

Durham Care Line Limited

Lyons Court Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

This inspection took place on 23 and 24 November 2016 and was unannounced, meant the staff and provider did not know we were visiting. We visited the service earlier than originally planned in response to concerns raised about the registered provider and additional specific concerns about this location.

Lyons Court Care Home is registered to provide accommodation and personal care with nursing to up to 50 people and at the time of the inspection 45 people were living in the home. Everyone living at the home required varying levels of support with their personal care: 27 of these people had additional conditions which also required nursing care.

The home is divided into five separate areas referred to by staff as "units" and we were told by the home manager that these consist of an eight person unit supporting people with "behaviours of concern", a nine person residential unit, a nine person unit support people with dementia, a 12 person unit supporting people with dementia and nursing needs and a 12 person nursing unit. Each unit has a name for example the "Auckland Unit."

At the last inspection on 16, 17 and 21 July 2014, and it was compliant with CQC regulations inspected at that time. At this inspection we rated the home as 'Good' overall but as 'Requires Improvement' in relation to being 'Well-led'. This was because we identified that quality assurance systems were failing to maintain continuous improvement.

At the time of our inspection visit, the home did not have a registered manager in place and there had not been a registered manager at this home since 29 January 2016. A registered manager is a person who has registered with the Care Quality Commission 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. There was, however, a manager in post who has worked in the home since June 2016 and who now intends to apply to be the registered manager.

Although we observed staffing to be sufficient at the time of the inspection people who used the service, their relatives and staff told us they had concerns about staffing levels. We also found that the home had failed to recruit sufficient staff to ensure cover for staffing contingencies and maintain adequate management oversight of the home. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that medicine management arrangements were not always clear or consistent and found this had led to medicine errors being made. We found examples of where people had received too much or too little medicine. We found examples where there was no documented evidence that topical medicines had been administered because records were inaccurate or did not exist. The acting manager agreed that they could not discern from the medicine containers that these had been administered appropriately or at all. This was

a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that cleaning in the home and checks of the home were not sufficient to ensure good infection control practices and reduce the risk of the spread of infections. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that fixtures and fittings were not always maintained and secured so as to ensure people's safety. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found staff understood what actions to take if they thought people at risk of abuse.

There was a process for managing accidents and incidents to ensure the risks of any accidents re-occurring would be reduced.

Staff employed by the registered provider had undergone a number of recruitment checks to ensure they were suitable to work in the service. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Staff told us they felt well supported by the registered manager and had received support through supervision; however, we found that records demonstrated that some staff had not received regular or recent supervisions or appraisals. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Training records demonstrated that staff had completed mandatory training but required some refresher training in-line with the provider's policy.

We found that the home was not able to recruit a full permanent staff team and were frequently using agency staff who were not always knowledgeable about people's needs.

We saw that people had person centred support plans that reflected their needs and were reviewed regularly. Support plans reflected the person's needs and preferences.

Individual support plans contained risk assessments. These identified risks and described the measures and interventions to be taken to ensure people were protected from the risk of harm. We found however that the tools to support these were not always completed accurately or used in a meaningful way.

The care records showed us that people's health was monitored and health care professionals where involved where necessary for example: their GP, district nurse or social worker.

We saw a compliment and complaints procedure was in place and this provided information on the action to take if someone wished to make a complaint and what they should expect to happen next. People also had access to safeguarding contact details if they needed them.

The service adhered to the requirements of the Mental Capacity Act. This meant people's capacity to make decisions had been assessed. Where required we found decisions had been made in people's best interests involving their family members and other professionals.

We found people who used the service and their representatives were regularly asked for their views about the service.

There were quality assurance systems in place to but these failed to consistently identify and address issues in the home. They also failed to take actions following audits carried out at the home by other regulatory bodies. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that the home was not always well-led at the last inspection and required improvement. The failure to significantly improve the management arrangement of the home means the home is now rated as inadequate in relation to being well-led. Social Care Act 2008 [Regulated Activities] Regulations 2014. You can see

During our inspection we found a number of breaches of the Health and what action we told the registered provider to take at the back of the full version of the report. Following this inspection the provider agreed to regularly submit information on how the breaches in this report would be addressed. CQC will continue to monitor this location closely.

