Lyndhurst Rest Home Limited

Lyndhurst Rest Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 7 and 9 November 2016 and was unannounced. At last inspection in March 2015, we found there were no breaches in regulation.

Lyndhurst Rest Home provides accommodation and personal care for up to 44 older people, living with dementia. Accommodation is provided in 36 single and 3 double rooms, of which 29 are ensuite. There are two upstairs floors which can be accessed by a passenger lift. People living at the service share two communal lounges and two dining rooms. There is a garden to the rear of the property with a grass area and a patio with seating. Rooms to the front of the service have a sea view.

The service has a registered manager who was available and supported us during the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.
Staff knew how to follow the service's safeguarding policy in order to help people keep safe. Checks were carried out on all staff to ensure that they were fit and suitable for their role. Staffing levels ensured that staff were available to meet people's needs.

Assessments of individual risks to people's safety and welfare had been carried out and action taken to minimise their occurrence, to help keep people safe. Accidents and incidents were recorded and the appropriate action taken to reduce the likelihood of them happening again.

Regular checks were made of the environment to ensure it was safe; and to services and equipment to make sure they were in good working order.

Medicines were managed and stored appropriately. Staff received training in how to give medicines safely and their competency in administering medicines was checked to ensure that people received their medicines as intended by their doctor.

The service was clean and staff knew what action to take to minimise the spread of any infection.

People had their health needs assessed and monitored and effective relationships had been developed with health professionals. People were offered a choice at mealtimes and support was provided in an individual manner when people needed it.

New staff received an induction which included shadowing existing staff. They were provided with a regular programme of training in areas essential to their role. Staff had received training in the Mental Capacity Act 2005 and understood its main principles. CQC is required by law to monitor the operation of the Deprivation

of Liberty Safeguards. The registered manager had submitted DoLS applications for everyone to ensure that people were not deprived of their liberty unlawfully.

Staff were proud to work in a strong staff team where there was effective communication and they felt well supported. Staff were able to make their views known through supervision and staff meetings.

Everyone gave positive feedback about the caring nature of the staff team. Staff communicated with people in a kind manner and treated them with compassion, dignity and respect. Staff had developed positive and valued relationships with people and their family members.

A plan of care was developed for each person to guide staff on how to support people's individual needs. Information had been gained about people's likes, and past history; and staff demonstrated they understood and acted on people's choices and preferences.

People were offered a range of group and individual activities. An activities co-ordinator manager had been employed to increase the range and suitability of what was on offer to ensure people received personalised activities. Special events were celebrated which involved people, their family members, friends and staff.

The views of people, their relatives and staff about the quality of care provided at the service were regularly sought and acted on. People felt confident to raise a concern or complaint, but said they had not needed to. The service had received a number of compliments about the caring nature of the staff team and the management of the service.

The registered manager was a visible presence at the service and together with the providers, they had planned and initiated a number of improvements for the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Potential risks to people and staff were identified and action taken to minimise their impact.

People were given their medicines by staff who had received training in how to do so safely.

Staff knew how to recognise any potential abuse and so help keep people safe.
People were protected by the service's recruitment practices and there were enough staff available to meet people's needs.

The service was clean and practices were in place to minimise the spread of any infection.

Is the service effective?

Good

The service was effective.

People's health care needs were assessed and monitored and supportive relationships had been developed with healthcare professionals.

People were given meal choices. Meal times were managed effectively to make sure that people had the support they required.

There was an on-going programme of training to ensure that staff received the training they required for their roles.

Staff understood the main principles of the Mental Capacity Act 2005 and gained people's consent before supporting them with their care or treatment.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect and their independence was promoted.

Staff knew the people they were caring for, including their preferences, likes and dislikes.

Staff showed concern for people's well-being in a caring and meaningful way and responded appropriately to people's needs.

Is the service responsive?

Good

The service was responsive.

Any concerns were addressed quickly and effectively to prevent them from developing into a formal complaint.

People's needs were assessed and staff provided with guidance so they knew how to support them.

People benefitted from changes to the individual and group activities on offer and further improvements were planned.

