



Making Social Care
Better for People

inspection report

CARE HOMES FOR OLDER PEOPLE

Lynhales Hall Nursing Home

Lyonshall
Herefordshire
HR5 3LN

Lead Inspector
Wendy Barrett

Unannounced Inspection
10th April 2007 09:20

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:

1. The home may accommodate two named residents who are between 60 and 64 years of age and have care needs arising from mental health disorders.

Date of last inspection 10th January 2006

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. Two residents are accommodated who are under 65 years of age and who have care needs arising from mental health disorders.

There is information literature describing the service and the front entrance to the home advertises copies of this. Each bedroom has a large print copy of this information and it can be made available in Braille, CD disc or picture form.

The fees are reviewed annually in April. In 2006 the room rates ranged from £480 to £532. Assessed levels of dependency attracted additional charges ranging from £68 to £152.

There are extra charges for hairdressing, transport, escort, private telephones, and bedroom door key deposit.

SUMMARY

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

This report has been written with reference to information about the service and held by the Commission, a pre-inspection questionnaire completed by the Care Manager, survey form responses from residents, relatives and visiting health care professionals, and an unannounced inspection visit to the home.

What the service does well:

The management team are qualified and very experienced. They run the business in a well-organised, but open manner and constantly endeavour to be sure they are following up to date legislation and good practice guidance. Part of this work involves good training programmes to be sure the staff know how to do their job well. Residents and their relatives are actively encouraged to participate in everyday life at the home.

The residents' accommodation is high quality and it is large enough to offer the residents plenty of space to move around inside or outside the building.

The staff are very committed to protecting the residents and independent representatives are invited in for those residents who have no-one else to help them represent themselves.

What has improved since the last inspection?

There has been investment in replacing furnishings and buying new equipment to help residents be comfortable and staff to work safely.

Work has been done in response to the recommendations of a fire safety consultant.

Written policies and procedures have been revised to be sure they are up to date.

What they could do better:

The written records of the care provided occasionally show a gap or omission that should have been given more robust attention.

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. The summary of this inspection report can be made available in other formats on request.

DETAILS OF INSPECTOR FINDINGS

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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.

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

1,2, and 3 Quality in this outcome area is **excellent**.

This judgement has been made using available evidence including a visit to this service.

Potential residents or their representatives have enough information to decide if the home will suit them.

The Care Manager finds out about each potential resident's needs and expectations before agreeing to an admission so that she can decide if the service will be appropriate for them.

EVIDENCE:

There is detailed information literature that describes the service and this is distributed to make sure it is easy to find. The information is also available in different formats so that it is suitable for everyone e.g. Braille, CD disc, large print, picture form.

The literature is regularly updated to be sure it reflects the current situation. It was last reviewed at the end of 2006.

The Care Manager carefully considers the suitability of potential residents because it is important she is confident the home will suit the individual. Before any resident is admitted she visits them and gets as much information as possible about their care needs and expectations. Relatives often help compile this information and encouraged to do so for those potential residents who cannot represent themselves without support of people who know them well. Sometimes other social and health care professionals can provide information and this is obtained where appropriate.

Written contracts of residence are supplied to each new resident so that they know what they are paying for. Sometimes a relative receives it on the resident's behalf. One resident commented 'my son received it on my behalf'. Others have confirmed receipt of a contract. The contract has been written to be sure it follows the guidance arising from a report published by the Office of Fair Trading.

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.

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

7,8,9 and 10 Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

Potential residents or their representatives have enough information to decide if the home will suit them.

The Care Manager finds out about each potential resident's needs and expectations before agreeing to an admission so that she can decide if the service will be appropriate for them.

EVIDENCE:

The staff keep written information about the care they provide to each resident and how this should be done to suit the individual. When changes occur, the records are changed so that they are always up to date. Each resident has a key worker who has responsibility for keeping a close eye on him or her. A few records were inspected at the home and they generally confirmed that staff were keeping things up to date. There was one example where a record related to skin care had not been updated recently. This should not have

happened because the particular resident is vulnerable. The Care Manager agreed but explained that a change of key worker may have resulted in this omission. This should be avoided in future changes of key workers.

