



*Making Social Care
Better for People*

inspection report

CARE HOMES FOR OLDER PEOPLE

Lynhales Hall Nursing Home

**Lyonshall
Herefordshire
HR5 3LN**

Lead Inspector
Sandra J Bromige

Unannounced Inspection
10th January 2006 01:50

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	01544 340642
Fax number	01544 340644
Email address	
Provider Web 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	Care Home
No. of places registered (if applicable)	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 (4), Terminally ill over 65 years of age (47)

SERVICE INFORMATION

Conditions of registration:

Date of last inspection 26th July 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 that took place on the 10th January 2006 between the hours of 13.50 – 17.00hrs. It was a very focused inspection; please refer to previous inspection reports for areas not covered in this inspection summary.

The Inspector looked around some parts of the building and some records were inspected. The owner, manager, residents and staff were spoken with.

No complaints have been received by the Commission about this service since the last inspection.

The owner is sending in comprehensive monthly reports to the Commission about the quality of the service, including copies of the menus, entertainment planned for the month, minutes of staff meetings, training programmes and a copy of the Home's newsletter.

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 ensuring a safe and pleasant home for the people living there. The décor and furnishings are of a high standard. The Home is very clean with no bad smells.

Residents spend time in one of the dayrooms or in the privacy of their bedroom. Residents spoken with were very happy, cheerful and content living at the Home. The Home was described as a '*beautiful place and the people are excellent*'. Practice and procedures are in place and followed by staff to ensure that the residents' privacy and dignity is maintained at all times. Residents seen all had access to a call bell for assistance and to a cold drink in between tea and coffee being served by the staff. Some residents have facilities in their rooms such as a fridge or a microwave for their convenience.

All residents seen were well groomed and their clothes had been nicely laundered. Residents living in the Home who have a lesser capacity to verbally express their opinions about the standard of care all showed signs of well being. They were alert and responsive and showed warmth and affection towards the staff and enjoying the company of their visitor. Residents are able to walk around the Home safely and securely and some residents have chosen to use a coded lock on the outside of their door to prevent their privacy from being disturbed by residents who choose to walk around the ground floor of the Home.

Care records are kept in the individual residents rooms along with their social care plans and daily diaries for social care. Residents when asked were very happy for the Inspector to look at their care records and one person said that they had *'just been reading their records'*. Activities are provided on a group and individual basis and this is co-ordinated by the Home's Activity organiser, who is full time. Residents had been making cakes that morning and would be icing them ready for tea the next day.

A choice of nutritious and wholesome food is provided and residents are given a copy of the week's menu for their information. When asked, residents said *'all the food is very nice, it is 'very good, plenty of everything with large helpings'*.

The numbers of staff on duty on the day of the inspection were good.

What has improved since the last inspection?

Risk assessments for the use of bedrails are being reviewed each month.

Residents who use Goodwin sitting room are being supervised by the social carer to ensure that their needs are met and residents have access to the call bell or are regularly checked by the staff if they are unable to use the call bell themselves.

The routine of residents daily needs have been reviewed and drinks are now available at all times throughout the day.

All residents have been re-issued with a current contract by the owner.

All staff have received guidance from the manager on the safe use of lap straps for residents in wheelchairs.

Thirteen bedrooms are being refurbished to include the provision of new electrically operated profile nursing beds.

What they could do better:

Advocacy support should be arranged for residents who do not have any close family or friends visiting them on a regular basis.

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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Choice of Home (Standards 1-6)

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 Outcomes

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 the following standard(s):

EVIDENCE:

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 the following standard(s):

EVIDENCE:

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 the following 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 the following standard(s):

EVIDENCE:

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 the following standard(s):

EVIDENCE:

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 consider all the above are key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

EVIDENCE:

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 31, 33, 35 and 38 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following 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	
Standard No	Score
1	X
2	X
3	X
4	X
5	X
6	X

HEALTH AND PERSONAL CARE	
Standard No	Score
7	X
8	X
9	X
10	X
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	X
13	X
14	X
15	X

COMPLAINTS AND PROTECTION	
Standard No	Score
16	X
17	X
18	X

ENVIRONMENT	
Standard No	Score
19	X
20	X
21	X
22	X
23	X
24	X
25	X
26	X

STAFFING	
Standard No	Score
27	X
28	X
29	X
30	X

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	X
32	X
33	X
34	X
35	X
36	X
37	X
38	X

Are there any outstanding requirements from the last inspection? No

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

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	17	Advocacy support should be arranged for residents who lack capacity and do not have any close family or friends visiting them on a regular basis.

Commission for Social Care Inspection

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