

Mr Richard Burdett

# Lyndale Nursing Home

## Inspection report

9 Rawlinson Road  
Southport  
Merseyside  
PR9 9LU

Tel: 01704543304

Date of inspection visit:  
08 February 2018

Date of publication:  
09 March 2018

### Ratings

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

# Summary of findings

## Overall summary

The inspection took place on 8 February, 2018 and was unannounced.

Lyndale is nursing home which provides accommodation and nursing care for up to 25 people. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. At the time of the inspection there were 20 people living at the home.

Accommodation is located over three floors; there is a shared lounge located on the ground floor, a passenger and stair lift to the upper floors as well as a large garden to the rear of the building and a car park at the front.

At the last inspection, which took place on 20 and 21 October, 2015 the home was rated 'Good'.

At this inspection we found the service remained 'Good' and continued to meet all of the essential standards.

There was a registered manager at the time of the inspection. A registered manager is person who has registered with the Care Quality Commission 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.

During this inspection we reviewed care plans and risk assessments. We found that they contained relevant, consistent and up to date information in relation to the support needs of people who were living at the home. Care plans were person centred and reflected people's individual wishes, choices and preferences.

Medication management systems were in place. Medication was only administered by staff who had received the appropriate training. Regular medication audits were taking place and people received all medication which was prescribed to them.

The home operated within the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). We reviewed information in relation to capacity assessments and processes which needed to be in place to make decisions in a person's best interest. Staff had received the necessary MCA/DoLS training. Peoples care plans and risk assessments contained current information in relation to their capacity and the restrictions which were in place.

Recruitment processes were safely and effectively managed. The necessary recruitment checks had been completed, suitable references had been sought and Disclosure and Barring System checks (DBS) were in place for all staff. DBS checks ensure that staff who are employed to care and support people are suitable to

work within a health and social care setting.

We reviewed staff training, learning and development opportunities the registered provider had in place. We found that staff were supported in their roles, completed the necessary training and were also provided with specialist training in order to effectively carry out their duties.

We reviewed how people's nutrition and hydration was supported. Peoples' preferences, likes and dislikes were well known amongst the staff team, kitchen staff were familiar with specialist dietary needs and people were supported with a choice and variety of food and drink provided. People were nutritionally assessed and risk assessment tools were in place to safely and effectively monitor people's health and well-being.

There was a formal complaints policy in place. People informed us that they knew how to make a complaint if they ever needed to. At the time of the inspection there were no complaints being investigated.

Safeguarding and whistleblowing procedures were in place. Staff were able to explain their understanding of what 'safeguarding' and 'whistleblowing' meant and the actions they would take in order to protect people who were receiving care.

The home operated an 'open door' policy. The culture was supportive, kind, caring, compassionate and respectful. People living at Lyndale, staff and relatives we spoke with all provided us with positive feedback about the quality and standard of care being provided.

We reviewed health and safety audit tools and infection prevention control procedures which were in place. We found that people were living in a safe, clean and well maintained environment. Audit tools and checks were regularly being completed and the standard and quality of the environment was being monitored and assessed.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains well-led.	<b>Good</b> ●

# Lyndale 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 took place on 8 February, 2018 and was unannounced.

The inspection team consisted of two adult social care inspectors, an 'Expert by Experience' and a 'specialist advisor'. An 'Expert by Experience' is a person who has personal experience of using or caring for someone who uses this type of care service. A 'specialist advisor' is a person who has professional experience and knowledge of the care which is being provided

Before the inspection visit we reviewed the information which was held about Lyndale. This included notifications we had received from the registered provider such as incidents which had occurred in relation to the people who were living at the care home. A notification is information about important events which the service is required to send to us by law.

A Provider Information Return (PIR) was also submitted and reviewed prior to the inspection. This is information we require providers to send us at least once annually to give us key information about the service, what the service does well and improvements they plan to make. We also contacted commissioners and the local authority prior to the inspection. We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke with the registered provider, the registered manager, five members of staff, one member of kitchen staff, three people who lived at the home and two relatives.

During the inspection we also spent time reviewing specific records and documents. These included four care records of people who lived at the home, four staff personnel files, recruitment practices, staff training records, medication administration records and audits, complaints, accidents and incidents, policies and procedures and other records relating to the management of the service.

In addition, a Short Observational Framework for Inspection tool (SOFI) was used. SOFI tool provides a framework to enhance observations during the inspection; it is a way of observing the care and support which is provided and helps to capture the experiences of people who live at the home who could not express their experiences for themselves.

## Is the service safe?

### Our findings

People continued to receive safe care. We received positive feedback from people and relatives we spoke with during the inspection. Comments we received from people living at the home included "I love it here", "I love them [staff]", "I'm well looked after" and "Staff treat you well." Relatives also expressed "[Relative] loves it here" and "I've always known [relative] is safe here."

