

Atlantis Medicare Limited

Lyndhurst Residential Care Home

Inspection report

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Date of inspection visit:
24 July 2019

Date of publication:
02 September 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Lyndhurst Residential Care Home is registered to provide personal care and accommodation for up to 42 people. There were 37 people living at the home at the time of the inspection.

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

People were happy with the level of care and support they received and felt staff had a good understanding of their individual needs, wishes and preferences. People's relatives were confident their family members were safely and effectively cared for. A range of activities were provided both in and away from the home providing variety to people's daily routine.

A range of audits and checks were completed to monitor areas of the home. Action identified were recorded separately and needed consolidating to inform the development of the homes business plan evidencing on-going improvements of the service.

Improvements were needed to clearly demonstrate people's medicines were managed and administered safely. Records for topical creams and thickeners needed to be expanded, guidance was not available for all 'when required' medicines and eye drops had not been administered. Training and competency checks were completed for staff responsible for the administration of medicines. Audits needed to be expanded on so that a thorough check was carried out.

People's care plans and monitoring records needed to be reviewed and updated to accurately reflect their current and changing needs. Records showed people and their relatives, where appropriate, were involved and consulted about the care they wanted and needed.

Systems to ensure the safety and protection of people and premises needed improving. Internal fire safety checks needed to include means of escape and emergency lighting. Emergency evacuation plans were not easily accessible, nor had they been reviewed and updated so that accurate information about the needs of people was available in the event of an emergency arising. Appropriate action needed to be taken to ensure windows were restricted and were 'tamper proof'. Assessment into areas identified as a risk to people's health and wellbeing needed updating to reflect changes in need so that people were kept safe.

We saw equipment was available for some people with a sensory impairment, however information provided for people was not available in different formats.

People were provided with a good standard of accommodation. The home was clean and tidy with no malodour other than one identified room. Ongoing improvements were being made to improve bedrooms and 'older' areas of the building.

Systems were in place to minimise the risk of cross infection. The laundry was clean and well organised and

had a clear pathway to help manage clean and dirty laundry safely.

Sufficient numbers of staff were available. Ongoing recruitment had been undertaken to fill vacancies and help cover periods of sickness. Relevant recruitment checks were completed prior to new staff commencing work.

Staff were offered a programme of induction and training. Evidence to show all staff received supervision and support needed to be expanded upon. Staff spoken with said they were well supported by management and received good training and support.

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.

People had access to a range of healthcare support so their health and well-being was maintained. Suitable arrangements were in place to meet people's nutritional needs. The dietary needs of people were understood and catered for by kitchen staff.

Systems were in place regarding complaints, concerns and safeguarding. We spoke with the local authority; no issues or concerns were raised.

Rating at last inspection: The last rating for this service was Good (published February 2017).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below

Requires Improvement ●

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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Lyndhurst Residential Care 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 carried out by an inspector, assistant inspector and 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 Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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. However they were on leave at the time of the inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers

and represents the views of the public about health and social care services in England. No issues or concerns were raised with us.

We used the information the provider sent us in the provider information return (PIR). This is where the provider gives us some key information about the service, what they do well and what improvements they plan to make. We also reviewed information we held about the service, including notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law. We used all this information to plan our inspection.

During the inspection:

We spoke with 14 people, on both an individual and group basis, the relatives of three people about their experiences of the care provided. We also spoke with eight members of staff; the deputy manager, administrator, activity worker, cook, housekeeper and three care staff.

We reviewed a range of records, including medication administration records (MAR's), the care records for four people, three staff personnel files, training records as well as information relating to the health and safety and management and oversight of the service.

Following the inspection:

