HC-One Limited

Lyndon Hall Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This unannounced inspection took place on 24 February 2015. At our last inspection in April 2013 the service were meeting the regulations of the Health and Social Care Act 2008.

Lyndon Hall Nursing Home is registered to provide accommodation, nursing or personal care for up to 80 people, on four separate units. Both Poppy and Sunflower units provided general nursing care. Rose Unit provided residential and Bluebell Unit nursing care for people experiencing a dementia type illness. At the time of our inspection 64 people were using the service. People using the service may have a range of needs related to dementia, older people and younger adults.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were systems in place to protect people from abuse and harm. Staff had a clear knowledge of how to protect people and understood their responsibilities for

Summary of findings

reporting any incidents, accidents or issues of concern. The registered manager was able to demonstrate learning and changes to practice from incidents and accidents that had occurred within the service.

People and their relatives told us they felt confident that the service provided to them was safe and protected them from harm. We observed there were a suitable amount of staff on duty with the skills, experience and training in order to meet people's needs.

Recruitment practices within the service were not always effective. We saw in some records that appropriate last employer references were not in place and that gaps in staff employment history had not clearly been discussed and reasons for these documented.

People's nutritional needs were monitored regularly and reassessed when changes in people's needs arose. We observed that staff supported people in line with their care plan and risk assessments in order to maintain adequate nutrition and hydration.

The staff worked closely with a range of health and social care professionals to ensure people's health needs were met, for example physiotherapists and chiropodists.

We found that a number of people in the service were subject to a Deprivation of Liberties Safeguard (DoLS). Staff were able to give an account of what this meant when supporting these people and how they complied with the terms of the authorisation. However, documentation in relation to people's resuscitation status was not always fully completed.

We spent some time observing people and the activities available to them on Bluebell unit. The environment had not been adapted, decorated or furnished to the needs of people with Dementia. The provider had plans in place to refurbish Bluebell Unit in the coming weeks to suit people's specific needs and in line with the work already partly or fully completed on the other units.

We saw staff responded to people's needs and protected their dignity. Staff spoke with people in a friendly and encouraging way to support people with their independence.

People were routinely provided with written information including how to make a complaint. Information regarding how to access local advocacy services was clearly displayed. Staff were aware of how and when to access independent advice and support for people.

Activities within the home had been somewhat limited. Recent recruitment of additional activities staff and training of staff meant that an increased availability and variety of activities was being planned.

People and their relatives were involved in the planning of care and staff delivered care in line with peoples preferences and wishes. Staff supported people to access support for their spiritual or cultural needs.

People, relatives and professionals spoke positively about the approachable nature and leadership skills of the registered manager. Structures for supervision allowing staff to understand their roles and responsibilities were in place. Staff we spoke with were clear about the how they could access and how they would utilise the providers whistle blowing policy.

Nursing staff, the registered manager and the provider undertook regular reviews and analysis of the quality and safety of the service. Spot checks were performed regularly in order to check that the care being delivered was safe and of high quality.

Summary of findings

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.

Recruitment practices within the service were ineffective. Gaps in employment history and appropriate references had not been analysed.

Staff were knowledgeable and had received training about how to protect people from harm. People and relatives told us they felt the service was safe.

Medicines were handled and stored safely. We saw that systems for auditing medicines were robust.

Is the service effective?

Good

The service was effective.

Staff received regular training and had the appropriate level of knowledge and skills to meet people's needs.

People had a variety of meals on offer to them which accommodated their cultural preferences.

The registered manager and staff were fully aware of their responsibilities regarding Deprivation of Liberty Safeguarding (DoLS) authorisations in place.

Records not fully completed in respect of decisions for Cardio Pulmonary Resuscitation (CPR) not to be attempted were being dealt with by the registered manager.

Plans were in place to adapt Bluebell to meet the needs of people experiencing a dementia type illness.

Is the service caring?

Good

The service was caring.

People and their relatives were complimentary about the staff and the care they received. We observed staff interacted with people in a kind and compassionate manner.

Information about the service was routinely made available to people.

We observed that people's privacy and dignity was respected by the staff supporting them.

Is the service responsive?

Good

The service was responsive.

People had been involved in their care planning and reviews of their content took place on a regular basis. Relative's involvement in this process was evident.

Summary of findings

People and their relatives told us they knew how to make a complaint and felt confident that the manager would deal with any issues they raised.

Activities were on offer to people using the service.

Is the service well-led?

Good

The service was well-led.

The provider routinely sought feedback from people who had experience of the service and made improvements based on their findings.

