

## Pendlebury Care Homes Limited

# Lyme Green Hall

### Inspection report

Lyme Green Settlement  
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04 October 2018

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### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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

This inspection took place on 03 and 04 October 2018 and was unannounced. At our last inspections in October to December 2017 and April 2018 we found that the service was not meeting the required standards. We found eleven breaches of Regulations including concerns that placed people at serious risk of harm. These related to person centred care, dignity and respect, need for consent, safe care and treatment, safeguarding people from abuse and improper treatment, meeting nutritional and hydration needs, premises and equipment, receiving and acting on complaints, good governance, staffing, employing fit and proper persons and notification of other incidents. Following the inspection in April 2018 the provider implemented an action plan. At this inspection we found that the actions had been met and the provider was no longer in breach of those Regulations.

At the last inspection, we rated the service overall inadequate and the service has been in special measures. Services that are in special measures are kept under review and are inspected again within six months. We expect services to make significant improvements within this time frame. During this inspection the service demonstrated that improvements have been made and is no longer rated inadequate overall or in any of the key questions. Therefore, this service is now out of special measures.

Lyme Green Hall is a 'care home' operated by Pendlebury Care Homes Limited. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Lyme Green Hall has the capacity to accommodate 60 people across three units. At the time of the inspection there was one unit open. There were 20 people living in the home. This was because CQC had served a notice to restrict admissions while the service implemented improvements. The premises are set within its own grounds in a semi-rural residential location in Macclesfield.

The service did not have registered manager in place. 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. A manager had applied to register with CQC but this application was on hold and a different manager was in place. The manager at the time of the inspection was employed by an external management team who the provider had brought in to implement and oversee the improvements. During the inspection the manager told us they planned to register with CQC as a matter of priority.

The home was now working in a person-centred way. This means they treated people as individuals. Care was planned and carried out in a way that respected people's personal choices and lifestyles. Care planning had significantly improved with the implementation of new records.

People told us they felt safe living there. Staff had received recent training and were knowledgeable about their roles and responsibilities around keeping people safe and protecting them from the risk of abuse.

Staff were recruited safely and new staff received an induction into the role before working independently.

People who may display behaviours that challenge had appropriate up to date risk assessments in place and staff were seen to manage behaviour of this type well.

Accidents and incidents were documented and audited. Actions and outcomes to prevent re-occurrence were noted.

The service employed a full-time chef who provided appetising and nutritious meals. People were given choices with their meals and their preferences were respected.

There was an activities co-ordinator who arranged a variety of activities but people and their relatives told us they were not aware of activities taking place.

Improvements were needed to the environment in order to enhance the lives of people living with dementia. The premises were safe but not effective for dementia care.

The service was working in line with the Mental Capacity Act. People who had their liberty deprived did so in their best interest. Families were involved in the decision-making process.

The manager had oversight of the service and all the people who lived there. They conducted a daily meeting where issues were discussed and completed monthly, quarterly and annual quality assurance checks. The manager worked for a company that had been brought in to oversee and implement changes, this meant the manager was not in substantive permanent post which affected the service's ability to ensure stability and sustainability.

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

We always ask the following five questions of services.

### Is the service safe?

Good 

The service is safe.

Staff ratios had improved and there were enough staff to meet people's needs and preferences.

Medications were managed safely and staff were knowledgeable about their roles and responsibilities.

Risk assessments were in place and were regularly reviewed and updated.

### Is the service effective?

Requires Improvement 

The service was not always effective.

Further work was required to ensure the service could enhance the lives of people living with dementia.

Staff had received recent up to date training and a new starter induction.

People with nutrition and hydration needs were supported well, the meal time experience was pleasant and people were offered a choice of appetising food.

### Is the service caring?

Good 

The service was caring.

Staff had developed close bonds with people living there. Kind, caring and patient interactions were seen.

Relatives said they felt the quality of care had improved since the last inspection.

### Is the service responsive?

Requires Improvement 

The service was not always responsive.

Activities were provided by an activities co-ordinator though

some people told us they did not know about these.

Health care professional referrals were made in a timely manner and their advice was appropriately followed.

**Is the service well-led?**

The service was not always well-led.

The manager had successfully implemented an abundance of improvements. The manager was not directly employed by the service and therefore could not prove stability and sustainability.

Staff told us the manager was fair and approachable and had brought about positive improvements.

**Requires Improvement** 

# 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 was planned to check 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 03 and 04 October and was unannounced. The inspection team consisted of two adult social care inspectors and one expert by experience. An expert by experience is someone who has personal experience of caring for someone who uses this type of care service, on this occasion this was older people.

We reviewed the information we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law. We also obtained feedback from the local authority regarding the progress of improvement at the home since the last inspection. Further details can be found in the body of the report.

The provider was not asked to complete a provider information return (PIR) prior to the inspection. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider had submitted a PIR before the inspection in October 2017.

