



Making Social Care  
Better for People

# inspection report

Care Home For Older People

## **Lynhales Hall Nursing Home**

Lyonshall

Herefordshire

HR5 3LN

*Unannounced Inspection*

18th January 2005

## **Commission for Social Care Inspection**

Launched in April 2004, the Commission for Social Care Inspection (CSCI) is the single inspectorate for social care in England.

The Commission combines the work formerly done by the Social Services Inspectorate (SSI), the SSI/Audit Commission Joint Review Team and the National Care Standards Commission.

### **The role of CSCI is to:**

- Promote improvement in social care
- Inspect all social care - for adults and children - in the public, private and voluntary sectors
- Publish annual reports to Parliament on the performance of social care and on the state of the social care market
- Inspect and assess 'Value for Money' of council social services
- Hold performance statistics on social care
- Publish the 'star ratings' for council social services
- Register and inspect services against national standards
- Host the Children's Rights Director role.

## **Inspection Methods & Findings**

SECTION B of this report summarises key findings and evidence from this inspection. The following 4-point scale is used to indicate the extent to which standards have been met or not met by placing the assessed level alongside the phrase "Standard met?"

### **The 4-point scale ranges from:**

- 4 - Standard Exceeded (Commendable)
- 3 - Standard Met (No Shortfalls)
- 2 - Standard Almost Met (Minor Shortfalls)
- 1 - Standard Not Met (Major Shortfalls)

'O' or blank in the 'Standard met?' box denotes standard not assessed on this occasion.

'9' in the 'Standard met?' box denotes standard not applicable.

'X' is used where a percentage value or numerical value is not applicable.



<b>ESTABLISHMENT INFORMATION</b>
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**Name of establishment**

Lynhales Hall Nursing Home

**Address**

Lyonshall, Herefordshire, HR5 3LN

**Tel No:**

01544 340642

**Fax No:**

01544 340644

**Email address****Name of registered provider(s)/company (if applicable)**

Lynhales Hall Nursing Home Limited

**Name of registered manager (if applicable)**

Mr Richard Charles Claridge

**Type of registration****No. of places registered (if applicable)**

Care Home

47

**Category(ies) of registration, with (number of places)**

Dementia - over 65 years of age (47), Old age, not falling within any other category (47), Physical disability (1), Terminally ill over 65 years of age (47)

**Registration number**

E520002074

**Date first registered**

16th September 2004

**Date of latest registration certificate**

16th September 2004

**Was the home registered under the Registered Homes Act 1984?****Do additional conditions of registration apply ?**

If Yes refer to Part C

**Date of last inspection**

<b>Date of inspection visit</b>		18th January 2005	<b>ID Code</b>
<b>Time of inspection visit</b>		12:30 pm	
<b>Name of inspector</b>	<b>1</b>	Sandra J Bromige	090001
<b>Name of inspector</b>	<b>2</b>		
<b>Name of inspector</b>	<b>3</b>		
<b>Name of inspector</b>	<b>4</b>		
<b>Name of specialist (e.g. Interpreter/Signer) (if applicable)</b>			
<b>Name of establishment representative at the time of inspection</b>		Mrs Meg Fallon, Manager (Designate)	

## CONTENTS

**Introduction to Report and Inspection**  
**Inspection Visits**  
**Brief Description of the Services Provided**

**Part A: Summary of Inspection Findings**  
**Inspector's Summary**  
**Statutory Requirements/Good Practice Recommendations from last Inspection**  
**Conditions of Registration**  
**Statutory Requirements/ Good Practice Recommendations from this Inspection**

**Part B: Inspection Methods & Findings**  
**National Minimum Standards For Older People:**  
**Choice of Home**  
**Health and Personal Care**  
**Daily Life and Social Activities**  
**Complaints and Protection**  
**Environment**  
**Staffing**  
**Management & Administration**

**Part C: Compliance with Conditions (if applicable)**

**Part D: Provider's Response**  
**D.1. Provider's Comments**  
**D.2. Action Plan**  
**D.3. Provider's Agreement**

## INTRODUCTION TO REPORT AND INSPECTION

Every establishment that falls within the jurisdiction of the Commission for Social Care Inspection (CSCI), is subject to inspection, to establish if the establishment is meeting the National Minimum Standards relevant to that setting and the requirements of the Care Standards Act 2000.

This document summarises the inspection findings of the CSCI in respect of Lynhales Hall Nursing Home.

The inspection findings relate to the National Minimum Standards (NMS) for Care Homes for Older People published by the Secretary of State under the Care Standards Act 2000.

The Regulations applicable to the inspected service are secondary legislation, with which a service provider must comply. Service providers are expected to comply fully with the National Minimum Standards. The National Minimum Standards will form the basis for judgements by the CSCI regarding registration, the imposition and variation of registration conditions and any enforcement action.