People and their relatives spoke positively about the visibility and approachability of the manager.

The quality assurance systems in place allowed the registered manager to identify any gaps or omissions and these were addressed in a timely manner.

Staff received regular supervision to discuss their development and training needs. The manager was well supported by the providers more senior managers.

Lyndon Hall Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection of Lyndon Hall Nursing Home took place on 24 February 2015 and was unannounced. The inspection team consisted of two inspectors and an Expert by Experience of older people's care services. An Expert of Experience is someone who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at and reviewed the Provider's Information Return (PIR). This questionnaire asks the provider to give some key information about its service, how it is meeting the five key questions, and what improvements they plan to make. We also reviewed the information we held about the service including notifications of incidents that the provider had sent us. Notifications are reports that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury.

Prior to our inspection we also liaised with the local authority and Clinical Commissioning Group (CCG) to identify areas we may wish to focus upon in the planning of this inspection. The CCG is responsible for buying local health services and checking that services are delivering the best possible care to meet the needs of people. We also contacted healthcare professionals who had regular contact with the service to obtain their views.

During our inspection we spoke with seven people who used the service, five relatives, one member of kitchen staff, five care staff and the registered manager. We observed care and support provided in communal areas and with their permission spoke with people in their bedrooms.

We also used the Short Observational Framework for Inspection (SOFI) during the afternoon on Bluebell Unit. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records about people's care and how the home was managed. This included looking closely at the care provided to four people by reviewing their care records, we reviewed three staff recruitment records, all the staff training records, five medication records and a variety of quality assurance audits. We looked at policies and procedures which related to safety aspects of the service.

Requires Improvement

Is the service safe?

Our findings

People who used the service, relatives and professionals we spoke with told us that they felt the service was safe. One person told us, "Yes I feel safe, there are always staff around". Another said, "I feel safe, staff look after you here; they are as good as gold to me".

Staff were clear about their responsibilities for reporting any concerns and described the procedures to follow if they witnessed or received any allegations of abuse. They were knowledgeable about the types of potential abuse, discrimination and avoidable harm that people may be exposed to. Staff had received training in how to protect people from such abuse or harm. One member said, "I wouldn't hesitate to report any concerns about abuse".

People told us they were encouraged to raise any concerns or any worries they had. One person said, "If you've got anything to say, you say it; if they can sort it, they will". People and their relatives told us that staff were approachable and listened to and acted on any concerns they had.

Records showed that assessments had been completed in respect of any risks to people's health and support needs. These referred to the individual's level of ability and provided guidance about how to reduce potential risk of harm or injury when people were being supported with the activities of daily living. For example, through our observations we were able to see how staff used moving and handling equipment in such a way as to protect people from harm and in line with their individual needs outlined in their care plans. We saw that risks were reviewed regularly and updated to address changes in peoples support needs.

We saw that learning from incidents was shared to reduce risks to people and enable improvements in the future, for example putting alarm mats in place when people had had a falls in order to alert staff if someone who needs assistance to mobilise attempted to do so unassisted. Records of incidents were appropriately recorded with learning or changes to practice seen documented following incidents or accidents. Electronic systems were in place that provided alerts in relation to identified trends, for example high levels of incidents in regard to one particular unit or person. Staff told us that learning or changes to practice following incidents were cascaded to them at shift handovers or staff meetings. We saw that incidents and accidents were a rolling agenda item in staff meetings and acted as an update for staff.

Recruitment processes within the service were not always safe. We saw gaps in staff's employment history without any documented reasons for this. In one record we saw that one of the references was clearly not referring to the employee it had been sought for. We saw that appropriate criminal records checks had been undertaken for employees. This meant that systems for establishing suitability of staff employed to work within the service were not always robust. The registered manager said they would act upon immediately upon our findings.

We saw that there were sufficient numbers of staff on duty to meet people's needs. We observed people being responded to in a timely manner, including those using call bells for assistance. One person said, "There's always someone around". A second person told us, "They help you as much as they can, night and day". We saw that staff were available to assist people. One relative said, "Staff have never not done anything they should". The manager told us that staffing levels were determined in line with peoples changing needs. They told us that they used a staffing tool to calculate staffing levels and adjusted these accordingly.

Disciplinary procedures within the service were reviewed. The provider had taken appropriate action by internally investigating any allegations, cooperating with external agencies and dealing with the staff involved in line with their own policy, when incidents had arose.

