

HC-One Limited

Lyndon Hall Nursing Home

Inspection report

Malvern Close
Off All Saints Way
West Bromwich
West Midlands
B71 1PP

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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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Lyndon Hall is a 'care home' providing personal and nursing care. The care home accommodates 78 people across four separate wings, each of which has separate adapted facilities. Two of the wings specialise in providing residential or nursing care to people living with dementia. At the time of the inspection, there were 68 people living at the home.

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

People were kept safe as staff knew how to identify and report any concerns of abuse. Risks to people's safety were managed well. Staff had been recruited safely and there were enough staff to meet people's needs. Medicines were given in a safe way, and people had a clean environment to live in.

People were supported by staff who had received appropriate training. People's needs had been assessed and their dietary needs were met. 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. The décor of the premises needed improvement to meet people's specific needs. People had access to healthcare services where required.

People were supported by staff who knew them well and with whom they had positive relationships. People had access to some recreational and social activities, but these needed to be further developed. There was a complaints procedure in place and people knew how to raise complaints.

Everybody felt the service was well managed and that the registered manager was approachable and supportive. The registered manager had a visible presence around the service. There were effective systems in place, which were used consistently to monitor the quality of the service. People were given opportunity to provide feedback about the service.

Rating at last inspection The last rating for this service was requires improvement (published 03 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.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement 

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good 

Lyndon Hall Nursing Home

Detailed findings

Background to this inspection

Lyndon Hall Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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 Care Quality Commission. 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.

This inspection was unannounced.

Inspection team

The inspection was carried out by an inspector, a specialist advisor, a pharmacist inspector and one 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. The specialist advisor was a nurse specialising in dementia care.

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. 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 used all of this information to plan our inspection.

During the inspection

We spoke with 12 people who used the service and seven relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, assistant manager, nurse and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including the providers own audits, accident and incident records, complaints

records and maintenance records.

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. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. One person said, "We get looked after well here." A relative told us, "I think the place is great; I'm really pleased with it. I'm perfectly happy with every aspect of [my relative's] care."
- The provider had safeguarding systems in place. Staff had completed training and had a good understanding of what to do if they suspected people were at risk of harm or abuse. They were confident to 'whistle blow' and knew which outside agencies to involve if needed.
- Records showed that the registered manager reviewed accidents and incidents and had made appropriate referrals to external agencies where there were concerns about people's wellbeing or safety.
- There was a much improved and clear system in place to ensure all incidents were escalated to management so that actions could be taken to mitigate risks. For example, where 'cause unknown' injuries had occurred, these were fully reviewed for any patterns or themes to determine any additional steps to take to keep people safe.

Assessing risk, safety monitoring and management

- Risks to people's safety were well managed. A relative told us, "We've discussed falling and weight loss, I'm quite happy they are managing these."
- There was a clear process for identifying, monitoring and managing any risk factors related to people's health needs. The clinical lead had oversight of risks with clinical review meetings taking place to identify what was needed to meet people's needs safely.
 - Risks for people were identified in their care plans and provided guidance for staff on how to manage those risks to keep people safe. For example, managing people's catheter care, risk of falls, pressure relief and administering medicines in specific ways. However, we found the diabetes plan for one person needed further information, and for another person requiring pressure relief, their mattress setting was incorrect. The clinical lead told us they would address these issues immediately.
- We saw that monitoring tools were used to keep people's care under review and these were regularly shared with management ensuring they had a good overview of any risks and how these were being managed.

Using medicines safely

- People and their relatives told us they had no concerns about their medicines. One person said, "I have my tablets regularly and on time."
- There was a system for rotating the site for applying medicinal skin patches, but in one instance these were not in line with the manufacturer's guidance. The preparation of tablets for another person was

contrary to the advice issued by the pharmacist. There was no impact on people from these errors. The registered manager corrected these processes immediately and advised they would add these areas to their audits.

- Medicine supplies were ordered in a timely fashion, stored securely and medicine administration records indicated people received their medicines as prescribed.
- Supporting information was in place to guide staff as to when to administer 'when required' medicines. We found staff had good knowledge about when to administer these medicines.
- Where people needed to have their medicines administered directly into their stomach through a tube the necessary information was in place to ensure these medicines were administered safely.
- Staff had completed training on how to administer medicines, and regular competency checks were made on their performance.

Staffing and recruitment

- People and relatives told us there was enough staff. One person said, "I'm always attended to, don't have to wait". A relative told us that staffing levels, "Reassure me that she is well looked after because there's always staff in attendance." People said they never felt rushed and that staff always came quickly when they pressed their buzzer. A visiting health professional told us they had observed no concerns with staffing levels.
- People's dependency needs were assessed and helped to determine the staffing levels.
- Appropriate recruitment checks were carried out to ensure newly appointed staff were suitable to support people. We found that the process included the completion of a Disclosure and Barring Service (DBS) check and references. A DBS check was carried out to ensure the provider had employed suitable care staff to support people.

