Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Lyndhurst Nursing Home

238 Upton Road South, Bexley, DA5 1QS

Tel: 01322523821

Date of Inspection: 05 August 2014

Date of Publication: September 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✗ Action needed

Details about this location

Registered Provider	Mr & Mrs R Mahomed
Registered Manager	Mr Richard Khan Lall Mahomed
Overview of the service	Lyndhurst Nursing Home is a care home providing nursing care for up to 16 people. It is situated in the London borough of Bexley.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 5 August 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We gathered evidence against the outcomes we inspected to help answer our five key questions; Is the service caring? Is the service responsive? Is the service safe? Is the service well led?

Below is a summary of what we found. The summary is based on our observations during the inspections, speaking with people using the service, the staff supporting them and from looking at records.
If you want to see evidence supporting our summary please read our full report.

Is the service safe?
Safeguarding procedures were in place and staff understood how to identify abuse and report concerns to safeguard people using the service.
Risk assessments were completed for each person using the service to identify potential risks such as falls or poor nutrition. There were systems in place to ensure the environment was well maintained and people knew how to respond if a person using the service became unwell. Accidents and incidents were reported and recorded; however, there was no evidence to show what actions had been taken in response to reported incidents. There was no evidence that analysis of incidents had been undertaken to identify trends and minimise the risk of reoccurrence of incidents. Staff received health and safety training and
There were systems in place and staff had received training to ensure people were protected from abuse and their human rights were upheld.

Is the service effective?
People's health and care needs were assessed with their involvement where possible. A care plan was then developed which reflected the level and type of support each person required to be safe and receive care appropriate to their needs. People's mental capacity to make informed choices had been assessed and we saw relatives had been involved to ensure their best interests were considered. People we spoke with told us they felt safe and their personal needs were met and staff ensured any changes they requested regarding their day to day care were acted upon.

Is the service caring?
We observed people using the service had their privacy and dignity respected. We spoke with people and their relatives. A relative said "The staff have been here for several years and know how to care for my mother. They understand her, she is not the easiest person to look after but they never get ruffled and are kind and are genuinely caring."
People had been involved in the planning of their care and supported to identify their preferences and what was important to them. Staff demonstrated a good understanding of each person's needs and how to effectively communicate with them. This ensured people were supported and involved in decisions about their day to day care. We noted staff took time to answer people's questions and provide suitable explanations in a respectful manner. One person we spoke with said "the staff are very respectful but you can always have a joke and a bit of a banter with them."

Is the service responsive?
People were invited to be involved and make decisions about their group activities but their wishes were respected when they did not wish to participate. We saw people had access to information about how to raise a concern. We noted safeguarding concerns had been correctly reported and responded to in a timely manner so people were protected. There was evidence to show the service worked effectively with other health care professionals such as dentists and doctors to ensure people received care they had needed. We observed peoples wishes about aspects of their care and daily activities were respected and responded to appropriately. We saw people had access to information about how to raise a concern or make a complaint.

Is the service well led?
The registered manager had completed infection control audits to check hand washing facilities were appropriate and available to staff to ensure the safety of people using the service. People using the service had been supported by their families to participate in a satisfaction survey and there was evidence to show the registered manager had responded to people's feedback to improve the service.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 18 September 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment. We observed that staff explained to people what care they wished to provide and where possible obtained their agreement. People were addressed and spoken to in a caring manner and time was given to carefully explain what they wanted to do. For example for one person using the service who had impaired vision and hearing we saw staff sat with the person and held their hand whilst they explained they were going to help them mobilise.

We spoke with three members of staff about how they ensured people's privacy and dignity was protected. Staff explained how they knocked on people's doors before entering their room and they ensured people remained covered whilst providing personal care to ensure their dignity remained protected. We looked at what arrangements were in place in shared accommodation and observed screens were available and were being used whilst providing personal care.

People we spoke with said "Staff always knock before coming in and they ask me what I want wear. They take things out of my wardrobe and hold them up for me to see so that I can choose." Staff we spoke with told us they ensured people's clothes were well cared for and they had a system to ensure they could identify and return peoples clothes to them after laundering so their dignity was maintained. One staff member said "It's important for people to feel they look nice and that their clothes are well cared for."