Details of any enforcement action taken by CQC will be detailed once appeals and representation processes have been completed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was safe not always safe.

At times there were insufficient staff deployed at the home.

Medicines administration was not robust and did not protect people living at the home from risk associated with poor medicines management.

Cleaning at the home did not ensure people were kept safe from risk of infections.

We saw that the home had appropriate processes for monitoring accidents and incident

Staff recruitment practices were safe.

Is the service effective?

Requires Improvement ●

The service not always effective.

Training records were out of date and we were not supplied with information to reassure us that all staff were competent and skilled to carry out their roles.

Staff support was not regular or formally recorded.

Agency staff were not always knowledgeable about the service and that improvements to the information agency staff received about people were planned but not yet in place.

The registered provider considered people's mental capacity and involved them in decision making.

Is the service caring?

Good ●

The service was caring

People told us they were happy with the care and support they received and their needs had been met.

It was clear from our observations and from speaking with staff

they had a good understanding of people's care and support needs and knew people well.

Care and independence was promoted but we found that decision making was not always clearly documented to included evidence of involvement of the person or representative.

We saw people's privacy and dignity was respected by staff.

Is the service responsive?

Good ●

The service was responsive.

Care plans contained comprehensive information about people's likes, dislikes and personal histories and care plans were person-centred.

Staff liaised regularly and promptly with healthcare professionals and incorporated their advice into care planning to ensure people's changing healthcare needs were met.

Some people were able to pursue hobbies and interests meaningful to them, however people sometimes felt that these were limited due to staffing levels.

Is the service well-led?

Inadequate ●

The service was not well-led

People who used the service, their relatives and staff we spoke very positively about the manager and told us they felt improvements were being made in the home.

The manager did not always have the resources to carry out their role effectively and complete all the necessary tasks and checks.

We found that staff felt well supported by the manager but this was not always formal and documented support. We also found that the manager felt supported but records did not demonstrate this level of support.

We found that records were not always contemporaneous.

Audits were carried out in relation to infection prevention and control, the environment and the medication systems, however we found that audits were not always consistent. People did not always experience safe and effective care and improvements were not always sustained.

We found that the home was not always well-led at the last inspection and required improvement. The failure to significantly improve the management arrangement of the home means the home is now rated as inadequate in relation to being well-led.

Lyons Court Care 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 was planned to check 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 was a comprehensive inspection that was completed earlier than planned because we had received some concerning information about the service. The inspection visit took place over two days on 23 and 24 November 2016. This visit was unannounced which meant the staff and provider did not know we were visiting. The inspection team consisted of two adult social care inspectors, one specialist advisor and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience on this inspection had experience of caring for an older person. The specialist advisor was a qualified nurse with experience of older person and dementia care.

Before we visited the service we checked the information we held about this location and the service provider. This included the inspection history, safeguarding notifications and feedback. Before the inspection, the provider completed 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. We reviewed all of the information we held about the service including statutory notifications we had received from the service. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale.

Prior to the inspection we contacted the local Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. During the inspection we spoke with visitors to the home including; a training assessor (a person who completes training with staff and assesses their competency), a hairdresser, two people from a local church support group and two community based nursing staff. Following the visit we also spoke with local authority and health service commissioners and a senior infection prevention and control nurse.

During the inspection we spoke with the home manager (who is not registered as the manager of this home), the administrator, four nurses (one of whom worked for an agency), two senior care staff, seven members of care staff, an activities co-ordinator, two cleaning staff, a laundry assistant, a maintenance person and two kitchen staff.

We also spoke with nine people who used the service and seven relatives and visitors. We spent time observing how staff interacted with people in the home and observed people, for example, taking part in social activities, eating meals and receiving medicines.

We looked at records that related to the day to day running of the home and the care records for nine people. We observed medicines practices in the home and reviewed medicines records. We looked at four staff files and checked recruitment records.

Is the service safe?

Our findings

People we spoke with told us they felt safe in the home, but raised concerns about staffing levels. One person told us, they thought there not enough staff, especially on a night time and weekend but if this was rectified they would give the home "10 out of 10" and another told us, "There used to be people [staff] there to see to you, but they're not there now". A relative told us, "They need more staff, especially on a night time".