The report follows the format of the NMS and the numbering shown in the report corresponds to that of the Standards.

The report will show the following:

- Inspection methods used
- Key findings and evidence
- Overall ratings in relation to the standards
- Compliance with the Regulations
- Required actions on the part of the provider
- Recommended good practice
- Summary of the findings
- Provider's response and proposed action plan to address findings

This report is a public document.

## INSPECTION VISITS

Inspections are undertaken in line with the agreed regulatory framework with additional visits as required. This is in accordance with the provisions of the Care Standards Act 2000. The report is based on the findings of the specified inspection dates.

**BRIEF DESCRIPTION OF THE SERVICES PROVIDED.**

Lynhales Hall, which is located on the outskirts of the village of Lyonshall, is approached by a long drive and is in a very rural situation. Set in its own extensive grounds, it was originally built as a 'gentleman's residence'. Now modernised and extended, it is a care home with nursing, offering services for up to 47 older men and women with a variety of frailties and associated difficulties. The Home is also registered to provide care for people who are terminally ill.

## **PART A SUMMARY OF INSPECTION FINDINGS**

### **INSPECTOR'S SUMMARY**

(This is an overview of the inspector's findings, which includes good practice, quality issues, areas to be addressed or developed and any other concerns.)

This was an unannounced inspection in January 2005. The focus of this inspection was to follow up the requirement and recommendations from the last inspection. Thus not all of the Standards have been inspected on this occasion. For those Standards please refer to previous inspection reports. The requirement was partly met and has been brought forward into this report. No recommendations have been brought forward into this report. Overall it was generally a positive inspection. Many pleasant and professional exchanges were seen between staff, service users and visitors to the Home. Service users and their relatives spoken with on this occasion were positive about the care and service offered at the Home.

#### **Choice of Home (Standards 1-6)**

##### **1 of the 1 Standard assessed was met**

A Statement of Purpose and Service User guide is available for prospective service users and is on display in the Home. Prospective service users and/or their relatives are encouraged to visit the Home prior to admission. Trial visits to the Home are accommodated. Intermediate care is not provided at Lynhales Hall.

#### **Health and personal care (Standards 7-11)**

##### **1 Standard was assessed and was almost met**

The requirement in respect of medicine management procedures was followed up on this occasion. This has been partly met. The temperature of the upstairs medicine storage room is not acceptable for the storage of medicines and action must be taken by the Home to reduce the temperature in this room. Please refer to Standard 9 and requirement.

#### **Daily Life and Social Activities (Standards 12-15)**

##### **None of these Standards were fully assessed on this occasion**

Changes are in progress regarding the provision of social care and activities within the Home. Please refer to Standard 12. Service users talked about recent activities that have taken place such as a production of 'Mother Goose' and weekly baking sessions, which they enjoy. A coffee morning is planned to take place in the Home. At the time of the inspection the Activities Assistant was taking Service users out into the local community on a 'one to one' basis. A monthly newsletter is produced by the Home and distributed to the service users for information.

#### **Complaints and Protection (Standards 16-18)**

##### **1 Standard was assessed and was met**

The Home demonstrates a well managed approach to complaints and concerns, welcoming them as opportunities to identify potential improvements to the service.

**Environment (Standards 19-26)****2 of the 2 Standards assessed were met**

Lynhales Hall, which is located on the outskirts of the village of Lyonshall, is approached by a long drive and is in a very rural situation. Set in its own extensive grounds. The Home offers care with nursing for up to 47 service users in 29 single rooms, which 25 are en-suite and 9 double rooms, which 3 are en-suite. The Home is well presented and maintained. Systems are in place for the management of infection control.

**Staffing (Standards 27-30)****1 of the 2 Standards assessed was met**

Staffing levels at the time of the inspection were satisfactory. The two staff files seen on this occasion, did not contain all of the information required through regulation to be in place prior to the employment of staff to ensure the protection of service users. See requirements.

**Management and Administration (Standards 31-38)****The 1 Standard assessed was almost met**

The Home continues to be owned by Mr Richard Claridge. Management support to the Provider is through an administrator and the manager (designate). Notifications are being sent to the Commission in accordance with regulation. Not all of the recruitment records were held in the Home for all staff as required through Regulation 17. The Home has received a recent planned visit from the Fire Officer. Requirements were made to enhance the fire safety in parts of the Home and this work is in progress.

Requirements from last Inspection visit fully actioned?

