

Mr Richard Burdett

Lyndale Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Lyndale Nursing Home is a care home which provides residential and nursing care and is registered to support up to 25 older people. At the time of our inspection the service was providing care and support to 22 people. Accommodation is over three floors, with a large garden to the rear.

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

Although people and their relatives told us they felt the home was a safe environment in which to live, some regular safety checks of the environment had not been undertaken.

Although we were assured people were receiving appropriate care and support in line with their needs, documentation around people's care and support was not always fully completed accurately. We have made a recommendation about this.

Although training records indicated that some staff had not completed mandatory refresher training such as health and safety and fire awareness, staff knew people well enough to care for them in a safe way.

Since our last inspection, a new registered manager had been appointed. They had already identified our concerns through auditing processes and had timely and robust actions in place to address them. This demonstrated their commitment to further driving improvements in the safety and quality of person-centred care. The registered manager was aware of their regulatory responsibilities and obligations.

Risks to people were identified, managed and mitigated to help keep people safe from the risk of harm. Staff followed best practice guidance in relation to infection prevention and control to help minimise the risk of COVID-19 and other infections.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were looked after by dedicated staff, who were motivated to provide safe, effective and high-quality care and support. A relative told us, "It's not just for show here, it's genuinely caring care, the gold standard, it's exactly what a care home should be, caring and a real home from home."

The service worked alongside a range of healthcare professionals and external services, to ensure people had access to care and support appropriate to their needs.

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 the service was good, (report published on 9 March 2018).

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We received concerns in relation to levels of risk/harm to service users from potentially poor manual handling practices. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

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

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to safe care and treatment at this inspection.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Lyndale 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 Health and Social Care Act 2008.

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

The inspection was carried out by an inspector.

Service and service type

Lyndale Nursing Home is a 'care home'. People in care homes receive accommodation, and/or nursing and personal care as a single package under one contractual agreement dependent on their registration with us. Lyndale Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

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 professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and a relative who shared their views of the service. We spoke with six members of staff, including the registered manager, administrator, the clinical lead, the maintenance person, the activity co-ordinator and the chef.

We had a walk around the service to make sure it was suitable and safe. We observed the care and support people received during different times throughout the day. This helped us understand the experience of people who could not talk with us.

We reviewed multiple medicine administration records, medicines stocks and storage. We reviewed three staff files in relation to recruitment, health and safety records, records relating to the management of the service and policies and procedures.

After the inspection

After the inspection we continued to seek clarification from the provider to validate evidence found. We reviewed four care plans, daily care records and quality assurance documents. We spoke with three carers by telephone. We also spoke with three relatives to help us gain their views on the experience of the care provided to their loved one.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Checks of the environment and equipment were performed by external contractors to ensure any risks to safety were minimised, including gas, electricity, fire safety, lifting equipment and legionella. However, more routine checks such as some fire safety checks, window restrictors and water temperature checks in people's room were not always being undertaken. This is important as regular checks help ensure people live in an environment that is safe.
- We also found some staff had not received up to date fire awareness training. Although the service had a maintenance person in place, tasks were completed on an as when needed basis.

We found no evidence that people had been harmed, however, systems and processes were not consistently implemented to ensure risk and practices related to the safety of the environment were properly assessed and monitored. This meant there was a risk opportunities could be missed to identify improvements that needed to be made. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had already identified omissions in routine checks at the time of our inspection. Shortly after the inspection, the manager provided us with revised paperwork which included routine maintenance checks and assured us this would be implemented with immediate effect. Refresher fire training had also been arranged and staff were able to tell us how to keep people safe in the event of a fire.
- People and their relatives told us they felt Lyndale Nursing Home was a safe place in which to live. People told us, "It's a safe place to live" and "I feel safe and homely in my room." A relative added, "I have no worries with anything here, Mum is safe, and I sleep well at night knowing it's a safe environment."
- Risks to people were managed and mitigated to help keep people safe. Risks were understood by staff who supported people to make choices in an informed way and understood people well enough to know when they required support to reduce the risk of avoidable harm.
- Information about risks to people was communicated through staff handovers and meetings. Risks were reviewed regularly to ensure the service had an up to date and accurate picture of safety.
- People had PEEPs (personal emergency evacuation plans) completed, to ensure their safe evacuation in the event of a fire or other emergency situation.
- Accidents and incidents were reported and recorded appropriately to help ensure people's safety and analysed to look for patterns and trends.
- A practice of learning from any incidents, accidents and other relevant events was in place. The registered manager reviewed records to monitor any safety related themes and shared findings with staff to ensure appropriate action was taken to help prevent any future recurrence.