Preventing and controlling infection

- The home was clean and tidy, and people told us they were happy with the standards of cleanliness.
- Personal protective equipment [gloves and aprons] were worn by staff when supporting people. Staff were aware of the actions to take to prevent and control the spread of infection.

Learning lessons when things go wrong

- Lessons had been learnt when things went wrong. For example, due to a pharmacy error medicines were administered incorrectly by staff. Improvement's had been made to the system to ensure staff checked the medicines administration records to ensure dosage matched the new incoming supply.

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 requires improvement. At this inspection this key question has now improved to Good. This meant 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

- The assessment process was thorough and identified all aspects of people's needs before they moved into the home. This focused on their medical, physical and social needs. In addition, any protected characteristics under the Equality Act such as religion, sexuality or disability were assessed. For example, where people had dementia their care plan captured their likes/dislikes and preferred routines so that care could be delivered in a familiar way to them. For example, a relative told us, "They understand her needs well and follow her routines because she does get confused and upset, I'm very pleased."
- External professionals told us staff met people needs well and followed their advice.
- People were provided with the right equipment to promote their health and independence. For example, walking aids to promote mobility and pressure relieving mattresses to protect their skin.
- People's strengths related to managing their personal care were assessed. One person told us, "They only help me with parts of dressing, the rest I do for myself."

Staff support: induction, training, skills and experience

- People received care from staff who had the right training. One person told us, "The staff know what they are doing when they hoist me."
- We saw staff supported people effectively with equipment, for example when moving or handling people, which was in line with their training.
- Staff we spoke with told us they had enough training for their roles and received regular supervision.
- A schedule of supervisions were in place and a system for staff appraisal. Staff training was booked in advance to include refresher training so that staff stayed up to date with their training. Additional training such as basic life support and falls training had also been booked to enhance staff awareness.

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

- People told us they enjoyed their meals. One person told us, "The food is nice, and we do have a choice." Relatives told us people had choices and alternatives to the menus, one relative said, "They have done something different when [my relative], hasn't wanted what's on the menu."
- Meals were provided in line with people's cultural and religious preferences.
- Effective monitoring was in place where people were at risk of not eating or drinking, including weight monitoring. Advice from health care professionals was followed.
- We saw staff supported people with their meals effectively; and at their pace with lots of encouragement. However, more attention to detail was needed when supporting a person who was sleeping through their

meal. The registered manager said they would review this.

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

- People were provided with timely support when they became unwell. A person told us, "If I need the nurse she comes or the doctor, they are very good at that."
- The staff team consisted of nurses to meet people's immediate nursing care needs. In addition, external agencies provided care to meet people's specific needs. For example, speech and language therapists, and district nurses.
- A healthcare professional complimented staff and management in promoting effective care in relation to people's skin integrity.
- Advice and guidance from healthcare professionals was documented and followed. A relative told us, "My [relative] is fed via a PEG, [Percutaneous Endoscopic Gastrostomy], and I'm very happy with the way that it is managed."

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

- We noted that noise levels were not being monitored. For example, two radio's and a TV were on at the same time in Bluebell unit. This could cause sensory overload for some people.
- There was some signage and photos to help people orientate themselves around the unit. Some colourful displays on walls also made the environment brighter and more welcoming.
- The registered manager had plans to improve the environment for people who had dementia. This included involving people and staff in decoration and we heard of ideas they had to create visual prompts for people to relate to and to help them reminisce of days gone by.
- There was good use of 'dementia tools' such as memory boxes and textured blankets available to people.

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's capacity to consent to their care and treatment was assessed.
- Staff had received training about MCA and DoLS and understood how to support people with decision making. We saw staff asked people for their consent before they assisted them and knew how people communicated their consent through facial or body gestures.
- Where people were assessed as not being able to make a specific decision, the registered manager followed best interests processes and recorded the involvement and views of those who were important to the person.

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 and DoLS, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way, and authorisation correctly requested.

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 requires improvement. At this inspection this key question has now improved to Good. This meant 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 and their relatives spoke positively about staff. A person said, "They are wonderful. They are very nice, and they look after me. They are very well mannered." A relative said, "They are happy and pleasant. If you ask them anything they are more than happy to help."
- Staff had received training in equality and diversity to support their understanding of people's needs.
- We saw staff knew people well and spent time with people to chat about their day, how they were feeling and if they were comfortable.
- People's diversity was respected; for example, we saw people's religious and cultural needs were met with regard to their meals.

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

- People told us staff respected their rights to make decisions about their care. A person said, "I do choose what I want to do; they are very good and follow my routine for getting up or doing activities."
- We saw people were able to express their views such as having a favourite drink, choosing their own clothing and what they ate or joining in activities.
- There were a range of compliments recorded reflecting people's feedback on their experiences. People had feedback that staff were attentive, and that first impressions were warm and had made a difference to people when they had first arrived, helping them to decide about moving into the home.
- People had regular meetings in which to share their views and be involved in affecting change. For example, we saw their main concern about use of agency staff had been acted on.