NO
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**If No please list below**

<b>STATUTORY REQUIREMENTS</b>				
Identified below are areas not addressed from the last inspection report which indicate a non-compliance with the Care Standards Act 2000 and accompanying Regulations. The code in "Standard" is a cross-reference to the Standards described in full in the section "Inspection Findings".				
No.	Regulation	Standard	Required actions	

**Action is being taken by the Commission for Social Care Inspection to ensure compliance in regard to the above requirements.**

<b>RECOMMENDATIONS</b>		
Identified below are recommendations from the last inspection that have not been implemented		
No.	Refer to Standard	Good Practice Recommendations

<b>CONDITIONS OF REGISTRATION THAT APPLY (OTHER THAN NUMBERS AND CATEGORY OF SERVICE USERS).</b>	<b>Met (Yes / No)</b>
Two named service users under the age of 65 years	YES

## STATUTORY REQUIREMENTS IDENTIFIED DURING THE INSPECTION

Action Plan: The Registered Person is requested to provide the Commission with an Action Plan, which indicates how requirements are to be addressed with the time scale within which such actions will be taken. This action plan will be made available on request to the Area Office.

### STATUTORY REQUIREMENTS

Identified below are areas addressed in the main body of the report, which indicate non-compliance with the Care Standards Act 2000, and accompanying Regulations 2001 and the National Minimum Standards. The Registered Provider(s) is/are required to comply within the given time scales. The code in "Standard" is a cross-reference to the Standards described in full in the section "Inspection Findings".

No.	Regulation	Standard *	Requirement	
1	13	OP9	The temperature in all medicine storage areas must be monitored and documented and any action taken to ensure medicines are not stored above 25°C. <i>(Brought forward, partly met)</i>	28/02/05
2	19	OP29	The registered person must obtain all information required under Regulation 19, Schedule 2. <b>An immediate requirement was made.</b>	By Friday 21 <sup>st</sup> January 2005 <b>Timescale met</b>
3	18	OP29	All new care staff must be supervised at all times for the duration of their induction training. <b>An immediate requirement was made.</b>	Immediate & Ongoing

## RECOMMENDATIONS

Identified below are areas addressed in the main body of the report, which relate to National Minimum Standards and are seen as good practice issues which should be considered for implementation by the registered Provider(s). The code in "Standard" is a cross-reference to the Standards described in full in the section "Inspection Findings".

No.	Refer to Standard *	Good Practice Recommendations
		None

\* Note: You may refer to the relevant standard in the remainder of the report by omitting the 2-letter prefix e.g. OP10 refers to Standard 10.

**PART B****INSPECTION METHODS & FINDINGS**

The following inspection methods have been used in the production of this report

Direct observation	YES
Indirect observation	NO
Sampling	NO
• Pre-inspection questionnaire	YES
• Records	YES
• Care plans / Care pathways	NO
• Meals	NO
• Activities	NO
• Other (Specify)	NO
'Tracking' care and support	NO
Group discussion with service users	NO
Individual discussion with service users	YES
Group discussion with staff	NO
Individual discussion with staff	YES
Discussion with management	YES
Service user survey	NO
Relatives/significant others survey/feedback	NO
Visiting professionals survey / feedback	NO
Tour of premises	YES
Formal interviews	NO
Document reading	YES
Additional inspection information:	
Number of service users spoken to at time of inspection	5
Number of relatives/significant others the inspectors had contact with	3
Number of letters received in respect of the service	0
CRB check for the responsible individual seen	NO
CRB check for the manager seen	NA
Certificate of registration was displayed at the time of the inspection	YES
Certificate of registration accurately reflected the situation in the service at the time of inspection	YES
Total number of care staff employed (excluding managers)	X
Total number of staff with nursing qualifications employed	X
Date of inspection	18/01/05
Time of inspection	12:30
Duration of inspection (hrs)	5.75

The following pages summarise the key findings and evidence from this inspection, together with the CSCI assessment of the extent to which the National Minimum Standards for Care homes for older people have been met. The following scale is used to indicate the extent to which standards have been met or not met by placing the assessed level alongside the phrase "Standard met?"

The scale ranges from:

- |                         |                    |
|-------------------------|--------------------|
| 4 - Standard Exceeded   | (Commendable)      |
| 3 - Standard Met        | (No shortfalls)    |
| 2 - Standard Almost Met | (Minor shortfalls) |
| 1 - Standard Not Met    | (Major shortfalls) |

"0" or blank in the "Standard met?" box denotes standard not assessed on this occasion.

"9" in the "Standard met?" box denotes standard not applicable.

"X" is used where a percentage value or numerical value is not applicable.

