

RMD Care Services Limited

Lynmere Nursing Home

Inspection report

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Stockport
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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

The inspection took place on 23 November 2017 and was unannounced. Lynmere Nursing Home provides nursing care for up to 24 people. Accommodation is single storey and comprises of two communal lounge rooms one of which includes a dining area. The smallest lounge leads onto an enclosed rear garden. All bedrooms are single and four have en-suite facilities available. Car parking is available at the front of the building. There were 22 people living at the home at the time of our visit.

At the last inspection on 17 and 18 November 2014, the service was rated 'Good'. At this inspection, we found the service remained 'Good'.

There was a registered manager in place. 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.

There were sufficient staff to meet the needs of the people who used the service. However, one person's family member felt the call bells were not always responded to in a timely manner.

The recruitment procedure was robust and measures were taken to help ensure employees were suitable to work with vulnerable people.

Systems for the management and administration of medicines were safe. It was clear that people had received their medicine as prescribed. Regular medicines audits were consistently identifying if errors occurred. However, guidelines for when people needed 'as required' medicines were not in place. The registered manager was keen to ensure this was put in place as soon as possible.

People received support that continued to be caring and respectful. People's privacy and dignity was respected by those providing assistance.

People had care and support plans that continued to reflect their personal needs and preferences. When changes occurred in people's personal and medical circumstances, these plans were reviewed to reflect the changes.

People had access to a wide range of meaningful activities. Two activity co-ordinators were in post who arranged regular activities for people. One to one activity was provided for people who were being cared for in their bedrooms.

Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA). Staff gained people's consent before providing personal care. People were involved in the planning of their care which was person centred and updated regularly, however the provider needed to ensure care plans reviews were clearly

evidenced.

Staff members knew people's likes and dislikes and supported them in the manner they preferred. People and their relatives were encouraged to raise any concerns or complaints. The provider had systems in place to address any issues raised with them.

The service had an open culture which encouraged communication and learning. People, relatives and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement.

The provider had quality assurance systems in place to review the quality of the service to help drive improvement.

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 remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well-led.

Lynmere 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 23 November 2017 and was unannounced. It was carried out by an adult social care inspector 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.

Before the inspection, the provider 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 looked at the information in the PIR and also looked at other information we held about the home. We checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the registered manager 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.

We asked Stockport local authority and Healthwatch for any information they had which would aid our inspection. We used this information as part of our planning.

Some people in the home were living with dementia and were not always able to tell us about their experiences. We used a number of different methods to help us understand people's experiences of the home such as undertaking observations. This included observations of staff and how they interacted with people. 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.

During the inspection, we spoke with nine people and four relatives. We also spoke with seven members of staff. This included the registered and deputy managers and care staff. We also spoke with the home's cook and activities coordinator. We looked at records relating to the management of the service such as the

staffing rota, two care plans, policies, incident and accident records, three recruitment files and training records, meeting minutes and audit reports.

Is the service safe?

Our findings

There were sufficient numbers of suitable staff on duty to meet people's needs. The staff team had an appropriate mix of skills and experience. During the inspection we saw people's needs were usually met quickly. We heard bells ringing during the inspection and these were responded to effectively. We checked staffing rotas which confirmed that during the day, five care workers and one registered nurse were on duty, plus the registered and deputy manager on weekdays. In addition, there were catering and domestic staff. At night, two waking night staff and a registered nurse were on duty. Staffing levels were assessed based on people's support needs.

During the inspection one person's family member commented that the home's call bells were not always responded to in a timely manner. We discussed these comments with the registered manager who felt the call bells were responded to quickly by staff, but acknowledged the call bell system did not provide a log of the timings it took staff to respond. The registered manager confirmed they would discuss this further with the owner to look at a way of updating the call bell system to provide the manager with a clearer overview of the average timings call bells were responded to and establish whether there was room for improvement in this area.

With the exception of one person's relative, all of the people spoken with were positive about the staffing levels. People told us, "They [care workers] come quickly if I press my buzzer" and "The staff are very responsive to my needs." Comments received from people's relatives included, "I have never had concerns about the staffing levels, I am very happy with that", "There always seems to be enough people working here" and "The weekend staff are 'more stretched; more spartan.'" We found the staffing levels were the same during the weekends as the weekdays, in exception of the management who predominately worked Monday to Friday.

We noted that a staffing dependency tool to calculate staffing hours and people using the service had not been devised. The registered manager informed the inspection team that they felt confident with the current staffing levels and would immediately respond to increase the staffing, if they felt people's needs had changed in order to ensure the quality of service provision.

We looked at three staff files and saw that the recruitment procedure was robust. Each file included an application form, record of interview, job description, contract of employment, two references and Disclosure and Barring Service (DBS) checks. DBS checks help employers ensure employees are suitable to work with vulnerable people. We saw, from the files, that disciplinary procedures were followed appropriately when required.

There were appropriate up to date safeguarding and whistle blowing policies and procedures in place. Staff had undertaken training and regular refreshers in safeguarding and those we spoke with demonstrated an understanding of the issues involved. All were confident of the reporting procedure.

There were appropriate arrangements in place for the management of medicines. Staff had received

training and demonstrated they were knowledgeable about how to safely administer medicines to people. Records showed that people received their medicines at the prescribed times. People were assessed for their ability to manage their own medicines; staff supported people to become independent if they chose to. For example one person wanted to remain independent at the home, so the provider supported this person to manage their own medicines. This meant the person could still access the community on regular occasions and would take their medication with them, so they were able to attend social events of their choice.

However, we found the provider did not have 'when required' (PRN) protocols in place to inform staff when and how they should administer people medicines that were not required routinely. Whilst staff we spoke with understood what people's medicines were required for, the lack of PRN protocols would increase the risk that people would not receive medicines as they needed them consistently. The registered manager told us they would introduce PRN protocols shortly after the inspection.

There was a medicine refrigerator at the service for storing medicines that required cold storage. There were records that showed medicine refrigerator temperatures were monitored. The service had robust ordering, storage and disposal arrangements for medicines. Regular internal and external audits helped ensure the medicines management was safe and effective.

General risk assessments regarding the environment and health and safety were in place. There were also individual risk assessments within people's care plans for issues such as mobility and falls. These were reviewed and updated, if required, on a monthly basis. Accidents and incidents were recorded appropriately and audited and monitored monthly to look for any patterns or trends and address these.

Necessary safety checks and tests had been completed by appropriately skilled contractors. All firefighting equipment had been regularly serviced. Fire safety drills had been regularly completed by staff who were familiar with the emergency procedure at the service.

There were personal emergency evacuation plans (PEEPs) in place for each individual at the home. These were updated when changes occurred and outlined the level of assistance each person would require in the event of having to be evacuated.

Is the service effective?

Our findings

Newly employed staff were required to complete an induction before starting work. This included training identified as necessary for the service and familiarisation with the organisation's policies and procedures. The induction was in line with the Care Certificate which is designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector. The induction programme for new staff covered fire procedures, safeguarding, infection prevention and control, moving and handling, medicines and record keeping. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. Staff told us they had completed or were working towards completing the care certificate and had shadowed other workers before they started to work on their own.

Training records showed, confirmed by staff, that the staff had received training in moving and handling, safeguarding vulnerable adults, fire safety, mental capacity, falls and infection control. We also saw that the majority of staff had completed, or were enrolled on, a nationally recognised qualification in health and social care.

Staff also received support through a programme of regular supervision meetings and an annual appraisal. Records we looked at showed these were meaningful meetings which reflected on individual performance and development.

People who wished to move into the service had their needs assessed to ensure the service was able to meet their needs and expectations. This assessment was the basis for the full care plan which was created in the first few weeks of being at the service. The registered manager, deputy manager and staff were all knowledgeable about people's needs.

We spoke with the cook who was knowledgeable about people's individual needs and likes and dislikes. They made a point of meeting people in order to identify their dietary requirements and preferences. Care staff had 24 hour access to the kitchen so people were able to have snacks at any time of the day even if the kitchen was not staffed.

People were assessed for their risks of not eating and drinking enough to help maintain their health and well-being. People received food and drink that met their individual needs. For example one person required specific foods to help control their diabetes. Staff demonstrated how they ensured the person had foods available to them which were either low in or no sugar and helped support the person to have smaller portions. Staff had received training in food safety. Comments received from people were positive about the food on offer, comments included, "Top class the food", "The food is good", "The food is okay", "The food's very good and more palatable than it used to be" and "The food is good, cant grumble with what's on offer."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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 service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Lynmere Nursing Home management had applied appropriately for people to have a DoLS authorisation. Two authorisations were in place at the time of this inspection. Staff were clear about people's rights and ensured any necessary restrictions were the least restrictive.

Staff had been provided with training on this legislation and were clear about protecting people's rights. Staff respected people's choices and wishes. One person did not wish to have a pressure relieving mattress. This was respected as the person had capacity to make this decision and the person chose a mattress of their choice.

The service had some pictorial signage to help people who needed orientation to their immediate environment. For example, toilets and bathrooms were clearly marked to encourage independent use. There was a secure outside space which people used in good weather.

Is the service caring?

Our findings

People said they were treated with compassion. People told us, "I'm very happy here; the staff are great and do anything for me", "It's alright, the staff are fine and I'm quite happy", "It is comfortable and the staff are fine" and "The staff are very good here." Relatives told us, "It is generally okay, [person's name] looks clean, presentable and not in discomfort" and "I am delighted with this home for [person's name] the care is excellent."

During the day of the inspection we spent time in the communal areas of the service. Throughout the inspection most people were comfortable in their surroundings with no signs of agitation or stress. If a person became upset staff were available to sit and talk with them. Staff were kind, respectful and spoke with people considerately. We saw relationships between people were relaxed and friendly and there were easy conversations and laughter heard throughout the service.

Staff were seen providing care in an un rushed way, providing explanations to people before providing them with support and ensuring they were calm throughout.

Staff we spoke with gave examples of how they respected people's privacy and dignity. This included knocking on doors before entering people's rooms and ensuring doors and curtains were closed before assisting people with any personal care.

Care plans were written in a person-centred way, including information about preferred routines and ways in which support could be given when needed. We saw this was written in the first person, meaning it reflected what the person had said. People were included in decisions about their care where they were able to make their own decisions. Where people could not take part in such discussions, family were involved where possible. Care plans ensured that information was held if people had a preference of the gender of their carer workers.

People's bedrooms were decorated and furnished to reflect people's personal tastes. People were encouraged to have things which were particularly important to them and to have things around them which were reminiscent of their past.

Visitors told us they visited regularly at different times and were always greeted by staff who were able to speak with them about their family member knowledgeably. People were well cared for.

The service held a policy on equality and diversity. Training was available for staff on this subject. This helped ensure that staff were aware of how to protect people from any type of discrimination.

Is the service responsive?

Our findings

Care plans we looked at contained personalised information about people's support needs and ways in which they wanted to receive support. We saw these were kept under regular review, although we highlighted to the registered manager that people's involvement in this process needed to be more evident. They told us they would look at ways of making this process more inclusive. We did see records which showed people were regularly asked about aspects of their care and whether their needs were being met.

Each person had a care plan that was tailored to meet their individual needs. Care plans were detailed and informative with clear guidance for staff on how to support people well. The files contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. The information was well organised and easy for staff to find. The care plans were regularly reviewed and updated to help ensure they were accurate and up to date. People, and where appropriate family members, were given the opportunity to sign in agreement with the content of care plans.

Monitoring records were kept in people's rooms so staff were able to access them easily at the point when care was delivered. This helped ensure the recordings were made in a timely manner and there was less room for errors. The records were positioned discreetly in order to protect people's privacy and confidential information.

The service provided end of life care. The provider had introduced the National Gold Standards Framework (GSF) in End of Life Care. The National GSF is a system for staff to provide a gold standard of care for people nearing the end of life. We saw that an advance care plan for people was recognised as a key part of good care at the home. The main goal in delivering good end of life care is to be able to clarify people's wishes, needs and preferences and deliver care to meet these needs. The registered manager commented that the provider was looking to change the end of life programme going forward and had identified the 'Six Steps' end of life programme. This is a nationally recognised programme for supporting people and their families about making advanced decisions about the care they want at the end of their lives and their wishes after death. The registered manager felt the change in end of life programme was needed so they could seek support and advice from other providers who were registered with six steps end of life programme in the local area, as they found the GSF in the local area was not used.

We viewed a compliments card from the family of a person who recently passed away while living at the home. Their comments included, "Thank you all very much for taking such good care of [person's name] during the latter stages of their life. We know they were very well cared for and for this we appreciate all you did to make [person's name] as comfortable as possible."

One person living at the home completed a regular newsletter to keep families and visitors informed what was going on at the service. The minutes of the recent residents meeting was also displayed for people to read.

People had access to a range of activities both within the service and outside. Two activities coordinators

were employed and organised a programme of activities, which included reminiscence, bingo, hand manicures, arts and crafts and visitors to the home such as singers. Some people chose not to take part in organised activities and therefore could be at risk of becoming isolated. During the inspection we saw some people either chose to remain in their rooms or were confined to bed because of their health needs. We saw staff checked on people and responded promptly to any call bells. Activities were provided for people on a one to one basis in their rooms.

People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation.

Visitors were always made welcome and were able to visit at any time. Staff were seen greeting visitors throughout the inspection and chatting knowledgeably to them about their family member.

We saw there was information about how to make a complaint in the service user guide. We looked at records which showed people's concerns and complaints were recognised, recorded and actioned by the provider.

Is the service well-led?

Our findings

People and their relatives, and staff told us the registered manager was approachable and friendly. Staff told us they enjoyed working at the service. Some staff had worked for the service for many years. Comments included, "It is five star management, they are good at checking you're okay" and "Everything is in place and I have no complaints whatsoever."

There was a clear vision and strategy to deliver high quality care and support. The registered manager was visible and available to support staff, people and their families. There were clear lines of accountability and responsibility both within the service and at provider level. The registered manager was supported by a deputy manager. The provider visited weekly to support the registered manager and audit the service. The registered manager attended regular meetings with other providers and healthcare professionals to share good practice and help reduce unplanned journeys to hospitals.

There was a range of audits in place to monitor the quality of the service and make improvements where needed. These included checks on medicines management, training, fire safety, and infection control. Records showed action was taken as required, and the scope of audits changed over time to ensure they remained effective.

People were regularly consulted in the running of the home. There were meetings which people could attend to discuss various aspects of the service, and people received an annual questionnaire on the service. The last survey was completed in October 2016, which the provider produced a pie chart for people of the results and what actions had been taken forward to improve the home. One action from this survey was to improve the frequency of activities, and as a result activities were now rostered seven days a week. The provider was in the process of analysing the survey results for October 2017 at the time of our inspection.

There were systems in place to support all staff. Staff meetings took place regularly. These were an opportunity to keep staff informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes.

People's care records were kept securely and confidentially, and in accordance with the legislative requirements. All records relevant to the running of the service were well organised and reviewed regularly. Services are required to notify CQC of various events and incidents to allow us to monitor the service. The service was notifying CQC of any incidents as required, for example expected and unexpected deaths.