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# Lymehurst

## 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?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

This unannounced inspection took place on 23 August 2018. At our previous inspection in December 2015 we had rated Lymehurst as good.

Lymehurst is registered to provide accommodation and personal care to up to 35 people. At the time of the inspection 31 people were using the service.

Lymehurst is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was a registered manager in post. 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.'

At this inspection we found that there were no effective governance systems in place to monitor and improve the quality of the service. We found there was a breach of regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have taken to the end of the report.

People's needs were not always met in a timely manner due to the deployment of staff. Risks associated with some staff employed by the service had not been minimised.

People's risks were assessed, however their risk assessments did not always contain the most up to date information. There was no system in place to learn from accidents and incidents when things had gone wrong.

Infection control procedures were followed by care staff. However the kitchen hygiene measures put people at risk. Oral medicines were stored and managed safely, however external creams were not signed for when administered.

The registered manager followed the local safeguarding procedures, however some staff had not received training in safeguarding policies and procedures.

People's needs were not fully assessed to ensure their diverse needs were identified and met and they were not supported by staff who had been trained and assessed competent in their roles.

People were offered sufficient amounts of food and drinks, however they were not offered a choice of food or involved in the menu planning.

Staff at the service worked with other health and social care agencies and people had access to health care when they were unwell or their needs changed.

The principles of the Mental Capacity Act 2005 (MCA) were being followed, however some people required accessible information to be able to consent to their care.

People were not always treated with dignity and respect and they were not always supported to make decisions about their care and support.

People's right to privacy was not always maintained.

People were not receiving personalised care that met their individual needs as information about their diverse needs had not been gained.

People did not have access to the complaints procedure in an accessible format and their complaints were not always acted upon.

People's end of life wishes had been gained.

## 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 consistently safe.

People's needs were not always met in a timely manner due to the deployment of staff. Risks associated with staff employed by the service had not been minimised.

People's risks were assessed however their risk assessments did not always contain the most up to date information. There was no system in place to learn when things went wrong.

Infection control procedures were followed by care staff however the kitchen hygiene measures put people at risk.

Oral medicines were stored and managed safely, however external creams were not signed for when administered.

The registered manager followed the local safeguarding procedures.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

People's needs were not fully assessed to ensure their diverse needs were identified and met.

People were not supported by staff who had been trained and assessed competent in their roles.

People were offered sufficient amounts of food and drinks, however they were not offered a choice of food or involved in the menu planning.

Staff at the service worked with other health and social care agencies and people had access to health care when they were unwell or their needs changed.

The principles of the Mental Capacity Act 2005 were being followed.

### Is the service caring?

**Requires Improvement** ●

The service was not consistently caring.

People were not always treated with dignity and respect.

People were not supported to make decisions about their care and support.

People's right to privacy was not always maintained.

### **Is the service responsive?**

The service was not always consistently responsive.

People were not receiving personalised care that met their individual needs.

People did not have access to the complaints procedure in an accessible format and their complaints were not always acted upon.

People's end of life wishes had been gained.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not consistently well led.

There were no systems in place to monitor and improve the quality of the service.

The registered manager had identified areas for improvement however had not had the allocated time to implement new systems.

People and the staff liked the registered manager and said she was responsive and supportive.

**Requires Improvement** ●

# Lymehurst

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 23 August 2018 and was unannounced. The inspection was undertaken by an inspection manager, inspector 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.

We looked at information we held about the service including statutory notifications submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also asked commissioners if they had any information they wanted to share with us about the service.

We spoke with nine people who used the service and a visiting friend. We spoke with the registered manager, kitchen staff, senior carer and three care staff.

We looked at the care records for five people who used the service and observed people's care in the communal areas. We looked at medication records and three staff recruitment files. We looked at the systems the provider had in place to monitor and improve the quality of the service.

# Is the service safe?

## Our findings

At our previous inspection we had no concerns about the safety of the service. At this inspection we found that improvements were required.

People could not be assured that staff were deployed effectively in the home to provide their care and support in a way that maintained their safety. We observed people's care in the communal areas and found that there were times when people were left for periods of time with no staff support or supervision. We were informed that the service was one member of staff short on the day of the inspection due to sickness. We saw that one person who had been assessed as being at high risk of falls and had recently fell and injured themselves was constantly getting up and down and walking around the home with no staff support or supervision. We heard one person calling for staff for help to go to the toilet, they shouted: "I'm desperate please help me". We intervened and went to find a staff member to help this person as there were no staff visible in the lounge areas. We saw that one person who used the service had been given the call bell to call for the staff for all the other people in the lounge. This meant that people were a risk of not getting their needs met in a timely manner due to the deployment of staff throughout the home. We discussed these issues with the registered manager who told us that they had increased the care staff when they first started at the service in March 2018. They told us that the provider had no dependency tool to assess the individual needs of people who used the service and to determine what a safe staffing level was. The registered manager told us that following our inspection they would deploy a member of staff to be present and supervise the living areas at all times.