Staff told us that generally they felt staffing was sufficient but this could vary at different times, such as nights and weekends, especially when staff were on sickness leave at short notice. One staff member told us, "I struggle sometimes when we're short staffed." Staff told us that efforts were made to get staff to cover all shifts but they "occasionally worked short." Another member of staff told us, "There are three carers and 12 residents, everyone is at high risk of falls, one person needs one to one care nearly everyone needs two to one staffing for their personal care."

We spoke to the manager about staffing levels who told us that they completed a dependency assessment for each person who used the service; these showed the amount of time that staff needed to spend with people to complete care tasks. We also saw that the manager completed a staff allocation sheet for each unit in the home every day. The manager told us that the home was fully staffed, including the use of one agency nurse. We were told that there were 44 people currently in the home but this was later confirmed to be 45 people, 27 of which required nursing care. During the inspection we observed that all resident's needs were attended to promptly and no-one appeared hurried. There was no evidence of excessive call bells ringing.

The manager told us the home had not been able to recruit a full staff team despite ongoing recruitment. The provider confirmed that there were seven posts which had not been filled. We were told that all care shifts were filled by permanent staff or agency staff, however, we were told by staff that there had been occasions due to staff leaving, holiday and sickness where shifts had not been covered and they had worked "short" [meaning short staffed]. We spoke to the manager and a member of care staff who told us that the manager completed some care shifts as a nurse. The manager was therefore unable to cover her management duties at these times. From the rotas supplied for November we could not see evidence that this had happened within the last month. A deputy manager had recently been appointed to provide additional management oversight and support for the staff and nursing teams. There were also plans for a peripatetic nurse to work at the home until more nurses could be recruited. A peripatetic nurse is a nurse employed by the provider who can work in any of their homes as required. Sufficient numbers of suitably qualified, competent, skilled and experienced staff were not always deployed.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at medicine administration records (MAR) which had been put in place for each person who used

the service but we found these were not always completed correctly. For example there were gaps in three people's charts where a record of administration should have been made and these had not been followed up by staff at the next administration. Medicine stocks were not accurately recorded when medicines were received into the home or when medicines stocks were carried forward from the previous month. This meant the registered provider could not be certain that people had been administered the correct medicines at the correct times.

We found that one person had received a sedative medicine on four occasions inappropriately, without reference to guidance or sufficient agreed practice to safeguard and protect them whilst living at the home. For example, we did not find evidence of actions staff should take to prevent or help this person from becoming agitated or descriptions of any triggers, thresholds where medication should / should not be given or alternative techniques / strategies. We found records which showed that this person had received sedation medicines without any justification for their use. "Guidance issued by professional and expert bodies such as the National Institute for Care Excellence (NICE) guidance 'Dementia Supporting service users with dementia and their carers in health and social care' 2006 was not in place at the home. This provides guidance on the administering of medicines for people with dementia type conditions". CQC made a vulnerable adults safeguarding alert to the local authority in order to ensure service users were protected at the home. The manager agreed clear guidance was not in place for staff and at the conclusion of our inspection the manager had updated the relevant care plan.

We found that staff were not always given clear instructions about where and when to apply topical medicines [applied to the skin] and that these were not regularly being administered as prescribed. A nurse told us, "Everyone knows who has what cream and I trust the carers to administer these correctly." We found that individual care records also did not contain details about how topical medicines should be used or when they had been administered.

We also found topical medicines being stored in a shared bathroom. None of the medication had records which showed it remained suitable to be used. There were no measures in place to ensure the likelihood of cross contamination was reduced. This showed that the medicines administration procedures and systems were not robust and did not protect people living at the home from risk associated with poor medicines management.

We looked around the home and found that personal items, for example toiletries and razors, were being stored in shared bathrooms, presenting a risk of infection to anyone using or sharing these items. We drew this to the attention of the manager to take immediate steps to remove them.

The manager told us that the home had procedures in place to ensure control of infections. We were shown cleaning routines which were carried out by staff. We spoke to two members of domestic staff, both of whom were able to explain the homes cleaning schedules to us. This included "deep cleaning" [meaning that rooms were more thoroughly cleaned than was planned for rooms on a daily basis], although we were told by cleaning staff that these did not always happen due to a shortage staff.

We found the home had not responded to actions following an infection control audit carried out by NHS County Durham and Darlington Clinical Commissioning Group's Infection Prevention and Control Team, completed five months earlier which had identified cleanliness and infection control issues. We found areas where the odour control at the home had not been successful. For example, there was a strong unpleasant odour in one of the upstairs bathrooms where soiled continence aids had not been securely stored. In another bathroom we found a used continence aid had been left in the sink which created an odour control issue in that room and surrounding corridor. In one bedroom we saw the easy chair had a hole in the seat

and could not be effectively cleaned and this was soiled underneath with brown and yellow dried drips. A dining chair in the same room had brown and yellow drips underneath the seat. In total we found evidence of soiled seating in four out of the six bedrooms we looked at. We checked people's mattresses and found that two of the six we looked at had large patches of brown staining. The beds had been made up ready for continued use. We brought this to the attention of the manager who told us that the homes management checks did not include mattresses but she would now add this and make improvements. The manager told us that another cleaner had been appointed on a temporary basis to cover the shortage of cleaning staff because of staff shortages due to holidays, training and staff sickness. This meant that cleaning and infection control practices in the home were not sufficient to ensure all areas were clean and to adequately reduce the risk of the spread of infections.

We found that wardrobes were not always secured to walls in the bedrooms and found this to be the case in three bedrooms we looked in. The people living in these rooms had varying levels of dementia and therefore this presented a risk that the wardrobes could fall on them. We also found some loose cabling on the floor which could present a trip hazard. We brought these to the attention of the manager for immediate action.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with told they knew how to report any concerns they had about abuse. One staff member told us, "Yes, I know who to contact. I've had the training," and "I would talk to the nurse about it if I had a concern." They could describe the different types of abuse and the actions they would take if they had any concerns that someone may be at risk of abuse. We saw records that demonstrated the service notified the appropriate authorities of any safeguarding concerns and kept records of any action taken. This showed us that staff knew how to recognise and report abuse.

We saw that health and safety checks were completed which included records in relation to the fire alarm system, hot water system and appliances. We also saw records that equipment such as hoists were checked regularly to ensure they were working safely. We saw that people had Personal Emergency Evacuation Plans (PEEPS) on file which were person centred. This showed us that there was clear guidance about people for staff to use in an emergency.

Any accidents and incidents were detailed in people's individual care files and were monitored by the registered manager to ensure any trends were identified. This system helped to ensure that any patterns of accidents and incidents could be identified and action taken to reduce any identified risks. The home was piloting the use of "huddle forms", which are post-incident analysis forms, to help the home manage falls reporting in a better way. This showed the manager was taking actions to reduce accidents.

We looked at four staff recruitment records and saw the registered provider had carried out background checks to ensure that all staff working at the home were suitable to work with vulnerable people.

We spoke to the manager about a recent staff disciplinary issue regarding sickness and saw that the manager had kept records of the actions and findings from this.

Is the service effective?

Our findings

People told us they thought staff were appropriately trained and competent. Staff told us they felt they had the training they needed for their roles. One staff member told us, "My training is all up to date, they are good with training, if it runs out you get put on the rota to do it." We saw that staff were being booked onto training and training was taking place on the days of our inspection. We also spoke to a training assessor who regularly worked with the home and told us, "It is a pleasure to attend and I am given so much support and the staff are encouraged at every task." Staff told us they had received training such as safeguarding training as part of their mandatory training and records supported this.

The nurses we spoke to told us they had received mandatory training and that any additional training they required would be arranged for them. One nurse told us that the manager was supporting her to completed revalidation training, which is the process where registered nurses and midwives are required every three years to demonstrate to the Nursing and Midwifery Council (NMC) they remain fit to practice. We looked at five peoples' care records who had nursing needs and staff supporting them told us they had relevant training for example in relation to catheters, insulin dependent diabetics and residents with complex needs. The training matrix supplied by the manager showed that there were very low number of staff trained around diabetes care and end of life training. The manager informed us that the training matrix was not up to date but did not supply the additional training details so we could be confident all staff had received this training.

Staff told us they received supervisions, one staff member told us, "I have six supervisions a year and an appraisal," but another told us, "I've not had supervision for a few months." The manager told us that supervisions had "fallen behind" schedule and supplied us with a supervisions log. This showed us that a 25 out of 69 staff had not received formal supervision in the last six months. This included cleaning staff, the administrator, senior carers and nurses. A log of appraisals showed that only 12 staff had received an annual appraisal so far in 2016. We were shown that outstanding appraisals were booked in to be completed in December 2016. This meant that not all staff were having regular recorded support sessions in which they could discuss their work, their performance and development.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that staff were trained in MAPA (Management of Potential and Actual Aggression). Staff were required to complete this before working with people living on the "behaviours of concern unit."

We saw that the home was reliant on using agency staff, especially on a night and, although the home tried to maintain consistency, rotas showed that 20 different agency staff were used over a four week period from five different agencies. We were told by the manager that the home tried to use two different agencies to maintain consistency of staffing, however the rotas demonstrated that this was not being achieved. We asked the manager about how agency staff were made aware of people's needs but were not reassured that robust processes were in place as we were told that agency staff were shown around the building and told

about the needs of the people on the unit. During our inspection we observed that there was an agency nurse on duty who was in charge of a nursing area of the home, they were not able to answer our questions about people and directed us to permanent nursing staff. We saw evidence that medicines errors had occurred when agency nurses had been on duty and one staff member told us, "Agency nurses are not filling in medication stock checks." This showed that nursing staff working in the home did not always know people's needs.

We saw that the home was using external guidance about food and nutrition, including using fortified food to reduce the risk of people losing weight and poor nutrition. The home used a Malnutrition Universal Screening Tool (MUST) which is a screening tool used to identify if people were at risk or experiencing malnutrition. We found the tool had not been implemented consistently across the home and that people on the residential unit had not been screened using this tool despite care plans indicating that the tool should be used to ensure adequate nutrition. A senior carer told us that the MUST was being introduced for everyone from November 2016 as it had been identified these were not being completed. We were told by senior care staff that there was no indication that anyone on the residential unit was at high risk of malnutrition, we checked three care files that supported that people had good dietary intake and had not experienced weight-loss.

We saw that fluid charts were being completed but these did not always show how much people should be aiming to drink in a day. When we spoke to staff about this, and reviewed the records, we found there was no evidence that any action was taken if people were drinking less, or drinking small amounts. The actions that should be taken and when were also not recorded. From the records we saw some people were consistently drinking the same quantities of fluid. Staff we spoke with were calculating the volumes consumed on a standard vessel size, which did not take account the size of the different drinking vessels in use in the home or that people may not be drinking a full drink each time one was given. This meant that the quantities recorded were not being calculated correctly.

We found evidence of very low and inconsistent recording for three people, however the care plans for these people did not indicate why fluid charts were in use or if they were required. The manager told us that fluid charts were in use for all residents and the use of these was not based on risk of dehydration. This meant that records kept in order to prevent dehydration and encourage good levels of hydration were not being effectively used for this purpose.

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 their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found that staff had recent training around MCA and DoLS and could explain the principles of this to us. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We looked at records and discussed DoLS with the registered manager, who told us that there were DoLS in place. We found the provider was following the requirements in the DoLS.

We saw that people's ability to consent had been considered in care files. We observed that staff explained what they were doing before starting a care task and gave the person opportunity to consent to the tasks.

We saw records of regular staff meetings and the most recent meeting was held in September 2016. We saw from the minutes of staff meetings that these were well attended and covered staff training, development, staff roles and responsibilities, medication and other issues regarding staff and the running of the home.

We saw records to confirm people had visited or had received visits from the dentist, optician, chiroprapist, and their doctor. People were supported and encouraged to have regular health checks. We spoke with visiting community based nursing staff who told us that staff at the home were 'diligent and understood people's needs.' They said, "We are confident that [staff] will follow instructions left by visiting nurses, continue treatments and contact us if someone's condition changes unexpectedly." This showed people's healthcare needs were monitored and addressed.

Is the service caring?

Our findings

People who used the service told us staff were caring, one person told us, "I am very happy here and feel well looked after, the staff are very friendly too." and another told us, "Oh yes, staff are caring." One relative told us "[Staff] are very competent and caring, with the right attitude. They're doing the job because they enjoy doing it."

Staff told us the best thing about working in the home was the caring environment and support they received from other staff and the manager. One staff member told us that there was, "Good teamwork, emotional support and good communication in the home." Another told us, "Everyone is really helpful." Staff told us they demonstrated caring by, "Treating all the service user with respect and meeting all their individual needs." Another staff member told us, "Because the staff do a good job of looking after their residents. We offer very good emotional support." and "We treat them [people who used the service] as if they are our own family."

People's care files included "Life History" and other documents containing personal details so that staff knew about their lives. People told us that they were happy with the support they received. Relatives told us they attended reviews about their relatives care and were aware they could attend meetings in the home. Relatives told us they felt welcome in the home and were encouraged to visit their family members.

We saw that records were stored safely and therefore confidentiality was maintained. We also observed that staff were aware of the need for confidentiality and spoke about people's care in private.

We saw that explanations were given to people before care tasks were undertaken. We saw staff using people's preferred names and knocking before entering rooms. Relatives told us that staff respected people's privacy and dignity. Staff spoke about people in a way that supported that they thought about them as valued individuals. One staff told us, "We knock on people's doors. When we do personal care we shut the curtains and make sure people are covered up."

The manager told us that they had fitted locks on the kitchen cupboards in the "behaviours of concern unit" because someone had moved in and it had been identified that they would be at risk if they had free access to the cupboards. Staff had worked with this person so that they could be observed in the kitchen and there was no longer a requirement to lock the cupboards. This meant this person had been supported to have more freedom and independence. We also saw that some people were supported to access the local community and to maintain links with their friends and relatives outside of the home, however, this was dependent on staff availability.

Some people at the home were subject to a 'Do Not Attempt Cardiopulmonary Resuscitation [DNACPR]' decision. These had been completed by a variety of medical professionals from the community and hospitals. The DNACPR were noted on peoples' care planning files but these were not always accompanied by a care plan stating the person's wishes should their health fail. For some people it was unclear from the records held if these decisions had been made with the persons, or their family members knowledge; or in

the persons best interests where they lacked capacity to make these decisions themselves. We asked the local health commissioners to review these decisions with the provider and registered manager in the light of our findings.

Is the service responsive?

Our findings

We looked at nine care files and found that these were person centred and not task led. 'Person-centred' is about ensuring the person is at the centre of everything and their individual wishes and needs and choices are taken into account. In each of these records we saw that peoples' needs had been assessed and their care plans demonstrated an understanding of their individual needs. These included: hygiene and dressing, maintaining safety, communication, eating and drinking, elimination, mobility and sleep. We saw that people had 'life histories' or other documents giving details about their life and interests.

Care plans included the person's needs and risks. We found these to be detailed and they included information about people's preferences. There was evidence of regular reviews, updates and evaluations of care plans taking place. This meant staff were given guidance about how to meet people's individual and specific needs.

Risk assessments had been implemented where risks had been identified in the care plans, for example around mobility issues. One person told us their relative sometimes wanders and recently had a fall so now staff were, "Keeping a closer eye on [person] with half hour checks" and this was documented on the risk assessment. This meant risks were identified and minimised to keep people safe. We saw staff used a range of assessment and monitoring tools and kept clear records about how care was to be delivered.

We observed people interacting with sensory lights, a wall piano, dolls, prams, knitted and textured materials designed for sensory stimulation and that some of these activities were being supported by care staff. We were told that these items had been recently introduced to the home and were very popular with people who use the service. We also saw that activities had taken place such as singing, dancing and one to one sessions, a church led dementia café once a week and church service once a fortnight. We were told, "Someone from church does a dementia café for people who can't manage to get out. We also do bingo, arts and crafts, and go to the café at the bottom of the village." One person told us, "There is always something I like." Another person told us that the activities co-ordinator had accompanied them for an eye test and would take them out for fish and chips if they wanted them. Staff and people who used the service had recently taken part in a charity fundraising event and had events such as a Christmas fair arrange that was open to visitors and the wider community.

People told us they had recently been on a trip to a train museum and one person told us they had "really enjoyed seeing the lovely old trains." One relative told us they had gone on this trip to support their family member. People told us that they would like to do more trips. The home had a activities co-ordinator. The activities co-ordinators told us that they needed staff to volunteer to help with activities, but that volunteers were not always available and staff would help but were sometime "short staffed." A person who used the service told us that the activities co-ordinator had to, "Make the best of a bad job."

We saw that people were asked about the activities they would like to take part in and an activities survey had been sent to people. One relative told us that they had completed this survey which had asked, "What people might be interested in, able to do."

We saw that people were offered choices for example around their daily routines and what they would like for meals.

People we spoke to knew how to make a complaint. One person told us, "Any concerns I speak to the person on duty, I usually get feedback anyway, they will phone me." and another person told us, "I have no concerns. We saw a copy of the complaints policy. It informed people who to talk to if they had a complaint, how complaints would be responded to and contact details for the local authority, the local government ombudsman and CQC, if the complainant was unhappy with the outcome. We saw the complaints file and saw that complaints were recorded as was the satisfaction of the complainant. This meant that there were procedures in place to listen and respond to comments and complaints.

We spoke to the manager about how people were admitted to the home. The manager explained that no one would be accepted into the home until an assessment had been completed to ensure the home was a suitable place for that person to live. The manager said when an admission to the home was planned which would involve staff doing work in the person's current placements, for example observing bedtime routines, to ensure staff had a good knowledge of the person prior to them moving in.

We saw evidence that external help was sought regularly to meet people's health needs, such as referrals to doctors and specialists. One visiting healthcare professional told us, "This home has made sustained improvements in the way that it works with visiting nurses. Staff are knowledgeable about service users' conditions, needs and ongoing treatments. We get accurate feedback and can rely on their observations to make our clinical judgements." There was a consensus amongst external health and social care professionals that staff and management sought prompt help when required to meet people's health needs.

We saw that surveys returned from people who used the service, relatives and professionals were mainly positive about the service.

Is the service well-led?

Our findings

At the time of our inspection visit, the home did not have a registered manager in place and there had not been a registered manager at this home since 29 January 2016. A registered manager is a person who has registered with CQC to manage the service. There was a manager in the home but they had not applied to be the registered manager as they had planned to move to manage another home owned by the same provider. On the second day of our inspection it was confirmed that the manager would remain at Lyons Court Care Home and would apply to be the registered manager of this home.

People told us they thought the atmosphere in the home was very good and they knew the manager either by sight or by name. All the people we spoke to told us the manager and staff were approachable and one relative told us, "The door was always open." Staff told us "[Manager] is lovely, door is always open. Everything I've needed they've helped me." One staff member told us, "It's getting better and better since we've had a manager, when there was an acting manager I didn't feel safe. It's more stable now and I like the job."

At the last inspection that took place on 16, 17 and 21 July 2014 we found that quality assurance systems were in place; however there was no registered manager and staff told us they did not always feel listened to or valued. During this inspection we found that there was still not a registered manager in post and we found that management systems were not robust enough in driving improvement and mitigating risks to people.

The manager told us they had started working in the home in June 2016. They told us that they had been concentrating on making improvements to the home, improving staff morale and recruiting new staff. We looked at the manager's supervisions [Supervision is dedicated time for a staff member to speak to a senior colleague about their work and performance] and found that they had only had two documented supervision sessions on file since they took over the management of the home. Records indicated these were not used to discuss details of the running of the home, such as progress towards meeting action plans set at audits. The manager confirmed these were the number of supervisions that had taken place to date. This did not demonstrate that the registered provider provided for support and guidance for senior staff in the organisation.

The manager told us that there were currently trying to recruit to fill four vacant nurses posts in the home. Agency nurses were being used in the home on a regular basis and nurses from other homes would be used if any were available but as the home was only short for four nurses it was, "Not seen as so much of a priority." as some of the other homes owned by the same provider. The manager told us there had been occasions when the staffing agencies had not been able to supply nurses and the manager had been required to work a night shift themselves as they were a qualified nurse. One staff member told us, "[Manager] does try to get staff in and comes on the floor as nurse herself if not." The manager told us that it has been arranged for a peripatetic nurse to work at the home from next month until no longer required in the home to alleviate some of the staffing difficulties.

One staff member told us they had contacted the manager regarding her concerns about agency staff but felt they had got no satisfactory response to this only an acknowledgement. Minutes from a staff meeting held on 29 September 2016 also stated that, "Staff levels on Auckland [unit] not safe and will be looked at by manager." The manager told us that staffing levels had been reviewed following concerns raised by staff and more staff added to the rota.