Respecting and promoting people's privacy, dignity and independence

- Staff had received training in respecting people's privacy, dignity and independence and reflected this positively in how they supported people. For example, adjusting clothing when moving them. However, this was not consistent as we saw instances of where more attention to detail was needed. For example, providing tissues to a person, providing plates when serving people cake. This was evident on one unit and demonstrated staff there did not all have a good understanding of these principles. The registered manager was aware that some staff needed further development.
- People confirmed that their independence was promoted; they continued to do the things they wanted to do. For example, maintaining their independence in washing and dressing. We saw staff encouraged people to walk using their walking aids.
- We observed that people were well supported with their appearance and staff supported them with their personal codes of dress, such as wearing jewellery or make-up.

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 requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

- Several people told us that they would like more things to do and to go out on visits. Some people told us they were bored. A person said, "There's not much to do, it can be quite boring."
- Some people said they went out for walks and had enjoyed some events such as a tea party. Staff told us they supported people with some in house games and activities, but it was difficult without an activity worker.
- We saw some people enjoyed a music and instrument session and that staff were actively inclusive of those people who struggled to engage in this. We saw staff supported people who lived with dementia using tactile blankets and sensory objects to provide stimulation and interest. Some people utilised the garden to entertain their family and friends.
- The registered manager advised us that the activities worker had recently left, and they had recruited to this post. They recognised that improvements were needed to enhance the social and recreational opportunities for people.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives were positive about how staff met their needs. A person said, "They know me well and always help me when I need it". A relative said, "There's been a lot of improvement with eating and her walking is better; she gets good care".
- People's care plans provided good detail about people's needs as well as their preferences. For example, explaining how staff should deliver care and the person's daily routines. There was a good account of how people should be supported with their appearance, and their wishes such as to wear jewellery or make-up.
- People and their relatives had been involved in regular reviews of care plans to ensure these were up to date and met people's needs. Reviews captured people's response to care such as if they were happy with their care, what could be done better and what was done well.
- People received personalised care that was responsive to their individual religious or cultural needs.

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 information and communication needs were identified, recorded and highlighted in care plans. We saw staff communicated with individuals in a way they understood, such as explaining things and using

gestures.

- We saw staff supported people to use their communication aids such as hearing aids.
- Information could be provided in different formats to suit people's communication needs.

Improving care quality in response to complaints or concerns

- People had access to a complaints procedure and were confident if they had any concerns they would be managed appropriately. A person said, "I would go to the manager and she would listen."
- The provider's systems showed that any complaints were investigated and responded to. A relative provided us with an example and told us they were happy with the process.

End of life care and support

- Staff had training in end of life care and there were clear care plans in place which identified how people's pain, comfort and dignity would be managed. Plans included people's personal wishes and preferences related to their religion.
- Staff told us they had access to additional supplementary guidance which helped them identify when people needed their pain or comfort needs checked.

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 now improved 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

- People and their relatives spoke positively about the registered manager and told us the service was well led. A person said, "There's been a change in management. Since then the manager is right on it. It's not perfect, but any issues seem to get resolved." A relative said, "It's managed well. I'm not worried about anything."
- Staff said there was a positive culture and they felt supported in their role. A staff member told us, "It is so much better; we get direction and supervision and I feel things have improved, it's a nice service."

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 provider understood the duty of candour and their responsibilities in relation to sharing information and being open and honest where incidents occurred. Complaints and incident logs were reviewed to ensure any issues were shared openly.
- The registered manager was clear about the legal responsibilities in line with their registration with the CQC. They had notified us of incidents and accidents that had occurred.

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

- There was a quality assurance system in place which had been used consistently to monitor and improve the quality of the service. Detailed audits had been carried out on all aspects of the service. There was a clear process for escalating these to the provider and any actions needed were identified. For example, they had reduced the use of agency staff and recognised the need to improve activities.
- We saw the governance system included a clinical oversight so that information gathered could be used for continual learning. For example, the frequency of people developing UTI's and the need to promote good hydration.
- The registered manager understood the regulatory requirements of their role. They had submitted their PIR as required and the information given reflected what we found on inspection. The registered manager had also displayed their most recent inspection rating as is required by law.

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

- People and their relatives were actively engaged in the service. Regular meetings took place with people

to give them opportunity to feedback on the care provided. We saw that people's feedback had been acted upon and this was displayed on 'You said, we did' reports. For example, action had been taken to resolve issues with the hairdressing provision.

- Staff surveys had been implemented to seek their views. These were not yet completed but the registered manager told us she expected staff would be positive about the improvements in the service. For example, staff had more regular support and direction.

Continuous learning and improving care / Working in partnership with others

- The registered manager displayed a strong commitment to improving care and was working with other agencies to improve people's support. For example, working alongside GP's, district nurses, the palliative care team and the local authority. Feedback from the local authority and a visiting professional was positive. She was also exploring more dementia friendly environments and the use of sensory equipment to enhance people's experiences.