the provider's policies and procedures.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe and that staff and the registered manager treated them well. One person told us, "I feel safe living at the home, and someone [staff] always accompany me when I mobilise using a frame." One relative said, "I feel my [loved one] is safe at the home."

At the last inspection on 27 and 28 April 2017 we found the provider had not carried out satisfactory background checks for some staff before they started working. At this inspection we found improvements had been made. The provider carried out comprehensive background checks of staff before they started work. These included checks on their qualifications and experience, as well as reviews of their employment histories, references, criminal records check and proof of identification. We also saw checks had been made on the registration of qualified nurses with their professional bodies to ensure their suitability.

There were enough staff on duty to help support people safely and in a timely manner. The registered manager carried out a regular review of people's needs to determine staffing levels to ensure people's needs were met. Records showed that staffing levels were consistently maintained to meet the assessed needs of the people. The registered manager told us if they needed extra support to help people, they arranged additional staff cover by using staff rota or the agency. The service had a call bell system for people to use when they required support and we saw staff responded to requests in timely manner.

The service had a policy and procedure for safeguarding adults from abuse. The registered manager and staff understood what abuse was, the types of abuse, and the signs to look for. Staff knew what to do if they suspected abuse. This included reporting their concerns to the registered manager, the local authority safeguarding team, and the Care Quality Commission (CQC) where necessary. The registered manager told us that there had not been any safeguarding concerns since our previous inspection in April 2017. Staff we spoke with told us they completed safeguarding training and this was confirmed by the provider's training records. Staff were also aware of the provider's whistle-blowing procedure and they said they would use it if they needed to.

Staff completed risk assessments for every person and they had detailed guidance for staff to reduce risks. These included risks around manual handling, falls, bedside rails, eating and drinking, pressure sore prevention and wound care. For example, where one person's skin integrity had been identified as an area of risk, control measures had been identified which included the use of pressure relieving equipment. A member of staff told us they monitored people's skin daily. Daily monitoring charts we saw confirmed this. In another example, we saw guidance in place from the Speech and Language Therapy (SALT) where one person had been identified as being at risk of aspiration. We observed staff following this guidance and providing appropriate support to the person with meals to manage risk. We observed during the lunch time that people were getting the correct diet when needed. Records further confirmed that staff followed the prescribed guidance.

The service protected people from the risk of malnutrition and dehydration. Staff completed nutritional assessments for each person and monitored their weights as required. We saw action had been taken where

risks associated with nutrition had been identified. For example, where people were at risk of malnutrition, records showed that staff sought advice from a dietician and completed food and fluid charts to monitor people's intake. We saw during the inspection that staff ensured people were kept hydrated, juices and snacks were available and offered.

The service had a system to manage accidents and incidents to reduce the likelihood of them happening again. Staff completed accidents and incidents records which were reviewed by the registered manager to ensure improvements to people's safety. For example, records showed that one person was referred to their GP for advice about managing their skin integrity after they had sustained a skin tear. We noted that their care plan had subsequently been updated to include further guidance for staff on how best to support them, and records showed that this had been discussed with staff during a staff meeting.

The provider had a policy and procedures which gave guidance to staff on their role in supporting people to manage their medicines safely. Medicines were securely stored and were only accessible to trained staff whose competency to administer medicines had been assessed. Staff monitored fridge temperatures to ensure that medicines were stored within the safe temperature range. We observed staff providing people with appropriate support whilst administering medicines, for example by ensuring that they were positioned correctly and comfortably. Staff completed Medicines Administration Records (MAR) which were up to date and accurate when reviewed against the stocks of people's medicines. The service had PRN (as required) medicine and topical medicine protocols in place for any medicines that people had been prescribed but did not need routinely. PRN protocols explained when medicines should be given, the signs to look out for in the person, which meant they would need the medicine, the required dosage and how often the dose should be repeated. The service had process and procedures for the safe disposal of unused medicines. Unused medicines were disposed in a secure bin and returned as appropriate.

