

Lychgate House Care Limited

Lychgate House

Inspection report

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Essex
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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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Lychgate House is a residential care home providing personal care to up to 15 people. The service provides support to people who have mental health needs. At the time of our inspection there were 15 people using the service.

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

People were not always safeguarded from harm as systems were not in place to protect them. The provider did not have robust processes in place for the oversight of the service to identify concerns and make improvements. Some areas of the environment were unhygienic, or poorly maintained, and in need of renovation to make it safe and comfortable for people living in the service. Infection control measures were not always adequate and placed people at risk.

Care plans were regularly reviewed and contained information on how to support people, however, these were task focused, and language used throughout was negative.

We have made a recommendation the provider seeks guidance on person-centred care planning.

Staff were recruited safely, had received appropriate training and an induction to the service. There were enough staff to meet people's needs. Medicines were well managed, and safely administered by trained staff. Staff treated people with kindness and compassion and encouraged people's independence while maintaining their dignity.

People told us they enjoyed living at Lychgate House. People were supported to maintain relationships with their relatives and loved ones. Relatives and loved ones told us the staff team keep them regularly updated on changes with people's health and support needs. People were able to maintain access to the community should they wish, such as going to the pub, or out with family.

The service supported people to access healthcare services, and to receive ongoing healthcare support if required, including external professionals like GPs and pharmacists. People enjoyed a varied menu and were encouraged to help themselves with access to drinks and snacks between meals.

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.

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 under a previous provider was good (published 17 May 2019).

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.

Enforcement

We have identified breaches in relation to good governance, safeguarding of service users, and infection prevention and control at this inspection.

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

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

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 ●

Lychgate House

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

This inspection was completed by 1 inspector and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Lychgate House 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. Lychgate House 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 a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority 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 to 4 people and 7 relatives about their experience of care provided. We used observations to gather evidence of people's experiences within the service. We spoke to 4 members of staff, including the registered manager, and the director.

We reviewed 3 people's care files, a range of medications records, and 3 staff files in relation to recruitment. We also reviewed a range of documents relating to the management of the service, including policies, procedures, and a range of quality audits. After the inspection we received additional information from the provider, as requested.



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 under the previous provider this key question was rated as 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.

Systems and processes to safeguard people from the risk of abuse

- Incidents occurring in the service were not being notified to the proper authorities in relation to safeguarding. We could not be assured people were being adequately safeguarded against the risk of abuse.
- The service had a safeguarding policy in place, but we could not be assured this was being followed correctly as the registered manager had not appropriately identified and raised safeguarding concerns following incidents occurring within the service.
- Staff had received training in safeguarding people; however, we could not be assured this was effective as concerns found on inspection relating to safeguarding had not been followed through.

The provider had not taken appropriate actions to safeguard people from the risk of abuse. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- Infection Prevention and Control (IPC) was not consistent throughout the service. Bathrooms were not hygienic, with poorly maintained equipment. Radiators in communal areas were poorly maintained, carpets had not been deep cleaned, and regular touch points such as bannisters and light switches were visibly dirty or soiled.

The provider had failed to maintain adequate levels of cleanliness within the service, increasing the risk of infection to people. This was a breach of regulation 12(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was adequate Personal Protective Equipment (PPE) located throughout the service for staff to access. Staff were observed using PPE correctly during the inspection, including gloves and aprons where appropriate. The provider's infection prevention and control policy was up to date.
- Following the inspection, the service provided evidence they had addressed the IPC concerns we found on inspection, including booking external professionals to provide a deep cleaning service.

Assessing risk, safety monitoring and management

- Not all risks had been appropriately identified and documented. A resident's bedroom window had fallen out during a recent storm and had not been temporarily secured appropriately. A new window had already been ordered and was fitted during the inspection, which mitigated further risk to people.
- Large items of furniture such as wardrobes and dressers had not been secured to the walls to prevent

people from becoming trapped should they fall or be pulled over. We raised this on inspection, and the provider took immediate action to secure all large pieces of furniture to the walls.

- Those risks to people which had been documented provided staff with details of how to minimise risks and keep people safe. Care plans and risk assessments were regularly reviewed and updated as people's needs changed. This was done by the manager and staff were made aware of changes to people's care and support needs.

Staffing and recruitment

- Staff were recruited safely. Staff received DBS checks, and the provider sought references. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider had not fully explored every staff's employment history; however, they provided assurance they would gather this information and update staff files quickly. We did also see completed staff files with full employment histories on inspection.
- There were adequate staffing levels to provide people with care and support and meet their needs.

Using medicines safely

- People received their medicines in a safe manner and as prescribed. The service focused on dignity in dispensing people's medicines in a private room rather than in a communal area.
- People were involved in their medicines management, staff explained what each medicine was for, and asked consent before administering medicines.
- Systems were in place to audit medicines and identify errors, with immediate action being taken when an error was identified.

