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 well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Lyons Court Care Home provides accommodation for up to 50 people who require personal or nursing care. The service provides care to people with learning disabilities, mental health problems and physical disabilities. At the time of this inspection there were 42 people in receipt of care from the service.

People's experience of using this service and what we found
The provider failed to ensure appropriate governance arrangements were in place. The quality assurance systems failed to identify that staff were not safely managing medicines, provided food service in line with best practice and adhered to infection control practices. The checks did not identify staff deployment was having a negative impact on people's quality of life, the recruitment procedures did not meet legal requirements, staff were not trained to use the computer-generated care records, staff did not know how to provide drinks for people who had a compromised swallow, and IT equipment was not functioning properly.

Staff were unaware of the risks presented to people. We observed staff leave people at risk of choking unattended when they were eating and give people on restricted fluid intake more than was recommended for them to drink. Staff did not know how to make up thickened fluids.

The service had one hot-lock to cover all five units' meals and this did not assist staff to serve meals in a safe manner. Hot meals were left to stand on kitchen benches for over an hour and then either served cold to people or reheated in microwaves. This is not in line with food safety guidance. Not all staff who prepared meals had completed level 2 food safety and hygiene training. It is a legal requirement for staff handling and cooking food to have received appropriate training.

Staff on some units did not ensure people had enough fluids. Temperatures throughout the service exceeded 27˚c. The provider had a heatwave policy in place but neither the manager or staff ensured this was implemented.

The care record system did not support staff to develop person-centred care records, meet accessible communication standards, allow staff to produce communication records and could not be translated in to easy read. Staff had not completed records that were needed to comply with the Mental Capacity Act. This was impacted further, as staff did not know how to use the electronic systems used to record and review people's care.

Staff deployment was not meeting people's needs. Seven staff supported 13 people on the middle floor with the remaining seven staff supporting 29 people who used the other three units. Staff on these three units were not always able to meet people's needs and left people needed to be observed because of their risk of falling or choking.

Recruitment procedures were not robust and failed to meet legal requirements.

Medicines were not managed safely. Issues had been identified regarding the recording, administration and storage of medicines.

Fire drills and simulated evacuations had not been completed and staff had not received training around how to use the evacuation equipment.

For more details, please see the full report which is on CQC website at www.cqc.org.uk

Enforcement
We have identified breaches in relation to having effective governance arrangements in place, providing safe care, recruiting staff and ensuring enough skilled and experienced staff worked at the service.

We served a warning notice in relation to failure to ensure governance systems in place assisted staff to assess, monitor and improve the quality and safety of the services provided (including the quality of the experience for people who used the service).

Rating at last inspection
Good (report published 2 February 2018).

Why we inspected
We undertook this focused inspection because concerns had been raised about the provider's overall operation of their services.

This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led. The ratings from the previous comprehensive inspection for those Key Questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lyons Court on our website at www.cqc.org.uk.

Follow up
We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our Effective findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our Well-Led findings below.

Lyons Court Care Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
An inspector, a pharmacist inspector and an Expert by Experience completed this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Lyons Court is a care home. People in care homes receive accommodation and nursing and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A manager had applied to become registered with CQC but withdrew their application following the inspection. The provider is required to have a registered manager for Lyons Court. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This was an unannounced inspection.

What we did
We reviewed information we had received about the service, which included details about incidents the provider must notify us about, feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We took this into account when we inspected the service and made the judgements in this report.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection
We spoke with 19 people who used the service and 18 relatives to ask about their experience of the care provided. We also 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 with the manager, deputy manager, four nurses, 24 care staff, and three cooks and a kitchen assistant.

We reviewed a range of records. This included 16 people's care records, medication records and various records related to the management of the service.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; and Learning lessons when things go wrong; and Preventing and controlling infection.

- The care record system did not readily identify risks posed for people. We observed staff leave people at risk of choking unattended when they were eating and give people on restricted fluid intake more than was recommended for them.
- Food was served from one hot-lock trolley for the entire service. Hot meals for people who needed adapted meals were brought up on a linen trolley at 11.11am and at 12.15pm the kitchen staff brought the remaining meals and placed them on the kitchen bench. People were then either served the meal cold or it was reheated in the microwave. This is not in line with Food Standards Agency guidance.
- The temperatures in the home consistently exceeded 27˚c. The manager complained about the temperature and staff also complained of the heat but did they not encourage people to drink more fluids or remove jumpers and cardigans they were wearing.
- The provider had a heatwave policy in place but neither the manager or staff ensured this was implemented. No air conditioning units were in place even though the policy suggested they were, water sprays were not provided and people were not encouraged to sit in the cooler rooms.
- The personal emergency evacuation plans (PEEPs) provided information on how to assist people to fully evacuate the home were in place. But, the provider had not ensured staff had been trained to use the evacuation aids and completed simulated evacuations.
- We saw open topped waste bins were being used in some of the toilets, which is not in line with expected infection control practices.