Is the service well-led?

Good

The service was well-led.

The quality of the service was continuously reviewed and a range of improvements to benefit people were being rolled out.

The manager was clear and passionate about the vision and values of the service, which they effectively communicated to the staff team.

People and their visitors and staff were provided with forums where they could share their views and concerns.

Lyndhurst Rest Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 and 9 November 2016 and was unannounced. The inspector was joined by an additional inspector on the first morning of the inspection, who spent time to talking to people and relatives.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider had returned a PIR, within the set time scale. We also looked at previous inspection reports and notifications about important events that had taken place at the service. A notification is information about important events, which the provider is required to tell us about by law.

We spoke to eight people who lived at service and three relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke to the registered manager, assistant manager, activities coordinator, activities coordinator manager, two day and one night care staff, two cleaners, chef, the provider's personal assistant, the provider and one of their representatives. . We received feedback from a commissioning officer from the local authority.

During the inspection we joined the handover between the day and night staff. We also viewed a number of records including six care plans and three sets of daily notes; safeguarding, whistle blowing and mental capacity policies; the recruitment records of the five most recent staff employed at the service; the staff training programme; administration and storage of medicines; complaints and compliments; family, residents staff and management meetings minutes; menu; health, safety and quality audits; questionnaire surveys; and the 'statement of purpose'. The statement of purpose is a document which sets out the aims and objectives of the service and the types of people whom the service can provide care for.

Good

Is the service safe?

Our findings

People and relatives said that people felt safe living at the service. One person told us, "I feel safe and very comfortable", and another person said "I have my own key to my room. All my things are safe because I keep my door locked". A relative told us, "I feel my loved one is absolutely safe living here". People were relaxed in each other's company and staff knew people well and communicated with them in an individual manner which helped to ensure people felt safe and comfortable. People told us staff were around to help them when they required assistance and this included support with their medicines. One person told us, The staff look after my medicines. They make sure I get them when I need to have them".

The service had updated its safeguarding policy so it was more comprehensive. It set out the definition of different types of abuse, staff's responsibilities and included a flow chart about how and to whom any concerns should be reported. Staff received training in safeguarding and knew how to report any concerns, which they felt confident the management team would listen to and act on. Staff said that if their concerns were not taken seriously, they would contact the provider of the service or the Care Quality Commission. Staff knew how to "blow the whistle" which is where staff are protected if they report the poor practice of another person employed at the service, if they do so in good faith.

Each person's care plan contained information about their support needs and the associated risks to their safety. This included the risk of a person falling, of malnutrition or dehydration, developing pressure areas and of deterioration in their health or medical condition. Guidance was in place about any action staff needed to take to make sure people were protected from harm. For people who were at risk of developing pressure areas, this included guidance about what specialist moving and handling equipment to use, any pressure relieving equipment and for the person to be regularly repositioned. The registered manager explained that when a person's health had deteriorated and therefore there was an increased risk of skin deterioration, a pressure relieving mattress was placed on their bed. They then contacted the district nurse to assess their health needs. This meant that there was no delay in people getting the specialist equipment they required. Staff understood how to calculate the pressure of a mattress in relation to the person's body weight and mattresses were regularly checked to ensure they were at the correct pressure to provide effective relief. All risk assessments were regularly reviewed to ensure actions to minimise risks were still effective and appropriate.

A range of environmental assessments were in place to minimise the risks such as slips, trips and falls. Regular checks of equipment and services took place to ensure the environment was safe for the people who lived and worked at the service. This included servicing moving and handling equipment, checking the pressure of air mattresses, checking the water supply to prevent Legionella, and safety checks on the supply of gas and electricity. Visual checks and servicing was regularly undertaken of fire-fighting equipment to ensure it was fit for purpose. Fire drills and additional competency checks were undertaken with staff to ensure they knew what to do in the event of a fire. This ensured staff knew how to recognise the fire alarm, were confident to call the fire brigade, and understood their responsibility in guiding people to the fire assembly point. Each person had a personal emergency evacuation plan (PEEP). PEEPs set out the specific requirements that each person had, such as staff support or specialist equipment, to ensure they could be

evacuated safely in the event of a fire.

