

Indigo Care Services Limited

Lymewood Court Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Lymewood Court Nursing Home is a care home providing personal and nursing care for up to 46 people. Accommodation is provided across two units, both of which are situated on the ground floor of the building. across three units with one unit specialising in providing care to people living with dementia and one specialising in supporting people requiring rehabilitation following discharge from hospital. There were 21 people using the service at the time of the inspection.

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

The systems for checking on the quality and safety of the service had improved. However, we identified that further improvement was needed in relation to monitoring and review of records to ensure that they contained clear up to date information about people's needs.

Safe systems were in place for the management of people's medicines. This was an improvement from the previous inspection.

Information and guidance was available to protect people from abuse. Family members told us that they felt their relatives were safe living at the service.

Risks to people were considered and planned for and clear plans were in place to keep people safe in the event of any emergency. Safe recruitment processes were followed to ensure staff were suitable to work with vulnerable adults. There was enough suitably skilled and experienced staff on duty to safely meet people's needs.

Accidents and incidents were recorded and where required actions were taken to prevent further occurrence. This included making changes to procedures and further staff training to mitigate any future risks. There were clear procedures to prevent and control the spread of infection. The service had managed the impact of the COVID-19 pandemic.

The service had an on-going improvement plan to continue to improve the service that people received. These plans involved improvement initiatives from the Clinical Commissioning Group.

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

Rating at last inspection and update –

The last rating for this service was Requires Improvement (report published 24 May 2019) and there was one breach of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We carried out unannounced focussed inspection of this service on 24 May 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the systems to assess, monitor and improve the quality and safety of the service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

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 coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lymewood Court Care Home on our website at www.cqc.org.uk.

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 safe.

Details are in our findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our findings below

Requires Improvement ●

Lymewood Court Nursing 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. The inspection site visit was carried out on 15 September 2020 by one inspector.

Service and service type

Lymewood Court Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

We gave a short period notice of the inspection. Due to the impact of the COVID-19 pandemic we were mindful of the amount of time inspectors were on site. Therefore, records and documentation were requested prior to the site visit and one of the inspectors reviewed this information remotely.

What we did before inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority. We used the information the provider sent us in the provider information return.

This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spent time around people who used the service and contacted six of their family members about their experience of the care provided. We spoke with seven members of staff including the registered manager, nurses and care staff.

We reviewed a range of records that included people's care and medication records. We looked at two staff files in relation to recruitment and records relating to the management of the service.

After the inspection

We continued to seek clarification from the registered manager in relation to the management of 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At the last inspection we made a recommendation that the provider followed relevant national guidance for the safe management of medication. This was because we had identified areas of improvement needed in relation to medicines stock management and records lacked information about prescribed creams. During this inspection we found that improvements had been made in these areas.

- Systems were in place to manage people's medicines safely. Recent changes had been made to the procedures for administering certain medicines. This was a result of concerns being raised around medicines that required the signature of two members of staff during the administration process.
- People's medicines were stored appropriately.
- Regular checks were maintained to ensure that people's medicines were managed safely.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding procedures were in place and staff told us that these procedures and the contact details to report any concerns were available throughout the service.
- The majority of staff delivering care and support to people had completed safeguarding training and had access to information to protect people from harm. Further training in safeguarding for staff and the registered manager was planned for October 2020.
- Family members told us they felt their family members were safe living at Lymewood Court. Their comments included, "Feel comfortable that [relative] is looked after well"; "Feel [relative] is very safe" and "No complaints about how they look after [relative]."

Assessing risk, safety monitoring and management

- Risks to people and equipment they used were identified and plans were in place to minimise those risks.
- People at risk of pressure ulcers had their skin monitored on a regular basis to minimise any deterioration. In response to a specific area of concern raised, further training had been scheduled to take place for all staff in relation to pressure ulcer management.
- Staff had access to policies, procedures and guidance in relation to health and safety. However, guidance on recording wasn't always followed.
- Emergency procedures were in place to help ensure that people received the care and support they required in the event an emergency.

Staffing and recruitment

- Safe recruitment procedures were in place. Appropriate checks were carried out on applicant's suitability before they were offered a role.

- A high number of agency staff were being used at the time of the inspection due to vacancies and the current pandemic. Regular agency staff who were familiar with the service and people's needs were used during these times.
- Procedures, guidance and information about the service were available to agency staff working at the service. These documents had recently been reviewed and updated.
- Sufficient staff were on duty to meet people's needs.

Preventing and controlling infection

- Equipment in use around the service and by individual was seen to be clean. This was an improvement following the previous inspection.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.

Learning lessons when things go wrong

- Lessons were learnt and improvement made following accidents and incidents. For example, following reported incidents further training had been arranged and more information made available to staff to minimise the risk of any reoccurrence.
- Accident and incidents which occurred at the service were recorded and analysed to look for any patterns and trends.
- Staff kept family members informed of any incidents and accidents people had experienced. Family members told us "Staff will always keep in touch and discuss anything" and staff, "Keep in touch and let you know if there is any illness etc."

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 was not always consistent in the management of records. However, it is proportionate and fair to note the significant impact of the COVID-19 pandemic.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At the last inspection provider's systems to assess, monitor and improve the quality and safety of the service were not used effectively. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, although further improvement was still required in relation to records and their oversight, sufficient improvement had been made and the registered provider was no longer in breach of regulation 17.

- Systems were in use for monitoring the quality and safety of the service. This was an improvement from the last inspection. However, the systems in use for the monitoring of people's care planning documents and monitoring charts had failed to identify and address some areas of improvement.
- Records were not always well maintained, for example, information contained in some people's documents did not always correspond with other of their care planning documents. In addition, food and fluid monitoring charts and daily records, used for the monitoring of people's health and wellbeing were not consistently completed and on occasion contained limited information. We discussed this with the registered manager who took action to rectify these issues.

We recommend the provider continually considers current guidance in relation to monitoring the quality of the records maintained.

- Where improvements had been identified by the auditing and reviewing systems and concerns raised under safeguarding procedures, the registered manager had planned / taken action to make improvements.
- The registered manager was clear about their responsibilities and had a good understanding of regulatory requirements. They had notified CQC when it was required of events and incidents which occurred at the service.
- The registered manager was available at the service to offer support to the staff team. Staff told us that they received the support they needed from the registered manager. In addition, they had regular supervision for their role and attended regular meetings to keep themselves up to date for their role.

- Staff had a clear understanding of their role. They demonstrated a good knowledge of the likes and dislikes of the people they supported. In addition, staff explained what changes they continued to make to improve the service for people.
- Policies and procedures to promote safe, effective care for people were available to staff.

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 their responsibilities in responding to people who use the service under the duty of candour following incidents and when things have gone wrong.

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

- Prior to the pandemic, arrangements were in place to engage and involve people using the service and family members. Regular reviews of people's care and support took place.
- Family members told us that they kept in contact with the service during the pandemic. They explained that telephone and social media calls were facilitated by staff to enable them to keep in contact with their relatives. One family member told that having video calls with the relatives was a relief to them.
- Staff were engaged and involved through supervision and team meetings.
- Staff sought advice and worked in partnership with others such as health care professionals to ensure the best possible support for people.

Continuous learning and improving care; Working in partnership with others

- The registered manager accessed support initiatives from the local authority and Clinical Commissioning Group to improve the service.
- Learning took place from accidents and incidents to minimise the risk of re-occurrence.
- Plans were in place to further develop and improve the service available to people.