

Lyndhurst Rest Home Limited

Lyndhurst Rest Home

Inspection report

42-43 Marine Parade
Tankerton
Whitstable
Kent
CT5 2BE

Tel: 01227275290

Website: www.oasiscaregroup.co.uk

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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

About the service

Lyndhurst Rest Home is a residential care home providing personal care to 34 older people who may be living with dementia at the time of the inspection. The service can support up to 44 people in one large extended detached building.

People's experience of using this service and what we found

People told us, and they appeared, to be happy and safe living at the service. Potential risks to people's health, welfare and safety had been assessed and there was guidance in place to mitigate risks.

Accidents and incidents had been recorded and analysed to identify any patterns and trends. Action had been taken to reduce the risk of them happening again and this had been effective.

Staff had been recruited safely and there were enough staff to meet people's needs. Staff received training, supervision and appraisal to develop their skills. Medicines were managed safely. Staff monitored people's health and referred people to relevant healthcare professionals.

People were supported to eat a balanced diet and to keep as healthy as possible. People had access to activities they enjoyed and were supported to maintain interests and hobbies.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Each person had a care plan that contained information about people's choices and preferences. These were reviewed regularly, people were involved as much as possible in developing the plan.

People met with staff before they moved into the service to check that staff would be able to meet their needs. People were treated with dignity and respect. People were supported to be as independent as possible and express their opinions about the service. People's end of life wishes were recorded. Staff worked with the GP and district nurses to support people at the end of their lives.

There was an open and transparent culture within the service, people's suggestions were acted upon. Complaints were recorded and investigated, following the provider's policy. The environment had been developed to support people living with dementia following good practice guidelines. People received information in a way they could understand.

Checks and audits were completed on the quality of the service and action had been taken when shortfalls were found. The registered manager kept up to date with developments in social care to continuously improve the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 9 October 2018) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulation.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good ●

Lyndhurst Rest Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by one inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Lyndhurst Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since the last inspection. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and six relatives about their experience of the care provided. We spoke with seven members of staff including the provider, registered manager, deputy manager, care workers and leisure therapist. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection –

We looked at training data and supervision records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to operate a robust recruitment process. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- At the last inspection, gaps in employment had not been investigated and there were not always two references obtained when staff were employed. Staff were now recruited safely.
- Checks were completed before staff started work at the service to make sure they were of good character to work with people. These checks included a full employment history and two references.
- There were enough staff to meet people's needs. The registered manager told us, staff numbers were calculated using a dependency tool. We observed call bells being answered quickly and people being supported when needed.
- Staff covered sickness and holidays whenever possible. Agency staff were used to cover any shortages. Records showed that the same agency staff were used, whenever possible, to provide consistent support for people.

Using medicines safely

- Medicines were managed safely. The temperature of the room and fridge where medicines were stored was recorded, to make sure medicines remained effective. Some liquid medicines had a limited time when they are effective once opened. Bottles were dated when opened to make sure they were destroyed when they were no longer effective.
- Medicines records had been completed accurately. Some people were prescribed medicines on an 'as and when' basis such as pain relief. There was guidance in place for staff about when to give the medicine, how often and what to do if the medicine was not effective.
- Staff received medicines administration training and their competency was checked. When errors were identified, these were investigated, and action was taken to mitigate the risk of them happening again. This included staff completing additional training and reflective practice.

Systems and processes to safeguard people from the risk of abuse

- The registered manager and staff understood their responsibilities to keep people safe from abuse. Staff were aware of how to recognise and report any concerns they may have. They were confident the registered

manager would take appropriate action.

- Staff had received training and had access to local safeguarding guidelines.
- The registered manager had discussed and reported concerns to the local safeguarding authority. Safeguarding concerns had been recorded and appropriate action had been taken.

