



*Making Social Care
Better for People*

inspection report

CARE HOMES FOR OLDER PEOPLE

Lynhales Hall Nursing Home

**Lyonshall
Kington
Herefordshire
HR5 3LN**

Lead Inspector
Sandra
Bromige

Unannounced
26 July 2005 10:45

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service	Lynhales Hall Nursing Home
Address	Lyonshall Herefordshire HR5 3LN
Telephone number	01544340642
Fax number	01544 340644
Email address	
Name of registered provider(s)/company (if applicable)	Lynhales Hall Nursing Home Limited
Name of registered manager (if applicable)	Mrs Margaret Ann Fallon
Type of registration	CRH Care Home
No. of places registered (if applicable)	47
Category(ies) of registration, with number of places	DE Dementia 1 DE(E) Dementia - over 65 47 OP Old Age 47 PD Physical disability 1 TI(E) Terminally ill 47

SERVICE INFORMATION

Conditions of registration:

- 1 Three named service users under the age of 65 years, this includes one named service user with dementia.
2. The Manager must undertake a recognised course for Dementia Training within 12 months from the date of registration.
3. The Manager must undertake a recognised course in Health and Safety within 3 months from the date of registration..

Date of last inspection 18 January 2005

Brief Description of the Service:

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.

SUMMARY

This is an overview of what the inspector found during the inspection.

This was an unannounced inspection which took place over 6.5 hours.

The Inspector looked around some parts of the building and a number of records were inspected. The owner, manager, residents and staff were spoken with. Comments cards and staff questionnaires were sent to the Home prior to the inspection to enable residents, staff and visitors to comment on the service provided.

Since the last inspection 2 complaints has been made to the Commission about this service. One was investigated by the Home and one by the Commission. The outcome of the complaint investigated by the Commission is included in this report.

What the service does well:

Lynhales Hall is set in a very rural location in extensive grounds and is approached by a long drive. The Home is very well maintained, clean and free from any bad smells. Relatives have commented that the Home is "well run and very clean". Staff are described as "pleasant and they carry out their duties with a smile" and "are approachable".

Assessments are done for prospective residents to ensure that the Home is able to meet the resident's needs. The standard of care is good. Relatives have commented, " I am delighted at the way my mother is treated"; "staff are very attentive"; "she has received and appreciated as have I, all the wonderful care, love and attention she has received from all members of the staff".

The Home produces a newsletter, which is distributed to the residents and their relatives. A relative has commented on this saying that " the newsletter is very helpful for relatives, to see the activities are available for their relatives".

Staffing levels are satisfactory. Staff are not allowed to start work until thorough checks have been carried out by the Home. In addition to the manager the Home employs a trained nurse as the training officer. This person undertakes and co-ordinates all the training in the Home.

A good range of equipment is in use for residents to prevent skin damage by sitting or lying. A range of equipment is also provided to enable staff to move residents who are not able to stand.

Complaints and concerns are listened to and acted upon.

What has improved since the last inspection?

Air conditioning units have been fitted to the rooms where medicines are stored to prevent them from being damaged by the heat. Air conditioning has also been fitted in the sun lounge where the residents dine, to make it more comfortable in the hot weather.

Procedures for the recruitment of staff have improved to protect the residents. The Home employs staff from overseas and now provides English language and literacy sessions at the Home to improve staffs spoken and written English.

Two new ceiling mounted hoists have been fitted in two assisted bathrooms. Carpets have been renewed in a number of resident's bedrooms.

The front drive has been re-surfaced and an area has been developed for a water feature and seating to be installed.

What they could do better:

Documents in use in the care plans when bedrails are required for safety need to be reviewed every month.

The arrangements for staff to supervise residents when they are using Goodwin lounge needs to be reviewed. The staff need to ensure that residents are able to reach a call bell at all times and have access to help themselves to a drink or to ask for one.

If any changes are made to the terms and conditions of a residents stay at the Home, the contract should be amended and a copy given to the resident or their next of kin.

Staff should receive further training on the use of lap straps on wheelchairs.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office.

DETAILS OF INSPECTOR FINDINGS

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Health and Personal Care (Standards 7-11)

Daily Life and Social Activities (Standards 12-15)

Complaints and Protection (Standards 16-18)

Environment (Standards 19-26)

Staffing (Standards 27-30)

Management and Administration (Standards 31-38)

Scoring of Standards

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

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

The Commission considers Standards 3 and 6 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for standard(s) 2, 3 & 5

Residents are aware of the Home's terms and conditions when entering the Home as assessments are done prior to admission assuring all care needs can be met.

EVIDENCE:

A large print and detailed contract is given to residents when they enter the Home.

A recently admitted resident had been assessed by the manager prior to coming into the Home. The resident had visited the Home to look around and to have lunch with the residents. Residents are able to come into the Home for a trial period.

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

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

The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for standard(s) 7, 8 9 & 10

There is a clear and consistent care planning system in place to ensure that the health needs of the residents are well met. The medication is well managed promoting good health. Good practice and procedures are in place to ensure that resident's privacy and dignity is respected.

EVIDENCE:

Individual care plans are available for each resident. The care plans are informative and regularly updated. They give clear information for care staff so that they know what to do for each resident. Assessments to identify the need to use bedrails and that they are safe for the resident, need to be reviewed every month. Not all the residents sitting in the one lounge can be properly observed by staff when passing.

Air conditioning units have been installed in both of the medicine storage rooms.

