

Mr & Mrs G Butcher

# Lyndhurst Park Nursing Home

## 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?

Requires Improvement ●

# Summary of findings

## Overall summary

About the service:

Lyndhurst Park Nursing Home is a nursing home that provides accommodation with nursing and personal care for up to 27 people. When we visited, 25 people lived there.

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

People were supported by staff that were caring, compassionate and treated them with dignity and respect. Staff understood the needs of the people they supported and their communication needs. Staff spoke positively about the people they supported, and we made positive observations.

Risks of abuse to people were minimised because staff understood safeguarding reporting processes. Staff were confident any reported matters would be addressed by the provider. The registered manager had an oversight of current and historical safeguarding matters and communicated with external agencies when needed.

There were effective systems that ensured the service was safe. Health and safety checks, together with effective checks of the environment were completed. People, their relatives and staff commented positively on the number of staff on duty to support people and the provider operated safe recruitment procedures.

People were supported by trained staff who performed their roles competently. Staff were supported through supervision and appraisal. Staff at the service worked together with a range of healthcare professionals and followed professional advice and guidance when needed.

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. Staff understood the Mental Capacity Act 2005 and applied the principles of the Act when performing their role.

People's records were personalised, and staff knew the history and background of people. There were systems to ensure care was responsive. People's concerns and complaints were listened and responded to. People has escalation plans relating to end of life care decisions.

People and their relatives gave us positive feedback about the quality of care people received. The feedback on the leadership of the service and the registered manager was positive. There were quality monitoring systems operated by the provider.

The provider had failed to inform the Care Quality Commission of all notifiable incidents as required by law, as a result we have rated the 'Well Led' key question as Requires Improvement.

Rating at last inspection (and update): The last rating for this service was Requires Improvement (published

August 2018) and there were two breaches of regulation. 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:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor the service through the information we receive. We will inspect in line with our inspection programme or sooner if required.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our Well-Led findings below.

# Lyndhurst Park 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

This inspection was completed by two inspectors, two members of the medicines team and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type:

Lyndhurst Park Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection was unannounced.

#### What we did before the inspection:

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed other

information that we held about the service such as notifications. These are events that happen in the service that the provider is legally required to tell us about. We used all of this information to plan our inspection.

During the inspection:

We spoke with seven people who lived at the service and seven people's relatives. We also spoke with eight members of staff. This included the provider, registered manager, administrative, nursing and care staff. We reviewed a range of records. This included some people's care records and multiple medication records. We also reviewed records relating to the management of the service such as incident and accident records, meeting minutes, training records, policies, audits and complaints.

After the inspection:

We received clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted four healthcare professionals who regularly visit the service and received feedback from one of them.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

People were safe and protected from avoidable harm. Legal requirements were met.

### Using medicines safely

At our last inspection the provider had failed manage risks relating to people's medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- The Medication Administration Records (MARs) we reviewed showed that medicines were in stock and nobody missed doses of their medicines due to stock availability.
- The minimum and maximum fridge temperature was now being recorded to ensure medicines requiring cold storage were kept at suitable temperatures.
- Protocols for medicines which had been prescribed to be taken 'when required' were available and had been updated to show specific symptoms staff should recognise in helping them to decide if it was appropriate to administer these medicines.
- Carers applied creams and other external preparations. The electronic records we reviewed showed they were applied as directed.
- During the medicines round we saw one medicine which was not given in the form and dose prescribed by the GP. When made aware, the provider investigated and implemented an action plan immediately.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person commented, "It's safe here for me yes. I get out on my own to town but they all look out for me." Relatives also said they felt people were safe at the service.
- People were protected from potential abuse and avoidable harm by staff that had received training in safeguarding. Staff knew about the different types of abuse and reporting procedures.
- Staff were confident any concerns they reported would be listened and responded to promptly. One staff member told us, "They [provider and registered manager] would definitely act quickly on any concerns raised."
- The provider had safeguarding policies in place for staff to access and follow should they be required.

### Assessing risk, safety monitoring and management

- People had current individual risk assessments. We reviewed examples of risk management in relation to

falls, skin breakdown and nutrition. Identified risks had guidance for staff in reducing the possibility of harm.