We observed staff asking people if they needed a drink or if they were happy to sit at the table for their lunch. Where people who used the service could not directly express their views they and their families were involved in making decisions about their care and treatment. One relative we spoke with said about the staff "they always ask me about any changes in care and ask my advice about what my partner would prefer.

We looked at six care files and saw there were clear instructions for staff about providing care in a manner which ensured people's dignity was respected. People's care files contained completed consent forms signed by the person using the service to use bed

rails and have their photograph taken and placed in the file.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. There were 16 people using the service on the day of the inspection. We reviewed six care plans and were able to see each person had been pre assessed prior to admission to ensure the service provided was appropriate for their needs. Some people using the service were unable to express themselves and we were able to see evidence that family members and other care agencies had been involved in the pre-assessment to ensure the person's best interests were represented.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Staff we spoke with told us each person had a care file which included a background history, a medical summary including their specific likes and dislikes. We saw there were risk assessments of many aspects of daily living such as dietary needs, personal care and preferred activities. With this information staff had prepared individual care plans. The risk assessments had been reviewed and care plans adjusted as people's needs changed. For example one person with reduced mobility had been identified as having a poor skin condition and there was a plan of care to minimise the risk of pressure sores or skin breakages.

We were able to see families had been consulted about people's care needs. Families had provided information about food preferences, clothes people liked to wear and their preferred daily routine. We spoke with six people using the service. One person said, "The staff are OK. They ask me what I would like to eat, we have a choice and they make sure any meat is minced so that I can manage it." The person went on to tell us they thought their room was nice and comfortable and they had everything they needed. We looked at the menu's and were able to see people had a choice of meals each day and there was a monthly meal plan to ensure people using the service had a balanced and varied diet. There was a record of the routine visits by the general practitioner and peoples care files contained information about care provided by other care agencies such as the podiatrist or dentist.

Another person we spoke with told us someone came in most days to do varied activities with the people using the service. They said, "I like doing the games and enjoy using the garden when the weathers nice. The cook is fantastic. I have only been here a few months

but I'm happy with everything. If I want to go into the village the manager organises for someone to take me."

We spoke with the activities coordinator who worked part time. They explained they prepared a plan of activities suited to the needs and abilities of the people using the service. We saw the plan was clearly displayed for people using the service and included a range of activities including light exercise and activities of mental stimulation. The activities coordinator showed an understanding of different people's needs and preferences. She told us games and music tended to be popular and said, "We recently had a summer party for people and their families that was very successful." We saw photographs of the event and that peoples relatives and friends had been involved.

There were arrangements in place to deal with foreseeable emergencies. We spoke with two healthcare assistants about what they would do if a person using the service became unwell. The staff told us they would immediately notify the registered nurse in charge who would decide what actions to take. The registered manager told us they would assess the person concerned and either contact their general practitioner or call for the emergency services depending on the person's condition. They told us they would also notify the person's relatives. Staff were able to tell us there was a trained first aider and they had access to a first aid kit. We saw the first aid box was well stocked and easily accessible to staff. We saw training records which showed training in first aid and been provided.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. We spoke with three members of staff who were aware of their responsibilities about keeping vulnerable people safe. Staff were able to demonstrate they understood what constituted abuse or poor practice to give examples of different types of abuse and they knew what to do if they saw or suspected abuse.

We spoke with the registered manager who confirmed there had been no recent incidents of safeguarding. The registered manager and the staff confirmed they had received training about safeguarding vulnerable adults. The training records we saw verified this. We also noted further training had been scheduled with an external training company for later this year.

We saw the relevant contact numbers and local guidance policy were up to date and easily accessible to staff. We saw there were other policies about safety and whistleblowing however these had not been reviewed in the past 10 years. The registered manager might wish to review the policies to ensure staff had access to up to date guidance to ensure the safety and wellbeing of the people using the service.

The provider responded appropriately to any allegation of abuse. We saw an example of a safeguarding concern and this had been responded to and reported appropriately.

People who use the service were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements. The registered manager confirmed there had not been any requests for Deprivation of Liberty in the past 12 months. Where cot sides were used we saw there had been appropriate risk assessments completed and peoples consent had been obtained and documented.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

Appropriate checks were undertaken before staff began work. The registered manager confirmed new members of staff had been recruited via an agency since the last inspection. We reviewed five staff files including those recently recruited.