The result of the staff work on planning care is resulting in satisfied residents, relatives and health care professionals. Local G.P's commented – 'excellent procedures', 'well run nursing home with competent, helpful staff'. A resident states 'the nursing care I receive here is outstanding because I'm physically weak'.

The Commission's pharmacy inspector was satisfied with the way staff handle medication when he undertook an inspection in March 2006. A few records and stock were checked during this inspection visit.

The stock was well organised and the records were being well maintained. There was one example seen of a resident who had been without a sleeping tablet for eight nights due to the dispensing surgery being out of stock. It is important that staff consider if any further action is necessary when these situations arise e.g. did this affect the resident's ability to sleep well during the eight nights? If it did, earlier action should have been taken to get the medication. If it did not, should the G.P. have been consulted about the need to re-start the medication at all?

A specialist nurse reviewing officer felt that the staff 'do all in their power to make residents' lives more fulfilling'.

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.

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

12,13,14 and 15 Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

The residents are able to follow a lifestyle of their choice and they are supported in enjoying social opportunities. Some residents can only manage, or prefer, one to one time with staff but the records of this work suggest it is not always being provided often enough.

Most residents enjoy their meals and there is a choice of dishes on the menu for them to choose from.

EVIDENCE:

Residents can choose how they spend their days although they are offered a programme of social activities – 'I'm not keen to take part in any group activities. I listen to classical music in my bedroom', 'always suitable activities – I enjoy theatre most'.

Relatives are encouraged to visit and spend time at the home –'I visit my mother regularly – it's now my second home, so to speak'.

The activities organiser explained that much of her work involves spending time with residents on a one to one basis e.g. nail care, hand massage, because some residents are unable to join in with group events and some prefer this type of contact. Each resident has a well organised folder in their bedroom with photos of them enjoying activities, information about their interests and records of their participation or refusals following invitations to participate. One of the records inspected showed very few one to one activities having occurred recently e.g. only three entries throughout February and March. If this record is accurate it suggests there is a need for the resident to have more one to one time – particularly if the regular group events at the home are not acceptable or suitable.

The menus are particularly attractive e.g. smoked salmon, stilton and chestnut pate. There is an alternative menu for smaller appetites. The majority of residents say they enjoy their meals and a relative made the additional comment 'food is of good standard'.

When each resident is admitted their dietary needs are recorded and there is a regular check to be sure they are receiving a well balanced diet.

During the inspection visit it was noted that there are enough staff to help residents enjoy their food in a relaxed and dignified manner.

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.

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

16 and 18 Quality in this outcome area is **excellent**.

This judgement has been made using available evidence including a visit to this service.

Residents and relatives know how to raise their concerns and when they do the staff listen and take any action necessary to put things right.

Residents are protected from abuse by a management team they trust and staff who know how to recognise and report any allegations.

EVIDENCE:

There is a willingness in the management team to listen to concerns and take any necessary action e.g. a resident complained that the bacon was too hard. As a result of this breakfast routines were altered to rectify the problem. There are written records kept to show how each complaint or concern is dealt with.

Residents say they feel able to talk to the Care Manager or Sister in Charge when they have a problem – 'I always say to Manager'. Relatives also confirm that they know how to raise any concerns.

There haven't been any complaints or allegations about the service and made to the Commission since the last inspection.

The Care Manager and staff know how to recognise any potential abuse and what action to take to protect the residents. There has been a recent example of the Care Manager's work to ensure the safety of a particular individual. She did this by being open and sharing her concerns with outside professionals, and this is the best way to deal with such an issue. A number of residents have the additional support of independent advocates to help them represent themselves.

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.

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

19 and 26 Quality in this outcome area is **excellent**.

This judgement has been made using available evidence including a visit to this service.

