

Mr & Mrs R Mahomed

Lyndhurst Nursing Home

Inspection report

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Date of inspection visit:
23 August 2021

Date of publication:
11 October 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Lyndhurst nursing home provides residential and nursing care for up to 16 people. At the time of the inspection 8 people were using the service.

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

During this inspection, we found safeguarding procedures were not effectively established, information about accidents and incidents were not recorded fully and did not identify lessons learnt, some protocols were not in place for people needing as and when required medicines, care plans contained contradictory information and not always updated when people's needs changed and improvement was needed with the way complaints were managed. There was a number of audits in place to monitor the quality of service, however, these were not robust enough to identify the issues found during this inspection.

Relatives told us they felt people were safe and staff knew their needs well. Risks to people had been assessed to ensure their needs were safely met. Appropriate recruitment checks had taken place before staff started work. There were enough staff available to meet people's support needs, this included the use of agency staff. Staff followed appropriate infection control practices.

The majority of relatives spoke positively about the quality of service people received. People were supported to maintain relationships and engage in activities they enjoyed.

The service took the views of people and their relatives into account through satisfaction surveys and meetings. The provider worked in partnership with healthcare services and professionals to plan and deliver an effective service.

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

Rating at last inspection

The last rating for this service was good (published 14 June 2018).

Why we inspected

We received some concerns in relation to people's care and treatment and as a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from 'Good' to 'Requires Improvement'. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvements.

You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement

We have identified breaches in relation to safeguarding, person centred care and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 responsive?

The service was not always responsive.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

Requires Improvement ●

Lyndhurst Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector and a specialist nurse advisor who visited the service. One inspector who worked remotely and an expert by experience who spoke with relatives of people using the service by telephone following our inspection.

Service and service type

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.

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

This inspection site visit took place on 23 August 2021 and was unannounced.

What we did before the inspection

Before the inspection we reviewed the information we held about the service. This included details about incidents the provider must tell us about, such as any safeguarding alerts that had been raised. We spoke with the local authority safeguarding and commissioning teams about the service.

During the inspection

We met and spoke with the registered manager, an agency nurse, three health care assistants and the cook. People living at the home had varying levels of communication, however we spoke with three people using the service and spent time observing the support provided to people in communal areas and the interactions between people and staff. We used our Short Observational Framework for Inspection (SOFI) to do this. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records including four people's care plans and medicines records for five people. We also looked at staff training, staff recruitment, supervision records and records used in managing the service for example, policies and procedures and monitoring records.

After the inspection

Following our inspection, we spoke with six relatives of people using the service to seek their feedback on the service. We asked for a number of records to be sent to us for review including policies and procedures and quality assurance records. We continued to seek clarification from the provider to validate the evidence found.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question has now deteriorated to 'Requires Improvement'.

This meant 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.

Systems and processes to safeguard people from the risk of abuse

- People were not always protected from avoidable harm. Systems and processes were not being operated effectively to safeguard people appropriately and manage concerns of abuse.
- Records showed one safeguarding concern had been recorded and acted on appropriately. However, there were no contemporaneous records kept or a safeguarding monitoring tool to ensure all safeguarding concerns were managed and monitored appropriately.
- There was no safeguarding file in place to ensure safeguarding policies and procedures were easily accessible for staff. This meant there was a lack of oversight and management of safeguarding concerns within the service
- Staff had received up to date training in safeguarding, however, it was evident when we spoke with staff, they had limited knowledge of how to respond and report concerns appropriately.

Systems and processes had not been established and operated effectively to prevent the risk of abuse of people using the service. This is a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives told us they felt people were safe at the service. A relative told us "Rest assured; I feel that [person] is safe." Another relative told us "[Person] is very much so [safe]...always really well looked after, looks well-presented and clean and seems very happy."

Learning lessons when things go wrong

- Some improvement was needed with the way the service recorded accidents and incidents and lessons learnt. Accident report forms were completed by staff and medical attention sought when an incident occurred. However, there was limited information recorded detailing the actions taken by staff to maintain people's safety and ongoing treatment required.
- For example, we checked accident and incident records for 9 incidents at the service that had occurred in 2021. On the 28 July 2021, a person was found on the floor in their room with a skin tear on their face and hand, however no further actions were recorded. Records showed this person was either found on the floor of their bedroom or experienced an unwitnessed fall on three other separate occasions in July and August 2021. However, there was a lack of detail recorded which showed what actions were taken in response and measures put in place to minimise and prevent the reoccurrence of further falls.
- There was also no system in place to analyse accidents and incidents to identify any themes and lessons

learnt and share any learning from accident and incidents with staff to improve safety at the service.