## Choice of Home

The intended outcomes for the following set of standards are:

- Prospective service users have the information they need to make an informed choice about where to live.
- Each service user has a written contract/ statement of terms and conditions with the home.
- No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
- Service users and their representatives know that the home they enter will meet their needs.
- Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
- Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

### Standard 1 (1.1 – 1.3)

The registered person produces and makes available to service users an up to date statement of purpose setting out the aims, objectives, philosophy of care, services and facilities, and terms and conditions of the home; and provides a service users' guide to the home for current and prospective residents. The statement of purpose clearly sets out the physical environmental standards met by a home in relation to standards 20.1, 20.4, 21.3, 21.4, 22.2, 22.5, 23.3 and 23.10: a summary of this information appears in the home's service user's guide.

Range of fees charged From (£)  To (£)

Any charges for extras

If yes, please state what the extra's are: Transport, escort, chiropody

Key findings/Evidence	Standard met?	0
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### Standard 2 (2.1 – 2.2)

Each service user is provided with a statement of terms and conditions at the point of moving into the home (or contract if purchasing their care privately).

Key findings/Evidence	Standard met?	0
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### Standard 3 (3.1 – 3.5)

New service users are admitted only on the basis of a full assessment undertaken by people trained to do so, and to which the prospective service user, his/her representatives (if any) and relevant professionals have been party.

Key findings/Evidence	Standard met?	0
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**Standard 4 (4.1 - 4.4)**

The registered person is able to demonstrate the home's capacity to meet the assessed needs (including specialist needs) of individuals admitted to the home.

**Key findings/Evidence****Standard met?**

0

**Standard 5 (5.1 – 5.3)**

The registered person ensures that prospective service users are invited to visit the home and to move in on a trial basis, before they and / or their representatives make a decision to stay; unplanned admissions are avoided where possible.

**Key findings/Evidence****Standard met?**

3

The manager (designate) reported that service users might have spent time at the Home for day care prior to moving into the Home on a permanent basis. It was reported to the Inspector that trial visits are accommodated by the Home.

Discussion with a service users relative confirmed that they had made 'unannounced' visits to the Home to look around prior to the decision being made for the service user to be admitted.

The manager (designate) confirmed that service users are able to move in on a trial basis. The notice period for either party during this trial period is 28 days.

**Standard 6 (6.1 - 6.5)**

Where service users are admitted only for intermediate care, dedicated accommodation is provided together with specialised facilities, equipment and staff, to deliver short term intensive rehabilitation and enable service users to return home.

**Key findings/Evidence****Standard met?**

9

Intermediate care is not provided.

## Health and Personal Care

The intended outcomes for the following set of standards are:

- The service user's health, personal and social care needs are set out in an individual plan of care.
- Service users make decisions about their lives with assistance as needed.
- Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
- Service users feel they are treated with respect and their right to privacy is upheld.
- Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

### Standard 7 (7.1 – 7.6)

A service user plan of care generated from a comprehensive assessment (see Standard 3) is drawn up with each service user and provides the basis for the care to be delivered.

**Key findings/Evidence**

**Standard met?**

0

### Standard 8 (8.1 – 8.13)

The registered person promotes and maintains service users' health and ensures access to health care services to meet assessed needs.

**No. of incidents where service users have been taken to Accident and Emergency during last 12 months**

X

**No. of service users with pressure sores at time of inspection (from information taken from care notes)**

X

**Key findings/Evidence**

**Standard met?**

0

It was evident from discussion with a service user that they had been taken into the local town last week to have their eyes tested. During the discussion the Activity Assistant came to the room to bring the service users new glasses that had been collected that day.

**Standard 9 (9.1 – 9.11)**

The registered person ensures that there is a policy and staff adhere to the procedures for the receipt, recording, storage, handling administration and disposal of medicines, and service users are able to take responsibility for their own medication if they wish, within a risk management framework.

**Key findings/Evidence****Standard Met?**

2

The Home has two areas for the storage of medicines. Following the requirement from the last inspection the Home has installed a thermometer in the first floor medicine room and the temperature is regularly exceeding 25°C. This room has a medicine refrigerator and will be contributing to the high temperature in this room. Action must be taken by the Home to provide further ventilation in this room to reduce the temperature. The downstairs medicine room had no thermometer in use. The requirement from the last inspection has been brought forward as it is only partly met. See requirement.

The manager (designate) reported that 'prn' medicines in use are mainly analgesia and are administered in conjunction with the pain assessment charts for the individual service users.

**Standard 10 (10.1 – 10.7)**

The arrangements for health and personal care ensure that service users' privacy and dignity are respected at all times, and with particular regard to: personal care giving, including nursing, bathing, washing, using the toilet or commode, consultation with, and examination by, health and social care professionals, consultation with legal and financial advisors, maintaining social contacts with relatives and friends, entering bedrooms, toilets and bathrooms, and following death.

**Key findings/Evidence****Standard met?**

0

It was evident from discussion with a service user that their choice is respected regarding having a carer of the same gender to carry out any personal care.