At the inspection we observed interactions between staff and people who used the service. We observed mealtimes and spoke with ten people, three relatives and 13 staff including care staff, the manager, the provider, the chef and domiciliary staff such as cleaners. We looked at the way people were supported in communal areas and reviewed documentation including six care files, three staff files, medication administration records (MAR), maintenance records and quality assurance records.

# Is the service safe?

## Our findings

At our last focused inspection in April 2018 we looked specifically at the safe and well-led questions. We found the service was not keeping people safe. We found there were numerous breaches to the Regulations of the Health and Social Care Act Regulated Activities (2014). There were breaches of Regulation 9 person centred care due to poor assessment and management of behaviour that challenged and poor care planning. There were breaches to Regulation 12 safe care and treatment due to lack of care to maintain skin integrity, inadequate care for people at risk of infection and unsafe practices for the care of people who displayed behaviour that challenged resulting in injury. There were breaches to Regulation 13 safeguarding service users from abuse and improper treatment, due to the service not following local safeguarding procedures and failure of management to have oversight of and report instances of people displaying violent behaviour. There was a breach of Regulation 18 staffing, due to not ensuring staff had first aid training. The provider submitted an action plan to outline how improvements would take place. At this inspection we found that significant improvements had been made to mitigate risks to people living there and the provider was no longer in breach of the Regulations.

People told us that they felt safe. Comments we received included "I am fine" and "I do feel safe here". A relative of a person living at Lyme Green Hall told us "Very happy for {family member} to be here".

The service was delivering care in a person-centred way. The manager had designed and implemented new care plans which included appropriate personalised risk assessments to keep people safe, respecting their freedom and personal choice. Risk assessments were reviewed regularly and updated where necessary. Staff had received a lot of training since the last inspection and this included training in managing behaviours that challenge. We observed staff caring for someone who displayed agitation and distress, the staff responded to this person in a calm and effective way. They used a distraction technique that encouraged the person to relax and explain their feelings. The person then remained calm.

The manager had arranged training for all staff about skin integrity. Staff assessed and documented (known as body mapping) any areas of concern on people's skin and referred to the appropriate health care professional in a timely manner. The manager retained oversight via auditing and governance processes discussed in detail under the well-led question later in this report.

The service had a new infection prevention and control policy introduced by the management team which was detailed and comprehensive. All staff had received recent training in infection control and we observed good practice in this area.

At this inspection we found people were kept safe and protected from abuse. We reviewed the safeguarding policy that had been brought in by the management team when they took over after the last inspection. It was thorough and staff we spoke with demonstrated a good understanding of types of abuse, how to recognise them and how to report concerns. We were informed by the local authority that the home had reported safeguarding concerns quickly and appropriately. We reviewed the safeguarding documentation and records of accidents and incidents and found all had been investigated, referred and action plans

implemented to prevent re-occurrence.

There were adequate staff on duty during the inspection to meet people's needs and keep them safe. One relative we spoke with told us "There is enough staff, they are very prompt and attentive". We reviewed previous staff rotas and saw that there were consistently adequate staffing levels. The manager had implemented a 'dependency tool'. This calculated the number of staff required to work on each shift in order to meet the needs of the people living there. This was reviewed and updated regularly and specifically when people's needs changed. Staff had received first aid training and all were up to date. We observed how long it took staff to respond to call bells and the maximum time was approximately one minute. This shows that staff were available and able to assist people quickly.

The manager had implemented a new medication policy. This was comprehensive and available to staff. Staff had received training in medication management since the last inspection and staff we spoke with demonstrated a good understanding of up to date guidelines. MAR charts were comprehensively completed and no errors in medication administration were found during the inspection. We found that the service had recently relocated the medication clinic room to a different room upstairs to allow refurbishment. The new clinic room was too hot, we recorded a temperature of 26 degrees Celsius. Medication room should be stored in a room that is less than 25 degrees Celsius as temperatures higher than this can cause some medicines to be less effective. We brought this to the attention of the manager who informed us they would go back to using the previous medication clinic room as they were able to control the temperature there.

We reviewed three Staff files and saw that the manager was operating safe recruitment procedures. All files we viewed demonstrated that staff had appropriate references and had been subject to a check by the disclosure and barring service (DBS). The DBS carry out checks and identify if any information is held that could mean a person may be unsuitable to work with vulnerable people.



## Is the service effective?

### Our findings

At the last comprehensive inspection in October and December 2017 we found numerous breaches to the Regulations of the Health and Social Care Act Regulated Activities (2014). There were breaches to Regulation 14, meeting nutritional and hydration needs due to poor mealtime experiences, lack of choice of food, unappetising food, lack of skilled staff to assist at mealtimes, failure to monitor people's weights and ineffective or lack of recording of fluid intake as recommended by a healthcare professional. There were breaches to Regulation 11, need for consent due to not working within the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and of Regulation 18, staffing due to staff lacking skill and no evidence of training, lack of supervision or induction and lack of re-assessment for people living there who required nursing care. The provider submitted an action plan to outline how improvements would take place. At this inspection we found there were significant improvements and the provider was no longer in breach of the Regulations.