Staff made a record of any incident or accident that occurred at the service. This included the immediate action they took and any further treatment or actions that were necessary. For example, one morning of the inspection it was observed by staff that one person had grazed their right knee. It was requested that advice be sought from the district nurse who was visiting that day. This occurred and the district nurse assessed and dressed the person's knee. All accidents and incidents were reviewed by the registered manager who collated the information on a spread sheet. This was so they could easily identify if there were any reoccurring patterns or trends for which further action was required to help keep people safe.

The management team regularly met to discuss the needs of people who lived at the service and the staffing levels deployed. Staffing levels were taken into consideration when assessing the needs of people before they moved to the service. There were six care staff in the morning, five in the afternoon and three at night time. Staffing rotas reflected the accurate number of staff who were on shift on the days of our inspection. Staff said there were enough of them on duty to meet people's needs and during the inspection staff were available to support people when they required it. In addition to care staff, there were a range of ancillary staff who undertook a range of important roles such as preparing food, doing the laundry and ensuring the service was clean. This ensured that care staff could spend their time in caring for people.

Potential applicants completed an application form and attended an interview, where their suitability for their role was assessed. The manager then carried out a number of checks to ensure that staff recruited to the service were suitable for their role. This included obtaining a person's work and/or character references, their employment history, and Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

The service had a medicines policy that gave guidance to staff on how to order, receive, store, administer and dispose of medicines safely. A consultant, who was a clinical nurse, had updated the policy and it was receiving a final review before being given to staff. Most medicines were pre-dispensed in blister packs by the pharmacist. Medicines in their original containers were clearly organised and those which had a short shelf life were dated to ensure they were used within this period. The temperature of places where medicines were stored, including the fridge, was regularly taken to ensure they were kept at the correct temperature to ensure their effectiveness.

Staff who administered medicines had received training in how to do so. Medication administration records (MAR) were clearly and accurately completed so there was a clear audit trail of all medicines entering and leaving the service. The MAR sheet contained no gaps, which indicated that people were given their medicines as prescribed by their GP. Medicine storage was well organised to make it easier to access each person's medicines when required. Medicines which were at higher risk of misuse, and therefore need closer monitoring, were stored securely.

There was clear guidance in place for non-prescription medicines available over the counter in community pharmacies. Written guidance was in place for people who took medicines prescribed as 'when required' (PRN) so they were safely administered according to people's individual needs.
Staff recorded when patches for pain relief were applied to people's skin and when they were rotated to ensure they were regularly moved to maintain people's skin. Body charts were in place to clearly identify to which part of the body a prescribed cream was to be applied.

Visitors said the service was always clean; and it was clean on both days of our inspection. The cleaning staff

followed a schedule of cleaning which included hourly cleaning of bathrooms and regular cleaning of carpets. Care staff said they could rely on them to clean any area that required immediate attention. The team worked hard to ensure that any odours were dealt with promptly. All staff had received infection control training. There were suitable supplies of personal protective equipment available and these were used appropriately by staff. The laundry room had a washing machine which could wash soiled clothing at the required temperature to ensure it was clean and hygienic. Laundry was carried out by a designated person.

Good

Is the service effective?

Our findings

People said they were offered food and drink at regular intervals throughout the day. Comments about the quality of the food included, "The food is alright", "Some days the food is better than others", and "The food is nice. I eat well". Relatives said staff had the skills and knowledge to effectively support the people in their care. One relative told us, "The staff do a great job. They know what they are doing". Relatives also said that staff were good at keeping them up to date with any changes in their family member's health and well – being.

