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 October 2012

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We inspected the following standards to check that action had been taken to meet them. 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
Meeting nutritional needs	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Mr & Mrs R Mahomed
Registered Manager	Mr. Richard 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

We carried out this inspection to check whether Lyndhurst Nursing Home had taken action to meet the following essential standards:

- Respecting and involving people who use services
- Care and welfare of people who use services
- Meeting nutritional needs
- Cleanliness and infection control
- Supporting workers
- Assessing and monitoring the quality of service provision
- Records

This was an announced 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 October 2012, observed how people were being cared for and talked with people who use the service. We talked with staff and talked with stakeholders.

What people told us and what we found

We inspected the service previously on 22 August 2012 and found the provider was failing to meet the essential standards including training and supporting staff, infection control, supporting people with nutrition, providing suitable activities for people, consulting with people about their care and storing records in a way that allowed them to be accessed when required. We inspected the service again on 5 October 2012 and found the provider had taken steps to address these issues.

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

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 views and experiences were taken into account in the way the service was provided and delivered in relation to their care. The provider had begun to involve people in their care.

Reasons for our judgement

When we inspected the service on 22 August 2012 we found that people were not always consulted about the way care and treatment was delivered and there was little involvement with the community.

When we inspected the service on 5 October 2012 we found that the provider had made progress towards supporting people to express their views and involving them in making decisions about their care and treatment. The provider had involved people who were assessed as having the capacity to make day to day decisions in their monthly care plan reviews for October 2012. For example we saw that a person's views about their current mobility had been recorded and their wishes about support with personal hygiene had been taken into account.
People who use the service understood the care and treatment choices available to them. We spoke with two people when we inspected the home on 5 October 2012 and they told us they felt their wishes were taken in to account with regards to personal care and activities. The people told us they could ask the staff for support they needed and make choices on a daily basis. The staff we spoke with on the day of our inspection confirmed this, and gave examples of how they consulted people about the time they wanted to get up in the mornings or the type of personal care they wished to be provided.
Although family members had been consulted about some aspects of care involving consent for those people without capacity to consent themselves, the care plans for these people did not show that family members were routinely involved in planning and reviewing care for these people. The provider told us they would address this.

The provider told us that people had been given the opportunity to access the community via a transport service but had declined this. One person we spoke with confirmed that they did not wish to go out now the summer was over, although they enjoyed spending time in the garden.

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.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

When we inspected the service in August 2012 we found that activities were not always planned and delivered in a way that met people's individual needs. There were not always effective arrangements in place to deal with foreseeable emergencies as there was no cover for the housekeeper when they were unexpectedly away form work. The provider told us that they would increase the activity co-ordinator's hours of work to facilitate activities. The provider told us they had employed a full time housekeeper to cover week days and another for weekends, as well as having one on the bank staff for emergency cover.
When we visited the home on 5 October 2012 we observed the activities coordinator engaging people in games. They kept a record of daily contact with people using the service and we saw that all the people in the home had some contact with the activities coordinator, often on an individual basis. The activities coordinator's notes demonstrated how people with communication difficulties or people who were being nursed in bed were given time and opportunity to engage in some way. This meant that people's needs were assessed and activities were planned and delivered in line with their individual care plan.

There were arrangements in place to deal with foreseeable emergencies. We spoke with the new full time housekeeper who explained that they could work flexibly to cover weekends as required and were aware that there was a housekeeper on the bank to cover short notice absence in order to ensure the home was kept clean, and nursing and care staff could focus on their caring duties.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

When we inspected the home on 22 August 2012 equipment to assist people to eat and drink independently was not always available. There were no large print or visual menus to support people in choosing meals. The provider wrote to us and said they would purchase adapted cutlery and plate guards and also produce a large print and visual menu.

When we inspected the home on 05 October 2012 we saw that people were supported to be able to eat and drink sufficient amounts to meet their needs. Three people were using plate guards at the lunch meal, and the home's cook was able to tell us which people using the service required a plate guard. The adapted cutlery had been delivered to the service on the day before our visit and the provider was ready to carry out assessments to identify which items of cutlery would be suitable to meet people's needs.
The large print menu was in use in the home to ensure people with poor vision were provided with a choice of food and drink. The provider had taken some photographs of meals served in the home and was preparing a visual menu.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed. Staff were aware of the home's infection control policy and had received training in infection control.

