Lyndhurst Lodge Residential Home Limited

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Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We inspected this service on 23 May 2016. The inspection was unannounced.

The service was last inspected on 2 December 2014. During the last inspection the provider was found not to be meeting five regulations. These were in relation to assessing and monitoring the quality of the service, meeting people's nutritional needs, involving people in the service, staffing and ensuring that people had consented to care and treatment. We asked the provider to implement changes to ensure that they met the regulations. At this inspection we found that the necessary action had been completed and improvements had been made.

Lyndhurst lodge is a 19 bedded residential home for older people, some of whom have dementia. One the day of our inspection there were 17 people using the service.

The service had 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.

People were protected from harm. People told us they felt safe and that there were enough staff available to meet their needs. There was a recruitment policy in place which the registered manager followed. We found that all the required pre-employment checks were being carried out before staff commenced work at the service.

Risks associated with people's care were assessed and managed to protect people from harm. Staff had received training to meet the needs of the people who used the service. People received their medicines as required and medicines were managed and administered safely.

People's independence was promoted and staff treated people with dignity and respect. People were supported to follow their interests and engage in activities.

People were supported to make decisions about the care they received. People's opinions were sought and respected. The provider had considered their responsibility to meet the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager was clear of their role in ensuring decisions were made in people's best interest.

The registered manager had assessed the care needs of people using the service. Staff had a clear understanding of their role and how to support people who used the service as individuals.
Staff knew people well and treated them with kindness and compassion.
People enjoyed the meals provided and where they had dietary requirements, these were met.
Systems were in place to monitor the health and wellbeing of people who used the service. People's health

needs were met and when necessary, outside health professionals were contacted for support.
People were supported to follow their interests. Information about planned activities were displayed within the home.

Staff felt supported by the registered manager. The registered manager supervised staff and regularly checked their competency to carry out their role. People who used the service felt they could talk to the registered manager and were confident that they would address issues if required. Relatives found the registered manager to be approachable.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

People felt safe. The staff team knew how to keep people safe from harm. The provided carried out regular safety checks on the environment and the equipment used for people's care. People's medicines were managed so that they received them safely.

Is the service effective?

Good

The service was effective

Staff had received training and support to meet the needs of the people who used the service. People were supported to maintain their health. Their nutritional and hydration needs were assessed and met.

The registered manager understood and carried out their responsibility to ensure people were supported in line with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring

People's independence was promoted and people were encouraged to make choices. Staff treated people with kindness and compassion. People's communication needs were identified and supported.

Is the service responsive?

Good

The service was responsive

The care needs of people had been assessed. Staff had a clear understanding of their role and how to support people as individuals. People were involved in planning and reviewing their care. The registered manager had sought feedback from people using the service.

Is the service well-led?

Good

The service was well led

People knew who the manger was and had faith in their abilities. Systems were in place to monitor the quality of the service being provided. The staff team felt supported by their managers.

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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 May 2016 and was unannounced. The inspection team consisted of three inspectors.

Before our inspection visit we reviewed information we held about the service. This included previous inspection reports and notifications sent to us by the provider. Notifications tell us about important events which the service is required to tell us by law. We contacted the local authority who had funding responsibility for some of the people who were using the service. We also reviewed a recent Healthwatch report.

As part of our inspection we spoke with eight people who used the service. We observed staff and people's interactions, and how the staff supported people. Our observations supported us to determine how staff interacted with people who used the service, and how people responded to the interactions. We also spoke with, five members of staff including two care workers, the cook, the activities leader, a senior staff member and the registered manager and a visiting health professional. We looked at the care records of two people who used the service, people's medication records, staff training records, staff recruitment files and the provider's quality assurance documentation. After the inspection visit we contacted a person's independent advocate to gain their views of how the service was run.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "I do feel safe, there is plenty of security here." Another person told us, "I feel safe with all of them [the staff team] they look after us very well."

Staff were aware of how to report and escalate any safeguarding concerns that they had within the organisation and, if necessary, with external bodies. They told us that they felt able to report any concerns. One staff member told us, "I wouldn't hesitate to whistle blow if I thought someone was doing something they shouldn't." The registered manager was aware of their duty to report and respond to safeguarding concerns. We saw that there was a policy in place that provided people using the service, relatives and staff with details of how to report concerns and who to. Clear records were kept to evidence what actions had been taken when a concern had been raised.

During our last inspection we found that there were not enough staff to keep people safe. As part of this inspection we found that the provider had made necessary changes to address this. People told us that there were enough staff to keep them safe. One person said, "There is always someone around to help and we get checked on every hour at night." Staff agreed. We reviewed the staffing rota and found that it was a true reflection of the staff on duty. On the day of our inspection we found that staffing levels were suitable for the needs of the people using the service. Staff did not seem to be rushed and spent time interacting with people.

