Care Quality Commission

Mr & Mrs R Mahomed

Lyndhurst Nursing Home

Inspection report

238 Upton Road South
Bexley
Kent
DA5 1QS
Tel: 01322 523821

Date of inspection visit: 19 March 2015
Date of publication: 05/05/2015

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

Overall summary

This inspection took place on 19 March 2015 and was unannounced. At our last inspection in August 2014, we found the provider breached regulations related to monitoring the quality of the service provided. The provider sent us an action plan on 1 September 2014. They told us they had introduced a new system of recording accidents and incidents in the home and we saw at this inspection the recording and follow up of incidents and accidents had improved.

Lyndhurst Nursing Home is a care home providing nursing care for up to 16 people. When we inspected, 12 people were living in the home. Some people were living with the experience of dementia, others were receiving end of life care and some had general nursing and care needs.

The home has a registered manager. 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.

Summary of findings

People using the service and their relatives told us they were very happy with the care and support provided in the home. The provider assessed people's health and social care needs and developed care plans to meet these.

The registered manager, nurses and care staff communicated very effectively to make sure all staff were up to date with each person's care and support needs.

Staff supported people in a caring and professional way, respecting their privacy and dignity.

Staff had the training they needed to care for people. Specialist training had been organised to help nurses and care staff meet people's end of life care needs. Nurses and care staff were able to tell us about people's individual needs and how they met these in the home.

Staff understood and followed the provider's safeguarding and whistleblowing procedures. They also understood the importance of reporting any concerns about the welfare of people using the service to the local authority safeguarding team.

People and their relatives told us they knew about the provider's complaints procedure. They were confident the provider would respond to any concerns they might have.

People consistently received their medicines safely and as prescribed.

We found the service to be meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

Summary of findings

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 safe.

Good

People using the service told us they felt safe. Staff had completed safeguarding adults training and they could tell us the provider's procedures for reporting suspected abuse.

Staff followed the provider's procedures to make sure people received the medicines they needed safely.

There were enough staff to meet people's needs and the provider carried out checks on all new staff to make sure they were suitable to work with people using the service.

Is the service effective?
The service was effective.

Good

People told us staff were well trained and staff told us they had completed the training they needed to look after people.

The provider acted in accordance with legal requirements to make sure people were not deprived of their liberty. Staff made decisions in people's best interests when they were unable to give their consent.

People told us they enjoyed the food provided. Staff assessed people's nutritional needs and made sure these were met.

People using the service had access to the healthcare services they needed.

Is the service caring?
The service was caring.

Good

People using the service and their relatives told us the nurses and care staff working in the home were very caring.

Staff treated people with kindness and patience. They gave people the support they needed promptly and efficiently and individuals did not have to wait for staff to help them.

Staff supported people to make choices about aspects of their daily lives and helped them to take part in activities they chose.

Is the service responsive?
The service was responsive.

Good

People using the service and their relatives were involved in making decisions about the care and support they received.

People's care plans were individual and gave a clear picture of their abilities, care and support needs.

The provider had procedures for responding to complaints. People's relatives told us they had never needed to complain and staff quickly resolved any problems people had.

Summary of findings

Is the service well-led? The service was well-led. The provider and registered manager had a clear vision for the service and people living there. There was an open and positive culture in the home where staff felt empowered and involved. There were systems for monitoring the quality of the service and the staff completed regular audits to identify how they could improve people's care.	**Good**

Care Quality Commission

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 19 March 2015 and was unannounced. One inspector carried out the inspection.

Before the inspection, we reviewed information we hold about the service. This included statutory notifications the provider sent us regarding significant incidents affecting people using the service and the last inspection report. We also contacted the local authority's safeguarding adults and commissioning teams for their views on the service. They told us they had no concerns about the service.

During the inspection visit, we spoke with six people using the service, four visitors, five nursing and care staff and the registered manager. We also looked at the care records for three people and three staff recruitment and training records. We also saw other records relating to the running of the home, including medicines and maintenance records. During lunch, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who were not able to speak with us.

Good

Is the service safe?

Our findings

People using the service told us they felt safe. One person said, “I do like it here, I’m safe and they look after me, but I do miss my home.” Relatives told us, “We’re more than happy with the care, we have no worries at all about the home;” “It’s a very good home, I have never had any concerns;” “All the family are very happy, we know we don’t have to worry if [relative] is safe when we’re not able to be with them” and “When I go home, I know my [relative] is going to be safe and well cared for.”

The provider had systems in place to protect people using the service. We saw the provider had a safeguarding adults policy and procedures and all staff had signed to say they had read these. The procedures included guidance for staff on identifying possible abuse and reporting any concerns they had about people’s welfare or safety. The registered manager told us all staff completed safeguarding adults training as part of their induction training. Staff told us they had completed the training and the training records we looked at confirmed this.