- The provider had contacted the supplier of the electronic care planning system to ensure healthcare professional advice would also be encompassed in the main care plan to aid staff if supporting people. This would further reduce known risks.
- Where people had individual medical needs, for example diabetes, we discussed the benefits of following national guidance and individualising care plans. The registered manager told us this would be explored.
- Staff understood the known risks of the people they supported and explained the measures they took to reduce these risks. Staff were able to clearly explain actions they took to support people.
- The service environment and equipment was maintained. Records were kept of regular health and safety checks. Individual emergency plans were in place to ensure people were supported to evacuate in the event of a fire.

### Staffing and recruitment

- There were enough staff on duty to keep people safe and meet their needs. People and their relatives did not raise any significant concerns with us about staffing levels.
- A relative told us, "Most of the time there's plenty of staff on duty, possibly less at weekends." During our observations in the service we saw people's needs were met timely.
- Staff told us people's needs were met and no concerns were raised. One staff member commented, "I think it's very well staffed here, plenty of time to provide care to people." Another said, "People's needs are always met, without a doubt, and everyone works hard to make that happen."
- Staff had been recruited safely. All required pre-employment checks had been carried out including criminal record checks and getting references from previous employers.

### Preventing and controlling infection

- People were protected from the risks associated with poor cross infection practice. The service was clean. People and their relatives did not raise concerns around cleanliness.
- The service had dedicated housekeeping staff to maintain the service environment.
- Whilst dedicated staff used cleaning schedules, the provider would also benefit from the implementation of a comprehensive infection control audit.
- Staff had completed infection control training and followed good infection control practices. They used protective clothing such as gloves and aprons when required.

### Learning lessons when things go wrong

- Accidents and incidents were reported and monitored by the registered manager to identify any patterns or trends.
- Records showed that following an accident or incident, key information such as where the person was or if there was any equipment involved was reviewed. A record of any action taken was recorded.
- Learning from any incidents and accidents was shared and disseminated throughout the staffing team to reduce the risk of recurrence.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People were assessed prior to moving in to the service. This assessment process ensured a comprehensive care plan that detailed guidance for staff on how to meet people's needs was completed on admission.
- Assessments of people's needs were comprehensive. Nationally recognised tools in relation to skin integrity or identifying a risk of malnutrition or obesity were used within care plans.
- People's protected characteristics under the Equalities Act 2010 were identified. This included people's needs in relation to their culture, religion and diet.
- Following a national publication, the registered manager had introduced a newly updated policy in relation to oral care and how people would be supported to maintain good dental hygiene.

Staff support: induction, training, skills and experience

- People were well cared for by staff that had the knowledge and skills to meet people's needs. Staff we spoke with commented positively on the training provided.
- The training record we reviewed showed staff received continual training in subjects to meet the needs of the people they supported. Where relevant, future training was planned.
- A member of staff we spoke with commented positively on being enabled by the provider to complete additional nationally recognised training.
- Staff were supported in their work. 'One to One' supervision was completed. Staff feedback was positive. One staff member commented, "I get my supervision, if I have any problems I can raise them any time."
- New staff received an induction to ensure they had the required skills and competence to meet people's needs. Where required, staff new to care were able to complete the Care Certificate to understand the national minimum standards.

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

- People and their relatives commented positively on the food provided at the service. We observed staff supported people where needed with nutrition and hydration.
- One person we spoke with told us, "It's pretty good on the whole. We get a menu and we choose." A relative said, "Food is fine, it always smells decent and they offer a choice. They help with eating when it's necessary."
- People were well supported with hydration. We observed people were continually offered drinks throughout the day.

- People's weights were monitored. Where a concern was identified, these were escalated to the appropriate healthcare professional. Where used, food and fluid records for people were completed.

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

- People had individual rooms and had access to communal bathroom and toilet facilities.
- The service was spacious with wide corridors to support freedom. There were two communal lounge areas and a dining area that encompassed a fish pond. People using mobility equipment were observed moving freely around the service.
- Communal areas such as the toilets had clear signage on them to aid people in navigating around.

Supporting people to live healthier lives, access healthcare services and support

- People had access to a variety of healthcare services and professionals according to their needs.
- People were registered with a GP and records showed the service regularly escalated health concerns. An Advanced Nurse Practitioner worked closely with the service.
- People's relatives were confident the service would seek and receive care from external professionals when needed. One relative commented, "They get [person's name] out to exercise [as per the person's recommended programme] even if it's just a few steps to the en-suite."
- Care records evidenced advice had been sought from professionals such as speech and language therapists, occupational therapists and physiotherapists.

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 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 to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions set within authorisations were being met. At the time of our inspection, there were no people at the service with authorised DoLS. Some submitted applications were currently with the local authority.