The service had safe systems for managing medicines. We observed that medicines were provided to people in a timely manner. People we spoke to told us they were happy with how they received their medicines. One person said, "Yes I get my medicines, same time and same place every day". A relative told us, "Yes they give him his medication and wait until he has actually taken it, before moving on to other people". We found that records were completed fully without any unexplained gaps. Medicine storage cupboards were secure and organised. We found effective arrangements in place to check medicine stock levels. The registered manager undertook a more in depth monthly medicines audit. Medicines were stored in accordance with the manufacturer's guidelines and that supporting information for the safe administration of medicines was

Requires Improvement

Is the service safe?

available for staff to refer to. Records of medicines administered confirmed that people had received their medicines as prescribed by their doctor to promote and maintain their good health.

Good

Is the service effective?

Our findings

People, relatives and professionals we spoke with told us they felt the staff were skilled and trained to meet people's needs. One person said, "As far as I know because I haven't been here that long, they've been good with me". Another told us, "The staff really look after you here".

We spoke with staff about how they were supported to develop their skills to meet people's needs effectively. Staff told us they were provided with a variety of training which they felt had equipped them to perform their role effectively. One staff member said, "There is always training on offer". For example, staff working on the dementia care units told us they had received specific training to meet the needs of people with the illness. Records showed staff had received training and updates in respect of the provider's required level of basic training. This included training in how to maintain a safe environment and promoting healthy skin. New employees were provided with an induction which included basic training, familiarising themselves with the providers policies and procedures and shadowing a more senior member before undertaking all aspects of their role fully. Staff we spoke with were complimentary about the induction they received. One staff member said, "They give you a really good proper induction".

Staff received regular supervision and an annual appraisal. We saw that these processes gave staff an opportunity to assess their performance, review their knowledge and discuss elements of good practice. We saw from the minutes of staff meetings that they were well attended and used to gather feedback, and further embed best practice and learning. All of the staff we spoke with told us that the supervision they received was of value to them.

Staff told us they had undertaken training in and understood the relevance of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS), as part of their basic training. This is legislation that protects the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. The registered manager had a wider understanding of the MCA and DoLS and knew the correct procedures to follow to ensure people's rights and choices were protected. Records showed that people's mental capacity had been considered as part of people's initial and on-going assessment. We observed that people's consent was sought by staff before assisting or supporting them. One person told us, "If I want anything doing, I ask and they do it; they always ask my permission before doing anything". DoLS had been authorised for sixteen people who used the service. Staff knew the people who were subject to a DoLS authorisation and we observed staff supported people to make decisions and choices in line with their care plans.

We reviewed the records that related to the resuscitation status of two people. These records demonstrated how the decision was made, who was responsible for deciding that Cardio Pulmonary Resuscitation (CPR) was not to be attempted and how people who use services and those close to them had been involved in the decision. However, the records did not indicate whether the instruction was continuous or would be reviewed in the future by the people involved in making the decision. The registered manager agreed to contact those involved and ensure the documents were updated accordingly.

People were supported to take a nutritionally balanced diet and adequate fluids. The registered manager had recently introduced a 'protected mealtime's policy'; they told us that this meant that staff stopped doing other tasks at this time to concentrate on, enhance and improve the mealtime experience for people. We observed lunch being served with two choices of main meal and two desserts on offer. The cook put a sample of the meals on offer, onto plates and took these to each person to help them decide which meal they would like to eat, they also described what each meal contained. One person told us, "Staff show you what they've got and if you don't like it, they'll do you something else". Another told us, "Got to be alright for me to eat it and they always ask you if you want some more". We saw that people were offered alternatives from the menu and extra portions. People told us they were consulted about their likes and dislikes and we saw the chef approached people individually to discuss their likes and dislikes. Meals were nutritionally balanced with people's specific dietary and cultural needs catered for. The chef told us that changes to people's nutritional needs were communicated to them by staff, which they kept records of for reference. When people had specific cultural needs in regard to food and how this was prepared, the chef met with people and their relatives to ensure that this was adhered to. Staff we spoke with knew which people were nutritionally at risk and records we looked in were reflective of people's current risk in regard to malnutrition.

Good

Is the service effective?

People were supported to access the healthcare they needed to promote good health and well-being. Discussions with people, their relatives and staff confirmed that people's health needs were identified and met appropriately. One person told us, "The nurse checks you out if you are not feeling well, they are quite good like that and they send for the doctor". A second person said, "If I feel under the weather I tell them, I had a headache before and they gave me something for it". We saw examples in records of staff accessing more urgent reviews by a doctor in response to people's changing health needs. A relative said, "Yes they are good, my relative had bad chest couple of weeks ago and they did fetch the doctor". Records showed people were supported to access a range of visits from healthcare professionals including chiropodists and speech and language therapists as necessary. One staff member said, "Access for people to healthcare is good here".