**Standard 11 (11.1 – 11.12).**

Care and comfort are given to service users who are dying, their death is handled with dignity and propriety, and their spiritual needs, rites and functions observed.

**Key findings/Evidence****Standard met?**

0

## Daily Life and Social Activities

The intended outcomes for the following set of standards are:

- Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
- Service users maintain contact with family/ friends/ representatives and the local community as they wish.
- Service users are helped to exercise choice and control over their lives.
- Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

### Standard 12 (12.1 – 12.4)

The routines of daily living and activities made available are flexible and varied to suit service users' expectations, preferences and capacities.

Key findings/Evidence	Standard met?	0
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This Standard was not fully assessed on this occasion.

A very recent change has taken place in the Home regarding the co-ordination and provision of recreational therapy. A member of the care team who has been working at the Home for 2 years has taken over as the Activity Assistant. It was evident from discussion and service user records that a 'whole person picture' is being developed for all of the service users. This information is being obtained in consultation with individual service users and their relatives. It is reported to the Inspector that the aim is to build up a pen profile of each service user and from this create individual programmes of activities. This is good practice. Service users told the Inspector that they had enjoyed the recent production of 'Mother Goose' at the Home and that each week they are having a cooking session. Last week they made small iced cakes for tea and on the day of the inspection they had been making scones. A coffee morning is planned to take place in the Home in aid of the recent Tsunami disaster. Service users reported that they will be making cakes for the coffee morning and raffle prizes are on display in the entrance to the Home.

A monthly newsletter is produced by the Home. This is distributed to all service users and includes information such as 'coming & goings' of staff and service users, birthdays that month, and events taking place.

One service user reported that she had a recent birthday and the Home had given her an orchid flower plant as a birthday gift.

### Standard 13 (13.1 – 13.6)

Service users are able to have visitors at any reasonable time and links with the local community are developed and/or maintained in accordance with service users' preferences.

Key findings/Evidence	Standard met?	0
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This Standard was not fully assessed on this occasion.

On the day of the inspection the Activity Assistant took one of the service users with her into the local town of Kington. It was reported to the Inspector that the next day she had planned to take another service user to a local Hunt meeting, where they would also meet the service users relatives.

**Standard 14 (14.1 – 14.5)**

The registered person conducts the home so as to maximise service users' capacity to exercise personal autonomy and choice.

Key findings/Evidence	Standard met?	0

**Standard 15 (15.1 – 15.9)**

The registered person ensures that service users receive a varied, appealing, wholesome and nutritious diet, which is suited to individual, assessed and recorded requirements, and that meals are taken in a congenial setting and at flexible times.

Key findings/Evidence	Standard met?	0
<p>This Standard was not fully assessed on this occasion.</p> <p>A copy of the weekly menu is distributed to all service users.</p>		

## Complaints and Protection

The intended outcomes for the following set of standards are:

- Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- Service users' legal rights are protected.
- Service users are protected from abuse.

### Standard 16 (16.1 – 16.4)

The registered person ensures that there is a simple, clear and accessible complaints procedure which includes the stages and time-scales for the process, and that complaints are dealt with promptly and effectively.

No. of complaints made to the home during last 12 months	6
No. of these complaints fully substantiated	4
No. of these complaints partly substantiated	0
No. of these complaints not substantiated	2
No. of these complaints not yet resolved	0
No. of complaints sent direct to CSCI	0
Percentage of complaints responded to within 28 days	100 %

#### Key findings/Evidence

#### Standard met?

3

The Homes records of complaints and concerns show that they have received 6 complaints since the last inspection in September 2004. All of the complaints have been investigated and responded to by the manager (Designate). The number of complaints and concerns recorded is viewed as being positive, as it is indicative of a Home that is open to receiving complaints and concerns and that service users and their representatives feel able to comment on any aspect of the service that they are unhappy about.

### Standard 17 (17.1 – 17.3)

Service users have their legal rights protected, are enabled to exercise their legal rights directly and participate in the civic process if they wish.

#### Key findings/Evidence

#### Standard met?

0

**Standard 18 (18.1 – 18.6)**

The registered person ensures that service users are safeguarded from physical, financial or material, psychological or sexual abuse, neglect, discriminatory abuse or self harm, inhuman or degrading treatment, through deliberate intent, negligence or ignorance, in accordance with written policies.