Immediately following the inspection, the administrator confirmed action had been taken to make safe the windows. In addition, further evidence was provided in relation to water temperature checks, staff training and policies and procedures.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People were asked if they received their medication as prescribed. They told us, "Yes, I have tablets that the doctor told me to take, they aren't skinny here they always remember", "I do, I don't know what it is. They always remember to give it to you "and "Yes, they always remember to give them to me."
- Several improvements were needed to the management of medicines. In the treatment room we found information to guide staff was not up to date. The medication policy was dated 2017 and BNF 2016. Following the inspection the registered manager provided evidence to show this policy had been reviewed in April 2019.
- We found the medication room and fridge temperatures were high, particularly due to the hot weather, meaning consideration was needed to ventilate the room and oxygen stored for one person needed to be secured. A review of medication administration records also showed that guidance was not in place for all 'when required' medicines, carried forward stocks were not consistently recorded, a medication item for one person had been out of stock for two days and eye drops for another person had not been administered for four days. The provider should ensure the management and administration of people's prescribed medicines is safe. This meant there was a breach of Regulation 12(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- We saw medicines, including controlled drugs were stored safely. Staff responsible for the administration of people's medication had received medication training and their practice was assessed to check they were competent in the role. This was confirmed by one staff member we spoke with who said, "Yes, I've done the training on medication and, competency checked. I think it's done every 6 months or 12 months."
- We found the application of topical creams and use of thickeners (used to help with the swallowing of foods and fluids safely), were not recorded in a consistent way. Immediately following the inspection, we were shown new documentation which had been introduced for staff to complete. This has been referred to in more detail under the responsive section of this report.

Assessing risk, safety monitoring and management

- Internal fire safety checks were completed on the fire alarm and equipment. However we did not see evidence to show checks were completed in other areas, such as, means of escape and emergency lighting. Following the inspection the registered manager sent us records to evidence these checks were carried out.
- Individual personal emergency evacuation plans (PEEPs) were seen in people's records. We found information needed to be reviewed to reflect people's changing needs. Furthermore, this information was not easily accessible in the event of an emergency arising.
- Areas of risk to people's health and wellbeing was assessed and planned for. These included areas such

as, risk of falls, poor nutrition and weight loss and pressure care. However, a review of care records showed the falls risk assessment for one person was not reflective of their current needs. The moving and handling assessment for a second person stated assistance was needed from one carer. However, from our observations and health correspondence this person required an increased level of support due to a deterioration in their health.

- During the inspection we saw windows had been opened wide due to the hot weather. We asked the deputy manager to check all windows were fitted with suitable restrictors. We were told restrictors were in place. However, these had been released so they could be opened further. The deputy manager was asked to check all windows and where necessary make safe. Restrictors on all but two windows were put back in place. These windows were secured and arrangements were made for maintenance staff to make safe. The provider should also refer to the Health and Safety Executive guidance on falls from windows or balconies in health and social care and takes appropriate action where necessary to ensure restrictors in place are 'tamper-proof'.

The provider must ensure that effective systems are in place to assess, monitor and mitigate the risks to people health and well-being. This meant there was a breach of Regulation 12(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People said they had access to equipment needed to help keep them safe, such as walking aids, pressure relieving equipment and profiling beds. This was confirmed by those people we visited in their rooms and what we were told. People commented, "I have a walking frame and wheelchair, they are just for my use" and "I have a tripod walker to help me get around."

Staffing and recruitment

- Safe recruitment processes were followed. Staffing numbers were kept under review to make sure enough staff were always available to support people. One person we spoke with said they had previously been involved when recruiting new staff, adding, "I was on the panel to help choose new staff."

- When asked if they thought there were enough staff on duty, people told us, "I think so because there is always somebody there. I have never had to ring my buzzer; they are super here", "No, they are run off their feet, but if you ring the buzzer they come quickly" and "No I don't think so, I wish someone would open the curtains earlier as I am so hot in the morning." People's relatives also commented, "Yes, I should think so. When they are on holiday they have agency staff and "Yes, but they are very busy."

- We raised the issue of staffing with the deputy manager, administrator and care staff. It was acknowledged that due to sickness and turnover in staff this had at times impacted on cover. However, we were told agency staff would be used where necessary and following recent recruitment further appointments had been made to cover current vacancies.

- A review of three staff files evidenced relevant information and checks were gathered prior to new staff commencing their employment. This included, written references, work histories and Disclosure and Barring Service (DBS) checks. DBS checks help employers make safe recruitment decisions about applicants' suitability for work.

Systems and processes to safeguard people from the risk of abuse

- Systems had been maintained to help protect people from harm. We asked people if they felt safe living at the home. We were told, "They (staff) are alright, I have always felt safe in here as they are good, no problems at all", "Yes, I come from this area, the people themselves make me feel safe", "Oh yes, it's just like being at home" "You have the security of someone being here if you pass out or if anything goes wrong. They are very good if that bell rings for an emergency they are all running to sort it" and "I feel safe, I am independent of everyone and I have my freedom. I never thought about it not being safe. One person's relative also commented, "[Relative] always has someone with her, she is looked after well."