Staff kept the premises clean and safe. They were aware of the provider's infection control procedures. Bedrooms and communal areas were kept clean and tidy. We observed staff using personal protective equipment such as gloves, and aprons to prevent the spread of infection. Staff and external agencies, where necessary, carried out safety checks for environmental and equipment hazards such as hoists, and safety of gas appliances.

The service had arrangements to deal with emergencies. Records confirmed that the service carried out regular fire drills. People had personal emergency evacuation plans (PEEPs) in place which gave guidance for staff and the emergency services on the support they would require evacuating from the service. Staff received first aid and fire awareness training so that they could support people safely in an emergency.

Good

Is the service effective?

Our findings

People and their relatives told us they were satisfied with the way staff looked after them, and that staff were knowledgeable about their roles. One person told us, "The nursing staff are very good." One relative said, "They [staff] look after my [loved one] and they are ever so nice and friendly."

At the last inspection on 27 and 28 April 2017 we found staff had not completed all training relevant to their roles and responsibilities and they had not received regular supervision and annual appraisal. At this inspection we found improvements had been made.

The provider trained staff to support people and meet their needs. The registered manager told us all staff completed mandatory training identified by the provider. The mandatory training covered areas from allergen awareness, basic life support, food safety, health and safety, infection control to moving and handling and the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff told us the training programmes enabled them to deliver the care and support people needed. Staff training records we saw confirmed this.

Records showed the provider supported staff through regular supervision and yearly appraisal. Supervision included discussions about staff members' wellbeing and sickness absence, their roles and responsibilities, and their training and development plans. Staff told us they felt supported and could approach their line manager, and the registered manager, at any time for support. One member of staff told us, "Supervision helped me to learn for example, how to complete care records or use of a correct belt for hoisting people."

Staff carried out assessment of each person to determine the level of support they required, which involved feedback from relatives, where appropriate. This information was used as the basis for developing personalised care plans to meet their individual needs.

The Mental Capacity Act 2005 (MCA) provides legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager was aware of the DoLS and worked with the local authority to ensure the appropriate assessments were undertaken. Where applications under DoLS had been authorised, we found that the provider was complying with the conditions applied on the authorisations.

Staff asked for people's consent, where they had the capacity to consent to their care. Records were clear on people's choices and preferences about their care provision. Staff we spoke with understood the importance of gaining people's consent before they supported them. Records showed that people's mental capacity had been assessed relating to specific decisions about the support they received where staff suspected they may not have capacity to make the decision for themselves. Assessments had been completed in accordance with the requirements of the MCA. Where people had been assessed as lacking capacity we saw that the relevant decision had been made in their best interests, with the involvement of staff, relatives and/or healthcare professionals, where appropriate. For example, people who needed to having bed rails.

Staff assessed people's nutritional needs and supported them to have a balanced diet. People and their relatives told us they had enough to eat and drink. One relative told us, "They [staff] seem obliging with the food. They give my [loved one] something else if they won't eat their meal." Another relative said, "My [loved one] eats pureed foods and prefers deserts for main course and they [staff] give them extra helpings of these." A third relative commented, "When my [loved one] first went in was a bag of bones, but now has put weight back on." Staff recorded people's dietary needs in their care plan and shared this information with kitchen staff to ensure people received the right kind of diet in line with their preferences and needs. For example, we saw information available to kitchen staff on which people needed soft or fortified diets, Staff told us there were alternatives available if people did not like what was offered on the day.

People received appropriate support to eat and drink. Interactions between people and staff during a lunchtime meal were positive and the atmosphere was relaxed and not rushed. We observed staff providing support to people who needed help to eat and drink. They had meaningful conversation with people, and helped those who took their time and encouraged them to finish their meal.

Staff supported people to access healthcare services. One relative said, "My [loved one] had one urinary tract infection (UTI) since they had been here. When my [loved one] was at home they were happening once or twice a month." Another relative said, "When my [loved one] goes to hospital by ambulance or taxi, staff escorts them."