Systems and processes to safeguard people from the risk of abuse

- Although people were adequately protected from the risk of harm or abuse, a safeguarding policy was not in place. However, the registered manager was in the process of implementing one at the time of our inspection. There was evidence to show incidents or concerns were reported appropriately and shared with relevant safeguarding authorities. Systems and processes enabled open and transparent investigations to take place in the event of any safeguarding concerns.
- Staff were trained in safeguarding matters and understood what action to take to keep people protected. One staff member told us, "We are hot on anything to do with safeguarding here, staff would not hesitate to escalate any concerns or issues. Thankfully issues don't happen a lot."

Using medicines safely

- Medicines were managed safely and were administered by nursing staff who were trained and had their competency assessed.
- Not everyone who required PRN (as required) medicines had a PRN protocol in place. This is important as it helps guide staff on when and how to administer these types of medication. However, this had already been identified by the clinical lead who was in the process of implementing and updating PRN protocols.
- We found appropriate guidance was being followed in relation to; record-keeping, storage, covert medicines, topical medicines (creams and lotions) and controlled drugs. Controlled drugs are medicines with additional control measures in place because of their potential for misuse. Medicines administration records (MAR) sheets had been completed accurately. The temperature of storage rooms and refrigerators had been monitored and recorded and regular audits of medicine management had been completed.
- Where people wished to manage their own medicines, they were supported to do so safely, and in a way which respected their independence.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. People told us, "I always feel safe as there's always enough staff around to help me with that I need, like staff help me with a bath when I want." A member of staff told us, "Some of the staff have been at the home for 20 plus years, there's a good rapport."
- Recruitment systems ensured staff were recruited safely. Appropriate DBS and other recruitment checks, such as a health screening were carried out as standard practice. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- For staff belonging to a regulatory organisation, such as the Nursing and Midwifery Council for registered nurses, the provider made checks with these organisations to ensure staff were safe and competent to practice.

Preventing and controlling infection

- The service was clean and well maintained. Staff had received training in infection prevention and control and followed policies and procedures which met current and relevant national guidance.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The service facilitated visiting to enable people to maintain contact with people who were important to them. We saw visitors in the home on the day of our inspection, visitors were made to feel welcome by staff and it was evident visiting had a positive impact on people's overall well-being. A relative told us, "Staff manage IPC very well, the home is kept clean, we are kept up to speed if there any COVID-19 outbreaks and allowed a visit as per the guidance."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

- For people who were on specialised diets, such as a soft diet and thickened drinks (thickener is a prescribed product added to fluids and helps minimise the risk of choking where people have swallowing difficulties) although staff supported people with their dietary needs well, it wasn't always recorded in a consistent way. For example, some staff did not always record when drinks had been thickened or whether meals had been pureed.

We recommend that the provider supports staff to maintain accurate records.

- Staff were knowledgeable about people's dietary needs and preferences. Food was home cooked onsite and local produce used wherever possible. People told us they had a choice of main meal and alternatives were always available. People told us they enjoyed the food, "The food is good. I have a choice at every mealtime" and "The Sunday roasts are very nice." A relative confirmed, "I have eaten here, and can you tell you first-hand the food is home cooked and very good."

Staff support: induction, training, skills and experience

- Many staff employed at the service were long standing employees. Although the staff training matrix showed that some training was out of date, (health and safety and fire training) staff were experienced and had the right skills to carry out their roles. The registered manager had already identified staff training needs and had booked future sessions. Staff told us that if they wanted extra training they would only have to ask.
- People confirmed staff were well trained and knew how to support them with their care and support needs. A relative confirmed, "I can't sing the praises of staff enough, staff are skilled and trained and always keep mum fully informed of decisions about her care."

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the

Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were directly involved in decisions about every aspect of their care and support wherever possible, so their human and legal rights were upheld. One person told us, "Yes, get choices here. I choose what time I go to bed and what time I get up." A member of staff commented, "We give the best possible care we can, we are mindful of consent and best interests and to offer choices and encourage independence wherever possible."
- People's capacity was considered in relation to a range of decisions including; consent to care, use of bedrails and management of medicines. Although we were assured that people's consent was sought, some care files did not always evidence where best interest decisions had been made. We discussed this with the registered manager who confirmed they would improve recording around this.
- Where people were deemed not to have capacity to make decisions, the service worked with relevant others, such as people's power of attorneys to ensure that any decision was made was in the person's best interests and supported them in the least restrictive way possible.