Nurses and care staff told us they would act if they suspected someone was abusing a person using the service. One staff member said, “I must tell somebody if I think there is abuse. I would tell the nurse-in-charge or the manager. If I thought they were not doing anything, I would tell social services.” A second staff member told us, “I have done the safeguarding training. I would tell the manager to report any abuse.”

The provider assessed risks to people using the service and others and staff had access to clear guidance on managing identified risks. People’s care plans included risk assessments and guidance for staff on how to reduce risks to individuals. The risk assessments covered falls, mobility, nutrition and pressure care. Nursing staff told us they reviewed people’s risk assessments at least monthly. Where reviews identified the need to make changes, we saw the manager and staff took appropriate actions to make sure people received safe and appropriate care. For example, where a person’s risk assessment identified their appetite was reduced, staff were advised to offer a variety of food and drinks and the person was referred to the dietitian.

The provider ensured there were enough staff to meet people’s needs. Most people said that there were enough carers. People’s comments included, “The [staff] are always around, they do everything for me” and “I think there are enough staff, I don’t have to wait if I need anything.” One relative did say, “I don’t know if there are always enough carers. My [relative] sometimes needs two people to help but sometimes there’s only one available.” Another relative said, “There seems to be enough staff, they are very busy but we’re satisfied they’re doing all they can.”

Nurses and care staff told us, “There are usually enough staff, but we’re always busy.” A second member of staff said, “There are enough staff. We’re busy but we all work together and the nurse makes sure we know what we have to do.”

During the inspection, we saw there were enough staff to provide people with the care and support they needed. We did not see people having to wait for care and support. People who chose to stay in their bedrooms had access to an aid call system and they told us staff responded promptly.

The provider had systems in place to make sure staff were suitable to work with people using the service. Staff recruitment files included application forms, references, proof of identity and Disclosure and Barring Service criminal records checks.

There were systems in place to ensure that people consistently received their medicines safely, and as prescribed. We observed staff giving medicines to people, and qualified nursing staff did this safely. We saw staff took time to administer medicines to people in a caring manner without rushing.

There was an effective ordering system for medicines, to ensure that medicines were always available for people. The provider kept up-to-date and fully completed records of medicines received, administered and disposed of, as well as a clear record when people had allergies to medicines. These records provided evidence that people were consistently receiving their medicines as prescribed. All medicines, including controlled drugs were stored securely and nursing staff kept accurate records.

The provider arranged for regular safety checks of the home’s hot water and fire safety systems, as well as regular servicing and maintenance of hoists, assisted baths, the passenger lift and portable electrical equipment used in the home. All of the checks and service records were up to date.

Good

Is the service effective?

Our findings

People told us they were well cared for by staff who understood their needs. One person said, “The [staff] are very good, they do all they can to help me.” Another person said, “I have no complaints, the [staff] do an excellent job.”

Nursing and care staff completed the training they needed to work with people using the service. Training records showed all staff were up to date with training the provider considered mandatory. This included safeguarding adults, fire safety, medicines management and food safety. In addition, we saw the registered manager had arranged for additional training where this was required. For example, nurses had completed training in catheterisation, phlebotomy and a two-day advanced medicines course. Shortly after this inspection, all of the staff were due to attend training on supporting people and their families with end of life care needs.

Staff told us they felt well trained to do their jobs. One member of staff said, “The training is good, if there’s something I want to do [the provider] will arrange it for me.” A second staff member told us, “The training is very good. When I started, I worked with more experienced staff until I was ready to work with people on my own.”

The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

The registered manager understood their responsibility for making sure staff considered the least restrictive options when supporting people to make sure their liberty was not unduly restricted. The provider also completed a checklist for each person to make sure staff did not use restrictive practices. For example, some people using the service needed bed rails to keep them safe. We saw the manager and provider had discussed and recorded the risks and benefits of bed rails with people and their representatives and they signed consent forms where all involved agreed this was the best option to keep the person safe.

The registered manager had completed an assessment of each person’s ability to make decisions about the care, support and treatment they received. They did this with the involvement of the people themselves and, where appropriate, their relatives. Where individuals lacked the capacity to make decisions about their care and treatment, the provider acted within the law to make decisions in their best interests. People’s care records showed the provider had arranged meetings with relatives and others involved in their care to agree decisions in their best interests, a requirement of the Mental Capacity Act 2005. For example, records showed people’s families were involved in discussions and decision making about the use of bed rails to keep them safe and their end of life care wishes.