The service had worked across with local healthcare professionals including a GP surgery, tissue viability nurse and dietician. A member of staff told us that they monitored people's vital signs regularly and acted promptly if there was any concern. Staff followed recommendations from the healthcare professionals including GP, Speech and Language Team (SALT) and dietician. A GP visited the home weekly to review people's health needs as and when necessary. We saw the contact details of external healthcare professionals, specialist departments in the hospital, and their GP in every person's care record. Staff completed health action plans for everyone who used the service and monitored their healthcare appointments. The staff attended healthcare appointments with people to support them where needed.

The service met people's needs by suitable adaptation and design of the premises. Some people had bought personalised items from home which had been used to make their rooms familiar and comfortable. The provider carried out repairs and redecoration of individual bedrooms and communal areas as required. Access to the building was controlled to help ensure people's safety.

Good

Is the service caring?

Our findings

People and their relatives told us that staff were kind and treated them with respect. One person told us, "Staff are kind." One relative said, "My [loved one] is healthier and cleaner. Someone cuts my [loved one's] hair, and their nails are painted. I thought my [loved one] never going to settle in here, but they did." Another relative said, "I am satisfied with the care that's being provided. Staff are polite and kind." A third relative commented, "I am very pleased with the care my [loved one] receives. The carers are very caring. We had no problems at all."

We observed that staff communicating with people in a caring and compassionate manner throughout the time of our inspection. Staff took time to talk to people on a one to one basis, talking gently and in a dignified manner. They pro-actively engaged with them, using touch as a form of reassurance, for example by holding people's hands which was positively received.

People or their relatives were involved in the assessment, planning and review of their care. One relative told us, "I have seen the care plan; they [staff] keep me informed of any changes. The senior nurse goes through things with me. My [loved one] have been here for years and is happy with staff." Staff completed care plans for every person, which described the person's likes, dislikes, life stories, interests and hobbies, family, and friends. Staff told us this background knowledge of the person was useful to them when interacting with people.

Staff respected people's choices and preferences. For example, staff respected people's decisions around where people preferred to spend time in their own room or lounge. Staff told us, that they ensured people's choices are respected, such as clothes, food, juice and activity. Staff were aware to use people's preferred form of address, as recorded in their care plan.

People and their relatives told us staff treated them with dignity, and that their privacy was respected. We saw staff knocked on people's bedrooms before entering people's rooms and they kept people's information confidential. We noticed people's bedroom doors were closed when staff delivered personal care. People were well presented and we saw examples of staff helping them to adjust clothing to maintain their dignity. Records showed staff received training in maintaining people's privacy and dignity.

Good

Is the service responsive?

Our findings

Staff recognised people's need for stimulation and supported them to follow their interests, and take part in activities. The service employed an activities coordinator who arranged activities. These included bingo, music, arts and crafts and chair exercises. Staff also visited people confined to their beds and offered one to one activities to them. We observed people reading newspapers, enjoying arts and crafts, and music activities.

People had care plans based upon their assessed needs. These contained information about their personal life and social history, their health and social care needs, allergies, family and friends, and contact details of health and social care professionals. They also included dependency assessments which identified the level of support people needed in areas including as well as identifying the things they could manage to do by themselves. Care plans were reviewed on a regular basis and reflective of people's current needs. For example, when a change of need was identified for a person their swallowing care plan was updated, and for another person their continence management plan was updated to reflect their current needs.

Staff completed daily care records to show what support and care they provided to each person. They also completed a diary which listed the specific tasks for the day such as who required a fluid and food intake monitoring, repositioning of people in bed and skin care management. The service used a communication log to record key events such as changes to health and healthcare appointments for people. Relatives told us there were no restrictions on visitor times and that all were made welcome. We saw staff addressed visitors in a friendly manner, and they were made to feel welcome and comfortable.