We looked at the way in which staff were employed and found that the provider carried out pre-employment checks prior to offering them a job. Pre-employment checks would include the completion of disclosure and barring service (DBS) checks. DBS checks are made against the police national computer to see if there are any convictions, cautions, warnings or reprimands listed for the applicant. However, we found that if a member of staff had a criminal record this had not been risk assessed to ensure that there was no risk to people using the service and close monitoring of the staff member took place. The registered manager assured us that they would complete a risk assessment and supervise staff closely to ensure any risks were minimised.

We checked that the home was protecting people from the risk of infection. We found that care staff were following safe infection control procedures when carrying out their care tasks. There were hand washing facilities, gloves and aprons available throughout the home and we saw staff used them. The service was clean with no malodours. However, we found that the kitchen staff were not testing the heat of people's food before serving it. The registered manager told us that they did not know whether the kitchen staff had received food and hygiene training. They told us they were seeking support from the provider to manage this situation as they had previously addressed this with the staff and no action had been taken. This practise put people at risk of infection from food poisoning as it could not be evidenced that food had reached the correct temperature.

People told us they felt safe at the service. People's individual risks had been assessed and we saw when

people required equipment to maintain their safety that this was available to them. This included sensor mats, bed rails, mattresses and walking aids. However, people's risk assessments we looked at did not always contain the most up to date information. The provider was in the process of implementing an electronic recording system and some risk assessments had not been updated. This may put people at risk as staff did not always have the most current information on how to care for people.

The registered manager told us that they did not have a system of monitoring all accidents and incidents in the home as any accidents were recorded directly on the electronic system and they would need to be informed of the incident to then look and analysis it. This meant that the registered manager may not always be made aware of incidents/accidents within the home and the necessary improvements made when things went wrong. The registered manager told us that they would develop a system of monitoring and analysing incidents to ensure that action could be taken to prevent it from occurring again.

Staff we spoke with did not demonstrate an understanding of the local safeguarding procedures. There was a risk that staff may not recognise and report abuse as they told us that they had not received up to date training in the safeguarding policies and the registered manager confirmed this. However, the registered manager did follow the safeguarding procedures when they were made aware of potential abuse and had raised referrals with the local authority for further investigation.

We checked to see if people's medicines were being managed safely. We found that medication was stored safely and administered by suitably trained staff. When people had been assessed as being able to take their own medicines there was a risk assessment in place for this. A regular medication audit was completed to ensure that people's oral medication was administered at the prescribed times. However, where the responsibility for recording the application of external creams was with the care staff this was not being done. This meant that we could not be sure that people were having their creams applied as directed by their GP. The registered manager told us that they would implement a new system to ensure that care staff were applying people's creams where and when they needed it.



# Is the service effective?

## Our findings

At our previous inspection we had no concerns about the effectiveness of the service. At this inspection we found that improvements were required.

Prior to agreeing to people being supported at the service the registered manager completed an assessment of their needs either at their home or in hospital. However, the assessments did not contain all the information they would need to care for the person comprehensively. People's assessments did not contain any information about people's protected characteristics under the Equalities Act. This meant that people's diverse needs had not been identified and plans put in place to ensure they would be met. The registered manager told us that as far as they were aware there were no individuals with specific cultural, religious or sexual needs that needed support in having these met living at the home. They told us they would include the 'protected characteristics' in all assessments going forward.

Staff we spoke with told us they felt supported. However, they told us and the registered manager confirmed that some staff had not had sufficient training to be able to complete their roles effectively. For example, there was no evidence that the kitchen staff had received food and hygiene training and some care staff had not received training in moving and handling people safely and safeguarding procedures. We were informed by the provider that there was a training matrix in place however the registered manager did not have access to it. This would help the registered manager identify which staff had received which training and they were currently unaware of who was trained in what. They told us they had begun one to one supervision with staff and identified issues with moving and handling and had organised training. This meant the provider could not be sure that people were being cared for by staff who were trained and competent in their roles.

