

Lyme Valley House Limited

# Lyme Valley House Residential 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

Lyme Valley House Residential Care Home is a residential care home providing personal care to up to 25 people. The service provides support to older people with dementia or physical disabilities. At the time of our inspection there were 20 people living over 2 levels in 1 adapted building.

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

The provider had not always identified and reduced environmental risks, including fire and building safety risks, to people. There was a lack of assurances around safe recruitment and staffing levels. Medicines were not always safely managed. People had care plans and risk assessments in place for staff to follow. People were protected from the risk of abuse. Staff wore Personal Protective Equipment in line with guidelines to reduce the risk of people catching and spreading infections.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice. Staff received training to support people, however, this was not always effective. Staff supported people in line with their care plans. People were supported to have a suitable and balanced diet. The home was being redecorated to reflect the needs of people who lived there.

Quality assurance systems were not always effective in identifying areas for improvement. People were supported in a way that was person-centred and promoted their independence. People and relatives were involved in people's support and staff worked with other organisations to maintain and promote people's well-being.

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 good (published 12 December 2018).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We received concerns in relation to there being no registered manager in post and after the local authority had been to visit, we were advised the service had not been making CQC aware of concerns. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements.

Please see the safe, effective and well-led sections of this full report.

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 Lyme Valley House Residential Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified breaches in relation to the building safety, medicines management, unauthorised restrictions, ineffective quality assurance systems and poor governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Lyme Valley House Residential 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience on-site. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Two inspectors made telephone calls to relatives following the site visit.

#### Service and service type

Lyme Valley House Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Lyme Valley House Residential Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. Although the manager told us they intended to submit an application to register, they had been in post for almost 1 year at the time of our visit.

#### 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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 11 people living in the service and 6 relatives. We spoke with 8 members of staff including a director, the nominated individual, the manager, senior care staff, care staff and the activities coordinator. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at 3 people's care records and multiple medicine records. We looked at how medicines were stored, administered and recorded. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including building safety records, audits and accident and incident records were also reviewed.

After the inspection we continued to seek clarification from the provider to validate evidence found. We held a virtual meeting with the manager to ask further questions.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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

- The manager had not always identified the risk of harm to people. Windows above ground level did not have window restrictors fitted in line with guidelines. This meant people were at risk of harm from falls from height.
- The fire risk assessment was out of date. This is important as it helps providers to understand the potential risks and for fire safety precautions to be in place to keep people safe from harm.
- Weekly fire alarm tests were being completed and fire drills were undertaken twice a year, however, not all staff had participated in a fire drill because they had recently been employed. Staff were aware of the fire alarm tests and told us when they took place. During the first day of our inspection a fire test was completed.

We found no evidence people were harmed. However, systems were not robust enough to identify issues and concerns. This placed people 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.

- The provider and manager acted on our feedback and installed appropriate window restrictors following our site visit, arranged for the fire risk assessment to be updated and for fire drills to be completed.
- People had care plans and appropriate risk assessments in place to guide staff in how to support people with specific health conditions. This included individual Personal Emergency Evacuation Plans for staff to follow when supporting people to get out of the building safely if there was an emergency such as a fire.
- Moving and handling equipment was serviced regularly and staff had training to ensure they used this safely.

### Using medicines safely

- Medicines were not always safely managed. 'As required' protocols needed more detail. For example, 1 person's protocol needed specific information in relation to signs of pain individual to that person, as well as clearer instructions about the dose of medicine for staff to administer this safely.
- Some stock discrepancies had been identified on inspection. For example, some people's Medicine Administration Record (MAR) showed discrepancies between the stock held and the amount of their medicine recorded on the MAR. This meant the provider could not ensure people had consistently received their medicines as prescribed.
- One person's MAR needed more information about where on a person's body their pain relief transdermal patch needed placing. This meant the provider had not ensured the patch was being applied safely and reduce the risk of skin damage.

- People and relatives told us they had no concerns about medicines. One person told us, "Staff give me what's prescribed by the GP." A relative told us, "Staff keep me informed about [person's] medication."
- The manager was receptive to our feedback and told us they had completed a full stock check for every person after our first site visit, they had implemented daily stock level checks and increased the frequency of medicines audits from monthly to weekly to reduce the risk of errors.

We found no evidence people were harmed. However, systems were not robust enough to identify issues and concerns. This placed people 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.

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

- Systems and processes to recognise abuse were not always effective and neither the provider nor the manager could ensure people were safe from harm. For example, lack of monitoring and oversight had led to some concerns not being reported to the local safeguarding authority, when necessary.
- Since identifying this, the manager is now informing the local authority of safeguarding concerns. However, neither the provider nor the manager had notified CQC of these concerns in line with requirements.
- Despite this, people and relatives told us they felt safe. One person told us, "I am safe and looked after." A relative told us, "My [relative] feels safe and I feel they are safe."
- Staff we spoke with knew where the safeguarding policy was and how to report their concerns to the manager.

#### Learning lessons when things go wrong

- Lessons were not always learned when things went wrong. Other organisations including the fire service and the local authority had identified areas where improvements were needed, however, some actions had not been carried out swiftly which meant people were at risk of harm. Although we could not identify that anyone had come to harm as a result.
- The manager understood their duty of candour. They told us they are open and honest, apologised when things did not go how they should have and would try and rectify things where possible.