Visiting in care homes

- Visiting to the service was unrestricted. Relatives and loved ones could visit the service unhindered when they chose.

Learning lessons when things go wrong

- Accidents and incidents were recorded with details of what had occurred., However, there was no information to show these had been analysed, or to show lessons had been found, learned, embedded, or shared with staff.
- Staff meetings were documented, but did not include any details of lessons learned, or best practice.

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 under the previous provider this key question was rated as 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.

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

- People's care needs had been assessed and documented when first starting with the service. These assessments had been reviewed regularly and updated as people's needs changed. However, not all needs, such as people's social needs had been documented. Staff were able to demonstrate they knew people well, and were meeting people's social needs without this being documented.
- There was little evidence that people or their families had input into these assessments or reviews. We could not be assured people or relatives thoughts and feelings had been considered when creating care plans.
- People's equality characteristic had not always been considered or documented. Where this had been recorded, the information was basic and provided no guidance on how to support people in areas such as religion or sexuality.

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

- The service was in the process of refurbishment during the inspection. However, some of the communal rooms had been used to store refurbishment materials, such as boxes, and decorating equipment, creating a messy and cluttered environment. We raised this during the inspection, and the provider took action to clear these areas.
- Some work had already been completed, such as the communal dining room, which had been updated to be more open with easier access. The communal lounge had been redecorated and new furniture had been provided to create a more relaxed environment where people could socialise, such as a pool table.
- Once people's rooms became vacant, these rooms were refurbished to create a more comfortable environment. People were able to personalise their rooms with pictures, books, photographs, and trinkets they liked. The provider had installed internet TVs in all bedrooms, giving people a wide range of options to choose from when they were in their rooms.

Staff support: induction, training, skills and experience

- Staff received a full induction to the service, including shadowing more experienced staff to learn how to best support people. Many staff had received either level 2 or level 3 qualifications in Health and Social Care, these certificates were displayed in the corridor of the service.
- Staff received regular supervisions and appraisals, which discussed potential training requirements and development needs. These were in the form of one-to-one meetings, or group/team meetings.
- Staff received a full range of training which provided them with the skills appropriate to their role. Staff knowledge and skills were checked via competency assessments. Training was regularly refreshed. Staff had

recently begun to complete the new mandatory training for people with a learning disability, or autistic people.

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

- People told us they enjoyed the food provided at the service. One person told us 'The food is really nice, and there is so much of it.' Another person told us 'I can eat what I want, when I want.'
- People had access to the kitchen and could help themselves to food such as snacks, and drinks whenever they liked. This was encouraged by staff and promoted people's independence around food and choice.
- A rotating weekly menu was in place, which had been created with people who lived at the service. People also had the option to choose other foods not on the menu and these would be cooked for them specially.
- Mealtimes had a relaxed and comfortable atmosphere, with people choosing which room they wanted to eat in and who they wanted to dine with. People ate at their own pace with support and encouragement from staff where appropriate.

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

- External professional input was recorded throughout people's care plans, and in their notes, such as input from physiotherapy or Speech and Language Therapy (SALT).
- People were able to access healthcare services, such as doctors appointments easily. The service arranged for regular medicine reviews for people, and regular check up appointments as needed.

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.

- The service was working within the principles of the MCA. DoLS authorisations had been made appropriately and had been thoroughly documented.
- People's capacity had been documented throughout their care plans, with details about which decisions they were able to make, and whether people had any nominated Power of Attorney for areas such as health decisions, or financial decisions.

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 our last inspection under the previous provider this key question was rated as good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff treated people with kindness and respect, staff clearly knew people well, and knew how to engage with them fully. A relative told us 'The house is spacious and she is treated with dignity and respect and is happy there.'
- We observed staff ensuring people's dignity was maintained without restricting them. One person chose to wear a dressing gown throughout the day, and staff ensured it remained securely fastened across their chest.
- People and relatives told us staff were caring and supportive. One person told us 'The staff are always nice to me and ask me what I want to do'. A relative told us '[Person] has told me the staff are very nice and she seems very happy.'

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- One person was cared for in bed, we observed staff sitting with them and reading to them softly, during mealtimes, the same staff member was observed assisting them to eat, which was done with patience and reassurance.
- People were encouraged to partake in activities they would enjoy. One person told us 'I like to go to the pub and have a Guinness.' A relative told us '[Person] now socialises with other residents and plays football and pool now. I receive updates from the home regarding his progress.'
- Staff encouraging people to maintain as much independence as possible taking time to allow people to complete tasks, such as eating a meal, using the toilet or walking around the service at their own pace.
- People were encouraged to choose and wear what they enjoyed. One person chose to wear heeled boots at all times, while another chose comfort wear in the form of a dressing gown and slippers. People were able to present themselves how they wanted.