- When asked, staff said they had access to policies and procedures in relation to safeguarding people from abuse and whistleblowing (reporting poor practice). A programme of training was also provided. This was confirmed by one staff member we spoke with who said, "Yes, I have just updated my training on the computer (SOVA and safeguarding)."
- Staff spoken with were aware of the signs to be aware of and knew what to do to protect people. Staff told us, "Yes, if their mood changed, withdrawn, any signs of bruising, crying a lot and not themselves. I'd report it to the manager, if I didn't get anywhere I would go further" and "Obviously whistle blow, report to senior or manager, if nothing done go to social services or CQC ."
- When asked if staff were confident the manager would listen and act on any concerns, a staff member said, "Yes, I would be confident that something would be done about it."

Preventing and controlling infection

- We found hygiene standards had been maintained within the home. The premises were clean and tidy with no malodour, other than one identified bedroom. This was raised with the deputy manager.
- People we spoke with felt the home was looked after, adding "Yes, it is always kept clean, both in the lounge and in my room, it is spotless", "Oh yes and my room is cleaned every day" and "It depends on the cleaners but on the whole, it is okay."
- Handwashing facilities were available in all areas where personal care was provided. Staff had access to and used personal protective equipment (PPE) such as gloves and aprons, to minimise the spread of infection.

Learning lessons when things go wrong

- Systems were in place for recording and monitoring any accidents or incidents to make sure appropriate and timely action was taken, Staff told us, "Any accidents we fill in forms, we also inform the senior who is in charge, we call for a senior to check and assess the emergency", "If they have a fall we usually phone 999, we make them comfortable especially if they are on blood thinners" and "When someone falls obviously we need a senior to check them. If it's a head injury then we send them straight to hospital."
- We were told and information showed that group supervision meetings were held to discuss areas of learning to reinforce policies and procedures so that consistent practice was followed. Recent meetings had included, oral care, moving and handling and dignity in care.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- We asked people if they thought staff were caring and knew what they were doing. People said, "Yes, I do. They are wonderful, no complaints", "I do", "I think so" and "I am sure they are." People's relatives also felt from their observations staff had the right levels of experience to support their family member.
- Staff we spoke with were asked if they liked working at the home and if they received the support they needed. We were told, "Everybody knows everybody, it's a good (team)" and "It's alright, teamwork. Everyone just helps each other."
- A programme of induction, training and support continued to be provided for staff. This included a range of e-learning courses as well as practical training. Electronic records were maintained to monitor training had been completed and was up to date.
- Other areas of support were offered to staff such as supervision sessions and team meetings. The deputy manager told us supervisions were held monthly, either individually or part of a group. Staff we spoke with confirmed they received supervision, commenting, "Yes, we had one last week. Some are done as a group depending what it is on" and "Yes, six months if needed, maybe four months." However, a review of records did not reflect what we had been told. The deputy manager said they would review any 'gaps' and make appropriate arrangements with staff.

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

- We asked people their views about the food provided. We were told, "The food is very good; I don't think we could get better food anywhere, in any home. If we don't like it, we could have something else. We have never had a bad meal here", "It is good and we get enough, I enjoy it" and "The food is okay, they do well." All the people we spoke with said if they did not like what was on the menu; an alternative would be provided. This was observed during our visit.
- Staff were asked if they knew people's dietary needs. We were told, "We find it in the care plan, we are advised and told by the dietician, each (person) is different", "People on a pureed diet, it's written on the board in kitchen, we read care plans as well. Speech and language therapists come and give advice", and "The chef has got a book in the kitchen with everyone's likes and dislikes. They are all different, if anyone is having difficulty swallowing we refer to (Speech and Language Therapists) and put this in the care plan and kitchen."
- From our observations at lunchtime we saw table were nicely set with cutlery, napkins and condiments. Hot and cold drinks were offered throughout the day. The food looked appetising and clearly enjoyed by people.
- Where people had been assessed at risk of weight loss or poor nutrition additional records were

completed detailing their food and fluid intake. However, we found the level of information recorded was inconsistent. This has been referred to in more detail under the responsive section of this report.

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

- Lyndhurst provides spacious accommodation for people. The extended parts of the home had been completed to a good standard providing spacious en-suite bedrooms. People also had access to a courtyard providing outside furniture for people to use. Areas in the older part of the building were in need of redecoration. We were told the service had a programme of refurbishment. As bedrooms became vacant these would be repainted and new flooring and furniture provided.
- People said they liked living at the home. Comments included, "The walls are neutral, so they suit everyone, the rooms are nice. We go out in the garden when it is nice weather. We sat outside yesterday and had cakes", "It's alright, nice and clean, the garden leads onto the park", "Its ok clean and tidy and we can sit outside" and "It's fine, my room is nice and spotless." One person's relative also commented, "It's alright, her room has all personal things in."
- To help people maintain some independence and orientate themselves around the home, signs had been fitted to doors and colour coded rails and toilets seats had been provided. Throughout the inspection we saw people, where able, move around freely accessing room and to use the facilities.

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

- People had access to a wide range of healthcare professionals to help maintain their health and well-being. These include, GP's community nurses, optician, dentist, chiropody, dietician and speech and language therapists.
- People we spoke with were confident staff would respond quickly if they felt unwell. We were told, "They send for the doctor, they are there for you", "They would get the doctor for you. I go to my own optician. If I needed a chiropodist, they would get me one", "They get the doctor if I am ill. I have a problem with my legs, and I am waiting to see the specialist. I see an optician and have my feet done" and "Yes, they look after you and they are there for you if you are unwell. I have been to the optician and have my feet looked after."
- Relatives confirmed they were kept informed about their family member's welfare. Comments included, "Yes, they let us know and call the doctor, a chiropodist comes to the home. [Family member] goes to the hospital for her eyes but an optician does come in" and "If anything happens they let me know."

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

- The registered manager monitored the application and renewal of all DoLS application to ensure guidance was complied with.

- People's records showed they had been involved and consulted with about their care and support. Where people's relatives made decisions on their behalf, legal authorisation was in place for them to do so.
- Where people were not able to make a decision for themselves, a best interest decision was made involving relevant people. These decisions considered the least restrictive options for the person. For example, where medication was being covertly (hidden in food), this had been agreed by the persons GP.
- Information to guide staff was provided in the MCA and DoLS procedures. Staff spoken with were able to demonstrate their understanding. They told us, "Yes, we have the training here, you seem to take it in better", "Capacity fluctuates with different residents, you can't say they haven't got it because of their dementia. Training goes into making long term decisions and that's when families come in and power of attorneys", "I have, it's when they can't make their needs known" and "Yes, it is whether they are capable, giving them some information, can they process that information and act on that information in a safe manner.
- Pre-admission assessments were completed to make sure people needs could be met at Lyndhurst. Assessments contained information about people's medical, physical and emotional needs, including levels of support required and any known risks. This information was used to inform people's care plan.

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 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

- Staff were seen to treat people in a kind and respectful manner, this was supported by comments from people and their relatives. People and their relatives told us, "Oh yes, they (staff) are wonderful", "Yes, you don't need to ask them, they just do nice things for you" and "On the whole they are kind and caring."
- People felt staff knew them well and support was provided in a timely manner. People told us, "Oh yes, they know all about me", "Oh yes there is always someone there for you" and "Yes, the staff on nights are good if I ring in the night they come quickly."
- People's relatives said staff treated their family member with dignity and respect, adding, "I think so, definitely", "I hope so, they respect her as a person" and "Oh yes, if she wants anything there is no problem and they are caring with the visitors too."
- From our observations staff were caring in their attitude and approach to people. Staff knew people well and how to support each person in a way they needed.
- People's equality and diversity was recognised and respected. Care files contained information about people's specific needs, whether these be spiritual or cultural. A policy and procedure along with staff training were also provided.