To ensure the safety of people using the service the provider had ensured that Disclosure and Barring service checks had been completed before staff commenced employment. Each staff file contained application forms showing the applicants employment history. There were no gaps in their employment history. The files contained interview notes and we saw two references had been obtained one being from the applicant's most recent employer. The references provided had been checked for authenticity and validity.

Each person had been asked to complete a health questionnaire to identify if they were fit for employment. We saw there was evidence that checks of identity and whether the applicant was eligible for employment in the United Kingdom. This meant that people recruited were fit safe and legally entitled to be employed.

People using the service spoke well of the staff and that they found them to be friendly and caring. Staff we spoke with told us they had been supported during their induction period and received training and supervision to perform their duties to an acceptable and safe standard. Training and supervision records verified this.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs. On the day of the inspection we saw there was one registered nurse and two healthcare assistants on duty to care for the 16 people using the service. In addition there were housekeeping and catering staff on duty. We spoke with the members of staff and the registered manager about the staffing arrangements. Staff we spoke with told us the registered manager who was a registered nurse also worked with the team and supervised them. The healthcare assistants told us they felt they had sufficient staff on duty to meet the care needs of people using the service but some days were busier than others. The registered manager advised there was always a registered nurse on each of the three shifts over a 24 hour period. During the daytime there were two healthcare assistants on duty and one at night. The rotas we saw showed this staffing level had consistently been achieved.

We noted there was a calm quiet atmosphere and that call bells and requests for attention were attended to promptly. The registered manager supervised the staff during meal times and ensured each person received the necessary support to have their meals and drinks.

We asked the registered manager what arrangements were in place to ensure continuity of service if a member of staff was absent. The manager explained they preferred to reorganise the shifts with the permanent staff rather than use temporary staff who would not be familiar with the needs of people using the service. We saw there were contact numbers available to staff on duty if additional temporary staff were required. When we looked at the staffing rotas over the previous year we were able to see that a consistent level of staff had been maintained using contracted staff.

Assessing and monitoring the quality of service provision ✖ Action needed

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was not meeting this standard.

The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others. This meant that the provider did not comply with regulation 10 (2) (c) (i) that requires the provider to protect service users who may be at risk through the analysis of incidents that resulted in, or had the potential to result in harm to a service user.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The registered manager (RM) had completed a survey since the last inspection to obtain the views of people using the service. The RM explained relatives had been involved to help and support people to obtain their views. We saw the completed questionnaires and comments which indicated a good level of satisfaction and suggestions had been made to improve the service. We enquired whether any changes or improvements had been made in response to the survey. The RM explained some people using the service had requested electronic beds to allow them to be more independent and that two of these beds had recently been purchased. Other changes included changes and additions to the menu choices.

We spoke with the RM and three members of staff to understand how they responded to incidents. Staff we spoke with were able to discuss what actions were required if an incident occurred and these reflected the providers local incident reporting policy which included completing an incident form and notifying the person in charge. We noted staff received annual training in health and safety management. We were able to see that incident forms had been completed and there had been no serious incidents reported in the past year.

The provider may wish to note that the documentation did not include information about what actions had been taken in response to these incidents and there was no evidence of learning from incidents / investigations took place and appropriate changes were implemented. We spoke with the RM about how the information from the incident reports was used. The RM confirmed that at present there was no trend analysis of data or systems in place to lean from incidents to improve the quality of care or evidence they had introduced preventative actions to minimise the risk of reoccurrence of incidents.

We noted some areas had recently been refurbished and there were systems in place to ensure the environment was safe for both staff and people using the service. Examples of this were infection control audits to ensure hand washing facilities and supplies were adequate in all areas of the home.

The provider took account of complaints and comments to improve the service. We saw there was information available to people and their families about how to raise a concern or make a complaint. The complaints file was empty. The RM advised there had not been any formal complaints. We spoke with people's relatives who told us they felt the care and facilities were of a good standard and they had not had a need to complain. Staff we spoke with were aware of their responsibilities regarding handling people's concerns.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	**Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010** **Assessing and monitoring the quality of service provision** **How the regulation was not being met:** The provider did not protect service users by having an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others. Regulation 10 (2) (c) (i).

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 18 September 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk