

Pendlebury Care Homes Limited

Lyme Green Hall

Inspection report

Lyme Green Settlement
London Road
Macclesfield
Cheshire
SK11 0LD

Tel: 01260253555

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Lyme Green Hall is a residential care home providing personal care to 12 people aged 65 and over at the time of the inspection. The service can support up to 60 people. Lyme Green Hall can accommodate people across three separate wings, each of which has separate adapted facilities. At the time of inspection, only one wing was in use.

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

A new care management company had been in place since the last inspection and they had made a number of improvements. These improvements addressed a significant number of issues we raised at the last inspection, however we still found issues that needed to be addressed.

Most of the service was clean however there was a lack of suitable bathing facilities on the wing of the home people were living in.

Staffing levels had improved since the last inspection, however appropriate recruitment documentation was not in place to ensure the safe recruitment of staff.

People were being supported safely to receive their prescribed medication, however we did identify some issues relating to non-prescribed medication. We have made a recommendation about the management of some medicines.

Safeguarding processes had improved and safe systems were in place to help protect people from the risk of harm or abuse.

The new manager demonstrated a good understanding of their role and responsibilities and worked in partnership with other agencies to ensure people received care and support in line with their assessed needs. People had access to appropriate equipment where needed. Staff knew the needs and preferences of people living in the home well. People were treated with kindness and respect.

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 and update

The last rating for this service was inadequate (published 27 December 2018) and there were five breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection some improvements had been sustained however the provider was

still in breach of regulations.

This service has been in Special Measures since 28 December 2018. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating. This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Enforcement

We have identified continued breaches of regulation in relation to the cleanliness and suitability of parts of the building being used to provide care. Some audits were not robust enough to ensure safe recruitment. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Lyme Green Hall

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.

Service and service type

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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was no registered manager and a temporary manager had only recently started at the home. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. This included contacting Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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 spoke with two people who used the service and one relative about their experience of the care provided. We spoke with five members of staff including the manager, one senior care worker, care workers and the chef.

We reviewed a range of records. This included three people's care records and three medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further information relating to recruitment and fire records. This information was sent to us by the nominated individual who was unavailable on the day of inspection. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with four relatives of people receiving a 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 inadequate. At this inspection this key question has now improved 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.

Preventing and controlling infection

At our last inspection the provider had failed to ensure that there were sufficient measures in place to control the risk of infection. This was a breach of Regulation 15 Premises of the Health and Social Care Act Regulations (Regulated Activities) 2014. At this inspection some improvements had been made, however the provider was still in breach of regulation 15.

- There was a broken adapted bath which meant a small number of residents could only use the facilities on a currently closed unit. Whilst the bathroom on that unit was clean, tidy and suitable for use, the unit was dirty and used to store old mattresses, furniture and equipment.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to ensure appropriate infection control procedures. This placed people at risk of harm. This was a continued breach of Regulation 15 Premises of the Health and Social Care Act Regulations (Regulated Activities) 2014.

- We did find, however, that other improvements had been made. The rest of the home was clean and tidy and there were regular cleanliness checks of mattresses being completed.
- We saw staff using personal protective equipment (PPE) such as gloves and aprons when providing care.
- There was an infection control policy and staff had received training.

Staffing and recruitment

At our last inspection the provider had failed to ensure that staff were recruited safely. This was a breach of Regulation 19 Fit and Proper Persons of the Health and Social Care Act Regulations (Regulated Activities) 2014. At this inspection not enough improvement had been made and the provider was still in breach of regulation 19.

- Safe recruitment practices were still not clearly demonstrated. We viewed one staff member's recruitment file which did not have a completed application form or evidence that a full criminal record check by the Disclosure and Barring Service (DBS) had been obtained.
- A newly recruited member of staff did have an application form but it was poorly completed. We could not be assured that the appropriate checks had been made before offering the staff member a job.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safe recruitment procedures were in place. This placed people at risk of harm. This was a continued breach of Regulation 19 Fit and Proper Persons of the Health and Social Care Act Regulations (Regulated Activities) 2014.

The nominated individual responded quickly after the inspection to confirm they had taken action to address the shortfalls in staff file records.

At our last inspection the provider had failed to ensure there were adequate staffing levels to provide safe levels of care. This was a breach of Regulation 18 Staffing of the Health and Social Care Act Regulations (Regulated Activities) 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- Staffing levels were satisfactory and staff we spoke with felt staffing levels had improved.
- One relative told us, "There have been a lot of changes with staff, but this is better".

Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to supporting people to receive their medication safely. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- We did, however, raise some concerns relating to the administration of homely remedies. A homely remedy is a medicinal preparation used to treat minor ailments; it is purchased over the counter and does not require a prescription.
- There was no written guidance in medication plans describing the suitability of homely remedies for individuals. The reason for administration was recorded, however this meant staff were making decisions to administer medication for minor ailments without the appropriate guidance. We raised this with the manager who told us they would review the current practice.

We recommend the provider consider current guidance on giving 'homely remedies' to people alongside their prescribed medication and take action to update their practice accordingly.

- Prescribed medication practices were safe and medication was only administered by staff who had received appropriate training.
- Where people required medication to be given as and when required, often referred to as 'PRN' medication, they had a separate protocol in place for this.
- Medication was safely stored and regular checks were completed.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to robustly assess the risks relating to ensuring people were protected from the risk of abuse. This was a breach of Regulation 13 Safeguarding People from Abuse and

Improper Treatment of the Health and Social Care Act Regulations (Regulated Activities) 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 13.

- There was a policy in place to ensure that people were protected from the risk of harm and abuse. There was now a clear system for recording and monitoring safeguarding incidents.
- Staff completed training in safeguarding and were able to discuss with us the action they would take if they felt someone was being harmed or abused.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- There were robust risk assessments in place. The risk assessments viewed were written specifically with the need of each person at the forefront. For example, we saw risk assessments relating to mobility, falls and malnutrition.
- Risk assessments were reviewed regularly and held up-to-date information for staff to follow.
- There were robust checks on the environment and window restrictors has been replaced on all first floor windows.
- People living at the home had Personal Emergency Evacuation plans in place (PEEPS). Some plans were not specific enough. The manager took immediate steps to ensure these were rectified.

Learning lessons when things go wrong

- There was a process in place to record and monitor incidents and accidents and the manager completed reflective accounts with staff following any incidents to learn what went wrong so that this reduced the risk of re-occurrence. This was an effective system which also informed the review of care plans.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Areas of the environment were in need of re-decoration. We saw some signage and pictorial menus that would assist people living with dementia. The manager explained they were currently working with an occupational therapist to make the home more dementia friendly and showed us examples of memory boxes that were being developed with people.
- People could decorate their bedrooms with personal items.
- People had access to equipment to assist with moving and handling support needs.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The manager had made appropriate applications for DoLS authorisations. Where DoLS had been authorised, this was clear in care plans and any conditions were met.
- Staff received training in the MCA and DoLS.
- During the inspection we observed staff asking people for consent before they delivered care.

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

- There had not been any admissions to the home since the last inspection however we saw that people's needs were appropriately assessed. This information was used to develop care plans and risk assessments.
- Care plans were written to reflect professional guidance.

Staff support: induction, training, skills and experience

- Staff received the necessary training and staff told us they had the correct training they needed to do their job well.
- New staff were supported to complete an induction process which was aligned to the principles of the care certificate, which is a nationally recognised health and social care induction.
- Staff received an appropriate level of support for their role through regular supervision and appraisal.

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

- The dining room was a pleasant and relaxing environment at meal times.
- Food was freshly prepared. People were served their choice of food and any dietary requirements were met. There was a menu displayed which offered a choice, however we saw that alternatives were available when requested. One person told us, "The food's beautiful. It's always nice".
- Kitchen staff were aware of people's specific dietary needs and care plans reflected care needs accurately with clear guidance for staff.

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

- The manager worked with district nurses and other agencies to ensure that support was provided in a safe way. For example, we saw Speech and Language Team (SALT) guidance and district nurse information was reflected in care files.
- Staff arranged specialist health referrals when required. This was confirmed by relatives who told us that since the last inspection they felt better informed about people's health needs.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People receiving support were very complimentary about the staff. One person said, "[name] is lovely, they are very nice". Another person told us, "I couldn't cope without them, they're lovely".
- One relative told us there had been a marked improvement in the wellbeing of one person in recent months. They told us, "She is up and about more, at one point she was spending too much time in bed. When she is up more she appears to be more alert in herself. She always looks clean and tidy and always someone bobbing around, there are always staff around in the lounge".
- We observed kind interactions throughout the inspection and staff were attentive and supportive to people. People told us, "It's nice to live here, staff take the time to take me out into the garden" and "It's lovely, I am glad I am here".
- There was an equality and diversity policy in place and care plans reflected individual's needs. The manager gave examples of how cultural and religious needs were respected. This included a planned memorial service ran by a local church group for someone who had recently passed away. The manager also explained how they had introduced continental food to the menu for one resident based on their nationality.