**The home has an Adult Protection procedure (including Whistle Blowing) which complies with the Public Disclosure Act 1998 and the Department of Health Guidance *No Secrets***

YES

**No. of staff referred for inclusion on POVA lists**

X

**Key findings/Evidence**

**Standard met?**

0

## Environment

The intended outcomes for the following set of standards are:

- Service users live in a safe, well-maintained environment.
- Service users have access to safe and comfortable indoor and outdoor communal facilities.
- Service users have sufficient and suitable lavatories and washing facilities.
- Service users have the specialist equipment they require to maximise their independence.
- Service users' own rooms suit their needs.
- Service users live in safe, comfortable bedrooms with their own possessions around them.
- Service users live in safe, comfortable surroundings.
- The home is clean, pleasant and hygienic.

### Standard 19 (19.1 – 19.6)

The location and layout of the home is suitable for its stated purpose; it is accessible, safe and well maintained; meets service users' individual and collective needs in a comfortable and homely way and has been designed with reference to relevant guidance.

<b>Key findings/Evidence</b>	<b>Standard met?</b>	0

### Standard 20. (20.1 – 20.7)

In all newly built homes and first time registrations the home provides sitting, recreational and dining space (referred to collectively as communal space) apart from service users' private accommodation and excluding corridors and entrance hall amounting to at least 4.1 sq. metres for each service user.

<b>Key findings/Evidence</b>	<b>Standard met?</b>	0

### Standard 21 (21.1 – 21.8)

Toilet, washing and bathing facilities are provided to meet the needs of service users.

<b>Key findings/Evidence</b>	<b>Standard met?</b>	0

### Standard 22 (22.1 – 22.8)

The registered person demonstrates that an assessment of the premises and facilities has been made by suitably qualified persons, including a qualified occupational therapist, with specialist knowledge of the client groups catered for, and provides evidence that the recommended disability equipment has been secured or provided and environmental adaptations made to meet the needs of service users.

<b>Key findings/Evidence</b>	<b>Standard met?</b>	0
This Standard was not fully assessed on this occasion.		
The Inspector observed the appropriate use of wheelchair lap straps and footrests.		

**Standard 23 (23.1 – 23.11)**

The home provides accommodation for each service user which meets minimum space as prescribed

<b>Total number of single bedrooms with at least 10 sq.m usable space or additional compensatory space</b>	29
<b>Pre-existing homes only (1 April 2003) - single bedrooms below 10 sq.m usable space or additional compensatory space</b>	X
<b>Total number of wheelchair users accommodated for in rooms at least 12sq.m</b>	X
<b>Total number of wheelchair users accommodated for in rooms at less than 12sq.m</b>	X
<b>Total number of shared rooms at least 16 sq.m</b>	9
<b>Total number shared rooms less than 16 sq.m</b>	X
<b>Percentage of places within single rooms:</b>	
100%	NO
80% - 99%	NO
Less than 80%	YES
<b>Total number of single bedrooms</b>	29
<b>Total number of single rooms with en suite</b>	25
<b>Total number of double rooms</b>	9
<b>Total number of double rooms with en suite</b>	3

<b>Key findings/Evidence</b>	<b>Standard met?</b>	3
This Standard is met.		
The sample of care records seen on this occasion showed evidence of the service users and/or their representatives agreement to a shared bedroom.		

**Standard 24 (24.1 – 24.8)**

The home provides private accommodation for each service user which is furnished and equipped to assure comfort and privacy, and meets the assessed needs of the service user.

<b>Key findings/Evidence</b>	<b>Standard met?</b>	0

**Standard 25 (25.1 – 25.8)**

The heating, lighting, water supply and ventilation of service users' accommodation meet the relevant environmental health and safety requirements and the needs of individual service users.

**Key findings/Evidence****Standard met?**

0

**Standard 26 (26.1 – 26.9)**

The premises are kept clean, hygienic and free from offensive odours throughout and systems are in place to control the spread of infection, in accordance with relevant legislation and published professional guidance.

**Key findings/Evidence****Standard met?**

3

The Home was clean and free from any malodours.

Since the last inspection the identified rusty urine bottle holder and the stained and cracked sink have been replaced.

Systems are in place for the management of infection control.

## Staffing

The intended outcomes for the following set of standards are:

- Service users needs are met by the numbers and skill mix of staff.
- Service users are in safe hands at all times.
- Service users are supported and protected by the home's recruitment policy and practices.
- Staff are trained and competent to do their jobs.

### Standard 27 (27.1 – 27.7)

Staffing numbers and skill mix of qualified/unqualified staff are appropriate to the assessed need of the service users, the size, the layout and purpose of the home, at all times.

Number of staff /hours in respect of service user needs based on guidance recommended by Department of Health.