People's needs in relation to food and fluids were assessed and the support they required was detailed in their plan of care. People were weighed monthly and a record kept of how much they had lost or gained. When there were significant increases or decreases in a person's weight, they were weighed weekly and the person's GP contacted for advice. Staff were aware of which people had a poor appetite and needed to be encouraged to eat or drink. People were offered drinks and snacks throughout the day to ensure they kept hydrated. The chef prepared diets according to people's assessed needs such as low sugar for people with diabetes and a soft diet for people who had difficulty swallowing. Pureed food items were presented separately on the plate so people could taste each different food. People were given choices at each meal time. They could have a cooked breakfast, porridge, toast or cereal at breakfast; two options and desserts at lunchtime; and a hot or cold option at tea time.

At lunchtime the food was well presented. There were a number of areas where people could sit. People who required minimal or no assistance ate in one of the two dining rooms so they could be as independent as possible. Some of the people who ate their meals in the lounge found it difficult to focus on eating their meal and sometimes got distracted. Staff were available throughout the mealtime to support them. They chatted to people, reassured them and encouraged them to continue eating their meal. The lunchtime meal was a 'protected mealtime'. This meant that people ate their meals without unnecessary interruptions so staff could provide the safe nutritional care and support people required. Family members were aware of this principle and so did not usually visit during this period, but they were able to see their relative at this time if they chose.

People's health care needs were assessed and specialist tools were used for assessing people's skin integrity and pain. Staff were knowledgeable about people's health needs and medical history, which were recorded in people's plans of care. People's day to day health needs were managed by the staff team with support from a range of health care professionals. The service had developed strong, supportive relationships with the local GP and district nursing team and acted on any advice they gave. Care staff understood their responsibilities in reporting any changes in a person's condition to a senior member of staff so the appropriate health care professional could be contacted. For example, they closely monitored people's skin, made a record of any changes on a body map, and reported any concerns to senior staff and/or health professionals.

The service made sure that people had the specialist equipment they needed. Nursing beds were available which could be raised or lowered to a comfortable position for people and for staff providing support. A

standing aid had been purchased which could transport people for short distances, without them needing to use a wheelchair. A bath seat was available so people with mobility difficulties could enjoy a bath, and hoists were available for people who required assistance to move and transfer. Staff followed best practice and guidance when supporting people with transfers. They spoke to people throughout, explained what they were going to do, involved them in the process and reassured them throughout.

New staff completed a two week in-house induction which included gaining knowledge about the service's policies and shadowing a senior staff member to gain more understanding and knowledge about their role. New staff said they were welcomed and supported by the staff team and were encouraged to ask questions if they felt unsure about any aspect of their role. Staff then started to work through the Care Certificate. The Care Certificate includes the standards people working in adult social care need to meet before they are assessed as being safe to work unsupervised.

Staff said they received 'a lot of training' at the service. A trainer visited the service several times a month to facilitate training for staff in small groups which included fire awareness, safeguarding, food safety and health and safety. A training matrix was in place which identified when staff had received the training they required for their role. This helped to ensure that staff training was refreshed on a regular basis. Staff had undertaken specialist training in supporting people who were living with dementia. Some staff had participated in training in end of life care and diabetes; and more training was planned for the staff team in these areas. Staff were encouraged to complete level two Diploma/Qualification and Credit Framework (QCF) once they had completed the Care Certificate and some had completed level two. To achieve a QCF, staff must prove that they have the ability and competence to carry out their job to the required standard.

Staff described the staff team as strong and effective and said that everyone worked well together. They said there was good communication throughout the service in all staff roles and that this was essential as they all relied on one another to support the people in their care. Staff said senior staff gave guidance when it was needed and they could always to go them or the registered manager for support. Handovers included a detailed summary of each person and important information was communicated to ensure consistency in peoples care. Regular staff meetings were held and staff said these offered them the opportunity to raise any issues. At the last staff meeting, staff had been praised for improvements they had made in their roles. The registered manager conducted formal supervisions and annual appraisals with all staff. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. At supervision a review of staff's performance was undertaken, training needs discussed and staff's understanding of people's needs and their role. Staff said they received feedback about what they were doing well and this gave them the motivation to work hard and to continue to build on this good practice.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in the best interests and as least restrictive as possible. Staff understood one of the main principles of the MCA, that it should be assumed that people have the capacity to make their own decisions and choices. They explained if a person was not able to make an everyday decision such as what to wear or eat, they looked at their body language for clues and made a decision in their best interested, based on their past choices and preferences. Staff gained consent from people before supporting them with any tasks such as supporting them to mobilise. Best interest meetings had been held with a person's family members and representatives, in order to make a decision for someone, who had been assessed as not having the capacity to make a specific decision.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS)

which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. The registered manager had submitted DoLS applications to the local authority for everyone who lived at the service and urgent requests had been authorised.