There was a recruitment policy in place which the registered manager followed. This ensured that all relevant checks had been carried out on staff members prior to them starting work. We looked at the recruitment files. We found that all the required pre-employment checks had been carried out before staff commenced work. These records included evidence of good conduct from previous employers, and a Disclosure and Barring Service (DBS) Check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who used care services. This meant that safe recruitment practices were being followed.

People could be assured that they received their medicines as prescribed by their doctor. Medicines were all stored securely. We asked the registered manager to check the temperatures of the medication storage as we identified that these were too high at times. We saw that medication administration record (MAR) charts were used to inform staff which medicine was required and this was then used to check and dispense the medicines. We saw that a stock check of medicines was taken regularly. We observed staff administering medicines. Once a person had taken the medicine the MAR chart was then signed. Staff had received appropriate training and competency checks before they were able to administer medicines to people.

Staff understood how people liked to receive their medicines and offered them choice and information. We overheard one staff member say to a person, "[Person's name] your drink has your pain killer in it, is that ok?" The person agreed. One staff member explained to us, "[Person] only likes to have one tablet but if she needs the second she will ask for it." There were no medication profiles which would inform staff of how each person liked to receive their medication and aid consistency in administration. The manager assured

us that they would develop these to assist good practice. Where people had PRN [as required] medicines there were protocols in place to guide staff. We saw that the appropriate authorisations had been granted for a person who needed to receive their medication covertly.

We reviewed people's plans of care and found risk assessments had been completed on areas such as moving and handling, nutrition and skin care. These assessments enabled staff to identify risks to people's care and provided the guidance for staff to be put plans in place to minimise the impact of these risks. People's risk assessments had been reviewed regularly.

Fire safety checks were carried out and there were procedures in place for staff to follow. There was a business continuity plan in place to be used in the event of an emergency or an untoward event and regular servicing on equipment used was undertaken. This was to ensure that it was safe. The needs of the people who used the service had been assessed for the help that they would need in case of fire. Staff were aware of these and practiced how they would response to emergencies. A fire risk assessment had been completed but was in need of review. The registered manager told us that they would review this immediately.

Risk associated with the environment and equipment used had been assessed to identify hazards and measures had been in place to prevent harm. Where regular testing was required to prevent risk, such as electrical safety testing, these were recorded as having happened within the required timescales. We saw records to show that the provider had asked an external contractor to check that people were not subject to the risks associated with Legionella. The provider was in the process of ensuring an asbestos survey was being carried out.

We saw that accidents or incidents were recorded. Records included details about dates, times and circumstances that led to the accident or incident. Staff were clear about how to respond to accidents or incidents. We saw that changes care plans as a result of the accident or incident. The registered manager had systems in place that enabled them to look for trends in incidents or accidents.

Good

Is the service effective?

Our findings

Staff had the knowledge and skills to meet people's needs. One person said, "They have looked after me very well." Staff told us that they received training when they started working at the service that enabled them to understand and meet people's needs. Training included manual handling and health and safety training. Staff confirmed that they had completed manual handling training and shadowed more experienced staff members before they supported people on their own. We saw training records that confirmed this. New staff were required to complete induction workbooks to show their learning.

Staff told us that they had attended courses such as, dignity in care, safeguarding and practical sessions where they used people's safety equipment to practice their moving and handling skills. One staff member told us, "We've just done first aid, we're always doing little things to improve." The staff training records showed that staff received regular refresher training and ongoing learning. We saw that staff's understanding of the training materials used had been assessed. For example staff were required to complete a fire safety training book with questions about their knowledge. Staff were required to complete understanding based evaluations after they completed training sessions to demonstrate their knowledge.

The registered manager conducted regular supervision with staff members. One staff member told us, "We discuss how I'm getting on, residents and training". During supervision staff's progress, competency in their role, training and support needs were discussed, this enabled the registered manager to evaluate what further support staff required from them. Supervisions took the form of formal meetings as well as observations and competency checks. We saw from one staff member's record that they had requested an additional supervision with the registered manager to discuss a particular concern that they had. They had received support regarding this concern and the registered manager took action to address the issue.

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 can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Act. 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 as it had not been during our last inspection. We found that it was.

The registered manager was aware of the legislation and had considered these requirements during care planning. Most staff had received training about the MCA and understood how if affected their role and the people they were supporting. Mental capacity assessments were completed and the appropriate records were in place. We saw that there was reference to people's ability to make decisions in their care plans. Where people did not have the capacity to make decisions the relevant people had been consulted and best interest decisions had been made on behalf of people in line with the requirements of the MCA.