Assessing risk, safety monitoring and management

- Potential risks to people's health and welfare had been consistently assessed and there was detailed guidance in place for staff to mitigate the risk. People told us they felt safe, one said "I feel completely safe here, it is one of the reasons I am here. I can easily call for immediate help if I need it."
- Some people were living with diabetes. There was guidance about the signs and symptoms displayed when people became unwell. The guidance included the symptoms of high and low blood sugar and what action to take if people became unwell.
- When people were living with epilepsy, there was detailed guidance about how the seizures presented. Staff had guidance about what action to take when people experienced a seizure. Guidance included the triggers that may lead to people experiencing a seizure.
- Regular checks had been completed on the environment and equipment used, to make sure people were safe. There was a fire risk assessment in place and checks were completed on the fire equipment. Each person had an emergency evacuation plan, with information about how to support them to leave the building in an emergency.

Learning lessons when things go wrong

- Accidents and incidents had been recorded and analysed to identify any patterns and trends. The registered manager reviewed the timing of the accident, who was on duty and where it happened.
- When a pattern or trend had been identified, action had been taken to mitigate the risk of it happening again. People had been referred to appropriate professionals for assessment following a pattern of falls.
- Night staff had been increased and a new system of working had been implemented following an increased number of falls at night. Records showed this had been effective in reducing the number of falls.

Preventing and controlling infection

- The service was clean and odour free. There were enough domestic staff to maintain the cleanliness of the service.
- Staff had received infection control training. Staff had access to personal protection equipment such as gloves and aprons and these were used appropriately.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People met with staff before they moved into the service. An assessment was completed to make sure that staff were able to meet their needs. The assessment covered all aspects of a person's life including protected characteristics under the Equalities Act 2010. These included cultural and religious needs.
- People's needs were assessed using recognised tools such as Waterlow, to assess people's skin integrity. These assessments were reviewed regularly, and the guidance followed. Assessments were used to develop the care plans.

Staff support: induction, training, skills and experience

- At the last inspection, improvements had been made to the training staff received. However, there had not been enough time for the training to be embedded. At this inspection, training was up to date, and being developed to meet people's needs.
- Staff received training appropriate for their role. Training was delivered either face to face, for example moving and handling, or online. Staff received training on all topics the provider considered essential such as mental capacity and safeguarding. Staff received training about health conditions that people were living with such as epilepsy and dementia. The registered manager told us they were consistently reviewing the topics and adding new ones. Staff had recently attended training in oral health.
- Staff were able to describe to us how they supported people with their health needs. We observed staff following good practice guidelines when supporting people to move around the service. Staff showed us laminated cards they carried with them to provide guidance on topics such as mental capacity and safeguarding when they were unsure.
- New staff completed an induction including shadowing more experienced staff to learn about people's choices and preferences. Staff told us they had been supported during their induction and met with the management team to discuss their progress. They had worked with other staff until they had been assessed as competent in basic skills such as personal hygiene and infection control.
- Staff received regular supervision and appraisals to discuss their practice and identify any areas of development that may be needed.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a balanced diet. People had a choice of meals; the menus had been developed with people and included their suggestions. We observed the lunch time meal, when someone did not want their meal, they were asked what they wanted. The person chose an omelette, this was prepared for them and they told staff how much they had enjoyed it.

- Some people required a pureed meal, these meals were well presented and appeared appetising. People were offered drinks and snacks throughout the day. Staff knew people's likes and dislikes, they offered snacks that they knew they would enjoy.
- People told us they enjoyed the food. One person said, "I did not want baked beans today, so they gave me mixed vegetables instead, they give me whatever I ask for." Another said, "I had a good breakfast and like the dinners."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff monitored people's health and people were referred to health care professionals when their needs changed. People had been referred to the dietician when they had lost weight. We observed staff supporting people to have their nutritional supplements as prescribed. Staff contacted the GP and district nurses when people's health needs changed. Records confirmed that staff followed the guidance given to them.
- People had access to health professionals such as dentists and opticians. Staff had received training in oral care. This included how to check for problems and support people to maintain their oral health. Staff described how they had changed the way they supported people to clean their dentures. Staff now had a pen torch to help check people's mouths for any problems.
- People were encouraged to be as active as possible. There were regular chair exercises for people to take part in and people were supported to work in the garden.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act 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 take 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 interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood how to support people to make their own decisions. Staff understood how people liked to communicate and how they needed information to be given to them. We observed staff supporting people to make choices. This included where they wanted to spend their time and what they wanted to eat.
- When people were unable to make decisions, best interest discussions were held. These discussions including staff, health professionals and people who knew the person well. People's previous preferences were considered when decisions were being made. These discussions were recorded to show how decisions had been made.
- Some people had DoLS authorisations in place. When conditions had been placed on the authorisation, these had been met.