The residents benefit from a home that offers them lots of space to move around safely. The accommodation is maintained to a high standard and specialist equipment is provided so that the residents will be comfortable and the staff can work safely.

Cleanliness and hygiene is well addressed.

EVIDENCE:

The home is set in very attractive and extensive grounds. The building is large and spacious and has been adapted to suit the disabilities of the residents. There is plenty of room for wheelchair use and lots of areas where residents can sit quietly or mix with other residents. The residents' accommodation is presented to a high standard and the Provider makes sure it stays this way by

regularly replacing furnishings and fittings e.g. curtains, carpets, chairs. Specialist equipment is also purchased so that the residents will be comfortable and the staff can work safely e.g. profiling beds.

The essential services at the home are regularly checked by outside contractors e.g. electricians, water supply and recommendations for improvements e.g. fire safety are responded to so that the building will be as safe as possible.

Relatives feel the residents' accommodation is good – 'clean and warm'. Although a resident was concerned that the heating radiator controls were difficult to reach and staff didn't know how to operate them, this was not borne out in an interview with one of the registered nurses. She knew exactly how to alter the control if a resident requested it.

The staff have equipment to help them reduce the risk of cross infection e.g. protective clothing. They also have written guidance and relevant training so they know how to tackle any tasks that may create such a risk if not performed appropriately.

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.

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

27,28,29 and 30 Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

Staff at the home are carefully selected for employment and there are enough of them to meet the residents' care needs.

Training programmes are designed to be sure each staff member receives the training they need to work safely and competently.

EVIDENCE:

There are enough staff to care for the residents although it is not always easy to recruit local people (the home is very rural) and many staff are recruited from abroad. When this happens the Care Manager makes sure extra training is provided to be sure the foreign staff will be able to meet the residents' needs e.g. twice weekly English language courses.

New staff are very carefully vetted to be sure they will be safe to work with the residents.

The staff think they are lucky to receive such a lot of training and support and they can demonstrate how they understand their responsibilities. The training

programmes follow national guidelines and there is an above average number of staff who hold an appropriate qualification.

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.

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

31,32,33,35,37 and 38 Quality in this outcome area is **excellent**.

This judgement has been made using available evidence including a visit to this service.

The management of the home is based on openness and respect. It has effective quality assurance systems and is run by a qualified and competent management team.

EVIDENCE:

The home is run by a management team who have the knowledge and experience they need to provide a high quality service for the residents. This combined work results in high quality accommodation and safe care of residents who live at the home.

The managers consult the residents and their relatives so that they can be sure the service is meeting their needs. When suggestions are made, these are taken seriously, and when there are concerns these are looked into carefully in an effort to be sure each resident can be comfortable.

The residents and relatives feel very satisfied with their experience at the home and they express confidence in the staff- 'I am more than satisfied with the accommodation and treatment she receives', 'superb home for my mother'.

Because the managers are experienced professionals they make sure that the staff receive the training and support they need to be able to care for the residents well. Part of this work involves keeping good records so that it is easy to check that everything is being done as it should be. When there are statutory responsibilities e.g. health and safety or employment law, the managers know what is required of them and make sure they are running the home in line with these rules.

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	4
2	3
3	4
4	x
5	x
6	x

HEALTH AND PERSONAL CARE	
Standard No	Score
7	3
8	3
9	3
10	3
11	x

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	3
13	3
14	3
15	3

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	x
18	4

ENVIRONMENT	
Standard No	Score
19	4
20	x
21	x
22	x
23	x
24	x
25	x
26	3

STAFFING	
Standard No	Score
27	3
28	3
29	3
30	3

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	4
32	4
33	3
34	x
35	3
36	x
37	3
38	3

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

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	OP12	There should be more evidence of one to one social opportunities for those residents who prefer, or are only able to participate in this type of activity.
2	OP9	Staff who handle medication should more carefully consider the effect of 'out of stock' periods on the individual resident.

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