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

- We observed people being treated with dignity throughout our inspection. Staff were discrete and respectful when attending to people's care needs.
- Care plans described where people required support and where they could be independent.
- Care plans demonstrated how people were able to make their own decisions. Where people were unable to express their views, we saw that families had been involved when appropriate.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

- Care plans had recently been rewritten and were person centred, accurately capturing personal preferences as well as the choices and decisions that people could make for themselves.
- Care plans and risk assessments were consistently reviewed on a monthly basis and care plans were updated when needed.

Meeting people's communication needs

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

- The manager ensured that meetings were face to face so that people could be given information in a way that they could understand. There were also pictorial menus and some use of pictures in care plans to help them easier for people to understand.
- Care plans contained detailed information about people's communication needs. This included when people were unable to use words to communicate.

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

- Care plans identified people's interest and hobbies. We saw examples of people's favourite radio stations being recorded and also the types of magazines people liked to read.
- There were a variety of activities on offer for people, as well as their families to join in with. During the inspection we observed a quiz taking place and we saw events on activity boards. The manager also showed us an outdoor garden space which people were utilising in the warmer weather.

Improving care quality in response to complaints or concerns

- People (including relatives) confirmed they knew how to raise concerns or complaints. One person told us: "The home is very good, no grumbles".
- The manager had a system in place for recording and demonstrating actions taken as a result of complaints made.

End of life care and support

- Care plans referenced whether people had a Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR)

order in place and this was discretely identifiable on care files for increased awareness by staff.

- At the time of the inspection the home was not supporting anyone with end of life care however we did see that senior care staff had completed training.

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 inadequate. At this inspection this key question has now improved to require 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; Continuous learning and improving care

At our last inspection the provider had failed to ensure the safe recruitment of staff and also ensure a safe level of care was being provided. This was a breach of Regulation 17 Governance of the Health and Social Care Act Regulations (Regulated Activities) 2014.

At this inspection some improvements had been made, however the provider was still in breach of regulation 17.

- The provider had not ensured safe recruitment practices were being followed.
- The provider had no immediate plans to fix a broken bath which meant residents had to pass through an inappropriate environment to access alternative bathing facilities.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate that all aspects of governance were effectively managed. This placed people at risk of harm. This was a continued breach of Regulation 17 Governance of the Health and Social Care Act Regulations (Regulated Activities) 2014.

- A new management company took over the management of the home following the last inspection. Most relatives felt there had been an improvement since the new management company started. One relative told us the home looked smarter and cleaner when they visited, and they were aware of improvements that the manager was planning to make.
- A new manager had commenced in their role April 2019. The manager was not registered with the Care Quality Commission (CQC), therefore the provider had not met their condition of registration to ensure a registered manager was running the home. The manager had notified CQC of certain events, in line with the provider's legal obligations.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which

achieves good outcomes for people;

- Staff spoke very positively of the new manager and told us they felt the home had improved and was now well led. One staff member said; "The manager is very responsive and will guide you". Another staff told us, "I like [name]. I asked if [they were] as a manager or a carer because [they] does so much'.
- Staff told us recent team meetings were positive and they were able to share their views.
- However, staff did tell us that there had been a lot of changes and this has left them feeling uncertain and anxious. Some staff told us this had an impact on staff morale. We discussed this with the manager as part of the inspection feedback.
- The manager held resident's meetings which was an opportunity for people to give feedback about the service they received.
- Relatives told us they felt more engaged in recent months and were kept up to date with people's needs and welfare.

Working in partnership with others

- The manager worked in partnership with a range of different health services and professionals to help make sure people received the right support.

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 15 HSCA RA Regulations 2014 Premises and equipment The environment was not always clean or suitable for people using the service.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Infection control systems did not always identify where the home was unclean and unsuitable for use. Audits did not always demonstrate that appropriate actions had been taken to ensure that staff were safely recruited.
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The manager did not provide assurance that all staff had been safely recruited.