

Lyngate Healthcare Ltd

Lyngate Care Home

Inspection report

236 Wigan Road
Bolton
Lancashire
BL3 5QE

Tel: 0120462150

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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

About the service

Lyngate Care Home is a care home which is registered to provide accommodation for up to 41 adults requiring personal care. The home is situated on the main road in the Deane area of Bolton. At the time of the inspection there were 30 people using the service.

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

Some medicines were not stored securely and people did not always receive their medicines safely. Medicines records were incomplete and medicines audits had failed to pick up and address issues.

Daily personal care records were incomplete, and it was unclear whether some people had received the assistance they required.

Individual risks were assessed but there was no information about how these had been addressed and the risk mitigated. It was unclear whether people's oral health needs were being supported.

The upper floor of the home was quite cold. The water in one of the bathrooms was very hot and could scald people, other taps did not work. The registered manager agreed to address the hot water issue immediately to ensure people's safety.

Some corridors and rooms were cluttered and could pose a risk to people's health and well-being. The new dementia unit had poor lighting and was not decorated or furnished in a way that was considered good practice with regard to caring for people living with dementia. Information, such as signage and menus, needed to be produced in a more accessible way to make them more understandable for people living with dementia.

Some people were not presented well and their dignity was not always respected. There were no activities taking place due to the activities coordinator being on annual leave. However, there was evidence that activities and outings did occur quite frequently.

Health and safety certificates were in place as required and equipment was tested regularly. Staff were recruited safely and there were sufficient staff on duty to meet people's needs.

Staff completed training in safeguarding and were aware of whistle blowing to report poor practice witnessed. Staff wore appropriate personal protective equipment to help prevent the spread of infection.

People's nutritional needs and choices were recorded within their care files. People told us the food was good and they were given choices. People's communication methods were documented and staff were aware of how to communicate with each individual.

Care plans included relevant background and support information and the service worked with other professionals and agencies. We saw evidence of people's involvement in their care and support. People's spiritual, emotional and psychological needs were documented and choices were recorded.

The service provided a thorough induction and good on-going training opportunities for staff. Staff told us the manager was supportive and approachable. Regular staff meetings and staff supervisions were held.

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 policies and systems in the service supported this practice.

There was a policy in place around equality and diversity and training was completed by staff. People we spoke with found the home satisfactory and said staff were kind and caring.

The complaints procedure was displayed, there had been no recent complaints but systems were in place to deal with any complaints appropriately. Where people had been willing to share, their wishes for when they were nearing the end of their life were recorded. Some staff at the home were completing training in end of life care.

The provider sent in notifications to CQC of significant incidents, such as deaths, serious injuries and suspected abuse as required. Satisfaction surveys were issued regularly and the feedback from people who used the service and relatives was positive.

The home welcomed visits from various local religious representatives and there were visits from local schools and nurseries to entertain the people living at the home.

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

Rating at last inspection

The last rating for this service was good (published 23 May 2017).

At this inspection the rating has deteriorated to requires improvement. We have identified three breaches in relation safe care and treatment, dignity and privacy and the leadership and management of the home.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Lyngate 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

The inspection was carried out by two inspectors and a Specialist Advisor with a specialism in medicines.

Service and service type

Lyngate Care Home 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 had a manager registered with the Care Quality Commission. This means that they 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 inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service about their experience of the care provided. We spoke with

six members of staff, including the registered manager, the deputy manager, the housekeeper and three members of care staff. We 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 reviewed a range of records including care files for seven people and multiple medication records. We looked at three staff files in relation to recruitment. We looked at training records, staff supervision notes, health and safety records, meeting minutes audits and other records about the management of the home.

After the inspection

We spoke with one professional who had regular contact with the service.

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 now 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.

Using medicines safely

- Some medicines were not stored securely. For example, controlled drugs, were found in a cabinet that did not comply with the Misuse of Drugs Act (safe custody) Regulations 1973. These were moved immediately.
- Creams were not stored securely. There were no dates of opening on creams and thickeners.
- People did not always receive their medicines safely. One medicine designated for disposal had been taken out of the disposal bin and used.
- A person's inhaler had not been received in the previous ordering cycle, and had been missed for several weeks, although there had been no adverse impact on the person.
- The annual observational competency assessment for senior carers was limited in detail.

The above issues meant the service was in breach of Regulation 12 2 (g) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines records were poor, some photos and allergy information were missing from the front sheets of the medicines administration records (MARs) and some MARs were inaccurate or had gaps. For example, where a variable dose was prescribed the actual amount administered was not always recorded. This was addressed immediately following the inspection.
- Some medicines prescribed on a regular basis looked as though they were being treated as 'when required' (PRN). This was a recording error rather than administering error. When medicines were prescribed on a PRN basis protocols were missing for some people and inaccurate or undated for others.
- Records of personal care, such as bathing, were incomplete and it was unclear whether some people had received the assistance they required.
- One positional change chart, had gaps. This meant it was not possible to ascertain if the person had been turned as required.