Adapting service, design, decoration to meet people's needs

- The service consisted of one large converted house and a purpose built unit, these were joined by a corridor. There was a passenger lift to all floors of the building. People had access to an enclosed garden.
- The environment had been adapted in line with guidance to support people living with dementia. There

were interactive walls where people could push a button by a picture and a sound appropriate to the picture was heard. One wall had pictures of Elvis and Doris Day, their songs were played when the button was pushed, also bird song on another wall. The registered manager told us people had found this calming when they were confused or anxious.

- The corridors were themed including photos of film stars from the 1940's, 50's and 60's, which people recognised. People's doors had been finished in different colours and looked like front doors. There were pictures of things that were important to people by their rooms these included animals and hobbies, to help them find their rooms.
- People's rooms had en-suite toilet and showers. There were different coloured shower chairs and toilet seats, to support people to identify the equipment.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring. One person said, "The staff are very good, kind and caring." Another told us, "The staff definitely know me as a person." We observed staff support people with compassion. One person stood up and appeared to be agitated, staff took them by the hand and sat down with them. They reassured them and supported them to finish their coffee, the person relaxed, and the agitation had gone.
- One person had been displaying behaviour that may challenge, especially in the morning. The registered manager asked if there was anything bothering them. The person explained they did not like the picture on the wall outside their room. The picture was changed to reflect the person's interests, this helped to calm the person, and their behaviour changed.
- People's different beliefs were supported. One person had wanted to attend services in a church, this was accommodated, and the person goes to a service each week.

Supporting people to express their views and be involved in making decisions about their care

- Where people were able to, they were encouraged to express their views about the care and support. Staff discussed with people's relatives about their choices and preferences before they came to live at the service and this was reflected in their care and support.
- Where possible people were involved in discussing their care with GP's and other specialists. During the inspection, people were being asked if they wanted to have the flu jab. When people were not able to make this decision, relatives were being contacted to make the decision in the person's best interest.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their dignity. One person said, "I feel safe when they hoist me; they know what they are doing. I have a screen around me when being hoisted." People told us staff knocked on their doors and waited to be asked in. People were given the choice to have their door open or shut when they were in their room.
- People were supported and encouraged to use equipment such as walking aids to maintain their independence. We observed people move around the service independently. During the lunch time meal, staff supported people to eat as independently as possible. Staff assisted one person by putting their food on the spoon and then gave them the spoon. The person appeared to be enjoying their meal.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person had a care plan that contained detailed guidance on how to support them. This had been developed with people, where possible and people's families. The care plans included details of who had been involved and who should be involved in future reviews. One relative told us, "We have discussed and seen the care plan."
- Care plans contained detailed information about people's choices and preferences. These included when people got up and went to bed. There were clear instructions about how people liked their personal hygiene, including shaving and which toiletries they liked to use. People's preference to male or female carers was recorded, staff knew these preferences and adhered to them.
- People told us, staff supported them in the way they preferred, and they were supported to make choices about their care each day. One person told us, "I don't sleep very well, and they come in with a cup of tea at 5am as requested. They also make my porridge for me early."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were given information in a format they could understand. The complaints policy and newsletter were available in pictorial form.
- Information around the service was in pictorial form including signs for communal areas. The registered manager displayed information about staff and any improvements being made to the service, in a way people could understand.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in activities they enjoyed. There were regular planned activities including singing, knitting and bingo. Some people were part of the gardening club, the garden had raised beds, so people were able to stand and work.
- One relative told us, "There did not used to be many activities or entertainment, that has been well addressed now and has improved over 100%. My relative enjoys the singing and PAT dog and has been to the harvest festival and garden fete." There was as possible a painting club, supported by a local artist. People told us the leisure therapist came to see them in their room when they did not want to go to organised activities.