Using medicines safely.

- Staff did not have access to policies and procedures to help ensure they were meeting the homes expectations with regards to the safe use of medicines. Clinical waste bins had not been signed and dated as per infection control procedures.
- Two bottles of liquid medicine stored within the controlled drugs cupboard were past the once opened expiry date. One medicine had been administered on one occasion to a service user after its expiry date. We brought this to the attention of the nurse on duty.
- As and when required protocols were not in place for all as required medicines. Topical medicines administration records did not reflect what staff were applying. Some topical creams did not have readable labels for staff to follow. Records of application were not clear or accurately completed.

We found people were placed at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing

● Staff were not deployed in a manner that would meet people's needs. The building was divided into five units and there were 15 staff including two nurses covering the service during the day, and overnight one nurse and eight staff were on duty.

● Six care staff and a nurse supported the 13 people in the two units on the middle floor. This left two staff to cover each unit downstairs and two staff plus a nurse on the top floor unit. People on each of these units needed two staff to support them to manage their care needs. We observed staff had not supported people with their personal care needs and to have their meals in a timely manner.

● Relatives commented, "There often one staff on the ground floor overnight and they are run ragged. They always do their best but that there is just not enough of them on duty." And, "I visited and there was only one member of staff on the floor. Normally there should be two staff and a nurse, which still does not feel enough, as most of the residents need two staff to assist them."

● A person said, "Staff are fantastic but at night it is different with only one member of staff on and I need two carers as do others, so it can get difficult."

● Lyons Court was meeting Skill for Care markers for warning for inadequate staffing levels. For example, there was a high staff turnover as 28 staff had left in the last year, staff often rang in sick, agency staff were regularly used, and new staff left before completing the probation periods.

We found the provider had not deployed enough staff to meet the needs of the people using all of the units. This placed people at risk of harm. This was a breach of regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Recruitment.

● Recruitment systems were not always effective. The provider's recruitment process did not meet legal requirements. The application forms did not ask for a full employment history, but the manager told us this was being addressed. However, they were not aware of other deficits in the staff files, such as lack of photographs and, evidence of qualifications. In addition, interview templates did not ask staff to explain gaps in their employment history.

● The provider's human resources team completed checks and interviewed new employees. The application form told people they had to complete the form fully to be interviewed. Yet people who failed to fill in their address, employment and education history, the box about why they wanted the job or supply references from their last employer had been interviewed and employed.

We found recruitment systems were not robust enough to demonstrate staff had the qualifications, competence, skills and experience which was necessary for the work to be performed by them. This placed people at risk of harm. This was a breach of regulation 19 (1) and schedule 3 (Fit and proper person employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse.

● The provider had responded to safeguarding concerns. Staff had received training and knew what to do to make sure people were protected from harm or abuse.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet

- People were not supported to eat and drink in a safe manner. People who were at risk of choking were left unattended to consume food and fluid. Staff did not know how to make up thickened fluids.
- The MAR and care records did not provide accurate, clear or comprehensive information about the thickeners being used, how to use them or when.
- People were not supported to have enough to drink. We observed the care provided to six people sitting in a communal area for three hours and throughout this time only two people had a drink. We brought this to the attention of the manager who immediately made sure people had drinks.
- Jugs of juice were kept on the kitchen bench in the units but there were no glasses, so people could not help themselves to this. One person thought they needed staff permission to get a drink.
- Catering staff were unaware of food safety guidance, which requires hot food to be cooled as quickly as possible and then refrigerated so the growth of any bacteria is limited. To limit the potential of re-heated food containing harmful bacteria guidance recommends that it be heated to a temperature of 82°c or so it can be seen to be steaming and checked so it is hot throughout. Food Standards Agency guidance states food must not be reheated twice. Care staff we observed to not be following this guidance and reheated food twice and did not check that it was steaming or hot throughout.
- On the second day of the inspection a chef who had never worked at the home was covering the service. They were supported by the chef and a kitchen assistant from the adjacent home who were not familiar with people's needs. None of the kitchen staff knew what people's dietary requirements were or this information was kept at the back of an A4 folder.

