

Mr Richard Burdett

Lyndale Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

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 23 people. Accommodation is over three floors, with a large garden to the rear.

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

At the last inspection we found the safety of people's care was compromised. The registered manager had implemented an action plan to address the breaches of regulation and recommendations made at the last inspection, and had made improvements to all aspects of the service.

People living at Lyndale Nursing Home benefited from a service which was safe and well-led.

Regular safety checks of the environment helped ensure the home was a safe place in which to live. 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, high quality and individualised care and support. People and their relatives told us how staff were caring and kind. People received appropriate care and support in line with their needs, and documentation around people's care and support helped evidence this.

The registered manager had worked hard to make the required improvements, this demonstrated their commitment to driving improvements in the safety and quality of person-centred care. The registered manager was aware of their regulatory responsibilities and obligations.

The service worked in partnership with a wide range of healthcare professionals and external services, to ensure people had access to care and support appropriate to their needs, and to prevent unnecessary admissions to hospital.

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

Rating at last inspection and update

The last rating for this service was requires improvement (report published 26 August 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced focused inspection of this service on 26 July 2022. A breach of legal requirement was found in relation to safe care and treatment. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this inspection to check they had followed their action plan and to confirm they now met legal requirements.

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.

The overall rating for the service has changed from requires improvement to good 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.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was 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

This inspection was carried out by 1 inspector.

Service and service type

Lyndale Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under 1 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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 carried out an inspection of the home to ensure it was safe and suitable to meet people's needs. We also observed the delivery of care and support at various times throughout the day. We spoke with 5 people who lived at the home, 1 relative, the registered manager, the registered provider, 2 nurses and 2 members of care staff.

We looked at records in relation to people who used the service including 3 care plans, medication records and systems for monitoring the safety and quality of the service provided. We looked at staff training and quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with 2 relatives on the telephone to help us understand their experience of the care and support their loved one received.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

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

At our last inspection we found a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is because routine checks, such as some fire safety checks, window restrictors and water temperature checks in people's room, were not always being undertaken and recorded. We also found some staff had not received up to date fire awareness training.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Checks of the external and internal parts of the home were carried out to ensure the home was a safe environment for people to live. We checked all areas of the home and found it to be clean and well maintained.
- Health and safety checks of the environment were now better recorded. New paperwork had been introduced to help aid this process. Although the maintenance person was due to retire, the registered manager had already started to recruit a new person for the role.
- The registered provider told us they also took a role in the oversight of health and safety checks to ensure they were being undertaken and correctly recorded.
- Refresher fire training had been completed and staff were able to tell us how to keep people safe in the event of a fire. Practice fire drills were also carried out and recorded.
- People and their relatives told us they felt Lyndale Nursing Home was a safe place in which to live. One person told us, "I feel safe here, I feel safe with staff." Relatives confirmed, "I'm not worried, I know Dad is safe here" and "The home has given me peace of mind, it's a weight off my shoulders knowing Mum is so well looked after."
- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained guidance for staff to follow to keep people safe. Where people were at risk from the environment, appropriate equipment and aids were in place to help mitigate risks.
- Accidents and incidents were reported and recorded appropriately to help ensure people's safety and analysed to look for patterns and trends. This also helped to ensure the service had an accurate and current picture of safety and to prevent recurrence.

Systems and processes to safeguard people from the risk of abuse

- At the last inspection we found an up to date safeguarding policy was not in place. At this inspection, a revised policy had been implemented, this acted as guidance for staff and helped ensure people were adequately protected from the risk of harm or abuse.

- Systems and processes enabled open and transparent investigations to take place in the event of any safeguarding concerns. Any incidents or concerns were reported appropriately and shared with relevant safeguarding authorities.
- Staff were trained in safeguarding matters and understood what action to take to keep people protected.

Using medicines safely

- Medicines were managed safely and were administered by nursing staff who were trained and had their competency assessed.
- At the last inspection, we found 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.
- At this inspection we found PRN protocols had been revised and implemented for anyone who required them.
- Appropriate guidance was being followed in relation to; record-keeping, storage, 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) had been completed accurately.
- 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, "Staff are quick to answer the bell when I ring for help. There are enough staff to meet my needs and I feel safe" and "If I ring my bell at night, staff are quick to help me."
- 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.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- People told us staff asked them for their consent before offering care and support, one told us, "Staff always ask for my consent, I have choice in everything." A member of staff confirmed, "Staff always give people choice, and explain what they are doing."

Preventing and controlling infection

- The service was clean and well maintained. Domestic staff followed cleaning rotas. Staff had received training in infection prevention and control and followed policies and procedures which met current and relevant national guidance. People told us they thought the home was clean and well maintained, they told us , "The cleaners come in every day and keep my room clean" and "I have a beautiful room, it's a nice and clean environment."

- 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 witnessed visitors on the day of our inspection and the beneficial impact this had on people's emotional well-being.

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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection we recommended the provider supported staff to record care interventions more contemporaneously and accurately. We found people's care records did not always properly evidence the care and support that had been given.

At this inspection we checked to see whether the provider had acted on our recommendation and found that they had.

- People's care records evidenced staff were delivering appropriate care and support. For example, for people who required regular positional changes to help prevent skin integrity issues, staff recorded the correct position or frequency.
- A relative told us, "If I have any questions about Mum, staff are able to answer them, they access their notes and [care record] apps and they are always up to date."
- Since being in post, the registered manager had worked hard to implement a culture aimed at the deliverance of high-quality person-centred care, which was understood and practiced by staff. We observed staff support people in a person centred and compassionate way which was dignified and respectful.
- People told us they well treated by staff, comments included, "All staff are so helpful, I don't want for anything" and "Staff are brilliant, there is nothing I would change here."
- 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

- Governance and accountability processes and practices were in place to monitor risks to the safety and quality of the service. Although not all policies and procedures had been updated, an action was in place to have this resolved in the near future. Staff had access to policies including 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 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 demonstrated an understanding of their legal and regulatory requirements. This was further evidenced by the action that had been taken to positively address the concerns we found at the

last inspection.

- 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 not everyone could participate in resident meetings, it was evident people were consulted on decisions about the home, such as activities and menu choices. People told us they felt comfortable to feedback or to raise any issues, one commented, "I can speak with staff or the manager, I would ask them if I needed anything."
- We saw how feedback from people had been welcomed and acted on in a proactive and engaging way. For example, one person had requested access to books, so the manager arranged for a local librarian to visit the home on a regular basis, to enable the person to choose their own books. Another person expressed a wish to forge friendships outside of the home, staff supported this person to access a Friendship café which they continue to enjoy visiting.
- People and their relatives thought well of the registered manager and described them as being 'approachable', 'visible' and 'helpful.' Relatives told us communication in the home was good and they were able to speak with the manager at any time.
- The manager engaged with staff via staff meetings to enable them to have a platform to voice ideas and views and to provide updates. Staff told us, "I can approach the manager at any time, [Name] is lovely and supportive, staff can and do put suggestions forward and I feel valued and appreciated" and "I feel happy and supported here. I would recommend this home to anyone."

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 external agencies such as the Enhanced Home Care Team and The Acute Visiting Service. We saw examples of where this conjoined working prevented people from being admitted to hospital, and how it had helped people to access appropriate care and treatment, such as access to antibiotic treatment, often on the same day.

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; Continuous learning and improving care

- 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.
- 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 care and support being delivered.