

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?

**Inspected but not rated**

Is the service effective?

**Inspected but not rated**

Is the service well-led?

**Inspected but not rated**

# Summary of findings

## Overall summary

### About the service

Lyons Court provides care and accommodation for people with personal and nursing care needs and people who are living with dementia. The home is registered for 50 places across three floors which are adapted with their own facilities. At the time of the inspection the service supported 39 people.

### People's experience of using this service and what we found

The provider and the management team had taken steps to improve the service and ensured people received safer care. An action plan to address the warning notice carried out by CQC had been implemented. All the requirements of the warning notice had been met.

Quality assurance systems to measure the effectiveness of the service had been improved. The management team had a good oversight of the service and monitored the actions needed to improve the safety and quality of the service.

Food safety practices had improved and training had been delivered to staff regarding food safety and the risk of people choking.

Recruitment checks were more robust and key policies such as medicines and hot weather guidance were now in place for staff to access easily. Measures to improve internet access within the home had been taken and a more sustainable long term solution was being implemented by the provider.

The management team had a more robust approach to reviewing and checking issues with medicines and topical medicines such as creams were now being monitored for administration and dates of opening.

Staff recruitment was ongoing and the management team had adopted a robust approach to review sickness levels at the service. Deployment of staff was reviewed daily according to risk and we saw the management team led by example working shifts when required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 16 October 2019) when there were three breaches of regulation.

Following our last inspection, we served a warning notice on the provider. We required them to be compliant with Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014 by 18 October 2019.

#### Why we inspected

This was a targeted inspection based on the warning notice we served on the provider following our last inspection. CQC are conducting trials of targeted inspections to measure their effectiveness in services where we served a warning notice.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

Details are in our safe findings below.

**Inspected but not rated**

### **Is the service effective?**

The service was not always effective.

Details are in our effective findings below.

**Inspected but not rated**

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

The service was not always well-led.

Details are in our well-led findings below.

**Inspected but not rated**

# Lyons Court Care Home

## Detailed findings

### Background to this inspection

#### The inspection

This was a targeted inspection to check whether the provider had met the requirements of the warning notice in relation to Regulation 17 ( Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Inspection team

The inspection was undertaken by two inspectors.

#### Service and service type

Lyons Court 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.

The service did not have a manager registered with the Care Quality Commission at the time of the inspection. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with eight members of staff including; the manager, the deputy manager, an agency

nurse, two care workers, the administrator and the chef.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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 requires improvement. At this inspection this key question has remained the same. We have not changed the rating as we have not assessed all of this key question area. We will assess all of the key question at the next comprehensive inspection of the service.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice. Enough timely action had been taken and the provider was no longer in breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in this key question.

### Assessing risk, safety monitoring and management

At our last inspection staff did not always follow guidance when people were identified as being at risk of choking. Action had been taken to make improvements.

- Staff had received training from both internal and external sources regarding dysphagia [swallowing difficulties].
- Information was clearly on display in kitchen areas regarding the preparation of food and drinks for those people who may be a choking risk.
- Mealtimes were better supported with kitchen staff also serving food so staff could spend time with those who may be at risk.

### Using medicines safely

At our last inspection we identified policies in relation to medicines were not readily available for staff to use. We also found out of date medicine items and dates of opening weren't always in place. We also found topical medicine application records did not reflect what was being applied by staff. Action had been taken to make improvements.

- Copies of the provider's policy on medicines administration and other information relating to medicines was now located in each treatment room area.
- The manager had worked with their pharmacy to ensure creams were clearly marked with the day of opening.
- New systems had been introduced to ensure topical medicines were applied as prescribed. These were now in place and their implementation was being reviewed daily by the management team.

### Staffing

At our last inspection the deployment of staff did not meet people's needs at all times. Action had been taken to make improvements.

- The service had taken measures to reduce the impact of staff sickness at the service and a more robust

supervision programme was now in place.

- The service was actively recruiting for new staff and three care staff members were currently on their induction programme.
- The service still used agency staff, but we saw from records these were consistent staff who knew the home.
- On the day of our inspection, there were 12 care staff and two nurses providing care and support to 39 people. There was also both managers, activity staff and a variety of housekeeping staff.
- One relative we spoke with told us, "Things have improved and communication is better."

#### Recruitment

At our last inspection we identified deficits in relation to the records required for the recruitment of staff. Action had been taken to make improvements.

- We reviewed staff recruitment records and spoke with the provider's recruitment lead who was based at their head office.
- The provider had implemented a new fully electronic recruitment system which included screening questions. These explored any gaps in the employment history of applicants.

# 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 requires improvement. At this inspection this key question has remained the same. We have not changed the rating as we have not assessed all of this key question area. We will assess all of the key questions at the next comprehensive inspection of the service.

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

At our last inspection the provider did not ensure people were supported appropriately at mealtimes. Action had been taken to make improvements.

- We observed lunchtime at the service. Kitchen staff also supported the mealtime experience and assisted in the serving of food.
- We saw staff supporting people who need additional help. They did this with kindness and promoting people's dignity.
- The management team undertook regular walk arounds to observe the mealtime experience for people.

Staff support: induction, training, skills and experience

At our last inspection the provider had not ensured staff had received appropriate training in dysphagia care and food safety and hygiene. Action had been taken to make improvements.

- We were given completed training certificates showing the cook and kitchen assistants had been trained in food handling and hygiene. The cook had also achieved a Level 2 course in understanding nutrition and health.
- We spoke with the cook who confirmed they were happy and competent with their equipment and nutritional training.
- People we spoke with were happy with the meals provided.

## 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 requires improvement. At this inspection this key question has remained the same. We have not changed the rating as we have not assessed all of this key question area. We will assess all of the key question at the next comprehensive inspection of the service.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice, Enough timely action had been taken and the provider was no longer in breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in this key question.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to provide adequate IT support to ensure staff could access and use electronic care plans and medicine records. Action had been taken to make improvements.

- We saw that internet booster devices were in situ around the home to improve WIFI connectivity.
- Staff said access to devices was better.
- An IT champion was based in the service and training from the provider was being delivered to the service shortly following the roll out at two other homes.
- A bespoke internet provision was being explored by the provider to improve connectivity.