		Personal Care	Nursing
No. service users <i>High</i> needs	<input checked="" type="checkbox"/>	No. staff hours allocated	<input checked="" type="checkbox"/>
No. service users <i>Medium</i> needs	<input checked="" type="checkbox"/>	No. staff hours allocated	<input checked="" type="checkbox"/>
No. service users <i>Low</i> needs	<input checked="" type="checkbox"/>	No. staff hours allocated	<input checked="" type="checkbox"/>
No. of staff hours required	<input checked="" type="checkbox"/>	No. of staff hours provided	<input checked="" type="checkbox"/>
No. of full time equivalent first level registered nurses	<input checked="" type="checkbox"/>		
No. of care staff	<input checked="" type="checkbox"/>		
No. of ancillary staff	<input checked="" type="checkbox"/>		

### Key findings/Evidence

### Standard met?

3

Staffing levels on the day of the inspection were on the morning shift, 2 registered nurses and 7 care staff and on the afternoon shift 1 registered nurse and 8 care staff. In addition to the care team the manager (designate) was on duty and an Activities Assistant. Ancillary staff on duty were 2 domestic assistants, 1 laundry assistant, 2 cooks and a kitchen assistant and 2 maintenance personnel. Discussion with staff confirmed that these were the usual numbers of staff and that they were sufficient to meet the current service users care needs.

**Standard 28 (28.1 – 28.3)**

A minimum ratio of 50% trained members of care staff (NVQ Level 2 or equivalent) is achieved by 2005, excluding the registered manager and/or care manager, and in care homes providing nursing, excluding those members of the care staff who are registered nurses.

No. care staff (excluding registered nurses) with NVQ level 2 or equivalent

X

% of care staff with NVQ level 2

X

 %

<b>Key findings/Evidence</b>	<b>Standard met?</b>	0

**Standard 29 (29.1 – 29.6)**

The registered person operates a thorough recruitment procedure based on equal opportunities and ensuring the protection of service users.

<b>Key findings/Evidence</b>	<b>Standard met?</b>	1
<p>The recruitment files of two new staff were inspected on this occasion. Evidence shows that these two files did not contain all of the information required through regulation to be in place prior to the employment of staff to ensure the protection of service users.</p> <p>Two immediate requirements were made. See requirements.</p> <p>The following day the manager (designate) advised the Commission of the immediate action the Home had taken to obtain the information required and to ensure protection of the service users.</p>		

**Standard 30 (30.1 – 30.4)**

The registered person ensures that there is a staff training and development programme which meets the National Training Organisation (NTO) workforce training targets and ensures staff fulfil the aims of the home and meet the changing needs of service users.

<b>Key findings/Evidence</b>	<b>Standard met?</b>	0

## Management and Administration

The intended outcomes for the following set of standards are:

- Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
- Service users benefit from the ethos, leadership and management approach of the home.
- The home is run in the best interests of service users.
- Service users are safeguarded by the accounting and financial procedures of the home.
- Service users' financial interests are safeguarded.
- Staff are appropriately supervised.
- Service users' rights and best interests are safeguarded by the home's record keeping policies and procedures.
- The health, safety and welfare of service users and staff are promoted and protected.

### Standard 31 (31.1 – 31.8)

The registered manager is qualified, competent and experienced to run the home and meet its stated purpose, aims and objectives.

Key findings/Evidence	Standard met?	0

### Standard 32 (32.1 – 32.7)

The registered manager ensures that the management approach of the home creates an open, positive and inclusive atmosphere.

Key findings/Evidence	Standard met?	0

### Standard 33 (33.1 – 33.10)

Effective quality assurance and quality monitoring systems, based on seeking the views of service users, are in place to measure success in meeting the aims, objectives and the statement of purpose of the home.

Key findings/Evidence	Standard met?	0

### Standard 34 (34.1 – 34.5)

Suitable accounting and financial procedures are adopted to demonstrate current financial viability and to ensure there is effective and efficient management of the business.

Key findings/Evidence	Standard met?	0

**Standard 35 (35.1 – 35.6)**

The registered manager ensures that service users control their own money except where they state that they do not wish to or they lack capacity and that safeguards are in place to protect the interests of the service user.

**Number of service users subject to Power of Attorney processes**

X

**Number of service users subject to Enduring Power of Attorney processes**

X

**Number of service users subject to Guardianship Orders**

X

**Key findings/Evidence**

**Standard met?**

0

**Standard 36 (36.1 – 36.5)**

The registered person ensures that the employment policies and procedures adopted by the home and its induction, training and supervision arrangements are put into practice.

**Key findings/Evidence**

**Standard met?**

0

**Standard 37 (37.1 – 37.3)**

Records required by regulation for the protection of service users and for the effective and efficient running of the business are maintained, up to date and accurate.

**Key findings/Evidence**

**Standard met?**

2

Service user and staff records are stored securely.

Only those records already referred to in this report were inspected during this occasion.