The service provided care to people on four separate units; people were accommodated on the units according to their particular health needs. The registered manager showed us around the units and all but one of the them, Bluebell, had undergone a partial or full refurbishment and looked bright, clean and suited to people's needs. We spent some time on Bluebell Unit; this unit specifically catered for the needs of people experiencing a dementia type illness who required nursing care. The unit was not decorated or furnished with people's specific needs in mind. The registered manager had recently designated one room for use a quiet room for use by people requiring a quieter more supportive environment; we observed this was being used with good effect. The registered manager discussed the plans for refurbishment of the unit with us which were due to take place in the coming weeks. The large main lounge area had been identified as having the potential to increase the possibility of people feeling isolated so the plans included reducing the size of the lounge area to two smaller lounges. We noted through our discussions that consideration for minimising any impact for people on the unit during the refurbishment had been prioritised.

Good

Is the service caring?

Our findings

People told us that staff were caring and kind towards them. One person told us, “Staff are very nice. I’ve enjoyed it while I’ve been here”. Another said, “They are good staff; they’ve got to be good for me to say it”. A relative said, “They are very caring staff”. Another said, “Staff are pleasant here”. We observed that staff displayed a relaxed and friendly approach towards people. For example, we saw one person became agitated and so a member of staff reassured them calmly and danced with them to distract them, discreetly readjusting their clothing to maintain their dignity. This demonstrated that staff provided supportive action to relieve people’s distress.

Staff knew the importance of providing care to people and in the way they wanted it delivered. People we spoke with told us they were involved in planning and making decisions about their care and treatment. One person said, “I get told what’s going on and asked my opinion”. We observed people being supported to make a variety of decisions about a number of aspects of daily living during our inspection, for example where they wanted to be seated in the lounge or what they would like for lunch. A relative told us, “Staff notify us of any changes and they discuss the care plans with us”. People told us they been provided with verbal and written information about the service periodically. Relatives we spoke to were positive about the level of communication they received from the service. We saw that meetings were organised monthly for people and their relatives to attend. Records showed that these meetings were used as an opportunity for the registered manager to relay information about forthcoming changes or developments within the service.

Staff we spoke with knew how to access advocacy services for people. Care records we reviewed evidenced that advocates were sought for people when the need had arisen. Information was displayed in the foyer of the building about the availability of local advocacy services and their contact details.

People and their relatives told us staff respected people’s dignity and their right to privacy. One person told us, “If I want to be alone, I just ask staff to take me to my room”. Another said, “They always knock before coming in and they always make sure the door is shut when I am dressing”. We observed staff communicating with people in a respectful manner and supporting them in a dignified and discreet way.

People were encouraged by staff to remain as independent as possible. We observed staff asking people what level of support they needed and what they were able to do for themselves. One person said, “Oh yes, staff help me to do things for myself”. We saw that people’s cultural and spiritual needs had been considered as part of their initial assessment. People who wished to were able to access Holy Communion. Records showed aspects of peoples lifestyle choices had been explored with them or their relatives, for example, we saw that films and music in people’s first language were accessible to those who had identified these as their preference.

Good

Is the service responsive?

Our findings

People and their relatives told us that staff asked for their views about how they would like their care to be delivered. One person said, "Yes I have been involved in planning my care". A relative told us, "We attended a recent review, and we met with the manager". Records showed assessments were completed to identify people's support needs that people and their relatives had contributed to/or had been involved in the planning of care.

Care plans contained personalised information, detailing how people's needs should be met and these had been regularly reviewed and updated. Information about people's individual health needs, interests and life history were included. Personal preferences included important instructions for each individual, for example one person stated they wanted staff to take their time and involve them during care delivery. We observed staff supporting this person and they adhered to the persons wishes. We saw that people's rooms had been personalised with items of sentimental value or of interest to them.

People told us that when they were in their bedroom staff checked on them on a regular basis and attended to them in a timely manner if they pressed their call bells. One person said, "I don't have to wait very long as a rule; according to how busy they are". Another said, "Staff come to me as quick as they can". Visiting times were open and flexible and visitors we spoke with said they were able to visit the home without undue restrictions. We found people were not restricted in the freedom they were allowed and we saw that they were protected from harm in a supportive respectful way.