Respecting and promoting people's privacy, dignity and independence

- People told us they were encouraged and supported to maintain their independence. People commented, "I tell them if I need them", "I like to do things for myself" and "I do most of my care myself, but if they help me, they ask first."
- People said staff respected their wish to manage their own personal care, where possible, adding, "I shower myself and do anything I can for myself, they encourage us to be independent", "They encourage me to be independent, but I can't do anything", "I wash myself, they leave you alone to do as much as you can for yourself" and "They (staff) encourage you to be as independent as possible."
- We saw staff supported people in a dignified way when helping them to mobilise using equipment. We saw one person who used a wheelchair was helped to move using a specialist piece of equipment. The person was supported in a dignified way with staff continually offering encouragement and reassurance.
- Whilst looking around the home we saw a 'Dignity Tree' which had been created. This is where people left suggestions of how people can respect each other and recognise each person as individuals.

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

- People's wishes and feelings were considered when planning their care and support.
- We saw people were able to make day to day decisions for themselves as well as follow routines of their

own choosing, for example what time they wished to rise or retire to bed. People told us, "Well I get up at the same time every day for breakfast and I go to bed when I want. I go to my room to watch TV. Sometimes I go to the Middleton centre to go shopping for presents, but I always tell someone", "I can more or less decide what time I get up or go to bed", "Yes, I get choices I go to bed after the 10pm news. I get up at 7 or 8, I ring the bell once I have got into my chair" and "Yes, I am very independent."

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 now deteriorated to requires improvement. This meant people's needs were not always met.

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

- We asked people and their relatives if they had been involved in the development of their care plan so information reflected their needs and wishes. People told us, "I know about my care plan. There is a book in my room", "My granddaughter helped to write it and reviews it", "Oh yes, I helped to devise it" and "They come and talk to us about it."
- From our observations we found staff knew people well and delivered care in personalised way. One staff member said, ""It's taking each service user as an individual. Even though the care plan format is the same each person is different. Everything is centred to them."
- People received care and support based on their individual needs, wishes and preferences. Information was gathered as part of the pre-admission assessments, involving people and their relatives.
- However, some improvements were needed to ensure care plans were up to date and accurately reflected the level of support provided. Monitoring records, such as, personal care charts, food and fluid intake and the use of topical creams and thickeners were not completed in full or clear to follow. Without such information changing needs or potential increased risks may not be quickly identified and responded to. Clear and accurate records need to be maintained in relation to the care and support people receive. This was a breach of Regulation 17(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 continued to engage in activities and events within the home and local community, which encouraged and supported people's emotional well-being. Consideration was also given to people's spiritual and cultural needs with regular visits from members of the church.
- People were asked about how they spent their time each day. Whilst some people preferred to follow routines of their own choosing other liked to take part in the activities offered. People told us, "They do chair exercises, quizzes, bingo, singers come in, we sit in the garden and sometimes we go out for meals. We go into Middleton and have fish and chips. We do craft sessions and knitting. They do Holy Communion, the vicar comes, and we have a proper service", "We have bingo, quizzes, singers and a choir, children from the nursery come in and sing for us", "I would like to do some painting as I have all the gear" and "They have a lot of activities, but I don't like to join in."
- The home had a dedicated activity worker who facilitated the activities and outings. In addition to the activities people spoke about, we were told that seasonal events and themed events were planned. These had included; St Georges Day and VE Day with an artist singing war songs, National Care Homes day was celebrated with a Caribbean theme with traditional food and buntings, a pink day for Breast Cancer with

staff wearing pink, a summer fayre and a Halloween party with decorations and bonfire night with parkin.

- People said their visitors were made welcome and were able to visit at any time. We were told, "There's no problems as far as our families are concerned, they can come when they want", "My family and friends can visit anytime except mealtimes", "They encourage friends and family to visit" and "Yes, they do, they can come anytime."

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.

- We saw some people who were sensory impaired had access to specialist equipment such as a mobile phone with large keys, speaking clock and hearing books. We were told picture cards were also used to help one person communicate with staff.
- Whilst basic information was available to people and their families about what to expect from the service. In discussion with the administrator we were not aware of alternative formats being available. However following the inspection the registered manager confirmed information was available in large print, such as the complaints procedure and welcome book.