We reviewed four care plans and risk assessments during the inspection. We found that records contained the most up to date and relevant information in relation to people's support needs and risks which needed to be monitored and managed. Care plans and risk assessments were regularly reviewed and staff were familiar with the people they supported. During the inspection the registered manager informed us that they were in the process of developing new and improved care plan audits.

Medication was safely managed. Medication was safely and securely stored, temperature checks of medications were checked and medication administration records (MARs) were being correctly completed. Medication was only administered by staff who had received the relevant medication training and had their competency assessed. There was an up to date medication policy in place and regular medication audits were completed. We did discuss some areas of improvement which needed to be explored in relation to the medication audits. The registered manager agreed and was responsive to our feedback.

We reviewed recruitment processes that the registered provider had in place. We reviewed four staff personnel files during the inspection. Records confirmed that staff were safely recruited. Application forms had been completed, confirmation of identification was evidenced in files, suitable references had been obtained and Disclosure and Barring Service (DBS) checks had been carried out. DBS checks ensure that staff who are employed to care and support people are suitable to work within a health and social care setting.

The home was clean and well maintained. Health and safety audits and infection prevention control measures were being complied with. Audits and checks which were completed included fire safety and prevention, water temperatures, Lifting Operations Lifting Equipment Regulation checks (LOLER) as well as infection prevention control audits.

Records confirmed that gas appliances and electrical equipment complied with statutory requirements. People living at the home also had their own Personal Emergency Evacuation Plan in place (PEEP). This meant that each person could be safely evacuated from the building in the event of an emergency.

Staffing levels were assessed to ensure sufficient numbers of staff were available and able to provide the level of support which was required. Typical staffing levels consisted of five care staff and one nurse throughout the day, four care staff and one nurse of an afternoon and one care staff and one nurse overnight.

Staff were familiar with 'safeguarding' and 'whistleblowing' procedures. Staff had also received the

necessary safeguarding training. Staff could explain how they would report any concerns and the importance of keeping vulnerable people safe.

## Is the service effective?

### Our findings

People continued to receive effective care. People expressed "I chose this home, when I came in I was a mess, care kindness and love is what I had" and "Everything is fine, it's very good." Comments we received from a relative included "They [staff] look after [relative] with care and great kindness."

The Mental Capacity Act (MCA) requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People were appropriately assessed to determine their level of capacity, assessments were decision specific and the necessary DoLS applications had been submitted to the local authority. We also saw evidence of family members (where legally able to do so) being involved in 'best interest' decisions. Staff had also received the necessary MCA training.

Staff expressed that they felt fully supported by the registered manager and were supported with training and development opportunities. Staff received regular supervisions and annual appraisals. Supervision enables management to monitor staff performance and address any performance related issues. It also enables staff to discuss any development needs or raise any issues they may have. Appraisals are used to identify goals and objectives for the year ahead to ensure staff are supported to develop within their role. One member of staff said "We're always offered training. There are things we have to do and then extra training, support is there when we need it, but we have scheduled supervisions and appraisals."

Effective communication systems were in place. Staff expressed that they were well informed of changes to people's care needs in a timely manner. There was evidence of handover and communication books which contained significant information as well as the day to day support needs which had been provided.

We saw evidence of effective partnership working. People were supported with external healthcare appointments and the appropriate referrals were taking place. This meant the people were receiving a holistic level of safe care and support which could help with their overall quality of life.

We reviewed how people's nutrition and hydration needs were assessed and supported. Care records contained information in relation to nutrition/hydration and any specialist dietary needs which needed to be supported. People expressed that they were happy with the standard and quality of food which was prepared for them. Comments we received included "There's always an alternative" and "It's lovely."

## Is the service caring?

### Our findings

People continued to receive a good level of care. During the inspection we observed staff providing kind, compassionate and dignified care. Comments we received from people who were receiving care included "I came here and I'm so glad" and "Yes, they [staff] look after me well." Relatives also expressed "They [staff] give [relative] privacy and respect [relatives] dignity" and "Staff speak to [relative] well. They all like [relative] and treat [relative] with kindness."

We observed how the home provided different levels of support to people who were living with dementia. The home provided a dementia friendly environment although we did discuss how some areas could be further explored. For example, using different contrasts and colours throughout the home.

A short observational framework for inspection (SOFI) tool was completed during the inspection. Staff were observed providing kind, caring and compassionate support. People and staff were positively interacting with each other and the atmosphere was warm, friendly and inviting.

We reviewed how people's privacy and dignity was maintained and preserved. We observed staff engaging with people in a dignified and respectful manner, staff offered people choices and encouraged them to remain as independent as possible.