People and their relatives told us that activities were available to them. One person said, "There might be a singer occasionally". Another person told us, "We have entertainment day; that's nearly always singers". One relative told us, "My relative goes to the pub and everything; he likes dancing when they have a concert but he also likes to spend time in his room". The service had a dedicated activities organiser; however they had been working alone for some time until recently when another organiser had been recruited, they had been in post for two days at the time of our inspection. They told us that activities that were more personalised to people's interests or hobbies were being planned now they had increased staffing. Planned activities and events were organised, such as meals out at the local pub. They told us that most activities were decided upon with the individual or alternatively with small groups of people. We saw beauty treatments being provided for some people; we observed people were animated, chatting and clearly enjoying this activity. We saw that the registered manager had acquired training in regard to providing activities for all the staff in March 2015 in order to develop staff knowledge and ideas in this area.

Records of regular meetings attended by people and their relatives were seen in which feedback about their experience and opinions of the service were sought. People told us they were encouraged to attend these meetings and contribute their thoughts. Subjects included for discussion in these meetings were the environment and plans or ideas for upcoming events. A comments box and relatives book was also available in reception for people or their relatives to provide feedback. One relative told us that they had left a comment in the box and that the registered manager had met with them and they were satisfied their concern had been dealt with. Another relative said, "I have raised concerns and they have been dealt with". Another relative said, "I feel I am listened to if I have any concerns, they do take in on board". Any reported concerns had then been passed to the registered manager, for them to address these with people individually or to raise them in group meetings with people. We spoke with one person who had raised a concern with the provider during their visit; they told us that the registered manager had met with them and followed up their concerns.

The service had a complaints procedure in place. Information about how to make a complaint about the service was in an accessible area and also provided in the information available to people in their bedroom. People and relatives we spoke with knew how to complain. One person told us, "I would tell staff if I had a complaint and the manager would come and see me". Another person said, "I'd speak to one of the staff, but I haven't had any trouble yet". Acknowledgement letters were sent out to the complainant prior to any investigation taking place with clear timescales provided in line with the provider's policy.

Good

Is the service well-led?

Our findings

People and their relatives spoke positively about the leadership of the service. One person told us, "I know who the manager is but not sure of their name". A relative said, "The managers door is always open, they don't just stay in the office, they interact with service users". Another said, "The place seems to be efficiently managed". The registered manager demonstrated a good level of knowledge about the people who used the service. One staff member said, "The manager is a very hard working person". The registered manager told us the provider was approachable in relation to their plans or ideas to develop the service. Staff we spoke with understood the leadership structure and lines of accountability within the service; they were clear about the arrangements for whom to contact out of hours or in an emergency

The provider sought feedback from people, relatives, staff and stakeholders through a variety of methods including an annual satisfaction survey and meetings. One relative said, "There is a suggestions book by the door for people to use". We saw that the provider routinely analysed the feedback and made improvements based on their findings. Staff meetings were held each month, with a good level of attendance, information was cascaded and there was opportunity for staff to provide their feedback. The regional manager visited the service each month and undertook an inspection of the service, this included gaining feedback from people, relatives and staff; we saw that when issues or concerns were identified during these inspections the registered manager was notified and had met with people individually to address their concerns.

Staff we spoke to told us that the registered manager was supportive towards them. One staff member told us, "The manager has been very receptive to providing resources for ideas in regard to activities planning". The registered manager told us they were keen to ensure they were able to deliver the care people needed to a high standard. We saw that pre admission assessments were undertaken by the registered manager and were very comprehensive; they told us that this enabled them to establish a clear view of people's needs and ascertain whether the service could meet these needs effectively before offering them a service.

The registered manager demonstrated a clear understanding of their responsibilities for notifying us and other external agencies, including the appropriate professional bodies that may occur or affect people who used the service. We reviewed the notifications received from the service prior to our inspection and we found incidents had been appropriately reported in a timely manner.

We saw the provider actively promoted an open culture amongst its staff and made information available to them to raise concerns or whistle blow. Staff were able to give a good account of what they would do if they learnt of or witnessed bad practice. The provider had a whistle blowing policy which staff received a copy of on induction and a copy was also available in the staff office. This detailed how staff could report any concerns about the service including the external agencies they may wish to report any concerns to. The provider also had a dedicated phone number that staff could use to whistle blow anonymously. One staff member, "The manager is so thorough, I know he would act if someone did whistle blow".

We saw that effective systems for internal auditing and quality checks were in place. The registered manager conducted regular 'walk abouts' around the units to assess the quality and safety of the service being delivered. Nursing staff were responsible for daily checks on each unit which included observation of staff practices in respect of moving and handling practices. A number of key areas of risk for people, for example safety of equipment were regularly reviewed by the registered manager. Where omissions or areas for improvement were identified we saw that an action plan was developed and completed.