The recruitment files seen on this occasion require further development. See requirement 2. Notifications of incidents and events taking place in the Home are being sent to the National Care Standards Commission in accordance with Regulation 37. A copy of the Regulation 37 guidance issued by the Commission was sent to the manager (designate) for reference.

**Standard 38 (38.1 – 38.9)**

**The registered manager ensures so far as is reasonably practicable the health, safety and welfare of service users and staff.**

**Key findings/Evidence**

**Standard met?**

**0**

This Standard was not fully assessed on this occasion.

The Home has received a recent planned visit from the Fire Officer. The manager (designate) reported that additional fireproofing was required for the staff accommodation on the top floor and the staircase access to that area and to the record storage area under the main staircase. Evidence shows that some of this work has already been completed and the remaining work was in progress at the time of the inspection.

Since the last inspection an external contractor has carried out an audit of the premises with regard to the management of Legionella. The manager (designate) agreed to forward a summary of the findings to the Commission.

The day prior to the inspection a 'Train the Trainer' moving and handling course had taken place in the Home to train 6 staff.

The manager (designate) reported that the Home's generic risk assessments have been updated since the last inspection using a different format produced by an external company. Accident records were satisfactory and are audited on a monthly basis. This is good practice.

**PART C****COMPLIANCE WITH CONDITIONS****(where applicable)**

<b>Condition</b>	<b>Compliance</b>	<b>YES</b>
Two named service users under the age of 65 years		
<b>Comments</b>		

<b>Condition</b>	<b>Compliance</b>	
<b>Comments</b>		

<b>Condition</b>	<b>Compliance</b>	
<b>Comments</b>		

**Lead Inspector**      **Sandra Bromige**      **Signature** \_\_\_\_\_  
**Second Inspector**      \_\_\_\_\_      **Signature** \_\_\_\_\_  
**Regulation Manager**      **Alan McCardle**      **Signature** \_\_\_\_\_  
**Date**      \_\_\_\_\_      \_\_\_\_\_

It should be noted that all CSCI inspection reports are public documents.

## PART D

## PROVIDER'S RESPONSE TO IDENTIFIED STATUTORY REQUIREMENTS

### **D.1 Registered Person's comments/confirmation relating to the content and accuracy of the report for the above inspection.**

We would welcome comments on the content of this report relating to the Inspection conducted on **18<sup>th</sup> January 2005** and any factual inaccuracies:

Please limit your comments to one side of A4 if possible

We are working on the best way to include provider responses in the published report. In the meantime responses received are available on request from the local Hereford office.

**Action taken by the CSCI in response to provider comments:**

Amendments to the report were necessary	<input type="checkbox"/> NO
Comments were received from the provider	<input type="checkbox"/> YES
Provider comments/factual amendments were incorporated into the final inspection report	<input type="checkbox"/> NO
Provider comments are available on file at the Area Office but have not been incorporated into the final inspection report. The inspector believes the report to be factually accurate	<input type="checkbox"/> YES

**Note:**

In instances where there is a major difference of view between the Inspector and the Registered Provider both views will be made available on request to the Area Office.

**D.2 Please provide the Commission with a written Action Plan by 9<sup>th</sup> March 2005, which indicates how requirements are to be addressed and stating a clear timescale for completion. This will be kept on file and made available on request.**

You will also note that the Commission has identified in the inspection report good practice recommendations and it would be useful to have some indication as to whether you intend to take any action to progress these.

**Status of the Provider's Action Plan at time of publication of the final inspection report:**

Action plan was required	<input type="checkbox"/> YES
Action plan was received at the point of publication	<input type="checkbox"/> NO
Action plan covers all the statutory requirements in a timely fashion	<input type="checkbox"/>
Action plan did not cover all the statutory requirements and required further discussion	<input type="checkbox"/>
Provider has declined to provide an action plan	<input type="checkbox"/> YES
Other:	<input type="checkbox"/>

**D.3 PROVIDER’S AGREEMENT**

**Registered Person’s statement of agreement/comments: Please complete the relevant section that applies.**

**D.3.1 I Mr RC Claridge of Lynhales Hall Nursing Home confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s) and that I agree with the requirements made and will seek to comply with these.**

**Print Name** \_\_\_\_\_  
**Signature** \_\_\_\_\_  
**Designation** \_\_\_\_\_  
**Date** \_\_\_\_\_

**Or**

**D.3.2 I Mr RC Claridge of Lynhales Hall Nursing Home am unable to confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s) for the following reasons:**

**Print Name** \_\_\_\_\_  
**Signature** \_\_\_\_\_  
**Designation** \_\_\_\_\_  
**Date** \_\_\_\_\_

Note: In instance where there is a profound difference of view between the Inspector and the Registered Provider both views will be reported. Please attach any extra pages, as applicable.

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