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: 07 May 2013

Date of Publication: May 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✗ Action needed
Staffing	✗ Action needed

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

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 7 May 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and talked with commissioners of services.

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

What people told us and what we found

People living at the home and their family members we spoke with at inspection told us they were generally well cared for. A relative said they could "only speak well of the home". We found that care plans and risk assessments were updated on a regular basis and people's capacity to give consent to everyday issues was considered. The provider took steps to protect people from the risk of abuse and people told us they felt safe at the home. People were provided with adequate amounts of food and drink that met their individual needs.
However we found that the provider did not have appropriate recruitment processes in place and there were insufficient staff to meet people's needs on the day of our inspection.

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 29 May 2013, 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

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. The provider carried out assessments of people's mental capacity in relation to a range of every day decisions such as personal care. This assessment was reviewed on a monthly basis, and we saw that the staff took account of changes in people's capacity. For example, a person who had been hospitalised following a fall was recorded as lacking capacity to make decisions about every day matters at a review on 15 March 2013 and staff noted the person was experiencing confusion. However when the assessment was reviewed on 16 April 2013 the person had recovered further from their fall and were noted as having capacity to make everyday decisions.

We spoke with a person who was assessed as having capacity to make every day decisions, and some decisions about specific areas of treatment such as their medication. The person told us they had been consulted with about their medication and about the sort of food they liked, although they could not recall seeing their care plan. However we saw that the person's views had been recorded when the care plans were reviewed on a monthly basis. The person told us they always called for help when mobilising and this was reflected in the care plan review for mobility. This person had consent forms in place for use of bed rails and having a photograph placed on their file, and the person had signed both consent forms.

We spoke with a relative whose family member was living at the home. The relative told us the person had very little capacity and could make only simple decisions, and we saw this was reflected in the person's capacity assessment. The relative told us they were consulted with about their family member's care and involved in decisions on their behalf. In other cases, where people were assessed as not having capacity for certain decisions, we saw that consent forms had been signed on their behalf by people's relatives.

During our inspection we observed staff asking people's consent about every day issues

such as where they preferred to sit and if they would like support with personal care. We saw a member of staff who was supporting a person to eat encourage the person to eat their lunch but respect the person's decision when they said they did not want any more food.

The provider told us that decisions about end of life care and resuscitation were discussed with people who were nearing the end of their life with the involvement of a local hospice team. However there were no records of discussions regarding people's views on their resuscitation status in case of sudden deterioration at the home and therefore there was a risk that people's wishes would not be acted on. The manager told us that they were considering ways to approach this sensitive issue and would take advice from specialists, but we were not able to monitor this at the time of our inspection.

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

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. When we reviewed a selection of care plans we saw that these were updated to reflect changes in people's needs. For example a person had care plans in place following a recent period of hospitalisation which guided staff in providing care during the post-operative period and took account of the person's reduced mobility and confused mental state.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. For example we saw a person had been assessed as being at risk of sliding out of their chair, and that staff had taken action to encourage the person to elevate their feet on a stool to help them remain comfortable and supported. At our inspection we observed the person to slide in their chair and staff to immediately encourage the person to use the foot stool provided. A person who had a small broken area on their skin following admission the home had been supported with pressure area care and cream for dry skin. The skin break had been assessed and recorded on a body map diagram, and when the area healed the pressure area risk assessment was updated to reflect this improvement.

People's care and treatment reflected relevant research and guidance. We saw that recommendations made by the GP who visited the home regarding issues such as medication and diabetes management had been acted on by staff. We spoke with a GP form the local practice during our inspection and they told us that their practice had no concerns about the way the home cared for people. The GP described the home as having a "nice atmosphere".

The home had a part-time activities co-ordinator and there was an activity timetable on display in the home. We observed the activity co-ordinator support people in the lounge to join in with a paper cutting and folding activity where appropriate. We noticed the activities co-ordinator offered a different activity of throwing and catching a balloon to a person who was not able to participate in the main activity. A record was kept of people's individual participation and we saw that during the week people were offered individual activities such as a hand massage or discussion about the news if they were on bed rest.

We spoke with people in the home about the activities. People said they enjoyed what was on offer. We saw that the home arranged events attended by local schools or family members on occasions. However the provider may wish to note that some people at the home said they would like the opportunity to take part in community visits.

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.

Reasons for our judgement

People were supported to be able to eat and drink sufficient amounts to meet their needs. Adapted cutlery and plate guards were available and used as required to help people maintain their independence with eating and drinking. We saw that people who had been assessed as requiring a soft or pureed diet were presented with suitable food at lunch time, and the cook was aware of who required a diabetic diet at the home.

In the care plans we reviewed we saw that monthly nutrition assessments were completed and care plans updated accordingly. People were weighed on a monthly basis and we saw that action was taken to refer the person to the GP if there was any significant weight loss identified. The provider told us that people at the home were encouraged to have fortified drinks to supplement their meals if the person had a low body mass index (BMI) score and we saw this was reflected in the nutrition care plans for people.

