

# Pendlebury Care Homes Limited

## Lyme Green Hall

### Inspection report

Lyme Green Settlement  
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Macclesfield  
Cheshire  
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Tel: 01260253555

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15 November 2018  
22 November 2018

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### Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service well-led?	Inadequate ●

# Summary of findings

## Overall summary

This focused inspection of Lyme Green Hall was undertaken following a serious incident. This inspection did not examine the incident itself but the arrangements within the home to prevent a reoccurrence of a similar incident.

We carried out an unannounced visit to the home on the 15 and 22 November 2018.

Lyme Green Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. This home is not registered to provide nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates up to 61 people across three separate units. At the time of our inspection there were 16 people living at the home. A notice of decision to restrict new admissions into the home remained in place at the time of this inspection.

This location requires a registered manager to be 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. There was no registered manager in post at the time of our inspection.

At the last inspection which we carried out on 3 and 4 October 2018, we found the provider was rated requires improvements overall. Since the last inspection there had been a change of management of the home. During this inspection we focused on two key questions: is the service safe? and is the service well led? We found the service was not safe or well led.

We identified breaches of the regulations in respect of Safe Care and Treatment, Safeguarding Service Users from Abuse and Improper Treatment, Premises, Good Governance, Staffing and Fit and Proper Persons.

We found safeguarding systems were not being followed and the manager was unclear which safeguarding policy they were adhering to. We found allegations of abuse had not been reported in a timely way during our inspection. There was no safeguarding tracker/log of concerns.

The premises were not always safe. There was a maintenance manager in place across all of the provider's locations however, there was a vacancy for a maintenance worker for Lyme Green Hall. We observed three windows on the first floor with inadequate window restrictors which could be easily opened or which broke when a minimal degree of pressure was placed through them. There were no records to confirm weekly fire alarms were being tested, no water check records or mattress checks seen. The manager had put a mattress check system in place by the end of our second day of our inspection.

People were not always receiving safe care and treatment. We found sensor mats were not always working,

there were no Pro Ra Nata (as and when) prescribed medication protocols in place, supplementary charts for prescribed creams had not been completed consistently, people's weights had not always been monitored and people's food and liquid intake had not been recorded when appropriate. People were not receiving regular checks as stated in their care plans.

Not all staff employed or deployed by the provider to work in Lyme Green Hall had been through appropriate checks. The manager of the home had not had a DBS (Disclosure Barring Service) which is a police check to ensure the provider is aware of any previous convictions or concerns prior to them starting in their role as manager of the home. We also found another staff member had no references or an application form in their recruitment file. A third staff member had no risk assessment in place for a previous conviction seen on their DBS certificate.

The governance arrangements of the home were that the provider had instructed a management company to manage the home on their behalf. We found the communication between the provider and management company was not effective in ensuring strong leadership. The managers had not followed basic safeguarding principles and procedures and had not escalated their concerns to ensure risks were being managed effectively.

Staffing numbers were not always meeting the care needs of people living at the home. We received concerns raised by the manager confirming they had to step in during one shift due to the shortage of suitably qualified, skilled and competent staff on shift. There was a high use of agency staff due to the staff turnover within the home. We observed poor practice by an agency worker which placed a service user at increased risk of falls.

The overall rating for this provider is 'Inadequate'. This means that it has been placed into 'Special measures' by CQC. The purpose of special measures is to: Ensure that providers found to be providing inadequate care significantly improve. Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.

Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location from the providers registration.

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

We always ask the following five questions of services.

### Is the service safe?

Inadequate ●

The service was not safe.

Risks had not been managed effectively.

Safeguarding concerns were not seen documented with an analysis of themes emerging. Safeguarding principles and procedures were not being followed within the home.

Recruitment practices were not robust enough.

### Is the service well-led?

Inadequate ●

The service was not well-led.

The management arrangements were not robust in the home. Communication systems were not effective in demonstrating clear and robust leadership.

Risks were not being managed to keep people safe from harm or abuse.

The manager was open and transparent what the concerns were during the inspection but had not escalated them appropriately.

# Lyme Green Hall

## **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.

The inspection took place on 15 and 22 November 2018 and was unannounced. The inspection team consisted of two adult social care inspectors. Before our inspection we reviewed the information we held about the service. This included notifications we had received from the registered provider about incidents that affected the health, safety and welfare of people who lived at the home, previous inspection reports and information provided by other agencies including the local safeguarding authority.

This focused inspection was prompted by a serious incident. This incident is subject to an investigation and as a result this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk. This inspection examined risks and how they were being managed for people living at the home.

The methods used during this inspection included talking to two people using the service, six staff including the manager and operations manager, we undertook pathway tracking for two people which is where we look at all their records, observed care practice, reviewed care plans and their associated records for three of the 16 people who used the service. We also looked at a range of other records associated with the management of Lyme Green Hall. We requested a meeting with the provider following the inspection and requested an action plan within 48 hours of our meeting and subsequent request for information.