- There was no accident and incidents file in place to ensure the accident and incident policies and procedures were easily accessible for staff.
- We raised this with the registered manager who told us he was in the process of implementing systems which would provide more effective oversight. We will follow this up at the next inspection.
- We have reported further on ensuring the quality of safety at the service in well led.

Using medicines safely

- Medicines were managed safely. Medicines administration records (MARs) showed people received their medicines as prescribed. Medicines checks and audits were carried out to ensure any discrepancies and/or gaps in recording on people's MARs were identified and followed up. There were appropriate systems in place to ensure that people's medicines were stored and kept safely.
- Some protocols for 'as and when required medicines' (PRN) were in place, however there were no PRN protocols in place for four people using the service. We found no direct evidence that people had been harmed as a result of these concerns and raised this with the registered manager. The registered manager was already working with the local authority to progress this and ensure the protocols were in place promptly. We will follow this up at our next inspection.
- Records showed staff had completed medicines training and their competency was checked to ensure they administered medicines safely.

Assessing risk, safety monitoring and management

- Risks were assessed and managed safely. People's care records included risk assessments for areas such as skin integrity, nutrition, bed rails, falls, choking and moving and handling. Risk assessments included information for staff on how to support people safely and were kept under review and updated when necessary.
- Supplementary charts for daily care and support such as repositioning, topical cream application and food and fluid intake were completed as required.
- People had personal emergency evacuation plans which highlighted the level of support they required to evacuate the building safely in an emergency situation.
- Health and safety checks including fire safety, mobility equipment, water temperature checks and electrical and gas safety checks were carried out to ensure the environment and equipment was safe for use.
- When speaking to people and relatives, they told us staff provided people with the support they needed to keep them safe from harm. A relative told us "[Person] is a wheelchair user and two members of staff will help them in and out of it." Another relative told us "When using their walker, [person] is always assisted by two members of staff."

Preventing and controlling infection

- People were protected from infection risk. There were infection prevention and control policies in place and procedures displayed to reduce the risk from any visitors to the service spreading infection. A relative told us "The home is "managing the [Covid] situation very well."
- The service was clean and free from malodour. A relative told us "The home is kept clean. Everything is clean and tidy including [person's] bedroom."
- Regular testing for people using the service and staff was conducted and shielding and social distancing rules were compiled with.
- Staff received training on infection control, related COVID 19 training and the use of personal protective equipment (PPE). Staff wore appropriate PPE at all times during the inspection and kept to social distancing rules.

Staffing and recruitment

- During our inspection we observed there were enough staff to meet people's needs in a timely manner. Staff rotas reflected the number of staff on duty and call bells and people's requests were responded to promptly by staff. The service was currently reliant on agency staff, however the registered manager told us he was in the process of recruiting permanent staff for the service.
- Relatives told us they generally felt there was enough staff to support people with their needs. A relative told us "There always seems to be enough staff and they are very attentive [person]. There are a few agency staff and they do what they have to but that the permanent staff have made a bond with people."
- Staff were recruited safely, and employment checks were completed before staff started working with people.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question has now deteriorated to 'Requires Improvement'.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care and support needs were assessed to ensure their individual needs were met. However, care plans were not always completed fully and updated when there were any changes with the support people needed. Therefore, people were at risk of receiving care that was not appropriate to their needs.
- For example, for one person who received support with their Percutaneous Endoscopic Gastrostomy (PEG), information about care of the PEG site was kept in their room and the care plan had not been updated with this information.
- The care plan also contained conflicting information about their feeding regime. For example, the care plan stated the person could have five spoons of pureed food and some thin fluids. However, there was other information in the care plan which contradicted this. One record stated the person should have no fluids and pureed foods under supervision and another record stated the person could have 24mls of fluids.
- For a person who was receiving treatment in relation to their skin integrity, the care plan stated to 'follow the protocol from podiatrist/tissue viability nurse.' We found this information had been kept elsewhere but the care plan had not been updated to reflect the protocol and the support the person should be receiving.
- One person was on antibiotics for a wound infection. However, there was no information in the person's care plan detailing measures in place to prevent cross infection.
- There was a list detailing which day of the week people were to be showered. We noted everyone was listed as having a shower once a week. It was unclear whether people had a choice with when and how often they would like to shower in a week, and their wishes were accommodated for.
- There was a handover book in place, however this contained limited information and only detailed the care people received on the last shift. There were no information highlighting people's specific needs that staff, in particular agency staff, may need to be aware of to provide timely appropriate support such as being at high risk of falls, special dietary requirements or specific health conditions such as diabetes and epilepsy.

