

Mr & Mrs R Mahomed

# Lyndhurst Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

Is the service well-led?

**Inspected but not rated**

# 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, 13 people were using the service.

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

The service had safeguarding procedures in place and staff had a clear understanding of potential abuse and reporting concerns. There were enough staff available to meet people's care and support needs. People's medicines were managed safely. Accident and incidents were recorded and acted upon. Lessons learnt were used as to improve the quality of service.

There were systems in place to monitor the quality and safety of the service. The registered manager and staff worked in partnership with health and social care providers 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](http://www.cqc.org.uk)

### Rating at last inspection (and update)

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

### Why we inspected

We undertook this targeted inspection to check on a specific concern about restrictions placed by the Nursing Midwifery Council (NMC) on the registered manager's nursing registration. We wanted to check the impact of this on the service and ensure people were safe.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

### 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?**

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

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

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

# Lyndhurst Nursing Home

## Detailed findings

### Background to this inspection

#### The inspection

This was a targeted inspection to check on specific concerns we had about restrictions placed by the Nursing Midwifery Council (NMC) on the registered manager's nursing registration. We focused on medicines management, accidents and incidents, raising and escalating concerns, safeguarding, staffing levels and clinical oversight/governance.

#### Inspection team

The inspection team on site consisted of one inspector and a medicines specialist advisor. Two inspectors were also involved in the planning of the inspection and making telephone calls to staff.

#### Service and service type

Lyndhurst nursing home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 CQC. 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 was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and healthcare professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two nurses and the registered manager. We reviewed a range of records. This included three people's care records and a variety of records relating to the quality of the service provided.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff medicines competency records. We spoke with three staff members and two nurses over the telephone and two professionals involved with the service.

# 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. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about. We will assess all of the key question at the next comprehensive inspection of the service.

The purpose of this inspection was to check on specific concerns about restrictions placed by the Nursing Midwifery Council (NMC) on the registered manager's nursing registration and the impact this had on people's safety. During the inspection, we found these concerns did not have a negative impact on people's safety.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from the risk of abuse. Safeguarding and whistleblowing policies were in place and staff had completed safeguarding adults training.
- Staff were aware of the different types of neglect and abuse that could occur. They knew the reporting procedures to follow if they had any concerns. One staff member told us, "If I come across abuse or neglect, I would report it immediately to the nurse in charge first, and if it is going on and no improvement is happening, then I'd report to CQC. I know, I can also report to the police and social services."
- Where there were concerns in relation to people's safety, the service had notified relevant healthcare professionals, including the local authority and CQC.

Staffing and recruitment

- There were adequate numbers of staff on the day of the inspection. The home had a staff rota which reflected the same number of staff on duty. People's care records also contained individual dependency assessments which identified the level of support they needed as well as identifying areas people could manage themselves.
- During the inspection staff did not appear to be rushed and were available to support people when needed. We spoke to staff after the inspection and they told us there were generally enough staff on duty to enable them to carry out their roles. A staff member told us, "We have enough staff to give care to thirteen people, we do not need any additional staff." Another staff member said, "I think we are fine, as we have the same staff on all days and we know the residents and their needs."
- However, some staff did tell us they felt an extra staff member would be helpful at night. A staff member told us, "We still carry on the night shift with one healthcare assistant; the nurse on duty is not always able to help as they have their own duties, so if there are two healthcare assistants in the night shift, it would be better."
- We raised this with the registered manager, who told us staffing levels were based on people's current needs as outlined in people's individual dependency assessments. However, if there was an increase in the dependency levels of people, then staff levels would be reviewed accordingly.

Using medicines safely

- Medicines were managed safely. Medicines administration records (MARs) showed people received their medicines as prescribed. Medicines policies and protocols were in place for the administration of medicines and the safe management of medicines.
- Medicines audits were carried out by the registered nurses on duty to ensure any discrepancies and/or gaps in recording on MARs were identified and followed up.
- There were appropriate systems to ensure that people's medicines were stored safely.
- Records showed the registered nurses on duty administered people's medicines as prescribed. The registered nurses had completed medicines training and had their competency to administer medicines assessed to ensure safe practice.

#### Learning lessons when things go wrong

- The home had a system in place to record and respond to accidents and incidents promptly. Records showed actions were taken in a timely manner, including notifying relevant healthcare professionals and CQC of incidents, where required. Any lessons learnt were used to improve the quality of service which were relayed to staff to embed good practice.
- Staff were aware of the action to take if there was an accident or incident, to ensure people were safe. A staff member told us, "We always record them (accidents and incidents) in the incident book. If there is an injury, we complete the body map, give pain killers and do the dressing if needed. We will do observation of vital signs, involve the GP and inform the family. We also report to the manager and inform the next nurse on duty. If needed we will inform the local safeguarding team."

# 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. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about. We will assess all of the key question at the next comprehensive inspection of the service.

The purpose of this inspection was to check on specific concerns about restrictions placed by the Nursing Midwifery Council (NMC) on the registered manager's nursing registration and the impact this had on the service. During the inspection, we found these concerns did not have a negative impact on the quality of service provided to people which was adequately managed by nursing staff in the home.

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

- The clinical care records of people using the service showed the registered nurses on duty were responsible for managing the main clinical areas and care provided to people. During the inspection, the lead nurse was present to answer any clinical queries or questions. Appropriate checks had been completed for nursing staff with relevant regulatory bodies such as the NMC.
- Accurate and complete records had been maintained in relation to people's needs, covering areas including nutrition, mobility, medication, continence, skin care and end of life care. Daily handovers were in place to ensure staff were aware of any issues or concerns in relation to people's care. Staff also completed daily care records which included recording peoples' fluid and food intake, the repositioning of people in bed and skin care management. Staff reviewed and updated care records on a monthly basis.
- Records showed input from a variety of healthcare professionals such as a podiatrist, social workers and the nutrition nurse. Appropriate referrals were made to the GP, dietician and speech and language therapy when required. On the day of the inspection, we observed a person on their way to the hospital for a dermatology appointment.
- A healthcare professional spoke positively about the service and told us there was good nursing care provided by the service; management were responsive and transparent, and a good working relationship was in place with the service.
- There was a registered manager in post who knew of their regulatory responsibilities and had notified the CQC of any significant events at the service.