- We observed people were consulted prior to any care and support interventions and their consent was sought.
- Where restrictive practices were in place for people who lacked capacity to consent we found a best interest decision processes had been followed and a record made within care records.
- The service ensured that as part of the pre-admission process they had ascertained if people had an appointed Lasting Power of Attorney (LPA) in place to make certain decisions on their behalf if they did not have capacity to do so.
- Where an LPA was in place, the service had ensured they had seen or produced a copy of the relevant record on file and consulted the relevant people when needed.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received care from staff who developed positive, caring and compassionate relationships with them. All the staff we spoke with were passionate about supporting people in the best possible way.
- One staff member, when describing their approach to care and that of their colleagues told us, "Everybody really cares about everyone here."
- People told us staff knew their preferences and cared for them in the way they liked. One person commented, "They are very friendly, and they chat to you when they are going around."
- Relatives we spoke with fed back positively to the inspection team. One relative commented, "They all know her and are incredibly good with her. There is one who is exceptionally good." Another told us, "There's continuity of staff, it's like a big family really."
- The service had received very positive feedback on an independent national website, with all 20 reviews giving the highest possible five-star rating and stated they were "Extremely likely" to recommend the service to others.
- A selection of compliment cards we reviewed echoed the website feedback, with examples given where a relative wrote, "Thank you all for all the care you gave to [person's name], you are a great team."

Supporting people to express their views and be involved in making decisions about their care

- People's views were regularly sought through day to day interactions. Staff spoke with people about what they wished to do and gave options and choices.
- During the lunch period, people were asked to choose their meals, and staff dished it up and served people at their table. Staff were friendly and helpful.
- Staff spent time with people. We observed staff members checked with people if they were comfortable. Staff continually checked on people in communal areas and engaged with them in a meaningful way.
- When asked about achieving positive outcomes for people, one staff member told us, "Everyone works together very well - nobody is ever too busy to give you a hand."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff gave examples of how they promoted privacy and dignity during personal care.
- People were encouraged to do as much for themselves as possible. We observed examples of staff providing encouragement to people but still ensuring people knew support was available if needed.

- Comments from relatives when asked about people's privacy and dignity included, "Yes, they look after her dignity." Another told us, "[Person's name] has always got something different on and is clean and presentable. [Person's name] gets her hair done here when she wants it done."
- The lunch service for people was a positive experience, where people's choices were respected. The food that was delivered was colourful and looked and smelt appetising. There was background music playing and great interaction between staff and people. There was a lovely mood and flow to the dinner and a nice dining experience for all. Staff were observant, proactive when necessary and reactive when required.
- The observed interactions we made between the staff and people's visitors evidenced they knew each other well and they had a good relationship. Visitors told us they were always made welcomed into the service.
- One person commented positively, "Visitors can come when they like. My children come and my husband visits."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care records showed their individual needs and preferences and were reviewed and updated as their needs changed.

- Care records were personalised and gave staff information on people's life histories and interests. Staff we spoke with knew the people they supported well.

- Staff described how they responded to people's care needs, and demonstrated they knew people well and understood their care and social needs. For example, staff told us how long people had been at the service, their previous employment and likes.

- Staff were supported by the providers electronic care planning system to ensure they met people's needs. We saw there were effective systems that ensured people had their air mattresses set correctly and were repositioned at regular intervals as required.

- The service recognised the importance of supporting people to maintain contacts with family and friends. Relatives we spoke with were positive about their involvement in care planning and the communication they received from the service.

- A healthcare professional that provided us feedback said, "The nurses and carers appear caring and aware of the client's needs."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was an activities programme in place for people at the service and some people were supported to access the local community.

- People we spoke with told us they attended the activities provided at times and had choice to do so. One person we spoke with commented, "Yes, I like gardening. I go to the activities and you get to meet new people."

- Relatives we spoke with told us they felt people, where they wished, were supported to attend activities. One relative said, "She spends a lot of time in the smaller lounge but goes to the other lounge for entertainment and activities. She certainly sees a variety of places - they will move her where and when she wants."

- A relative we spoke with also told us that although their relative didn't wish to partake in activities they were supported by staff to do things they wished. They commented, "He's never really wanted to attend activities, he doesn't really come down to anything, although staff do try to encourage him. Staff do take him out in the wheelchair to [local community venues] whenever he asks them to. He likes to have a chat, he's still got all his marbles and can still hold a good conversation. Staff always make time for him and their

chats."