People had end-of-life care plans in place. End of life care pathway plans showed people's end-of-life preferences had been discussed with them, and care plans developed to ensure their preferences in this area were met. Staff had also completed end-of-life care training. People had Do Not Attempt Cardiopulmonary Resuscitation (DNAR) forms in place where this decision had been discussed with them and their relatives, where appropriate.

People's care plans included details about their ethnicity, preferred faith and culture. The registered manager told us that the service was non-discriminatory and that staff would always seek to support people with any needs they had with regards to their disability, race, religion, sexual orientation or gender. Staff showed an understanding of equality and diversity. Staff told us, that each person was treated equally, getting the same opportunity of care; and they ensured people's likes were respected always. Staff confirmed that people were supported with their spiritual needs where requested. For example, a priest visited by invitation to people's bedrooms, to meet their spiritual needs.

People and their relatives told us they knew how to complain and would do so if necessary. None of the people we spoke with had needed to complain. One relative told us they never made a complaint. However, if they would speak to the owner if they had any concerns. Another relative said, "We've had no problems at all." The provider had a clear policy and procedure for managing complaints and we saw this information was displayed in the communal areas to ensure people were aware of what they could expect if they made a

complaint. When a concern was raised the registered manager investigated and responded in a timely manner. This was about managing the end of life care for a person. The registered manager told us that there had been no reoccurrence of this issue following their timely resolution. Records we saw further confirmed this view. The registered manager further told us that the lessons learnt were shared in a staff meeting.

Good

Is the service well-led?

Our findings

Relatives commented positively about the service. One relative told us, "There's never been any problem." Another relative said, Staff are very conscious, and when my [loved one] had hearing problem, staff coordinated with the GP, who arranged for ears to be syringed and now my [loved one] hears better again. We observed the atmosphere in the home was calm and friendly, and we saw meaningful interactions between staff and people using the service and their relatives.

At the last inspection on 27 and 28 April 2017 we found the service was not consistently managed to ensure good quality. Some of the provider's policy and procedures were inaccurate and incomplete. At this inspection we found improvements had been made.

The service had system and process to assess and monitor the quality of the care people received. This included checks and audits covering areas such as health and safety checks, house maintenance, medicines management, accidents and incidents, care planning and risk assessments, and infection control. As a result of these checks and audits, the provider made improvements, for example, care plans and risk management plans were up to date, and the premises had been redecorated where required.

The provider had reviewed their policies and procedures and updated as appropriate. For example, the complaints and whistleblowing blowing, staff training, and the recruitment policy and procedures and they were fit for purpose.

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

The registered manager had detailed knowledge about each person living at the home, and made sure they kept staff updated about any changes to people's needs. We saw the registered manager interacted with staff in a positive and supportive manner. Staff described the leadership at the service positively. One member of staff told us, "The manager is good and helpful, he helped me to improve my skills about ordering and returning medicines, writing person centred care plans and how to supervise staff." Another member of staff said, "The manager is now giving more time to the home and he attends to concerns immediately."

The registered manager held meetings with staff where staff shared learning and good practice so they understood what was expected of them at all levels. Records of staff meetings showed that areas discussed had included details of any changes in people's needs, guidance to staff about the day to day management of the service, recruitment of new staff, discussions about co-ordinating with health and social care professionals. Staff also discussed the changes to people's needs during the daily shift handover meeting to ensure continuity of care.

The service had a positive culture, where people and staff told us they felt the provider cared about their opinions and included them in decisions. The provider sought people's views using satisfaction surveys. We found the responses were good. The registered manager encouraged and empowered people and their relatives to be involved in service improvements through periodic meetings. Areas discussed at these meeting included menus, activities, care plan reviews and redecoration of the premises. As a result of these meetings the provider made improvements to food, redecoration of bedrooms and activities. We observed that people, relatives and staff were comfortable approaching the registered manager and their conversations were friendly and open.

Care records we saw showed that the service worked effectively in partnership with health and social care professionals, commissioners, speech and language therapist, and the hospital. One social care professional told us that the standards and quality of care delivered by the service to people had improved since their previous inspection in April 2017.