# Is the service safe?

## Our findings

Both people we spoke with who were able to converse told us they felt safe at Lyme Green Hall. We made observations of staff interactions with people, viewed care records and observed a medicines administration round. We found staff were not always ensuring people were kept safe.

Safe recruitment practices were not always being followed. We viewed one staff member's recruitment file which contained confirmation of previous convictions on their DBS. Providers are expected to demonstrate they are assessing the risks which previous convictions may pose for people who are vulnerable. They are required to write a risk assessment to illustrate they have considered the need for specific control measures to be put in place to reduce any risk for people. This was absent from the staff member's recruitment file. The provider informed us following the inspection they had undertaken a verbal risk assessment however, CQC were unable to confirm when this took place or who undertook this in the absence of a written risk assessment for us to review. The provider had therefore, not demonstrated they had followed safe practices when recruiting the staff member. We checked another staff recruitment file and found they had a DBS but no references or an application form on record. We also checked the new manager's recruitment as they had been recently deployed into the home. We found they had started in the home without a DBS and this had not been identified by the provider. The provider acted immediately and asked the manager to complete their DBS application which was confirmed as clear during the inspection. Despite this, the provider had not identified these risks and ensured safe recruitment practices were always followed.

These issues are a Breach of Regulation 19 Fit and Proper Persons of the Health and Social Care Act Regulations (Regulated Activities) 2014.

We looked into the risks of abuse at the home and how safeguarding procedures were being followed. The manager had received whistleblowing allegations of abuse by two staff members which they were aware of since 14 November 2018 but they had not reported them to the safeguarding authority on 15 November 2018. The two alleged perpetrators had not been suspended pending investigation on 15 November 2018 when we were present in the home. We asked the manager what they intended to do about the allegations and they responded that they were intending to raise it with their manager and investigate it. We asked the manager to raise a safeguarding referral as a matter of high priority on 15 November 2018.

Furthermore, on the second day of our inspection the operations manager confirmed they had found the financial records for people living in the home had no record regarding who consented to the amounts of money being withdrawn. Some receipts we viewed were not robust with a company letter headed paper or stamp to confirm how the money was being spent. This raised doubt over the legitimacy of the receipts to verify them. There had been no record of contact made with the person's next of kin, Lasting Power of Attorney or Power of Attorney to demonstrate a robust audit trail of how people's money was being spent. The managers in the home on 22 November 2018 were aware this was an allegation of financial abuse of people's finances and they had known this since they began working in the home some weeks earlier. However, they had not reported this to the safeguarding authority. We requested the safeguarding authority be alerted to this allegation as a matter of priority on 22 November 2018.

These issues are a breach of Regulation 13 Safeguarding People from Abuse and Improper Treatment of the Health and Social Care Act Regulations (Regulated Activities) 2014.

We looked into whether safe medication practices were being followed by staff in the home and found they were not always robust. We observed a medicines round and viewed the medication administration records (MARS). We found there were no Pro Ra Nata (as and when) protocols within the MARS sheets we viewed and a number of people were on PRN analgesia medication. The reasons why pain relief prescribed PRN medication was being given was not being recorded.

We found people's food and drinks had not been monitored effectively and one person who was living with dementia and had a history of declining to eat/drink was not on a food/fluid balance chart until 14 November 2018. The records confirmed they had not been eating and drinking consistently since October 2018. They had an oral care plan in place and personal hygiene care plan which set out what care the person needed however, the daily progress sheets and other records we viewed did not provide detailed information how staff had supported them with their personal care/oral care each day. We therefore, could not ascertain that the person had received their personal care. The manager raised concern with us the person's weight had not been effectively monitored and they were concerned they had lost 3kg within a period of a few weeks. They assured us they were referring them for a reassessment of their weight management. It was reported to us by the manager on 15 November 2018 they had received an allegation of neglect about the person not having their care needs met. We also found there was no system in place for confirming how people who needed a bath or shower were being supported to have a bath or how often.

Another person had sustained several falls, which were recorded in the incidents file. This person was not receiving safe care and treatment to keep them safe. We found their floor sensor mat was not working on the first day of our inspection due to it being unplugged. This practice was further reported to us by the manager who raised concern they had observed a service user's sensor mat and call bell unplugged following the inspection. The manager confirmed they had also found two sensor mats which were not working consistently so new sensor mats had been ordered by the provider.

We checked the safety procedures within the home and the manager told us what they would do in an emergency if someone was acutely unwell. Due to the high number of agency staff in the home, the home had implemented an agency induction file for new agency workers to be aware of procedures within the home. However, the manager confirmed they were unaware how the fire panel operated or what to do in the event of a fire to evacuate people. Personal Emergency Evacuation Plans were seen in place however, the manager had not received a basic induction of these safety emergency procedures.

These issues are a breach of Regulation 12 Safe Care and Treatment of the Health and Social Care Act Regulations (Regulated Activities) 2014.