- Relatives told us they were able to visit at any time and were always made to feel welcome. One relative told us, "The staff all know me and treat me as if I was one of the residents; they give me a nice welcome; I cannot fault them." People were supported to go into town and continue their previous routines as much as possible, such as buying a daily newspaper.
- People were able to have their loved ones eat meals with them. We observed a husband and wife sitting at their own table eating their lunch. They told us it was nice to have time as a couple.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. All complaints including verbal concerns had been recorded. These had been investigated following the provider's policy and had been resolved.
- People and relatives had access to the complaints policy. The policy was available in the main reception and in written and pictorial formats.

End of life care and support

- The service supported people at the end of their lives. When people were beginning to become frail, staff worked with the GP and district nurse to put plans in place for their future care. Medicines were reviewed, and additional medicines were made available to keep people as comfortable when required.
- People were asked for their end of life wishes, these had been recorded. People were asked what they still wanted to achieve, these included trips to museums. The registered manager told us, they tried to make all their wishes a reality wherever possible.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the last inspection, the current registered manager was in post but had not registered with the Care Quality Commission (CQC). There had not been enough time to show improvements made could be sustained and continue to improve the service. At this inspection, improvements had continued, and the registered manager had plans for further improvements.
- Checks and audits had been completed on all aspects of the service, including care plans, the environment, medicines and the meal time experience. Audits were completed by staff and the registered manager signed to confirm they had seen them and developed action plans to rectify any shortfalls.
- An outside consultant completed regular audits. The registered manager had an action plan to improve the service, action taken was checked and signed as completed at the next audit. The registered manager completed night checks to make sure staff were working to the required standard.
- Services are required to inform the Care Quality Commission of important events that happen within the service. The registered manager had submitted notifications in an appropriate and timely manner in line with guidance.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff promoted a person-centred approach to people's care and support. People and their relatives were involved as much as possible in the development of their care and support.
- The leisure therapist had created a 'personal empowerment' group. The group was designed to look at the holistic side of living in the service, and how people can feel empowered to make enhancements to their lives and environment. People discussed topics including choices, feeling valued and celebrating personal achievement. One person had not knitted for a long time, until asked to help someone, they said they were happy as they were using their talents.
- There was a wishing tree in the reception area, people were able to put their wishes. The registered manager showed us photos of personal wishes that had been granted. People had wanted to invite the Queen for tea, staff had sent an invitation as requested. Buckingham Palace had written back apologising that the Queen could not come but thanked them for the invitation. The letter was displayed in the service and people were pleased the invitation had been sent.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- People and relatives were able to attend regular meetings. People were asked their opinions and suggestions about how the service could improve. People had asked for fried chips not oven chips, the provider had purchased a chip fryer. People had also asked for music in the dining rooms, there was now a stereo in both dining rooms.
- People and relatives had completed quality assurance surveys, the response was mainly positive. However, people expressed they felt rushed when washing, at times. Action was taken to change staff allocations, feedback at the next meeting was positive about the changes.
- Staff attended regular meetings and expressed their concerns and ideas. Staff had expressed concerns about the management team working hours. Action had been taken to address this and there was now a member of the management team on duty at the weekends.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was an open and transparent culture within the service. The registered manager had an 'open door' policy, we observed people and staff coming into the office. The registered manager knew people well. People were comfortable in their company and greeted them warmly, laughing and joking with them.
- The registered manager kept families informed of any concerns and incidents within the service or with their loved one. Meeting minutes showed concerns had been discussed with staff and their opinions had been sought.

Continuous learning and improving care; Working in partnership with others

- The service had created links with the community. The local cubs and scouts come to the service, people were involved in making a 'guy' for 5th November, to raise money for charity. Staff supported people to gather donations for the Harvest Festival at the local church. The registered manager invited the local junior school into the service to sing for people.
- The registered manager had attended local forums to keep up to date with changes. They received updates from national organisations to promote improvement. The registered manager had received the CQC report on oral care, they had immediately put in place training and started to develop care plans and guidance for staff.