Staff were seen to respect residents privacy and dignity. Consultation with residents and their visitors confirm that their privacy is respected and they are able to see their visitors in private.

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

- 12.** 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.
- 13.** Service users maintain contact with family/ friends/ representatives and the local community as they wish.
- 14.** Service users are helped to exercise choice and control over their lives.
- 15.** Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

The Commission considers all of the above key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for standard(s)

EVIDENCE:

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

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

The Commission considers Standards 16 and 18 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for standard(s) 16 & 18

The Home has a satisfactory complaints system with evidence that residents, relatives and staff feel that their views are listened to and acted upon. Arrangements for protecting residents from harm are satisfactory ensuring that they are not placed at any potential risk of harm or abuse.

EVIDENCE:

The Home keeps a detailed record of all complaints raised by residents and their visitors. The Home's records show details of the complaints/concerns raised. Action taken by the manager to investigate and resolve the concerns to the complainant's satisfaction is clearly recorded.

The Commission has received two complaints about the Home since the last inspection. The first was referred directly to the Home by the complainant. The second was a complaint alleging poor care practice. One element of the complaint was not upheld and one element was upheld. A recommendation was made by the Commission regarding the use of posture belts fitted to wheelchairs in particular for residents with dementia. The recommendation has been included in this report.

Staff upon induction receive training about recognising and responding to any suspected poor treatment of residents. Further training is due to be arranged subject to the timing of the availability of the local trainer.

Environment

The intended outcomes for Standards 19 – 26 are:

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

The Commission considers Standards 19 and 26 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for standard(s) 22 & 26

Not all residents are able to access a call bell at all times to ensure that they can call for help when needed. The systems for the management of infection control are good ensuring that the residents live in a clean environment and are not at risk of cross infection.

EVIDENCE:

Two residents with mobility problems in one of the lounge areas did not have access to the call bell to ask for assistance from staff.

The Home is clean, tidy and free from any bad smells. Hand washing facilities and disposable aprons and gloves are provided for staff. Training is given to staff in the prevention of cross infection. The Home has conducted a very recent audit on the control of infection. The audit was carried out the staff and covered all areas of the service. The outcome of the audit was overall very good. Any shortfalls have been addressed via a written action plan and re-audit of those areas.

Staffing

The intended outcomes for Standards 27 – 30 are:

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

The Commission considers Standards 27, 29, and 30 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for standard(s) 27 & 29

The deployment and number of staff available are sufficient to meets the needs of the residents. The procedures for the recruitment of staff are robust offering protection to the people living in the Home.

EVIDENCE:

On the day of the inspection there were 2 trained nurses on duty and 7 care staff. In addition, staff were supported by the Provider, Manager and training officer who are also all trained nurses. 8 ancillary staff were also on duty to cover catering, domestic and maintenance of the Home. The staffing levels are reviewed by the manager on a frequent basis. This is done through using a professional system to audit resident's dependency and ability. Overall the written feedback from relatives indicated that there are enough staff on duty in the Home. Staff spoken with and those that responded via the written questionnaire confirmed that there are enough staff.

The files of two new staff were seen. These contained all the records that the Home need to obtain prior to employing staff.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

- 31.** 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.
- 32.** Service users benefit from the ethos, leadership and management approach of the home.
- 33.** The home is run in the best interests of service users.
- 34.** Service users are safeguarded by the accounting and financial procedures of the home.
- 35.** Service users' financial interests are safeguarded.
- 36.** Staff are appropriately supervised.
- 37.** Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
- 38.** The health, safety and welfare of service users and staff are promoted and protected.

The Commission considers Standards 33, 35 and 38 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for standard(s)

EVIDENCE:

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. 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)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
<i>Standard No</i>	<i>Score</i>
1	X
2	3
3	3
4	X
5	3
6	X

HEALTH AND PERSONAL CARE	
<i>Standard No</i>	<i>Score</i>
7	3
8	3
9	3
10	3
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
<i>Standard No</i>	<i>Score</i>
12	X
13	X
14	X
15	X

COMPLAINTS AND PROTECTION	
<i>Standard No</i>	<i>Score</i>
16	3
17	X
18	3

ENVIRONMENT	
<i>Standard No</i>	<i>Score</i>
19	X
20	X
21	X
22	X
23	X
24	X
25	X
26	X

STAFFING	
<i>Standard No</i>	<i>Score</i>
27	3
28	X
29	3
30	X

MANAGEMENT AND ADMINISTRATION	
<i>Standard No</i>	<i>Score</i>
31	X
32	X
33	X
34	X
35	X
36	X
37	X
38	X

No

Are there any outstanding requirements from the last inspection?

STATUTORY REQUIREMENTS

This section sets out the actions which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1.	7	13	Bedrail risk assessments must be reviewed each month.	Immediate & Ongoing
2.	8	12	The current procedures for the supervision of residents in Goodwin lounge must be reviewed.	30/09/05
3.	22	16	All residents must be able to access a call bell at all times to call for assistance from staff.	Immediate & Ongoing

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1.	2	A revised contract or an addendum to the contract should be issued when any changes are made to the terms and conditions of stay in the home.
2.	16	Staff should be reminded about the potential hazards when using lap straps particularly with service users with dementia. Staff should be supplied with a copy of the MDA alert dated April 2004 called "Posture belts fitted to wheelchairs and seating"
3.	22	Staff should ensure that residents when sitting in the lounge have access to a drink in between the times that staff serve them or have a call bell within reach to enable

		them to ask for a drink.
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Commission for Social Care Inspection

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