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recorded, and staff knew people's individual requirements. Communication observed by the inspection team was positive between people and staff.
- Where required, there were systems being developed to support people in communicating with staff. For one person with a specific medical condition a collection of pictures were being collated to support them choosing meals. There were currently drawings of the items in a picture book for the person, but it was felt photographs may aid selection.

#### Improving care quality in response to complaints or concerns

- The service held an appropriate complaints policy and procedure. This was accessible to people living at the service and their relatives. The policy and procedure detailed how complaints or concerns would be handled.
- People and relatives felt confident about raising any concerns. They said they would speak to staff, the registered manager or provider. One relative said " I speak to [provider and registered manager]. In fact, I speak to all of them including workmen and cleaners and they are all very friendly."
- The registered manager held a record of any concerns or complaints raised, the action taken and the resolution. Records evidenced any matters that had been previously raised had been investigated and responded to timely.

#### End of life care and support

- People's care records evidenced that all had a Treatment Escalation Plan in place. These showed matters such as escalation planning at end of life and resuscitation decisions had been undertaken.
- We discussed the benefit of putting a system in place to capture and record specific end of life wishes, for example if the person wished to remain at the service to die or be admitted to hospital, who they wished to be present, or any specific requests relating to the spiritual or cultural needs. The provider and registered manager told us this would be reviewed.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same.

The service was consistently managed and well-led, leaders and the culture they created promoted high-quality, person-centred care. However, the provider had failed to send statutory notifications required by law. This meant we are unable to rate this key question higher than Requires Improvement.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

At our last inspection we identified the provider had failed to display their rating from the Care Quality Commission (CQC) on their website as legally required. This was a breach of regulation 20A (Requirement to display performance assessment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 20A.

- The services most recent CQC rating was displayed in the entrance foyer and was now displayed on their website.
- The provider had notified the CQC of some events which had occurred in line with their legal responsibilities. However, we found some safeguarding matters had not been reported as required.
- People we spoke with, their relatives and staff told us they had confidence in the leadership at the service. One person commented, "I know who the owners are, and they always chat."
- When accidents or incidents had occurred, people and their relatives were informed as soon as possible. Relatives we spoke with told us they felt the service communicated well with them. One said, "They keep us well informed, and we feel listened to by all staff. It's a family run place, which suits us all."

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

- The provider told us they felt they led a dedicated team of staff. Staff we spoke with were committed to their role and understood their responsibilities. There was clear management structure.
- All of the staff we spoke with expressed a high level of satisfaction in their employment. One staff member said, "[The providers are] very approachable to speak with, as are the seniors here so always help and support if needed." Another said, "[The providers are] easy to work for and I enjoy working for them. If I have ever had to approach them they have been really good."
- The providers electronic care planning system ensured reviews of records were completed and updated when required. Records evidenced that identified risks were updated within care records when required.

- The registered manager had a range of quality monitoring arrangements in place. For example, audits of medicines management, surveys and regular health and safety checks were undertaken.

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

- People participated in the day to day running of the service and were given choices. Formal meetings were held infrequently but the provider, people and their relatives told us communication was frequent. One relative said, "If there's something that the home thinks we need to know they will call us."
- A survey of people, and their relatives or those acting on their behalf, had been completed which evidenced positive results. Questions within the survey included feedback on people's quality of life and choice and control over their daily lives.
- Staff we spoke with told us they felt valued and said that if they suggested any ideas that may improve the service they would be listened to and taken seriously. One staff member said the providers were, "Always ready to listen to you and will act on things you say."
- Staff meetings ensured key messages were communicated. Staff confirmed meetings occurred and supporting minutes showed training, care needs, equipment within the service and staffing were discussed.

Continuous learning and improving care; Working in partnership with others

- Some links with the local community had been formed. People had the opportunity to attend local church fetes which were held and over festive periods children from the local attend for carols. The provider had advertised for volunteers, but none had yet been identified.
- We asked staff whether they could identify any areas for further improvement. Staff suggested some areas of the service could be redecorated and others felt additional community access may benefit people.
- The registered manager maintained a record of accidents, incidents and safeguarding concerns showing the concern raised, action taken and outcomes. This supported any future learning from such events.
- Healthcare professionals that visited people at the service told us they had no known concerns about the care provided or the staff ability in meeting people's assessed needs. They told us they felt people appeared they were, "Cared for and happy."