This was a breach of Regulation 17 2 (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Individual risks were assessed and scored as high, medium or low. However, where a score of high had been recorded, there was no information about how this had been addressed and the risk mitigated. This meant that people could have been left at risk of harm.
- People's oral health needs were recorded within the care plans, but we saw little evidence of this being provided. This could impact negatively on people's health and general well-being.

- The upper floor of the home was quite cold, there were no thermometers in people's rooms to monitor the temperature, but one person complained their room was often cold.

This was a breach of Regulation 12 (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The water in one of the bathrooms was very hot and could scald people, other taps did not work. We discussed these issues with the registered manager who addressed the issues with the water immediately.
- Health and safety certificates were in place as required and equipment was tested regularly.
- There were personal emergency evacuation plans in place to outline the level of support people would require in the event of an emergency. These were accessible to staff.

Staffing and recruitment

- Staff recruitment was robust and relevant documents were obtained.
- There were sufficient staff on duty on the day of the inspection and the registered manager told us they were actively recruiting more staff.
- People and staff members told us a significant number of agency staff were used at the home. Although some worked at the home on a regular basis, there were often staff who were unfamiliar with the home and people. This meant there was little consistency for people who used the service.

Systems and processes to safeguard people from the risk of abuse

- There was appropriate guidance in place to safeguarding people.
- Staff completed training in safeguarding and were required to sign to say they had read the whistle blowing policy when they commenced employment.
- The home had a safeguarding log in place to record any concerns and had addressed issues raised appropriately.

Preventing and controlling infection

- The service had an infection control policy and guidance for staff around preventing the spread of infection. Staff wore appropriate personal protective equipment, such as plastic aprons and gloves, when providing personal care.
- The service acted as a leader across Bolton in infection prevention and control, receiving a certificate for being the first home in Bolton to implement the National Early Warning (NEWS) scoring system to better identify SEPSIS, which had already led to early recognition of SEPSIS in the home.

Learning lessons when things go wrong

- There was evidence of group supervisions and reflective practice for staff to aid learning from incidents that had happened at the home, such as safeguarding concerns.

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 now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Some corridors and rooms, especially bathrooms, were cluttered, with walking aids and other stored items. Although there was no evidence these had impacted on people's well-being or caused any falls, this did pose a risk to people's well-being.

We recommend the provider looks at how walking aids and other items are stored at the home to ensure people are kept safe from hazards.

- The new dementia unit had poor lighting and staff felt the corridor was too small and narrow and restricted people's movement around the home. There were no name plaques or photographs on bedroom doors and a lack of signage to help people find their way independently around the home.
- There was a clock on the wall, which was showing the wrong time, which could be very confusing for people living with dementia. One bedroom had been made into a lounge but still had a vanity unit in it.
- There was nothing tactile around the unit and no rummage bags or drawers, which are accepted methods of occupying and stimulating people living with dementia.

We recommend the provider looks at best practice guidance with regard to dementia friendly environments.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Thorough assessments were completed for people prior to admission to help ensure their needs could be met appropriately. The assessment process was on-going and continued after admission to ensure as much information as possible was obtained for each individual.
- Care plans included a range of health and personal information.
- The service had worked with people and their families to socially rehabilitate people, and this had led to a number of people being discharged back to the community. The service had received a 5* review on a care home website from the relatives of a person who had begun to successfully live independently.

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

- People's nutritional needs and choices were recorded within their care files. People told us they enjoyed the food. For example, people told us there was a lot of choice at breakfast time.
- The housekeeper had changed the menus, introducing more fresh fruit and vegetables to improve the nutritional content of the food offered.
- The service had effective methods in place to track and address consistent weight loss. Food and fluid

charts had been improved to respond to people's diverse needs with regard to timings and amounts of meals.

- We observed the lunchtime meal where tables were nicely set. The food looked appetising and, although there was only one meal on the menu, people could have an alternative if they wanted to.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- Care files included information about visits by other professionals or agencies.
- The service used the red bag scheme for any admissions to hospital. This included relevant information about the individual to help improve their experience on admission to hospital.