Good

Is the service caring?

Our findings

People were very positive about the support they received from the staff team. Comments included, "The staff are brilliant", "The staff are pleasant and look after us well" and, "It is lovely here". One person responded on seeing a particular member of staff, "You happen to be someone I love very much". Relatives said the staff were caring and knew people's likes and dislikes. One relative told us, "The staff are excellent. They are good humoured and they are all helpful". Another relative said, "We are so pleased my family member is here. They couldn't be in a better place".

The service had received a number of compliments about the caring and compassionate support they and their family member received. Comments included, "My Dad has had a chat and affection when he had to be turned and changed and it's always been explained out loud what is happening. His name is always used. I have felt much supported and felt that he is in safe, capable care. And that they care about him"; "Thank you and all the members of the staff for the love and care shown to my relative. May I also add how much and appreciated the empathy that was shown to me"; and "With your care and attention mum blossomed, and was happy".

Staff knew the people they were caring for, including their preferences and personal histories. Each person had a 'This is me' plan which had been designed by the Alzheimer's Society. This enabled staff to ask people and their families about a person's past employment, where they were born, routines important to them and what worried them and made them feel better. The service had further developed and improved these plans to include more detail and information about people's senses. These 'life stories' were in place for people who had recently moved to the service and were being rolled out across the service. The life story plans included what was the person's favourite taste, smell or sound. The activity coordinator explained that people's senses were very important as a specific smell could trigger a memory for a person. Therefore, to fully engage a person, staff could give them their favourite smell to improve their mood or to start a conversation.

Staff supported people to develop and maintain friendships and relationships and had built positive relationships with people's family members. People knew staff well and valued these relationships.Staff and people shared jokes and laughter. One person joked with staff that they would rather be offered a beer than a cup of tea in the morning. People asked staff about members of their family showing that people and staff took interest in each other's lives. Staff and people used appropriate touch to show affection to one another. Staff positioned themselves so they could maintain eye contact when speaking to a person. They listened attentively to what the person was saying and the person affectionately rested their hand on the staff member's hand during the conversation. Other people linked arms with staff members when walking around the service.

Staff treated people with kindness and compassion in their day to day care. One person was upset and approached a member of staff. The staff member took them to a private area so they could talk and not be disturbed. The staff member listened attentively to the person and showed empathy, by saying, "Yes that must be really hard for you". The person focused their conversation on what they could not do. The staff

member tried to change their negative view of themselves by talking about the recent things that the person had done independently and well. The person then said they were unhappy with how their room was arranged. The staff member asked them to make a list of all the things they would like in their room. They said once the list was completed, they would see what they could do to help them with to make their room nicer for them. People were encouraged to personalise their bedrooms and they contained personal effects, such as their own furniture, pictures, ornaments and photographs.

Staff helped to make people feel they were valued. One person showed us some colouring they had completed of very complex patterns. This person had displayed some of their drawings in their own room, but some had also been put on display at the service, for other people to appreciate. When staff talked about people, they do so in a way that focused on their strengths and characteristics they admired.
People were involved in making decisions. When offered drinks people were asked if they would like juice or water and if they would like anymore. People were told of their options for their lunchtime meal and asked to choose. Some people did not know what 'lasagne' was. The staff member patiently explained to a number of people, in a way they could understand, how lasagne was made and what it consisted of. Staff described how they helped people to make daily decisions such as what they wanted to wear, by showing them a couple of outfits and asking them to choose which one they preferred.