People we spoke with told us that the food was generally ok however some people complained that it could be served warmer. One person told us: "I know one thing, the food is never really hot." We saw this was also commented on in a 'You said, we did' book which had been set up by the registered manager. People were not involved in decisions about what they had to eat and were not offered a choice of main meal and there were no menus available. We saw some people did not like the food on offer on the day of the inspection. It was fish and chips and fish pie as an alternative. One person said: "I don't like fish" and a member of staff told them: "You could have asked for something else", yet this person was not informed of the menu for the day. They were offered soup as an alternative rather than a main meal. Some people required their food pureed and we saw kitchen staff had the instructions as to who had their food prepared like this. Some people required their food and drink monitoring to ensure they were eating and drinking sufficient amounts. However, we could not see that this information was analysed to ensure that people had met the required target for the day.

Staff told us and we saw that there was a handover of people's needs daily so they were aware of any changes to people's needs. Staff at the service liaised with other agencies to ensure that people's needs were met. For example, one person's needs in relation to their mobility had changed and they had been referred to the occupational therapist by their GP for a full assessment. However, a member of staff told us

that it had been a month since the referral had been made and they had not heard anything and this was impacting on the person's quality of life. The appointment had not been chased up as there was no effective system in place to monitor the progress of referrals.

We found that although the environment met the physical needs of people who used the service with handrails, raised toilet seats and assisted bathing facilities, it lacked decoration and design to meet people's needs in relation to their dementia. NICE (National Institute for Clinical Excellence) guidelines state; 'For people being supported within a care home or specialist extra care housing, the care provider has the ability to control and change the environment to a much greater extent. They should be aware of the value of creating homely settings that enable people to participate in day to day living activities; of having simple layouts that are easy to follow; of the impact that contrasting colours, good signage and effective lighting can have; and of the benefits that a secure garden can offer'. We found that the decoration did not support people to orientate to time and place. There was no clear signage and there were room numbers on bedroom doors which all looked the same. We were told one person kept getting confused and going into other people's room. This meant that people living with dementia were not supported to maintain their independence whilst orientating throughout the building.

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. Staff we spoke with had limited understanding of the MCA although we observed that they sought people's consent before providing care. We saw two care plans for people who had been assessed as lacking the mental capacity to agree to the use of bedrails. The assessments stated that this would be the least restrictive way to keep the person safe and the decision had been made in their best interest. This meant that the provider was following the principles of the MCA.

The Deprivation of Liberty Safeguards is part of the MCA 2005. The legislation sets out requirements to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. We saw that one person had a Deprivation of Liberty Safeguards (DoLS) authorisation in place and referrals had previously been made for other people. The registered manager told us that they had made four DoLS referrals to the local authority and they recognised that there were more people who required referring and they were referring people in order of priority.

## Is the service caring?

### Our findings

At our previous inspection we had no concerns about how people felt cared for. At this inspection we found that improvements were required.

We observed people's care and found that although generally people were spoken to in a kind and caring manner there were times when this fell short. We saw that one member of staff did not knock on people's bedroom doors before entering. We saw this same staff member ignore one person when entering their room and complete a task and leave the room without speaking to them.

We saw some institutionalised practises were in place. Every chair had an incontinence aid on it regardless of whether a person had continence issues or not. Plastic mugs and cups were in use for everyone regardless of their needs, yet inspectors were offered cups and saucers. We saw people were having foot care in the lounge area and that one person had cream applied to their knees in the dining area with other people in the vicinity. These practises did not promote people's dignity and support individual care.

In August 2016, all providers of NHS care and publicly funded adult social care must follow the Accessible Information Standard (AIS). Services must identify record, flag, share and meet people's information and communication needs. The standard aims to make sure that people who have a disability or sensory loss are given information in a way they can understand to enable them to communicate effectively. The provider had not provided the information people needed in accessible formats, to include easy read versions of documents such as menus and the complaints procedure and the use of pictures and photographs and technology so that people had access to the information they needed in a way that helped them understand their care and make choices about how they lived their life. This meant that people did not always have the information they needed to make decisions about their care and support.

We observed other positive interactions between staff and people who used the service. We saw a member of staff offer a person a blanket in the lounge and people were given choices about where they would like to sit and what they would like to do. People's friends and relatives were free to visit and we saw they were kept informed of people's wellbeing. Some people had an advocate to support them when they had no other representative.

Everyone had their own bedroom where they could choose to spend time if they wished. People told us that they could get up and go to bed when they chose to. One person told us: "You can do what you like within reason".