Staff understood the need to support and encourage people and knew to ask people's consent before they supported them. People confirmed that staff obtained their consent. We reviewed records which showed that people signed to give consent to the care they received, for example their medications. The care needs of people had been assessed and documented. This enabled staff to know how best to support people. We were able to see that people's preferences and wishes had been taken into account.

People told us that they enjoyed the food provided. One person told us, "The food is very good", "We can have a drink (alcoholic) when we want. We ask and they bring it". Another person said, "The food is very good here, they put your meals out for you." People were offered choices about what they wanted to eat. One person told us, "The main meals, if you don't like it you can have something else." We saw that there was a four week menu. The cook told us, "There are chef's main meals as well as the menu, people can have anything." We observed that one person required assistance to eat. This was done at a pace that the person was comfortable with and in a dignified manner.

During our previous inspection we saw that people's nutritional and hydration needs were not being met. As part of this inspection we saw that people were supported to have sufficient to eat and drink. Where people were identified as being at risk of dehydration or malnutrition appropriate action had been taken to reduce this risk. One person said, "We have plenty of drinks, tea, juice or water if you want." We observed people being provided with drinks throughout our visit. The cook was able to demonstrate that they understood people's dietary needs and ensured that they were followed. Staff kept records of how much people ate or drank. Food and fluid charts were completed but the amount that people had drunk was not totalled and there was no guidance for staff as to how much people should have to drink. The registered manager told us that they would change how people's fluid intake was recorded to help staff recognise if people had not drank enough.

We saw that people were being supported to maintain good health. The registered manger told us, "We have built up a good relationship with the health professionals. We are all working together." A visiting health professional confirmed this. They told us, "They work with me. If I ask them to monitor concerns." Health professionals were contacted in good time when required. The records that the service kept with regard to health professional input were clear and in depth. Staff were clear on the information within these records and used them to ensure that people received the medical care they required. Where staff were required to monitor aspects of people's health and wellbeing, such as when they had had a bowel movement these were not consistently recorded. The registered manager told us they would monitor the content of the records and ensure action was taken to address the gaps.

Good

Is the service caring?

Our findings

During our previous inspection we saw that people were not respected and involved in the service. As part of this inspection saw that action had been taken to address this. People's dignity was maintained and they were treated with respect. One person told us, "I am treated with respect, very much so." One staff member told us, "When hoisting someone, you put a blanket over their knees to cover them up." We observed staff interactions with people throughout our inspection which confirmed this. We overheard one member of staff ask a person, "Where would you like me to apply your cream? Shall we go into the bathroom where it's private?" All staff had signed up to become dignity champions and follow nationally recognised guidelines. We did see that the support some people needed with their continence was not kept private. A list of the continence aids people used had been displayed in a bathroom for staff to refer to. We pointed this out to the registered manager who removed it immediately.

We observed caring interactions throughout our visit. Staff reassured people when assisting them. This included a reassuring touch on the arm for one person and for another person, a care worker getting down to their level to talk with them. There was a lot of laughter and friendly conversations between the staff and the people using the service and this was clearly enjoyed by all.

People were supported to maintain their independence. One person told us, "We can do as much as we can for ourselves, if you can't do it they will do it for you, but if you can they let you do as much as you can." Where people needed adapted equipment to help them maintain their independence this was provided. One staff member told us, "[Person] has a special plate." We saw that one person helped to set the table ready for lunch. Staff told us that she had asked if she could do this job and it made her feel that she was involved.

People felt valued and respected. One person told us, "It's important that they don't treat us as children and they don't". Where people required support with their communication and understanding this was provided. For example we saw documented in a person's care plan, 'I have difficulty hearing and you may need to talk louder than usual'. We also saw that there was good signage within the building to aid orientation such as pictures on bedrooms and bathroom doors. Meal choices were offered in written as well as pictorial form to aid people's abilities to understand what was available to them.

People were involved in decisions about their care. We saw that reports from external agencies had been shared with people who used the service and their relatives. People were provided with information about advocacy and one person had an independent advocate who helped speak up for them as they were unable to do so for themselves.

Good

Is the service responsive?

Our findings

The support that people required was assessed before they started receiving care. Staff understood people's individual needs. One staff member told us, "When working with people every day you get to know them so well, their likes and dislikes. We can look in care notes or ask the manager". People's care plans included information that guided staff on the activities and level of support people required for each task in their daily routine. We saw that the level of detail in the care plans ensured staff had all the information they needed to provide care as people wished. We saw that people's needs had been assessed and care plans had been put in place for staff to follow to
ensure that their needs were met. Care plans contained information about people's preferences and usual routines. This included information about what was important to them, their health and details of their life history.