People were treated with dignity and their privacy was respected. Staff checked people's comfort throughout the day. When it looked like people had finished their drinks, they were asked if they had finished before removing their cup. A staff member noticed that one person's sock had come off their foot and asked if they would like them to put it back on so their foot would not get cold. The person told the staff member to "Go away" . The staff member respected their point of view that they were comfortable just as they were.

People were encouraged to be as independent as possible which promoted their well-being. When people with mobility difficulties needed to move around the service, they were supported to walk as far as they were able. One person stood with the aid of staff support and equipment and used a walking a frame to cross the lounge before settling into a wheelchair so they could be taken for a longer distance. Another person took five minutes to walk with their walking frame, across the lounge, to get to where they wanted to go. A staff member patiently accompanied them and chatted with them the whole time, showing them affection by gently and appropriately touching the person's back.

There was a relaxed atmosphere in the service. People spent time in their rooms or one of the two lounges. People were able to walk freely around the ground floor without being asked by staff to return to a seat. This enabled people who enjoyed walking to be able to do so whenever they wished to. Staff spoke to people and chatted to them when they passed them in the corridor and asked if they could offer assistance when people looked unsettled or confused.

Good

Is the service responsive?

Our findings

People said staff were responsive to their needs. One person told us, "I have a bell and I use it if I need staff in the night. They always come when I ring it". Another person said, "I get everything I need. I couldn't want for anymore". People said they were able to make their own choices and decisions on a daily basis. One person told us, "I get up and go to bed when I want to. It's up to me". People said changes had been made to the activities on offer. "We do a lot more activities now", one person said, "It is much better". One relative said a number of special events were planned for people and their relatives throughout the year, such as a Christmas and Halloween. At these events, staff dressed up, everyone joined in singing songs and food appropriate for the occasion was prepared. They said these were fun occasions as everyone was involved: people, staff and family members. A representative from the local authority reported that their relationship with the service was very positive. They said the service had been responsive and communicated with them effectively to ensure the service was working well for the benefit of people who used it.

The service celebrated special occasions throughout the year. A strawberry tea was held in the summer. People's families and friends were invited to this event where strawberry and cream scones and tea was served, which was beautifully presented. The activity co-ordination manager dressed up as the 'chief strawberry' to encourage staff and family members to join in with people. Photographs of the event were taken and displayed at the service. A Halloween coffee and spooks cakes event was held in October where vividly coloured cakes were served. A Christmas coffee and mince pies event and a Christmas party were planned for December and people and their family members had been informed. People and staff, including the providers, had been busy practicing carols In order to make the Christmas party a special event.

The provider owned three other care homes in addition to this service. He had appointed an activities co-ordinator manager over all four services, whose role was to focus on making the best of each activity coordinators' time and to introduce new individual and group activities according to a people's preferences. An activities coordinator was employed at the service each morning from Monday to Friday. The service had identified that providing activities was an area which could be improved and were recruiting an afternoon activity coordinator. People were offered a range of activities including listening to music, playing musical instruments, quizzes, reminiscence, ball games and bingo. An Olympic theme event had been organised whereby people coloured a picture and a gold medal was given for the best picture each day. One of the providers was a physiotherapist and had developed a programme of arm chair exercises for people. People were also offered one to one time such as listening to music, hand massage or talking. During both days of the inspection, people were offered a range of activities. The activity coordinator spent time in both of the two lounges, but spent more time in the particular lounge where people needed more support to take part in activities. External entertainers such as musicians and singers were also arranged.

People were offered a number of activities for a short period of time, as some people did not have a long attention span. People were offered musical instruments, such as tambourines, drums and bells to beat along to music . This was very popular as most people joined in; with some people singing and others getting up to dance with staff to the music. This activity resulted in people smiling, clapping, laughing and tapping their feet. When one person who was unable to communicate verbally was offered some bells, their

face beamed as they shook them to the music. Later staff blew bubbles to each person and used their name to get their attention. Some people watched the bubbles, other people put their hands up to try and catch them or pop them. People responded with genuine looks of happiness and enjoyment. People were given a dice and asked to see if they could throw a six. When the music had stopped a member of the care staff team entered the room. They picked up a large ball and threw it to each person calling their name. People enjoyed and responded to this unplanned interaction.