## Is the service responsive?

### Our findings

At our previous inspection we had no concerns about the responsiveness of the service. At this inspection we found that improvements were required.

People who used the service were not always receiving care and support based on their individual needs and preferences. People's diverse needs within the Equality Act had not been considered within their assessments so staff were not aware of any specific individual needs people may have. People's care was not regularly reviewed with them and their relatives/representatives to ensure it was still relevant. The registered manager told us that they had identified that people's care was not being reviewed and they were going to implement a system where meetings were arranged with the person and relevant others at least annually.

People's needs were not always responded to. For example, one person we spoke with told us they liked a certain kind of music but they could no longer see to use the radio in their bedroom. They told us that they had discussed this previously with staff but no one had sought support for the person or looked at purchasing a radio the person was able to use. This meant that this person's needs were not being responded to, to improve their quality of life.

The provider had a complaints procedure. However it was not in an accessible form for people with specific sensory needs to be able to understand it. The activities staff member held resident's meetings but there were no minutes of these kept to refer back to. The registered manager had implemented a 'You said, we did' book which was completed when people had low level grumbles about the service. However, we saw that it was recently recorded that people had complained about the fact that the food was not served warm enough and on the day of the inspection people told us that this was still the case and it had not been addressed. This meant that people were not being supported to complain and their complaints were not always being acted upon.

The registered manager told us how they had developed a new care plan for one person living with dementia and how successful it had been. The person had been suffering with 'sundowning', also known as late day confusion. They told us that they offered this person more structure during this time and that it had been successful as staff had been consistent in their approach. They went on to say that staff had not received training in 'dementia' and this was something they were going to arrange.

We saw that there were some activities available to people who wished to participate and some people told us they had recently a trip out to the local café. On the day of the inspection there was a foot care session in the lounge and there was planned game for the afternoon.

At the time of the inspection no one was receiving 'end of life' care. The registered manager told us that they were arranging training for all staff in this area as they had not previously had any. We saw some people had end of life plans which had been discussed with them which included whether they wished to remain in the service or go into hospital and any pre-planned funeral arrangements.

## Is the service well-led?

### Our findings

At our previous inspection we had no concerns in how the service was led. At this inspection we found that improvements were required.

The registered manager had been in post since March 2018 and told us that they had not had an induction. They were still trying to find where everything was in relation to the overall management of the service. They were not aware of any health and safety checks being undertaken until they contacted the maintenance person on the day of the inspection to ask if they were undertaken. We saw records that confirmed that checks were taking place in relation to the building maintenance.

Training records for staff were not kept and the registered manager told us they could not confirm which staff were trained and what training was required. They had suggested to the provider that they 'train a trainer' within the service to help speed up the process and make it more financially viable for staff to have the training they needed. The registered manager had begun individual staff one to one supervisions but told us that they needed designated time to implement proper management systems.

People's care was not regularly reviewed and their views were not being sought to ensure it still met their needs. This meant that the necessary changes were not being identified to improve the quality of service for people.

There was no system in place to monitor and analysis accidents and incidents within the service to reduce the risk of them occurring again. Although accidents and incidents were recorded the system did not allow the registered manager to have easy access to them to be able to analysis.

We saw the results of a quality questionnaire which people had completed in January 2018. Within the questionnaire there was a comment that there was a lack of staff in the lounge area. The recorded action was 'staff to be told to be in the lounge more'. At this inspection we found that there were long period of time with no staff present in the lounge. This meant that this questionnaire had not been effective in improving the quality of the service.

The registered manager had identified issues with some staff performance but required help from the provider and a human resource advisor to address them. Whilst waiting for this help the staff member was still not doing what they were being asked of them and this was affecting the quality of the service to people.

Systems and processes were not established and operated to ensure compliance. These issues constitute a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager demonstrated openness and transparency throughout the inspection identifying areas that required improvement. People who we spoke with spoke well of the registered manager, one person told us: "If there's a problem I go see the lady at the top. She's strong. She doesn't look for silly

things, she's very good at helping you get what you want if it's needed. She got my legs sorted. She gets my care sorted. Don't know what it was like before she was here, I wasn't here. She's a good listener and good at saying what is right and what is wrong. She's always busy." A member of staff told us: "I like working here and the manager is supportive and is starting to make changes".

The registered manager knew their responsibilities in relation to their registration with us. They had notified us of significant events as they are required to do. We also saw that the previous inspection rating was on show in the reception which is also a requirement.

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 17 HSCA RA Regulations 2014 Good governance  There were no systems in place to monitor and improve the quality of the service.