Reasons for our judgement

When we visited the home on 22 August 2012 we found all staff were not aware of the infection control policy for the home and not all staff had completed infection control training. We asked the provider to take action to address these issues and went back to the service on 5 October 2012 to follow up these actions.

At our inspection on 5 October 2012 we found there were effective systems in place to reduce the risk and spread of infection. We saw that only one staff member had not been trained in infection control in 2012 and this was the activities coordinator who did not perform personal care or cleaning duties. There were posters in place instructing staff how to wash their hands. All the staff we spoke with knew how to clean bodily fluid spills in a hygienic way and there was a new colour coding system for mops which staff were aware of. The staff also told us they were aware of using red soluble laundry bags for soiled laundry as advised in the home's infection control policy.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. Staff had attended mandatory training and a system for supervision of staff was now in place.

Reasons for our judgement

When we inspected the service on 22 August 2012 there were short falls in the mandatory training attended by staff, in the areas of safeguarding, Mental Capacity Act (2005) and moving and handling. We asked the provider to take action to address this short fall.

At our inspection of 5 October 2012 we saw that all relevant staff had completed training in control of substances hazardous to health (COSHH), moving and handling, dementia and safeguarding people. There had been an increase in staff trained in food hygiene and all but one staff were trained in the Mental Capacity Act 2005. This meant that staff received appropriate professional development.

The provider had developed a supervision contract and ensured that there was a supervision matrix in place to monitor supervision. The provider had booked a spot check for the night to monitor the competency of night staff, and we were sent a report confirming this had taken place. The provider found the night staff to have delivered care to an appropriate standard during this check.

Assessing and monitoring the quality of service provision ✓ Met this standard

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 meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

At our inspection on 22 August 2012 we found that the provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others. The maintenance audits did not always record action taken to rectify issues and the complaints policy was not on display in the home. The provider wrote to us and told us they had recorded actions taken to rectify identified risks to health and safety, and that the complaints policy was displayed around the home.

When we inspected the home on 5 October 2012 we saw that action had been taken to secure the cleaning materials in line with the provider's control of substances hazardous to health (COSSH) policy and this had been recorded in the health and safety audit. The provider had taken action to ensure the fire doors all closed and this was recorded on the fire safety audit. We saw that the environmental audit had identified some issues, for example with broken furniture and that action had been recorded to confirm that these issues were addressed. However the provider may find it useful to note that not all of the actions taken to address identified problems were documented.

At our inspection of 5 October 2012 we also saw that the provider's complaints policy was now displayed in three places within the home, including beside the visitors' signing-in book at the entrance of the home. We saw that the provider had conducted surveys of both relatives and people using the service in September 2012. The provider had taken action to address some of the comments people had made: for example a relative had complained that their family member was not always sat upright to feed and this had been recorded in the care plan and the manager told this person's bed had been changed for a more suitable one. Most of the responses received back from people using the service or their family members were positive, and people said they had no concerns. This meant the provider had a system in place to receive feedback from people and took account of their concerns and comments to improve the service.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained. Records could be located promptly when required.

Reasons for our judgement

When we inspected the home on 22 August 2012 staff records and other records relevant to the management of the services were not always accurate and could not be located promptly when needed.The manager who was on annual leave at the time of our inspection had not made provision for staff to access training and supervision records relating to staff employed at the home. The staff were also unable to access the requested quality assurance documents and a medication audit was undated.

At our inspection on 5 October 2012 we found records were stored securely and could be located promptly. The manager had ensured that staff training and supervision records were stored in the staff office and confirmed these could be accessed by senior staff should the manager not be present at the home. The environmental audits and other quality monitoring audits were accessible in the staff office. The medication audit had been dated for 16 August 2012 which ensured that staff were aware of when to repeat the audit.

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, 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 dentists, primary medical services and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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 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.
✖ **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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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