We saw that people had been involved in the writing of their care plans and the information contained within them took into account people's preferences. One person told us, "I have three showers a week, you can have one when you want." The registered manager had made changes to the care plans in order to make them person centred. They had included pictures and symbols to aid people to understand the information contained within them in order that they were better able to contribute to their own care planning and reviewing of their care.

Staff were required to record the support that they provided in people's daily notes. We saw that these records were detailed and reflected the support that people had requested. Important information about changes in care needs for people were shared with carers via a communication book which all staff read. Staff also shared important information regarding people's care during staff handover. This was important so that staff coming on to a shift were made aware of the well-being of each person and any important information relating to their care.

People were supported to follow their interests. One person told us, "I like to know what activities are on, We have bingo on a Friday and we do lots of quizzes as well, it keeps our brains active." Another person said, "We're happy. If you've sat there then you're bored. They always keep us busy". An activities coordinator was employed for 10 hours a week and the people using the service looked forward to them coming. We saw that a variety of activities had taken place during the previous month. Staff recorded what activities people had been involved in and what had been offered to them. The activities that people were offered match things that they had said that they enjoyed doing. Information about planned activities were displayed in the home.

People told us that they would feel comfortable making a complaint. One person told us "I would talk to [registered manager], she's a very nice lady, she would deal with anything straight the way."
We saw that the complaints procedure was available to all people who used the service and visitors. We saw that complaints were kept confidential and were addressed by the provider in line with their policy. The registered manager was in the process of updating the policy.

The registered manager ensured that they met regularly with people that used the service . These meetings were chaired by the residents themselves. During these meetings people were updated on events happening at the service they were asked their opinions on matters concerning them. One person told us, "The manager always asks us our thoughts on things she is very good." Minutes showed that discussions took place around activities, entertainers and the menus. We saw that action had been taken as a result of the things that were discussed at these meetings. We also saw that people were reminded of the complaints procedure. This meant that people could express their feelings and they felt included.

The provider conducted surveys with people who used the service and their relatives. This was to establish their views on whether they were happy with the support provided by their carers and what things could be improved. We saw that the results of these surveys were displayed within the home and actions taken based on the feedback received.

Good

Is the service well-led?

Our findings

People told us that they had confidence in the registered manager, knew who they were and would feel comfortable to address issues with them. Comments included, "You can talk to [registered manager], she is very nice and fair as well." "You can tell her anything, [registered manager] and she will listen. "She's one of the best." Staff felt supported by the registered manager. One staff member told us, "The manager is ever so caring." Another staff member said, "[registered manager] is very approachable and very supportive."

Staff were clear about the aims of the home. One person said, "To make sure that the residents are happy, that they are well cared for and to make it as homely a place as possible for them." Staff had access to policies and procedures and understood how to follow them. The registered manager had ensured all staff had access to the employee hand book. This was to make sure that staff were clear on their role and the expectations of them. The registered manager ensured staff meetings took place regularly. During these meetings, the registered manager informed the staff team of any changes, training or updated them on policies and procedures.

The registered manager had effective systems for gathering information about the service. They had processes for identifying areas of concern and analysing how to improve on quality to ensure the smooth running of the service and drive improvement. For example, monitoring of accidents and incidents. We saw that the registered manager had sought additional training for staff on how to reduce likelihood and manage falls. Where actions were needed, these had been recorded and actioned. For example, we saw that a fire safety check had identified that a new door guard was required. We saw that it is had since been purchased and fitted.

During our previous inspection we saw that the provider did not assess and monitor the quality of the service provided to people. As part of this inspection we saw that the registered manager had implemented systems to ensure the smooth running of the service. All of the necessary health and safety checks were seen to be carried out in a periodic and timely manner. The registered manager completed monthly audits of systems within the home such as medication systems. The registered manager also conducted regular 'checks' to ensure that systems were in place and were working appropriately.

Where external professionals had identified areas to address these had been done in a timely manner. For example a visit by the council in April had identified that a change to the medication records should be made. We saw this change had been implemented. One staff member told us, "They've tried to get the décor up to scratch. There's been lots of changes, new furniture. It has got a lot better, they've taken the advice on board from you (CQC) and they take action".

The registered manager was aware of their registration responsibilities. Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. The registered manager had informed us about incidents that had happened. From the information provided we were able to see that appropriate actions had been taken.