People were provided with a choice of suitable food and drink. People were asked about their preferences for food and this was reviewed on a monthly basis in the care plan. For example we saw that a person had requested coffee instead of tea at their April care plan review, and that they had asked for snacks of crisps to eat during the day. When we inspected the home we saw this person had crisps available as a snack. We spoke with the home's cook and they told us about people's individual preferences, such as who liked chicken or fish and what sort of potatoes people preferred, and we saw these preferences were reflected in the care plans for people. The cook told us that they used pictures to support people to make a choice for their main meal of the day and that alternatives such as omelette and sandwiches were always available. The people we spoke with or their relatives told us they had enough food to eat and their preferences were taken in to account.

People who were assessed as being at risk of dehydration had their fluid intake monitored more closely by way of a fluid chart. However we found that fluid charts were not added up at the end of each 24 hour period and therefore there was a risk that low fluid intake would not be easily identified by staff. When we checked people's fluid charts they showed that most people had received a reasonable fluid intake but in one case a person had only been recorded as drinking 850 mls on 05 May 2013 which was not mentioned in the person's daily notes. The provider told us they would take action to address this but we were unable to monitor this at the time of our inspection.

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. The provider had obtained a criminal records check for staff working at the home. There was an up to date leaflet on display which guided staff how to report potential abuse to social services of the Care Quality Commission and people we spoke with or their family members told us they felt safe at the home.

The provider arranged annual safeguarding of vulnerable adults training for staff and staff we spoke with confirmed they had taken part in this training. Most of the staff we spoke with at inspection knew how to escalate any allegations of abuse to the home manager and then externally if necessary. However the provider had a copy of the local authority safeguarding policy accessible in the office for staff to refer to in more detail, and this policy was out of date because it contained out of date contact details for agencies such as the Care Quality Commission. The provider told us they would address this but we could not monitor this at the time of our inspection.

Requirements relating to workers ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

The required checks were not all carried out to determine applicants' suitability for working in a health and social care environment.

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

Appropriate checks were not all undertaken before staff began work. The provider did not have a recruitment policy available at the time of inspection but told us that they used an agency to perform the task of staff recruitment. However when we reviewed the files of the three most recently recruited staff we found that the checks required at recruitment for people working in social care had not all been carried out in a satisfactory way. For example, for two members of staff employed from Europe the provider had accepted open testimonials rather than specific references for the staff. The open testimonials were identical for the two staff members and dated 2012 when the staff were not recruited until 2013. Both staff members had documented previous work experience in a health and social care environment but the provider had not requested references from their most recent employment in this field. Instead open testimonials from catering and hospitality roles had been accepted. This meant that the provider was not informed of the staff's suitability for health and social care work and any past performance issues. In a third case a person's reference was not provided on headed note paper or with an official stamp and the provider had not followed this up to check the validity of the reference. There was no reference from the person's most recent health and social care employer.

In all three files we reviewed we saw that there were gaps in the applicants' employment history. Although the provider told us how one person had taken some time away from work for domestic responsibilities this was not documented as having being discussed at interview and there was no further information about the other two applicants employment gaps. This information is required where possible in order to ensure applicants have performed appropriately in other roles.

Staffing ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

There were not enough qualified, skilled and experienced staff to meet people's needs.

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

There were not enough qualified, skilled and experienced staff to meet people's needs at all times. When we arrived at the home on the 07 May 2013 we were told that one health care assistant was absent at short notice due to sickness and therefore a member of staff who usually performed the house keeping duties but had been employed in a dual house keeper / healthcare assistant role had agreed to cover the shift. However this member of staff had only started working at the home in April 2013 and had not completed all the mandatory training yet. The other healthcare assistant on duty was also relatively new to the organisation and the provider told us that normally these staff would not work together to ensure a better skill mix between experienced and new staff.

The home was informed of staff sickness at 04.30 on 07 May 2013. However no action was taken to obtain an experienced agency health care assistant until the provider arrived at the home at 12.00 that day. We saw that people who could not eat independently were waiting to be supported with their lunch for up to thirty minutes whilst staff were busy supporting other residents to eat, despite the provider helping to support people when they arrived. Some people also had to wait for up to twenty minutes between courses.

During the lunch time we observed a person being supported to eat in bed whilst lying down. This represented a risk of choking for the person. When we expressed our concern to the staff member they had to ask advice from the qualified nurse regarding positioning the person correctly. The staff member told us they had not been able to consult the care plans for people at the home on the day of our inspection and were new to the home. They told us they did not usually perform the health care assistant role and had not received any training in how to support people to eat.

We spoke with the provider about the staffing levels at the home and the provider told us there had been some difficulties covering shifts due to several staff being away from the home at one time. The provider had covered some extra shifts themselves and said they were prepared to use agency staff. We saw that an agency health care assistant arrived at the home to start work for two pm on the day of our inspection and the qualified nurse agreed to stay for a long day in order to provide guidance to the less experienced staff.

However we remained concerned about the impact of the staffing levels and skill mix on people living at the home.

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 21 HSCA 2008 (Regulated Activities) Regulations 2010** **Requirements relating to workers**
	How the regulation was not being met: The registered person must operate effective recruitment procedures in order to ensure that suitable people are employed. Regulation 21 (a) and (b).
Regulated activities	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	**Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010** **Staffing**
	How the regulation was not being met: In order to safeguard the health, safety and welfare of service users, the provider must take appropriate steps to ensure that, at all times, there are sufficient numbers of suitably qualified, skilled and experienced persons employed for the purposes of carrying on the regulated activity. Regulation 22.

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 29 May 2013.

This section is primarily information for the provider

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