Staff support: induction, training, skills and experience

- The service provided a thorough induction for new employees, with people new to care completing the care certificate, which is a set of standards required of care staff.
- The training matrix evidenced on-going training for all subjects deemed mandatory and staff we spoke with felt training was plentiful.
- We saw records of regular one to one and group staff supervisions and annual appraisals. These gave staff the opportunity to reflect on the past year and look at any training and development needs going forward.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had completed training in MCA and demonstrated an understanding of the principles.
- Staff were aware of people being subject DoLS and the practical implications of this.
- Where people lacked capacity, there was evidence that decisions had been made according to best interests principles. DoLS had been sought appropriately and were reviewed and updated regularly.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- Some people were not presented well. We noted that two of the ladies had excess facial hair, which they had not been supported to address. The registered manager felt this was their choice, but they may have benefited from some encouragement and support in this area.
- Three people had no shoes or socks on. It was unclear whether two people had made this choice or needed encouragement to wear suitable clothing.
- One person independently used the toilet next to the front door. However, the toilet door was open and staff had not realised the person perhaps required assistance to close the door.

The above meant people's dignity was not always respected and was a breach of Regulation 10 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a policy in place around equality and diversity.
- Staff completed training at induction and this was refreshed annually.
- Staff regularly gave up their own free time to purchase items required by their people (under the key worker system). Staff often went the extra mile to provide for people.
- People said they found the home satisfactory. They told us staff were kind and caring and we observed friendly and polite interactions. One person said, "I am looked after very well". Another person told us, "I'm fine here, quite happy, the girls [staff] are nice."

Supporting people to express their views and be involved in making decisions about their care

- We saw evidence of people's involvement in writing their life stories.
- Advocacy services had been accessed where necessary, for people who lacked capacity and did not have family members to be involved in the decision making process.
- Feedback was sought from people and their relatives to help inform change and improvement to the service.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There were no activities taking place as the activities coordinator was on annual leave. However, there was evidence via photographs and records that activities and outings did usually take place.
- On the dementia unit there was no evidence of anything going on to stimulate people. There was a TV which not everyone could see and two people were sitting in this room going to sleep.

We recommend the provider looks at how they provide stimulation and interest for people in the absence of the activities coordinator.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's particular communication methods were documented and staff were aware of how to communicate with each individual. One person used certain signs to communicate and these were documented clearly to guide staff.
- Information, such as signage and menus, needed to be produced in a more accessible way, such as pictorial representations, to make these more understandable for people living with dementia.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans had good information about people's backgrounds and life stories. People's spiritual, emotional and psychological needs were documented.
- Choices and preferences were recorded, for example, with regard to whether a shower, bath or body wash was preferred or around food likes and dislikes.
- However, daily records of personal care, such as bathing, were incomplete and it was unclear whether some people had received assistance.

Improving care quality in response to complaints or concerns

- The complaints procedure was displayed, and complaints were documented and addressed appropriately. The service had received some compliments. One said, "My [relative] was very happy. Her words, good food, nice carers."

End of life care and support

- Where people had been willing to share, their wishes for when they were nearing the end of their life were recorded.
- Some staff at the home were completing the 'Six Steps' end of life training. This is an end of life programme for care homes, which helps people who are nearing the end of their life to remain at the home, if this is their wish, to be cared for in familiar surroundings by people they know and could trust.

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. 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.

Continuous learning and improving care

- We saw evidence of a number of checks and audits, including care files and medicines audits. However, these had failed to identify and address issues we found.

We have dealt with this under the safe domain.

Working in partnership with others

- Care files evidenced partnership working with other professionals and agencies, such as the speech and language therapy team, dieticians, district nurses and GPs.
- The home had partnered with a PhD student to explore the use of virtual reality in falls prevention training.
- The registered manager engaged with the local professional network to drive continuous improvement in the home, including attendance at safeguarding conferences, infection prevention and control conferences.

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

- It is a requirement that each service registered with the CQC displays their current rating. This was displayed as required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We discussed how the service supported people with protected characteristics, such as disability, culture and sexuality. The registered manager was able to explain how they supported a person with particular cultural needs.

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 provider understood the duty of candour and sent in notifications to CQC of significant incidents, such as deaths, serious injuries and suspected abuse as required.
- There had been no recent complaints, but systems were in place to follow up any complaints in accordance with the home's policy.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us the registered manager was supportive and approachable. The registered manager felt well supported by the provider, who visited regularly and was available by telephone at all times.
- Regular staff meetings were held as well as group and individual staff supervisions. These forums all offered an opportunity to address any issues or concerns and to consider learning and development.
- Satisfaction surveys were issued regularly and recent feedback from three people and two relatives was positive. A visiting professional had commented, "Carers are always friendly and willing to help."
- The home welcomed visits from various local religious representatives, to meet people's spiritual and religious needs. There were visits from local schools and nurseries to entertain the people living at the home.
- The service was part of the Care Homes Excellence scheme, which meant they submitted information to the local authority about incidents and accidents, falls, safeguarding concerns and complaints on a monthly basis. These were analysed for patterns and trends, to aid improvement to service delivery.

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 10 HSCA RA Regulations 2014 Dignity and respect People were not treated with dignity and respect
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not managed safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems did not assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.