The people and visitors we spoke with were complimentary about the food provided in the home. One person told us, “I enjoy my food, it’s usually very good.” A second person said, “The food is very good. The only bad thing is there’s too much!” A relative commented, “The food is good, we’ve had no complaints.” Another relative said, “The food is good, there is variety and the cook really cares.”

At lunchtime, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who were not able to speak with us. We found that the people we observed had a positive experience during their meal. Staff supported people appropriately and ensured they spent time with individuals who needed assistance. Staff chatted with people about the food and other topics while they supported them. People had adapted plates and cutlery to enable them to eat their meals as independently as possible. Where people used these, we saw staff took the time to encourage and support them to eat as much of the meal as they could themselves.

The provider arranged for and supported people to access the healthcare services they needed. People’s care plans included information about their health care needs and details of how staff met these in the service. Records showed staff supported people to attend appointments with their GP, dentist, chiropodist and hospital appointments.

Good

Is the service caring?

Our findings

People and their relatives were very complimentary about the nurses and care staff working in the home. One person using the service said, “The care has been good, the staff do their best.” A second person said, “All of the staff are lovely, they really care.”

One relative’s comments included, “The [staff] are wonderful, they know what my [relative] needs and they are all very caring” and “We’re more than happy with the care, we have no worries at all about the home.” Another relative told us, “People here are wonderful and the care they give people is fantastic.” A third relative said, “We were so happy when our [relative] moved here, the care is excellent.”

Staff knew the people they were caring for and supporting and were able to tell us about their daily routines and people important to them. Two care plans files included details of the person’s life history but this information was missing from a third person’s care plan. This may have meant staff were not able to support the person in the ways they preferred.

People were listened to and the provider and staff acted on their views. Staff reviewed each person’s care plan at least monthly, or more frequently when required. The provider involved people and their relatives in reviewing the care and support people received. The provider made changes to people’s care plans following reviews. For example, care records showed the provider took appropriate action when one person’s nutritional care needs changed between planned reviews. The provider referred the person to the dietician and followed the advice they gave.

Staff treated people with kindness and patience. They gave people the support they needed promptly and efficiently and individuals did not have to wait for staff to help them. Staff made sure they respected people’s dignity and privacy when they received support with their personal care needs. We saw staff knocked on bedroom doors before entering and explained the care and support they gave people at lunchtime and throughout the day. Nurses and care staff said their training covered issues of privacy and dignity. They told us it was important to treat people with respect, offer them choices and respect decisions they made. One member of staff said, “It’s not difficult, we try and treat people the way we’d want to be treated.”

At lunchtime, staff responded in a calm and attentive way with one person who was agitated. They spent time calming the person and explained to them what options were available. They supported the person to make a choice about the food they wanted to eat and the cook made sure they provided this for them.

Staff also supported people to choose where and how they spent their time. While some people came to the main lounge, others chose to stay in their rooms. All of the people we saw were clean and well dressed. Staff told us they supported people to choose the clothes they wore each day and they were able to tell us the clothes each person preferred. One member of staff said, “I think of people as my family. I look after them in the way I’d want my grandmother to be looked after.”

A relative told us the member of staff who ran the activities did all she could to stimulate people. They told us there were regular activities in the home, people went on outings and staff supported and encouraged them to go into the garden, when the weather allowed. Another relative said the staff were very good at involving people in lots of activities and looked after their individual needs.

People’s care plans included information about their needs in respect of their gender, religion and culture. Plans included information about people’s preferences regarding the gender of staff who cared for and supported them, access to places of worship, food and skin care. A relative said, “We were asked if my [relative] had any specific cultural needs and these were included in the care plan.” They told us, as a result, staff supported their relative to follow their faith.

The provider supported people to make sure they received the care and treatment they needed at the end of their life. People’s end of life wishes were included in their care plans and we saw staff had discussed these with the person, their family and health care professionals. Do Not Attempt Resuscitation (DNAR) forms were completed for some people, where they had made this decision. We saw the GP discussed this decision with people and their relatives and recorded their views on the form.

The provider told us they had worked with a local hospice to provide information for people, their relatives and staff about living wills or advanced directives. The provider had also arranged training for all staff in end of life care and this was due to take place shortly after our inspection.

Good

Is the service responsive?

Our findings

People and their relatives were regularly involved in reviewing their care and treatment. One relative said, "We were asked about my [relative's] needs before they moved in. The staff always tell us if there are any changes and make sure we agree." Another relative said, "Thanks to the staff there have been changes, my [relative] is able to do things now they couldn't do when they lived at home." They went on to give examples of improvements in the person's mobility and independence at meal times.