Improving care quality in response to complaints or concerns

- We asked people if they knew how to make a complaint if they were not happy. People we spoke with told us, "I would talk to one of the carers", "I would tell my family and they would sort it out", "I would have to complain to the manager, but I haven't had to" and "I made one yesterday, I told the deputy manager." People's relatives said they had no concerns, adding, "No not really, nothing has come up they are always on top of everything" and "Never."
- Displayed in the reception area were 'thank you' cards complimenting staff on their hard work and the dignity and care shown to people's relatives.
- We were told and records showed that one complaint had been received in the last 12 months. This had been fully recorded, investigated and responded to.
- Information about how to complaint was easily accessible to people and their visitors with a copy of the procedure displayed in the reception area as well as being found in the welcome pack, which was provided to people when moving into the home.

End of life care and support

- People wishes in relation to their end of life and funeral wishes were recorded in their care plans.
- A policy and procedure as well as staff training were available to guide staff in end of life care. Several staff had completed training with a local hospice and the home had identified an 'end of life champion' who would offer additional guidance and support to the team where needed.
- Staff spoke about how they would support those people being cared for at the end of their life. Staff said, "Yes, we support the family, comforting the relative. We try and make it as dignified and as comfortable as possible, we have district nurses and doctors coming in, keeping them as comfortable as possible and pain free", and "We make sure the resident is not in pain, no discomfort. Make sure the families are looked after when they come, have a tray with teapot, kettle and milk, make sure they know how to use the nurse call, offer food and sandwiches, give them privacy, district nurses can be involved too. "

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- The management team had oversight of the quality and safety of the service by completing a range of audits and checks. However, audits were not sufficiently robust to identify the shortfalls found at this inspection. Where areas of improvement have been identified these should be used to inform the development of the homes business improvement plan to evidence ongoing enhancement of the service. This meant there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The service had a registered manager. As part of our inspection planning we found the registered manager had reported any issues affecting the service, such as safeguarding concerns or serious incidents to the Care Quality Commission (CQC).
- The team was seen to work well together with clear defined roles. Staff felt they were supported in their role and said they could approach the registered manager if they had any concerns. Staff told us, "If I have got any problems, we just support each other really, it's just an everyday thing. If we have got any problems we will have a chat", "I am happy coming here, good management, I am happy and settled. I look after the residents", "Yes (registered manager) is good, you can talk to her" and "We have a good manager, if needed we can talk and it is resolved."
- Staff said they were always kept informed of people's current and changing needs so that timely and effective support was provided. One staff member spoke about a handover at each shift change, adding, "We take ten minutes before each shift. Handovers are done in private areas where there are no residents. We also have a black file with information that you have to read and sign."
- People we spoke with said they knew who the registered manager was and felt she was approachable. People told us, "Yes, I do", "I do, I know her name" and "Yes, she does a good job."
- We checked the provider's website and saw the rating awarded at the previous inspection was not displayed, as required by law. This was to be resolved by the service. We saw the quality rating was displayed within the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering

their equality characteristics

- When asked what was the best thing about living at Lyndhurst and whether they would change anything, people told us, "Nothing it is very nice", "I know everybody, the staff are nice, and I like the food", "The people get on together, they are gentle with me", "It is very nice, you can't complain at all and I am a fuss pot", "I like it here", "The staff have been absolutely wonderful to us, If I had been at home, I wouldn't be still here" and "The fact that you are allowed to be your own person."
- People's relatives also spoke positively about the service, adding, "The best thing is that she is looked after well, if I had her at home I would be struggling, they do everything she wants" and "She is near everyone; we can visit anytime we want. She is being well looked after."
- People told us resident meetings were held so they could discuss events within the home. A newsletter was also provided to help keep people informed. Those people we spoke with said, "Yes, we do have meetings, we talk about anything about what's gone on and what is going to happen" and "I have been to a meeting. One good thing they did when I came in they let me bring my own bed."
- Annual feedback surveys were distributed in June each year. Recent responses were being collated so that feedback could be provided. We were told a 'You said, we did' board was to be purchased and put in the reception area to help keep people informed.

Working in partnership with others

- The service worked closely with other services so that people's assessed needs were appropriately met, and their health and well-being was maintained.
- Links had been developed within the local and wider community to help promote people's community presence as well as maintain their independence.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Improvements were needed to clearly demonstrate people's prescribed medicines were managed and administered safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Areas of identified improvement needed to be consolidated to inform the homes business improvement plan evidencing continuous improvement of the service. Clear and accurate records need to be maintained in relation to the care and support people receive.