We reviewed how sensitive and confidential information was protected. People's records and confidential information was securely stored and there was no evidence that any sensitive information was being unnecessarily shared with others.

We reviewed how the registered provider supported people who presented with equality and diversity support needs which needed to be accommodated for. We saw evidence of how people's preferences and needs were taking into account, care plans were individual tailored for each person and staff were familiar with the needs of each person who was being supported.

At the time of the inspection there was nobody being supported by a local advocate. Advocacy support could be provided to people who had no family or friends to represent them and decisions which may need to be made in their best interests.

The registered manager explained that each person who was receiving support was provided with a 'Resident Guide.' The handbook provided people with information about the staffing structure, complaints, safeguarding and whistleblowing procedures, activities, catering, domestic arrangements and aims and objectives of the registered provider. The handbook was clear, detailed and offered comprehensive information about the care and support provided.

## Is the service responsive?

### Our findings

People continued to receive responsive care and support. Throughout the inspection staff were responsive to the people's support needs and there was evidence of 'responsive' care being provided in the records we reviewed. Comments we received included "There's always someone around [staff]", "They [staff] react to my comments" and "They [staff] give me a form to make suggestions." Relative also expressed "[Relative] wouldn't be here if we thought there was anything wrong" and "[Manager] approach to relatives is brilliant."

We reviewed four care files and saw that each person had been appropriately assessed. Care plans were tailored to the individual and provided staff with detailed information about the person's health and support needs. Care plans were regularly reviewed and risk assessments were updated accordingly.

People who were receiving specialist care for specific health conditions had the relevant risk assessments and clinical tools in place. For example, we saw evidence of fall risk assessments, Waterlow assessment tool (which assess risks of people developing pressure ulcers) food and fluid charts and malnutrition universal screening tools (MUST). This meant that people received a good level of responsive care and support based on their individual support needs.

The registered provider had a formal complaints policy in place and the procedure was clear. People were made aware of how to make a complaint if they needed to. At the time of the inspection there were no complaints being investigated. We were provided with evidence of previous complaints and how these were responded to.

At the time of the inspection there wasn't a dedicated activities co-ordinator in place. However, we were informed that there was member of staff who did support the home with a variety of different beauty activities. There were also external visitors who offered entertainment and there was a wide range of different activities visible on a weekly activities planner.

We asked the registered provider if 'End of Life' care was supported at the home. We were informed that there was nobody being supported with 'end of life' care at the time of the inspection but staff had received 'End of Life' care training and there was also an 'End of Life' policy in place. 'End of Life' care is provided in a specialist way in an environment which can accommodate people who are at the end stages of life.

## Is the service well-led?

### Our findings

There was a registered manager at the time of the inspection. The registered manager had been in post since November 2017. The registered manager was aware of their responsibilities and it was evident from records and audits provided that there were effective systems in place to ensure that safe, effective and compassionate care was being provided.

The rating from the previous inspection for the home was displayed and also available on the registered provider's website. Statutory notifications were submitted in accordance with regulatory requirements. Statutory notifications are documents which inform the CQC of the incidents/events which affect the safety and well-being of people who are living in care homes.

There was an open, supportive and friendly culture within the home. All staff, relatives and people spoke positively about the quality and standard of care being provided and it was clear to see that the staff were dedicated and committed to their roles. Positive comments we received about the registered manager included "[Manager] has made a difference. She's firm and very fair. She likes us to give feedback. She listens and puts things into practice" and "[Manager] has been very approachable. She resolves any concerns."

Staff meetings had taken place regularly. Evidence of discussions included medication, care plans and risk assessments, staffing levels, questionnaires, MCA/DoLS and standards of care. As well as staff meetings there was also evidence of 'Resident and Relative' meetings. This meant that people and staff at the home were being included in conversations about the different aspects of the care being provided.

We reviewed the different quality assurance systems which were in place. Audits and checks were regularly completed and we saw evidence of continuous improvement. Accident and incidents were also recorded, monitored and trends were being identified and risk was being managed.

'Resident/Relative questionnaires' were regularly circulated as a measure of gauging people's views, opinions and thoughts about the quality and standard of care. We saw evidence of the different responses from people and how the registered manager appropriately dealt with the feedback. For example, in one questionnaire we reviewed it stated 'don't want fish again'. The registered manager discussed this feedback with kitchen staff and placed the information on a notice board in the kitchen for staff to see. Other feedback included 'There has been a lot of improvement' and 'I believe [relative] is much more relaxed and happier than in the last home.'

There were up to date policies and procedures in place at the home. Policies we reviewed included administration of medication, data protection, race relations, safeguarding vulnerable adults, disability discrimination, challenging behaviour and 'End of Life' care. There was also an up to date 'Business Continuity Plan' (BCP) in place. The BCP contained relevant information and guidance for staff to follow in the event of an emergency situation.