We found no direct evidence that people had been harmed as a result of the concerns we found. However, aspects of people's care did not reflect the appropriate support in accordance to people's needs. This is a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection, we observed people were treated respectfully and with kindness by staff. Staff knew people well and were knowledgeable about how people liked to receive their care and support.
- Relatives spoke positively about the quality of care provided to people. A relative told us "[Person] receives

the care they need. I feel [person] is well looked after and staff take on board what I say." Another relative told us "[Person] is getting the care and attention that they need."

Improving care quality in response to complaints or concerns

- There were systems in place for receiving, handling and responding to complaints from people using the service or their relatives. However, the complaints procedure required some improvement to ensure people were informed of the timescales for responses to their complaint and the action they could take should the response and or outcome not be agreed by them.
- At the time of our inspection, the registered manager was implementing systems to ensure better oversight of complaints received and monitoring to learn from complaints. We will check on the progress of this at the next inspection.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had access to important information relevant to them in a format that met their needs upon request, for example, large print and easy to read documents.
- People's communication needs were assessed and recorded in their care plans and staff understood and acted in accordance with the AIS.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in meaningful activities within the service that were relevant to them whilst ensuring their safety in line with COVID-19 government guidance.
- During our inspection we observed that staff spent time with people interacting and socialising.
- People were supported to maintain relationships with those close to them in a safe and controlled way. For example, the service had arrangements in place for relatives and loved ones to visit whilst following social distancing guidelines.

End of life care and support

- People received care and support at the end of their lives.
- Care plans detailed people's end of life care wishes they had.
- The staff had established positive links with external health and social care professionals and local hospices to ensure people's needs and wishes could be met.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has now deteriorated to 'Requires Improvement'.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Continuous learning and improving care

- There was a number of audits in place to monitor the quality of service including infection control, health and safety, medicines and unannounced monitoring visits to the home. However, these were not robust enough to identify the issues found during this inspection.
- We found systems were not in place to effectively manage safeguarding and accidents and incidents, some PRN medicine protocols were not in place, care plans contained contradictory information and were not always updated when people's needs changed and improvement was needed with the way complaints were managed.

We found no direct evidence that people had been harmed as a result of the concerns we found. However, systems to manage and monitor the quality and safety of the service had not been robustly managed. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Working in partnership with others

- The service was receiving significant support from the local authority to make improvements and an action plan was in place to ensure improvements made are sustained.
- The service worked in partnership with health and social care professionals to ensure people received care and support that met their needs including dietitians, community mental health teams, podiatrist, GP and speech and language therapists (SALT). A relative told us "[Person] gets a doctor if they need one and staff are updating me all the time on their condition."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Throughout our inspection the registered manager was polite, open, transparent and receptive to feedback given. Where they were able to rectify minor issues, they promptly did so.
- The registered manager understood the duty of candour regulation and recognised the importance of being open and honest with people and their relatives.
- Relatives told us they felt the service was well managed and the registered manager was approachable. A relative told us "The manager is very approachable and will take time to explain things." Another relative

told us "The service is very good indeed. Staff are really caring" and residents are always clean and tidy. [Person] calls Lyndhurst their home."

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

- People views about the service were sought through a range of measures such as resident and relative meetings and questionnaires.

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 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	Aspects of people's care did not reflect the appropriate support in accordance to people's needs.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
Treatment of disease, disorder or injury	Systems and processes were not established and operated effectively to prevent abuse of service users.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The current systems in place were not managed effectively and robust enough to assess and monitor the service.