One person sat in the lounge with their eyes closed for the whole hour we were present, but they responded to one activity on offer. A member of staff approached and spoke to them about the puppet they had. The person was directed to use their hands to feel the puppet which had different textures. They did so, although their eyes remained closed through the experience. People who were more independent were supported to read a magazine, do a puzzle or to sort out wool, and staff commented on their progress to keep them involved in the tasks. One group of people chatted whist they made beautifully coloured bracelets. The bracelets were being sold at the service to help to raise money towards a mini-bus for the care home group. This made people feel involved in day to day life at the service. Transport was arranged to take people out, but a mini-bus would enable this to happen on a more regular basis.

Before people came to live at the service, the manager visited the person and/or their relatives, to make a joint assessment as to whether the service could meet their needs. An assessment was also obtained from the hospital or local authority, if they were involved in the person's move to the service. Assessments included information about people's health, social and personal care such as how they communicated, any medical condition, continence and eating and drinking. Once the person had moved to the service, this information was developed into a written plan of care. The service had a contract with the local authority to provide four respite beds for people with dementia and they also took emergency admissions such as when a person's partner was admitted to hospital.

Care plans contained guidance for staff about the support people required in relation to all daily living, including mobility, nutrition, continence, skin care and specific health care needs. The specific need of the person was identified, together with the level of staff support that was required to assist them. One person had lost weight and guidance from the nutritionalist was in place to give snacks, such as cheese and crackers, cream and puddings, little and often. For a person with diabetes the district nurse visited each day to check their blood levels, but in addition dedicated staff had been trained to do this if the person became unwell. Clear protocols were in place about when to give a sugary drink, food or rescue medicines if their blood sugar levels remained low. Another person was assessed as having difficulties communicating. Their plan guided staff that the person always answered 'yes' when asked a question. Staff were advised to maintain eye contact with the person, to look at their body language and be aware of their preferences in order to establish their wishes and choices. Due to the person's limited communication it was noted this person could sometimes be verbally abusive. Staff were guided to redirect the conversation to talk about a specific member of their family, whom they were fond of and enjoyed talking about.

People and their relatives said they had not needed to raise a concern or complaint, but felt comfortable to do so. One person told us, "I haven't got any complaints about anything. I would definitely tell them if something was wrong". A relative said, "My loved one couldn't be in a better place. I have never had a complaint but would talk to the registered manager and they would sort it out". People were given a copy of the complaints policy when they first moved to the service. The registered manager gave an example of how they had quickly and effectively responded to a concern raised by a relative. They had met the person at a time and place that was convenient to them in order to discuss their concerns. As a result of this conversation, which included viewing documentation in relation to their care, the relative was satisfied the service had provided safe and appropriate care for their loved one.

Good

Is the service well-led?

Our findings

Everyone was positive about the management of the service. They said the registered manager and assistant manager were approachable and that the service was well led. One relative told us, "The registered manager is always thinking ahead. They are always approachable and react quickly if there is a problem". Relatives said their views about the quality of the service were regularly sought through family meetings. These meetings were opportunities for family members to meet the registered manager and the providers of the service to share information and ideas. A commissioner told us that the management team were open, helpful and transparent in all communications.

The registered manager had managed the service for many years and remained enthusiastic and passionate about providing care and support for people living with dementia. She attended regular training courses, such as end of life care, pressure damage and the deprivation of liberty safeguards to keep up to date with current practice. Useful information gained from these courses was fed back to benefit the staff team. The registered manager was a visible presence in the service. She arrived at the service at 7am each week day so she could attend the handover from the night staff. This was so she was aware of each person's changing needs and also ensured she had regular contact with night staff so any issues, concerns or support could be attended to. During the inspection the registered manager led by example. She stopped to talk to and support people, guiding them to where they wanted to go and reassuring people when they became anxious.