#### Staffing and recruitment

- The provider did not use a dependency tool to calculate the number of staff needed, however, people told us and we saw there were enough staff to meet people's needs.
- There were some gaps in staff recruitment files in relation to employment and educational histories. However, the manager carried out Disclosure and Barring Service (DBS) checks for new staff. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. References were also obtained from previous employers to make sure staff were suitable for the role.
- The manager told us they were trying to recruit 1 more member of permanent staff and they used agency staff when needed. One member of staff told us, "We are a close unit and all pull together and do what we can. We will get agency staff in to support when needed."

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.



- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

Visitors were able to come into the home and staff supported this to be carried out safely.

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

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- DoLS applications had not always been submitted to the local authority in a timely manner. When we visited, there were several applications that had not been submitted as required. This meant some people had restrictions placed on them unlawfully. For example, some people were not free to leave the care home, but there had been no application sent to the local authority to approve whether this decision was appropriate.
- MCA assessments needed improving to better reflect the specific decisions being made in line with guidelines and legislation. For example, some people did not have MCA assessments in place for all decisions made in their best interest which is not in line with guidance and legislation.

Some people did not have the necessary authorisations in place, or applications submitted, in relation to their DoLS. This meant people were being unlawfully restricted. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager was receptive to our feedback and submitted applications while we were on-site.

Staff support: induction, training, skills and experience

- Staff completed an induction and relevant training, however, not all training was effective as some staff lacked some understanding around the Mental Capacity Act, DoLS and safeguarding.
- Relatives told us they felt staff had appropriate training. One relative told us, "I assume they have been trained as they know what they are doing."
- Staff told us they completed most of their training online, although practical training was completed in person.
- Staff told us they had staff meetings and supervisions and they felt supported in their role. One staff member told us, "If I had a problem I wouldn't wait for supervision. [The manager] is not hard to approach. [The provider and the manager] are both really good."
- The manager told us the provider was looking at sourcing staff training through an alternate company because they felt it needed to be better.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had personalised care plans and risk assessments in place to meet their identified care needs.
- People and relatives told us they were involved in care planning. One person told us, "I know about my care plan, they talked to me about it and medication's in there."
- People were supported to access healthcare services to promote and maintain well-being. One person told us, "They will get me a doctor." A relative told us, "The doctor visits regularly and I like that as I know [person] is being well looked after."
- Staff worked with other agencies to ensure referrals were made to appropriate organisations. Records viewed confirmed people were receiving input from different professionals.

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

- The building was clean and was undergoing on-going redecoration to improve the environment for the people who lived there. The dining room had recently been redecorated and there was new furniture.
- Relatives told us the home was clean and homely. One relative told us, "I think it's very homely, and we were looking for something not too clinical. Homely and cosy and [person] is happy with that."
- The manager told us the redecoration was on-going and they were decorating the communal spaces gradually.

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

- People were supported in line with their dietary needs.
- People and relatives' feedback about the food was positive. One relative told us, "[Person] thinks the food is great and I could eat it myself – the food looks lovely!"
- Staff told us about people's specific dietary requirements and knew where to find the information in people's electronic care plans.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed 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; Continuous learning and improving care

- The manager was not clear on their responsibilities and the provider did not always support them effectively in their role.
- The provider had not met the condition on their registration of having a registered manager in the service. Although there was a manager, they had not registered with CQC. The manager has now submitted their application to register to CQC which will be assessed.
- Quality assurance systems were not robust. For example, audits were ineffective in identifying medicines stock discrepancies; environmental risks, such as lack of window restrictors had not been identified; out-of-date fire risk assessments had not been identified for renewal.
- We identified some occasions where statutory notifications had not been sent to CQC. Although this did not result in anyone coming to harm, providers must inform CQC of all incidents that affect the health, safety and welfare of people who use services.
- The local authority and the fire service had previously carried out inspection visits at the service and identified where improvements were needed. The provider had not addressed all areas identified swiftly to drive improvements in the service.

Governance systems were not 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 2002 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were supported in a way that was person-centred and promoted their independence and achieved good outcomes.
- People and relatives felt the manager was approachable and felt able to raise any concerns with them. One person told us, "[The manager] is brilliant, a multi-tasker, [the manager] will negotiate any problems that arise and will always listen." A relative told us, "[Manager's name] is really responsive and makes changes when I raise anything."
- People were involved in discussions about the running of the home. For example, we observed a residents meeting where people were asked for their input into things such as what activities they wanted to take part in and their suggestions for meals for the menu.

- A residents meeting was observed and people were asked for their views on the menu and for their ideas on activities and trips.
- Staff contacted and made referrals to other professionals when appropriate. We observed an ambulance being contacted when staff observed a decline in a person's health.
- Relatives felt informed about people through the home's various means of communication, such as the newsletter, a closed Facebook group as well as staff telephone calls to relay anything of importance.

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 understood duty of candour and told us they would apologise if something 'has not gone the way it should have' and they would attempt to rectify if possible.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured building and environmental checks had been completed as required to make sure people were safe from the risk of harm. Systems and processes to ensure people received their medicines safely needed to be more robust.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>People were being deprived of their liberty without the lawful authorisations having been applied for.</p>

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to ensure oversight of the service to promote people's safety in line with regulatory and legislative requirements.

### The enforcement action we took:

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