Is the service responsive?

Our findings

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

At our last inspection under the previous provider this key question was rated as good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People's care plans contained information about their care needs, including their likes, preferences, and histories, however, this information was not detailed. Care plans were task focused, and some of the descriptive language used throughout was not always respectful, descriptions of people in distress were not always person centred or dignified.
- There was evidence care plans had been regularly reviewed in the form of handwritten notations, however, these notes had not been updated on the main care plan documents.
- There was no consistency in how care plans were presented, with differing formats being used for the care plans we reviewed. The provider was in the process of moving care plans to an electronic format, which will provide a consistent format and location for information.
- At the time of inspection, there were no people in their end of life journey. Care plans did not include any advanced decisions to end of life planning, such as chosen place of care, or any specific wishes such as music or choice of funerary services. We could not be assured that people's wishes would be explored or followed should someone approach the end of their life within the service.

We recommend the provider seeks guidance on best practice for person centred care planning.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were documented in their care plans, including whether they chose to use their communication aids or not. For example, 1 person's plan stated they needed glasses to see clearly, however, they would frequently choose not to wear them.

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

- People were easily able to maintain relationships with their relatives and loved ones, including going out with them on a regular basis. One relative told us 'I normally pick [person] up 2 or 3 times a week and take her out for the day, it's nice.'
- People living at the service socialised and intermingled with each other regularly, engaging in activities together such as playing pool in the lounge, or football in the garden if they chose.

Improving care quality in response to complaints or concerns

- At the time of inspection, the service had not received any complaints. The service had a complaints policy and procedures for dealing with complaints in place.
- Feedback from relatives was positive around raising and dealing with concerns they may have. One relative told us 'I have never had a problem if one does arise, they would deal with things promptly.'

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 under the previous provider this key question was rated as 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; 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's quality assurance and governance arrangements were unreliable or ineffective in identifying the shortfalls in the service.
- Systems in place for auditing and oversight of the service, with regards to infection prevention and control (IPC), the environment, submitting notifications, and quality assurance had not identified the concerns found on inspection. A lack of adequate oversight meant we could not always be assured people were fully protected from the risk of harm, the prevention of infection, or that the environment was suitable.
- IPC audits had identified some of the concerns identified on inspection, but no actions had been taken to address these concerns. The IPC audits had failed to pick up other concerns we identified on inspection. For example, the communal downstairs shower room was poorly maintained, but this had been marked as being in good condition during the audit.
- Quality assurance and governance systems did not include analysis of themes and trends, or include lessons learned from incidents that had occurred. When areas for improvement had been identified, there was no clear pathway for those improvements to be made. This made quality assurance systems ineffective at identifying concerns and driving improvements within the service.
- Notifications were not being submitted to CQC in line with the requirements of registration. Several instances of notifiable events, including alleged assaults, and threats of self-harm were identified during inspection. The registered manager confirmed that these incidents had not been notified to CQC, or to the local authority safeguarding team.

The systems in place to monitor the quality and safety of the service were not effective. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (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

- Feedback from people and relatives about the registered manager was very positive. One relative told us '[Registered manager] informed me a couple of times [person] has been experiencing suicidal thoughts but the team have managed things appropriately with the care given.' A person told us '[Registered manager]

always stops to talk to me every time she sees me.'

- Feedback received from people and relatives about the service was positive, with all responses stating they were happy with the service they were receiving. One relative told us 'I am extremely happy with the care given and my relative is well cared for and happy.' Another relative told us 'The staff when I visit make me feel very welcome, their fantastic and friendly.'
- People attended residents' meetings with the registered manager, these were documented, and included discussions around people's preferences. For example, we saw a discussion about what choices of food people would like, where 1 person suggested adding more oriental dishes to the menu.

Continuous learning and improving care; Working in partnership with others

- The provider had a service improvement plan in place, highlighting areas that needed improvement within the service and the care provided. However, this had no clear pathways for how the improvements would be implemented and what the impact to people would be.
- There was clear input from external professionals, including the Speech and Language team, and the district nursing team to improve the care people received. The service was quick to involve professionals when required.

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 failed to maintain adequate levels of cleanliness within the service, increasing the risk of infection to people.</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>The provider had not taken appropriate actions to safeguard people from the risk of abuse. Safeguarding concerns had not been raised to the proper authorities when incidents had occurred.</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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The systems in place to monitor the quality and safety of the service were not effective. This placed people at risk of harm. Notifications had not been made to CQC in line with regulatory requirements.</p>

The enforcement action we took:

Served a warning notice