Supervision and appraisals were not taking place on a regular basis. The manager was aware that there were not happening as planned. The manager explained that a deputy manager had only recently been appointed in the home to help support with keeping management tasks up to date. The manager also told us they would like to negotiate with senior management to have some more dedicated supernumerary management hours in the home to support with management activities such as staff supervision.

We were told that the training matrix required updating. A training matrix is a document showing what training is required and what had been completed. The matrix we were given as part of this inspection shows that not all staff, especially nurses are up to date with specialist training and competency checks.

The home manager was responsible for conducting medicines audits, to check that medicines were being administered safely and appropriately. These audits had not identified the errors that were evidenced on this inspection, however the manager explained that these medicine records would not be due to be audited yet as audits were only completed on a monthly basis. Stock counts were all identified as being incorrect in the Area Compliance Manager's audit on 19 August 2016, a medicine audit completed on 29 September 2016 by a pharmacist from Durham and Dales Health Federation and in the manager's medicines audit on 17 October 2016. The manager explained that errors were mainly occurring when agency nurses were on duty and that they had contacted the agency who provided the nurses to try to rectify this issue. This meant that we could not be satisfied that people were receiving their medicines as prescribed or that proper and safe processes were in place to support the correct management of medicines.

We discussed with the manager that we had found several cleanliness and infection control issues during our inspection. The manager who told us that mattress audits were not being completed and they were not aware of the other issues prior our discussion. Following the inspection visit the home manager confirmed that new chairs and mattresses had been ordered to replace the soiled/stained mattresses and chairs identified by the inspection team and also baskets had been order so that people's toiletries and personal items could be kept separately. The manager told us that there had been previous issues with staff handing of clinical waste and that she would remind them for the need for safe practices around this.

NHS County Durham and Darlington Clinical Commissioning Group's Infection Prevention and Control Team completed an audit at the home 21 July 2016 which found that prescribed creams, toiletries and other items were left in communal bathrooms. They found stained mattresses, for example, "Mattress cover stained and strong smell of urine noted" a resulting action to be completed immediately was, "Commence mattress checks throughout the home." They also found, "Evidence throughout the home indicates that staff are not bagging incontinence pads before transporting to clinical waste bin." We found that these actions had not been met as set out in the audit action plan. The Area Compliance Manager's audit had also identified some infection control and cleaning issues which had not been resolved at the time of our visit. We were not told that the home had an outstanding action plan in relation to infection control issues during the inspection.

We looked at the Area Compliance Manager's audits and the manager's audits and found that these were not always identifying the same issues. These did not always demonstrate that actions were being met or how actions had been met. Audits demonstrated that some actions had not been met within the set timescales. We discussed this with the manager who told us they planned to cross reference actions from

both audits and have a single action plan to work towards to prevent any confusion and actions being missed.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff meetings were held regularly. We looked at the minutes of a meeting held in September 2016 and found staff were able to discuss any areas of concern they had about the service or the people who used it. Minutes from this and previous staff meetings covered a range of topics including, training and development, medicines management and health and safety. We saw that people were actively encouraged to completed surveys, attend meetings and make suggestions while in the home. Minutes from meetings were displayed in the reception area of the home so that people were aware of the discussions and actions taken. Survey results from a survey were mainly positive but reflected comments made by people during our inspection; comments included "More outside entertainment was requested." "More staff to support trips out." and a "Lack of condiments". This meant that the provider gathered information about the quality of the service from a variety of sources but it was not always documented if actions had been taken to address the issues raised and we found similar concerned during this inspection.

The home has recently accessed challenging behaviours and positive approach to care training from Auckland Park Hospital, a local hospital for psychiatric care to the elderly. Feedback about this training was very positive and the training is now being sourced for the whole company. Staff said they had found this training very useful when they were supporting people at the home. This showed the home was working in partnership with other agencies for the benefit of people at the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The home failed to have safe medicines management and infection control practices.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The home was failing to recruit sufficient staff to cover contingencies and allow for management cover. There was a lack of evidence that staff were being supervised and supported.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Quality assurance systems did not demonstrate on-going improvements, auditing was inconsistent and there was evidence of some actions not being met. Records in relation to staff and service users were not always accurate or contemporaneous.

The enforcement action we took:

Warning notice issued