The staff team followed the registered manager's lead and the whole staff team were very clear about putting people first and ensuring that people were cared for in a way that valued them as individual people. Staff said that they were encouraged to spend time talking and spending time with people which made their job enjoyable. One staff member told us that it was when they succeeding in helping a person to smile, they got the most job satisfaction. Staff said that Lyndhurst was an enjoyable place to work as there was always a great atmosphere, they received good support, regular training and worked well as a team. They said that if they had any concerns or any suggestions or ideas, the registered manager listened and acted on them.

People were asked for their views about the service in a variety of ways. Resident meetings were held every month where people were able to voice their views and relevant information was given to people. At the last meeting people had discussed the food provided at the service and some people reported that they got bored in the afternoon. Suggestions were made about how people could spend their time and people were informed that the service had advertised for an activity co-ordinator for week day afternoons. People and their relatives had been asked to complete a quality assurance survey in 2015. Their views had been summarised, together with the action that would be taken to address any shortfalls highlighted. Overall, people rated the quality of the service as excellent. People's needs were met, visitors were made to feel welcome, complaints and suggestions were listened to and music and bingo were the most popular activities. One person requested to be able to take part in flower arranging and this had been organised and another person said a jumper had been lost and this was found. Therefore, shortfalls identified had been actioned. Survey questionnaires were being reviewed and updated and plans were in place to send them out by the end of 2016.

Family meetings were held every four months whereby people's relatives were able to meet with the registered manager and providers, to discuss the running of the service. At the last meeting discussion took place about activities on offer, conversations with family members to ensure care plans were detailed and reflected people's likes and dislikes and raising money for a mini-bus. A family meeting took place on the second day of our inspection. A monthly newsletter had been introduced to keep people and their family members up to date with what was happening at the provider's services. This included feedback on events, planned events with dates, information about the new 'life story' work with people, photographs and a thank you to people's relatives and friends for their support.

The service had received a number of compliments on the care homes website about the care and support offered by the staff team. Comments included, " All the staff have bent over backwards to make auntie feel comfortable and cared for. They have helped me through this transition period and do seem to care about relatives as well as residents"; "We visit Mum regularly and very much feel part of the Lyndhurst family. Each family member has experienced the same caring service on our visits"; and "I have seen a marked improvement in her ability to mix with others and an improvement in her weight through a good diet, and her appearance ".

The provider had made a number of changes to the way the service was managed, which benefitted people. The registered manager attended regular meetings with the providers, a health consultant, a social care consultant and the other managers in the care group. This enabled the service to share ideas and best practice. At the last meeting pre-assessment and risk assessments were reviewed, the medication policy was discussed and a camera had been purchased, as suggested at the previous meeting, for life story work. Each manager had an assigned lead role in safeguarding, activities or Deprivation of Liberty Safeguards (DoLS). The registered manager had attended a five week DoLs course in order to gain the knowledge necessary for being the lead in this area.

A number of areas for improvement in the service had been identified. An activity co-coordinator manager had been appointed to oversee activities and had started detailed life story work with people, in conjunction with their family members. Tovertafel equipment had been purchased, after successful trials in one of the provider's care services. This is a box, suspended from the ceiling which projects interactive light animations onto the table below. Infrared sensors detect hand and arm movements. The game is designed for people living with moderate to severe dementia. For example, it may show images of a pile of leaves and when a person moves their hand over them the leaves move. Trips out had been arranged to a local café and gardens and the bowling alley. The service had recognised that it was difficult to access transport for people with mobility difficulties and so had started fundraising for a mini-bus. Family meetings had been introduced and the first one in July this year had been well attended. One of the providers had developed a number of training sessions in falls, diabetes, dementia care and pressure sores. They had started to work with the registered manager so they could deliver this training at the service.

Initiatives had also been started to acknowledge the work and support of the management team and staff. A small gift was presented to the manager of the month for care home group and the registered manager at Lyndhurst had won the award for the last two months. An award scheme for staff was also being commenced whereby staff, people and relatives took it in turns to vote for a member of staff due to their commitment and compassion in their role. There were also plans to introduce a key worker system in the near future and people and their family members had been informed of this.