We found people were placed at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff were not being equipped with skills and knowledge they needed to support people. Prior to the inspection catering staff had not completed appropriate food safety and hygiene training. Following the inspection the manager supplied Food Safety level 2 certificates for two of the three catering staff to show they had now completed this training. It is a legal requirement for staff handling and cooking food have received appropriate training. The provider could not demonstrate these staff had previously received the appropriate supervision and training in food hygiene.
- Staff had not received dysphasia training and did not understand signs that someone with a compromised gag reflex might be choking. We raised this with the manager and a trainer provided

dysphasia training for a few staff, but it was unclear when everyone else would complete this training.
● Staff had not received training around how to use the electronic care records and did not know how to review the documents. Thus, they had not seen in the records people were at risk of choking or needed their fluids restricting to reduce the impact of heart failure.
● The provider's training schedule showed various courses as not applicable for staff working at Lyons Court such as understanding acquired brain injury, supporting people living with learning disabilities, mental health needs, falls prevention, nutrition and hydration training. This was despite people who used the service had these needs.
● Staff files contained no supervision or appraisal records and staff told us they had not had this support.

We found the provider had not received the appropriate support, training, professional development, supervision and appraisal to enable them to carry out the duties they are employed to perform. This placed people at risk of harm. This was a breach of regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a particular decision and 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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
● Care records contained capacity assessments and 'best interests' decision templates but staff did not complete them accurately . For example, one person's care plans described how they understand some information and being able to tell people what they thought. But on the capacity assessment staff recorded they could do neither. Also staff were completing just one 'best interests' decision form and did not involve people other than themselves and relatives, which is not in line with MCA guidance.
● Medicine records showed people received medicines covertly however three of the five people did not have capacity assessments or 'best interests' decisions in place.
● The electronic care records provided no space for people to sign to confirm they agreed with the plan and the records could not be converted into easy read format or be easily reviewed. This meant staff could not show reasonable steps had been taken to help people to make informed choices about their care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● The provider had introduced a new electronic care record, which provided a pre-assessment record but no ongoing assessment. This led staff to write the assessment in the care plans and made it difficult to gain an overview of what people's needs were. In addition, care records and records held within the medicine trolleys were not consistent which meant there was no clear guidance for staff to follow.

Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

● Staff supported people to access healthcare services when appropriate. The local GP completed a weekly visit to the service and regularly reviewed people's care needs.

Adapting service, design, decoration to meet people's needs.

● People had been supported by staff to make their accommodation homely.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; and how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager overseeing the service also managed the adjacent home Bowes Court. They were invested in ensuring Bowes Court operated well and the complexity of this service meant they had little time to oversee Lyons Court. Following our visit, the manager decided to withdraw their application to be the registered manager for Lyons Court.
- The provider's governance system had not identified the concerns and potential risks for people to be harmed. For example, staff did not know how to support people who were at risk of choking
- A range of audits are in place, but these did not assist staff to critically review the service. For instance, the catering audit had failed to identify food safety guidelines were not being followed and the provider could not demonstrate all the catering had received the appropriate supervision and training in food hygiene. The infection control audit stated the service was compliant with expected practice but had not picked up that peddle bins were not in place in toilets.
- The Wi-Fi connection in the home was poor. This caused handheld devices and laptops that staff used to record and review information, to routinely lose signal or fail to synchronise. This led to the data not being captured and staff being unable to access the up-to-date information about people's care needs.
- The provider had not considered why the various courses for staff such as understanding acquired brain injury, supporting people living with epilepsy, supporting people living with learning disabilities, communication and interaction, and nutrition and hydration training were deemed as unnecessary for Lyons Court staff to completed even though they supported people with these needs.
- We asked the registered manager to show us provider visit documents both during the visit and afterwards. None were supplied and we could not be assured that the provider completed checks.

Planning and promoting person-centred, high-quality care and support; working in partnership with others; and engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- People who used could be inadvertently excluded from contributing to the way their care was delivered. The care record system itself did not meet accessible communication standards, allow staff to produce records detailing the communication methods people used, and could not be translated in to easy read.
- The manager was asked to provide copies of survey results and meeting minutes both during the visit and afterwards. None were supplied and we could not confirm these occurred or people's views were sought.

Continuous learning and improving care.

● The manager could not demonstrate how the provider's quality assurance system supported them to identify gaps in practice and use this information to learn lessons.

●Daily, Weekly and monthly audits for medicines were in place. However, there was no overarching review of audits to look for themes so that lessons could be learnt.

● The provider had been made aware of the need to make sure agency nurses had the right skills to support the people who used their service but had not put any additional checks in place.

Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Staff failed to ensure measures were put in place to mitigate the risk posed to people. Regulation 12(1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The systems for recruiting staff and using agency staff did not check if staff the qualifications, competence, skills and experience which are necessary for the work to be performed by them. Regulation 19(1) schedule 3

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure staff received appropriate training and were deployed in an effective manner to meet the needs of the people who used the service. Regulation 18(1) and (2)

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 Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The systems in place did not assist staff to assess, monitor and improve the quality and safety of the services provided (including the quality of the experience for people who used the service). Regulation 17(1)

The enforcement action we took:

We served a warning notice