Where possible, people using the service were involved in making decisions about the care, treatment and support they received. Where this was not possible, we saw nurses and care staff worked with the person's family, health and social care professionals to identify their needs and develop a care plan. The person using the service or their representatives had signed all of the care plans we looked at. One person told us, "My [relative] told me I have a care plan but I don't know what's in it, I just know I'm very well cared for."

Care plans considered people's assessed health and social care needs and included guidance for staff on how to meet these. The provider employed an activities coordinator who worked with individuals and small groups of people. Records showed the coordinator spent time with people when they first came to the home, talking about and recording their interests.

During the inspection, the coordinator organised a proverbs and music quiz with a small group of people and spent time talking with individuals. The coordinator kept records of the activities they ran. These included board games, arts and crafts, cookery and themed activities for Christmas, Valentine's Day and the Chinese New Year. The records showed staff respected people's choices, if they decided not to take part in a particular activity. Where people did participate, the records showed whether they had enjoyed the session. One person commented, "I like a lot of the activities but I don't always feel like joining in. It's my choice and [activities coordinator] always respects my wishes."

Most people's care plans reflected their views and aspirations and included information about what they could do independently and areas where they needed support from nursing and care staff. The care plans we saw were very individual, although one care plan did not include any information about the person's life history. This may have meant staff did not have the information they needed to provide individualised care and support to the person.

The provider had arrangements in place to enable people to raise concerns or complaints. People and their relatives told us the provider, registered manager and staff were good at responding to problems and requests. One relative said, "They always listen if I want to raise an issue." This person added that staff resolved minor problems promptly and they had never needed to use the provider's complaints procedure. A second relative told us, "We've never made a complaint; I can't think why we'd ever need to."

Two relatives also told us they could visit at any time and staff always welcomed them. One relative said, "The staff don't always know when we're coming but we've never had any concerns about my [relative]. They always make sure [relative] is clean, well-dressed and comfortable." A second relative said, "We visit at different times and we've never had any concerns."

We saw the provider included their procedures for managing and responding to compliments and complaints available in people's contracts. The policy was also displayed in the office for relatives and staff. We looked at the complaints record and saw there had been no recorded complaints in 2014. We discussed this with the registered manager and provider who said they dealt with most concerns informally and tried to resolve issues before use of the formal procedures was necessary.

Good

Is the service well-led?

Our findings

The registered manager had a recognised professional qualification and completed his registration with the Care Quality Commission (CQC) in January 2011. People using the service and their relatives told us they knew who the registered manager was and said they were available to speak with at any time. One visitor told us, "[The manager] always says 'hello' and is always available if you want to talk." Nurses and care staff told us they found the registered manager supportive. One member of staff told us, "The manager is always available for advice, he is very supportive." A second member of staff said, "The manager works with us, he is always very supportive."

Throughout the inspection, the atmosphere in the home was open, welcoming and inclusive. Staff spoke to people in a kind and friendly way and we saw many positive interactions between nurses and care staff and people who used the service and their relatives.

Staff worked well as a team to meet the care and treatment needs of people using the service. During the inspection, we saw examples of good teamwork where nursing and care staff supported each other to make sure people using the service did not wait for care or attention. One member of staff said, "I'm very happy working here, the staff are friendly and we all want the best for the people living here." A second member of staff said, "It is a good place to work, we work hard and I think we look after people very well."

CQC registered the providers, Mr and Mrs Mahomed, in December 2010. Prior to this, the home had been registered for more than 20 years with previous regulators. The provider told us their purpose was to 'provide our clients with the highest consistent standards of professional nursing care in a safe and clean environment, with nourishing food and a supportive role to them and their families.'

The provider, registered manager and staff carried out a number of checks and audits to monitor the service. We saw the provider completed and recorded regular audits of care plans, medicines, repairs and maintenance tasks, food hygiene practises, moving and handling equipment, bed rails and consent forms. Staff reviewed care plans each month. A legionella and water safety audit was completed in August 2014 and an infection control audit in March 2015. Fire safety equipment and emergency lights were serviced in February 2015.

Where audits identified areas that the provider needed to address, they took action. For example, the audit of falls in the home showed one fall in March 2015. In response, the registered manager referred the person to the GP, reviewed and updated their risk assessment and arranged the maintenance person to complete a repair in one of the home's bathrooms. Staff told us they talked about incidents and accidents in daily handovers and staff meetings. They told us the last staff meeting had been held in January 2015 and records confirmed this. One member of staff said, "We can always learn, we don't blame people when something goes wrong, we try and learn from it to make sure it doesn't happen again."

The provider sought the views and experiences of people using the service and others to improve the care and support provided. The provider sent satisfaction questionnaires to people and their relatives in July and December 2014. As a result, some new equipment had been provided and planned maintenance and redecoration works were completed.