



## Inspection Report on

**Lynnefield care home**

**Lynfield Care Home Ltd  
25 Pembroke Road  
Haverfordwest  
SA61 1JW**

## **Date Inspection Completed**

23/05/2023

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## About Lynnefield care home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Rusev Care Ltd
Registered places	15
Language of the service	English
Previous Care Inspectorate Wales inspection	10 March 2022
Does this service provide the Welsh Language active offer?	The service does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language and cultural needs of people who use, or may use, the service.

### Summary

People who have made Lynnefield their home receive care and support from a small team of staff who are motivated to make a positive difference to people.

Individuals, and their relatives are mostly satisfied with the care people receive and have confidence in the team.

The Responsible Individual (RI) has good oversight of the service but should continue to monitor staffing levels to make sure people's needs are met in a timely way.

Improvements to the physical environment are needed to enhance people's well-being.

## Well-being

People are safe because staff know what they must do if they suspect a person is at risk of abuse or harm. They are confident their manager would deal with any concerns appropriately to safeguard people. The property is kept locked, with staff giving people access, meaning they know who is in the service at all times.

People have good relationships with those who care for them. One person described the staff as *“excellent”* and we saw some friendly banter taking place; another described the staff as *“first class”*. Relatives are equally positive about the service with one telling us *“I can’t fault them; they are lovely; nothing is too much trouble”*. Care workers are motivated by *“seeing people smile”*, and one described working at the service as *“lovely”*.

Some staff think they have enough care workers on duty, but others think more are needed, saying they don’t always have time to read care records. Some said they are not always able to meet people’s needs immediately, but that they never rush care and support

People’s well-being is enhanced by doing some things they enjoy, but the provider has been asked to consider ways for care workers to spend more time with people, either doing things in groups or individually.

The programme of redecoration will enhance people’s well-being, but this needs to be accelerated, and greater attention to detail paid.

## Care and Support

People's physical health needs are met. A district nurse visits the service regularly and is confident that any advice they give is acted upon. Referrals are made; and people are seen by professionals, including the GP; optician and specialist nurses. Care workers are able to recognise when a person is unwell and know the action they must take. There is enough pressure relieving equipment and care workers are able to recognise if a person's skin is at risk of pressure damage. Most relatives said they are informed if a person is unwell or their needs change.

There is some understanding of the importance of good nutrition. Meals are made using mostly fresh ingredients, and we have asked the provider to consider further reducing the use of processed food. People, and their relatives are complimentary about the meals, describing them as *"lovely; "no complaints"* and *"the meals look good"*. There is fresh fruit available and cupboards and freezers are stocked. Special events are celebrated, with cakes being made for people's birthdays and an afternoon tea for the Coronation. Food is available outside of meal times and alternatives are offered if people want something different to what is on the menu.

Care plans and risk assessments are written for a range of areas. These are reviewed, on average, every two months. Some people have a helpful "This is Me" document, which sets out what, and who, is important to the person. We have asked the provider to consider completing this document with all people who have made Lynnefield their home. Records contain information about people's daily routines and support needs. However, daily entries do not always reflect that support is offered in full accordance with the support plans. For example, one person's plan says they like to get up at a certain time, but daily entries indicate they get up and have personal care much earlier. The provider must ensure people's care plans inform their care and support. Daily entries are, however, generally person centred. Some care workers said they don't always have time to read care plans but feel they get the information they need from their colleagues, and have also built up a good knowledge of, and rapport with, people.

A separate book is maintained for activities, but this only records how many people participated and not the outcomes for people. The book may also not be a full record of activities as there are some significant gaps. Care workers spend time with people, either individually or in groups, and during the inspection one person was clearly enjoying spending time doing a jigsaw with a care worker.

People can do somethings they enjoy, but care workers time to spend engaged in activities is limited as in addition to care worker roles, they also have some housekeeping duties. Recent activities include bingo; yoga; singing and exercises. A pet therapist brings in their dog monthly. Care workers would like to have more time to spend with people but say they *"don't really have the time"*. One person said there were *"none"* when asked about activities and things to do, but others said they prefer to spend their time in their rooms or watching TV in the lounge.

## Environment

People live in a service that is suitable for their needs. Accommodation is provided on one level making it easy for people to mobilise throughout the service.

The manager told us some rooms have been redecorated but further improvements are needed. One relative described a person's room as "*very basic*" and there is a general lack of homeliness throughout the service. Some repairs have been carried out but there is often a lack of attention to detail with these.

One bedroom faces the conservatory, but the key to the door was missing on the first day of the inspection, meaning the person was not able to have any fresh air. A replacement key was in use by the second day of the inspection. One of the bathrooms has no natural ventilation and a fan has been installed, but staff continue to find the room very stuffy and uncomfortable to work in. Some people have personalised their rooms with photographs and soft furnishings.

The service is generally clean and there are no malodours. However, high dusting is needed in some areas. Care workers are responsible for some of the cleaning duties, with some saying they have enough time to do this, and others say they do not.

There are two lounge areas and a dining room for people to spend their time, with some people preferring to spend time in their rooms. The dining room is not big enough for everyone to eat their meals there, but the manager said some people prefer to eat in either their rooms or the lounge.

The kitchen has recently been awarded a rating of four by the Food Standards Agency, which equates to "good". The cook said they have the equipment they need to prepare meals, but we saw some parts of the kitchen are worn and would benefit from repair or refurbishment.

The maintenance worker said they used to have a room to store tools and equipment, and to safely carry out their work, but this is no longer available to them.

There is a secure back garden, which one person said they would like to spend more time in. During the inspection the door to the garden was locked, but the manager said people are able to use it, when the weather permits.

## Leadership and Management

There are some governance arrangements in place to monitor quality. The Responsible Individual (RI) and manager, writes reports which reflects on the service, what they consider they do well and also where improvements are needed. The manager has plans to involve relatives in some of the quality monitoring processes which will be a welcome change and reflects the provider's commitment to openness; transparency and service improvement.

Safety checks are carried out to make sure electrical equipment is safe and in good working order, and visible checks carried out during the inspection indicate they are.

Care workers are appointed following a safe recruitment process. Staff files are easy to navigate and contain almost all the information needed, including evidence of suitable references and safety checks. The provider should make sure that a full employment history is recorded, which includes the months as well as years of previous employment. This will make sure any gaps can be accounted for. Newly appointed staff have a period of induction which includes shadow shifts with a more experienced worker.

Care workers feel they have the training they need to safely and effectively carry out their duties. Training is carried out for a range of areas, including safeguarding; person centred care; the safe administration of medication and oral care. Some workers need refresher training to make sure they remain up to date. Some relatives we spoke with consider staff to be skilled.

Supervision is not carried out within the required timeframes. One worker said they have had one supervision session when they should have had three and records show supervision is not up to date. However, one care worker told us they have had supervision and get feedback on their work. We have identified this is an area for improvement and will be followed up at the next inspection.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

### Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A
44	A bathroom on the ground floor does not have any ventilation. This was identified at the last inspection in 2019. Staff report finding it difficult to work in this bathroom saying "we come out sweating buckets"; "staff come out wet and sweaty" and "we are sweating. it's a problem. it can be very very close". The RI initially said there was ventilation from the window but this backs on directly to the lounge.	Achieved

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.



We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement		
Regulation	Summary	Status
36	Supervision records show one staff member had supervision more than 12 months ago. One staff member said they have received supervision once in a year. The supervision matrix shows supervision is not being carried out at least quarterly.	New

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