Adapting service, design, decoration to meet people's needs

- The environment had been adapted to meet the needs of people living with dementia. Adaptations included the use of plain well-fitted carpet and clear signage to help people navigate around the home. The garden had been designed to be accessible to those people who used wheelchairs and other mobility aids, with a pathway that navigated the outdoor area.
- Raised planting beds had been introduced into the garden to enable people who had previously enjoyed gardening to continue their hobby. One person told us how they enjoyed growing herbs which were in turn used by the cook to prepare meals.
- Some people's bedrooms had an ensuite facility and all bedrooms had a sink. People were able to personalise their own rooms and choose their own furnishings and décor. One person told us, "I love my room, I chose it, and it feels like my old flat as I have brought things with me to furnish my room."
- Although some people preferred to be cared for in their rooms, the home had sociable areas where people could gather or meet with their relatives over a drink of tea or coffee.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff told us how they ensured people's needs and choices were respected, "We care for people in a person-centred way, as no two residents are the same, we get to know their needs, ways and preferences. It's their home and we are here to do things how they like. We listen and offer choices always."
- Care and support provided to people was in line with evidence-based guidance and relevant legislation and was monitored to ensure consistency of good practice.
- People and their significant others were involved in setting out their plan of care and support wherever possible. Care and support were regularly reviewed so that any changes in people's needs could be met.
- People were supported by staff and external health care professionals such as the GP and dietician to maintain their health and wellbeing. Referrals to other health professionals were made in a timely way when people's needs changed to help ensure good outcomes for people.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked in collaboration with appropriate services to meet people's needs. This included support with GP and hospital appointments. We saw how staff supported a person with a hospital

appointment on the day of our visit.

- The service helped ensure people experienced positive outcomes regarding their care and support and lived healthier lives. The home enjoyed a positive working relationship with the Enhanced Homecare Team, which supported people to access appropriate external healthcare services to meet their care needs.

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 our last inspection we rated this key question good. At this inspection the rating has changed 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Although the registered manager was fairly new to the service, they had already begun to promote a culture aimed at the deliverance of high quality person centred care, which was understood and shared by staff. We observed staff support people in a person centred and compassionate way which was dignified and respectful.
- People's care records did not always properly evidence the care and support that had been given. For people who required regular positional changes to help prevent skin integrity issues, staff had not always recorded the correct position or frequency meaning records were not always accurate.

Although we were assured people were receiving appropriate care and support, we recommend the provider ensures staff are supported to record care interventions more contemporaneously and accurately.

- Equality, diversity and inclusion was promoted by the service to help aid people's access to the most appropriate care.

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

- Although governance and accountability processes and practices were in place to monitor risks to the safety and quality of the service, the registered provider had failed to identify that not all health and safety checks were being completed, that policies were not in place or out of date and that records needed to be more robust. However, since the appointment of the new registered manager, these concerns had already been identified and robust action plans were in place to address them.
- Although policies and procedures were in place, some had not been reviewed since 2017 and we could not locate an up to date safeguarding policy. Policies are important as they help to guide and inform staff on aspects of their role. The registered manager had identified this as an area for development and had already begun to update some policies. By the end of the inspection process, a safeguarding policy had been implemented.
- The registered manager and carers demonstrated an understanding of their role and responsibilities and were committed and motivated to deliver a high-quality service for people.
- The registered manager was experienced in their field and demonstrated an understanding of their legal and regulatory requirements. Staff were supported in their professional roles using meetings and feedback.
- The registered provider has a legal requirement to notify us of specific events that occur within the service.

The registered manager had submitted notifications to CQC appropriately. This meant that CQC were able to monitor information and risk regarding the service.

- The registered provider has a legal requirement to display their current CQC rating. We saw that this was clearly shown on the services' website.

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

- The registered manager operated an open-door policy to enable people and their relatives to voice any concerns or to give feedback. Although it was evident people were consulted on decisions about the home, such as décor and menu choices, these meetings were not properly recorded. The registered manager told us meetings would be formally recorded each time they occurred. We saw how feedback from relatives had been welcomed and acted on in a proactive and engaging way. People and their relatives thought well of the registered manager and described them as being "accessible", "on the ball" and a "super star."
- Staff told us they thought the registered manager was engaging and approachable. The manager engaged with staff via staff meetings to enable them to have a platform to voice ideas and views and to provide updates. One member of staff told us, "Staff can approach the manager whenever they like, and we have staff meetings, they are useful and we can give our input, whatever we raise gets sorted right away."

Working in partnership with others

- The service worked in partnership with external organisations to support holistic care provision to ensure people received a positive experience based on best practice outcomes and people's choice and preference.
- The service worked closely with the Enhanced Home Care Team. We saw examples of where this conjoined working prevented people from being admitted to hospital.

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

- The service adopted a transparent and open approach. Processes were in place to enable any concerns to be investigated in a sensitive and confidential way, to be shared with the relevant authorities and for any lessons to be shared and acted on.

Continuous learning and improving care

- The service demonstrated a commitment to sustained and improved care at all levels. Best practice guidance was shared amongst staff to help further in the deliverance of good care and helped drive up the quality of the service.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>We found no evidence that people had been harmed, however, systems and processes were not consistently implemented to ensure risk and practices related to the safety of the environment were properly assessed and monitored. This meant there was a risk opportunities could be missed to identify improvements that needed to be made. This placed people at risk of harm. This was a breach of regulation 12 1 (d) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>