Upon looking into what other safety checks were being completed we were informed by the manager that mattress checks, fire alarm checks and water checks had not been completed. We viewed three rooms to check their safety equipment and found three window restrictors which were not robust. The provider replaced them immediately and mattress checks for the two people in the home who had a pressure ulcers were undertaken.

These issues are a breach of Regulation 15 Premises of the Health and Social Care Act Regulations (Regulated Activities) 2014.

We viewed the rotas and confirmed with the manager, the staffing ratio for 16 people in the home was a

senior carer and three care staff. We found gaps on the rotas where the staffing ratio dropped below this therefore, leading to unsafe staffing levels in the home. The manager confirmed they had stepped in and intervened upon finding staffing levels/deployment of staff was affecting the standard of care for people. For example, one person had not received a safe level of care to meet their needs and at around 6.30pm was in urine soaked clothing and bed linen with their lunch scattered over their bedding having not received their care. This was another allegation of neglect which the manager had not reported to the safeguarding authority in a timely manner. There was a high number of agency staff in the home. We observed poor unsafe practice on the second day of the inspection by an agency worker which we reported to the manager.

These issues are a breach of Regulation 18 Staffing of the Health and Social Care Act Regulations (Regulated Activities) 2014.



## Is the service well-led?

### Our findings

The rating was clearly displayed in the reception area of the home. A new management company took over the management of the home on 29 October 2018 and a new manager had commenced in their role as home manager of Lyme Green Hall on 12 November 2018. The manager was not registered with CQC so therefore, the provider had not met their condition of registration to ensure a registered manager was running the home.

On the first day of inspection the manager had not received an induction. After this the manager assured us they would commence it immediately. On the second day of the inspection we asked to view the manager's induction booklet to ascertain how effective the leadership was in ensuring new staff were supported at the home. The induction booklet was blank when we viewed it on 22 November 2018. The senior managers who were responsible for completing the manager's induction confirmed they had met with the manager and completed aspects of their induction but they recognised they had not documented this. The manager confirmed they had not read the provider's policies and procedures and told us they were "fire fighting," needing additional resources to come in and support them. We asked the managers for a timeline of events since they commenced in their roles at Lyme Green Hall which they provided. They had encountered a number of issues and concerns within the home such as with the financial expenditure procedures since commencing in their roles however, they had not escalated them or reported them on appropriately.

Communication systems were not effective in providing effective leadership of the home. The home manager was unable to provide us with the safeguarding file which we asked to view. They confirmed they had viewed it when they commenced working in the home on 12 November 2018 but the operations manager couldn't recall seeing a safeguarding file since they began working in the home on 29 October 2018. The provider has a legal responsibility to ensure that all safeguarding concerns are recorded and reported in line with their safeguarding policy. There was no contemporaneous record of all safeguarding concerns found within the home. We asked the manager to contact the safeguarding authority as soon as we became aware of this to ask them if there were any outstanding actions for the provider to keep people safe. There were other documents missing in the home such as water checks, mattress checks and fire alarm checks, therefore, the provider was unable to demonstrate they were ensuring enough safety checks were being undertaken to keep people safe. We viewed the kitchen records which were unreliable due to the temperatures being entered at 100 degrees consistently for food temperature checks. The manager confirmed they had no confidence in the recordings.

The policies we viewed such as the whistleblowing policy, accidents reporting, disciplinary policy and safeguarding policy were not clear as to whether the policies were the provider's or the management company's policy. This was also not demonstrating clear leadership within the home.

The provider had not ensured they were overseeing the management of the home to ensure people were receiving a safe level of care. The provider is responsible for ensuring all staff employed and deployed to work at Lyme Green Hall are fit and proper persons to undertake their duties. The provider had not ensured safe recruitment practices were being followed in the home. If not for this inspection, disciplinary

procedures had not already begun and were not being followed for two alleged perpetrators who were working in the home on the first day of this inspection. The provider is legally responsible to undertake all the necessary checks under Schedule 3 of the Health and Social Care Act 2014 to satisfy themselves the people they employ are skilled, competent and are of good character. The provider had not demonstrated they were fulfilling their responsibility by commencing a manager in the home without a DBS and for failing to risk assess the previous convictions of another staff member.

These issues are a breach of Regulation 17 Governance of the Health and Social Care Act Regulations (Regulated Activities) 2014.

We received a Business Contingency Plan following the first day of our inspection and we met with the provider following the second day of the inspection. We were informed by the provider additional resources were being deployed to the home to implement all the changes needed to ensure people received a safe level of care.

We also formally wrote to the provider on two occasions requesting specific information following the inspection. We received all the information we requested within the time frames provided.

Not all safeguarding concerns had been reported in a timely manner to CQC.

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 12 HSCA RA Regulations 2014 Safe care and treatment  People were not always receiving a safe level of care and treatment.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  Not all safeguarding concerns had been reported to the safeguarding authority within a timely manner.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  Not all safety checks had been undertaken within the premises to ensure all that could be done was being done to keep people safe.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had not ensured there were safe systems in place to always ensure risks were being mitigated for people within a timely manner.