The new care plans that the manager had implemented discussed the person as an individual, their life history, what made them happy and how they wished to be cared for. We saw that staff knew people well and delivered care in a way that was described in the care plans. We saw evidence of people and their families being involved in their care planning but relatives we spoke to told us this was done when the people moved in and they did not have on going involvement. We received comments such as "We did once in the dim and distant past" and "I can't remember about a care plan".

People told us they enjoyed the food provided, one person said "Lovely food, I enjoy it" another person said "I enjoy the food we have". We observed mealtimes at the home and found people were offered a choice of appetising food, staff explained to people what the food choices were. People could eat in their rooms or in the dining rooms and drinks and snacks were regularly offered in between mealtimes. The tables were nicely laid with condiments, cutlery, table cloths, napkins and a small vase containing flowers. We saw someone refused the food choices on offer so the chef made them a separate meal of their choosing. There was a menu on the table and a file that contained photographs of different foods. This however was not effective for people living with dementia due to the layout as it could be confusing. The service could improve this for people living with dementia by having picture prompts in a prominent place to aid recognition.

The chef had a good knowledge and appropriate documentation relating to people's dietary needs and preferences. We saw staff interacted with kind encouragement for those who required this during mealtimes. The manager had implemented new processes for monitoring food and fluid intake which were completed thoroughly. We reviewed documentation relating to the monitoring of people's weights and saw this was done comprehensively and in line with the health care professional advice. One person had stabilised their weight with appropriate monitoring and had been discharged from the dietician services.

The MCA (2005) provides a legal framework for making particular decisions on behalf of people who may lack the 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 the mental capacity to take particular

decisions, any made on their behalf must be in their best interest and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when it is in their best interest and legally authorised under the MCA. The application of this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS).

Each person living at Lyme Green Hall had a mental capacity assessment and applications to deprive people of their liberty were made to the supervisory body. For most people this was about not being able to leave the home by themselves. Best interest decision meetings had been held and people and their families were included in the decision-making process. The manager had provided all staff with training in the MCA and DoLS and staff we spoke with demonstrated a good understanding of both.

We reviewed all staff training and saw that the manager had implemented a new training and induction package. All staff completed mandatory training which included first aid, health and safety, dementia care, moving and handling, confidentiality and person-centred care. We saw that there were options for staff to attend extra training including falls management. Staff told us that they have received a lot of training and felt better equipped to care for people since the new management team had been there.

Staff received regular supervisions which were completed by the manager. They were detailed and gave both positive and constructive feedback. Staff told us they had benefitted from the implementation of supervisions since the last inspection.

We observed safe moving and handling practices, staff were kind, caring and patient. They took the time to explain the procedure to the person and reassured them if they were anxious. We saw that people had appropriate pressure relieving equipment, such as mattresses and cushions to reduce the risk of pressure sores.

At the time of inspection the home had undergone a period of change with people now living in only one of the three units. People had recently moved into this unit and the plan was for them to stay there while the other units were renovated. The unit was pleasant and safe but required improvement to make it effective for people living with dementia. There was limited dementia signage and as it was an old building the layout could be confusing. Dementia signage is specifically designed to aid comprehension using words, colour, contrast and pictorial images to aid understanding and orientation. Some rooms were off the dining room and near the kitchen, they came out onto a small corridor which was a busy thoroughfare for staff going between the dining room and kitchen. This created a feeling of being in a work environment rather than a person's home. We discussed this with the manager who agreed this was an area for improvement and would address this after the inspection.

People were supported to access healthcare services in a timely manner. We saw that referrals were made quickly and appropriately and healthcare professional advice was documented in care plans and followed.

# Is the service caring?

## Our findings

At the last comprehensive inspection in October and December 2017 we found breaches to the Regulations of the Health and Social Care Act Regulated Activities (2014). These were regarding Regulation 9, person centred care due to the lack of training for staff and their subsequent inability to provide appropriate care. We noted an inadequate number of staff on duty and people's privacy and dignity was not respected. We saw that staff had to work in a task orientated fashion as they did not have the time or the skills to engage well with people. The provider submitted an action plan to outline how improvements would take place. At this inspection we found that the management team had implemented significant improvements and the provider was no longer in breach of the Regulations.

People told us the staff are kind and caring. One person said, "The staff are wonderful". Another said "They are all lovely".

Care was delivered in a person-centred way due to improved planning, increased staffing levels and training. People were treated as individuals and their choices were respected. We observed many occasions where staff treated people with kindness. One example was a person who did not wish to sit in the dining room with other people so a staff member sat with them in the lounge and read a book with them. Staff had time to engage with people and did so in a way that showed they had built strong relationships. Staff were patient and encouraged people to chat to them, we observed conversations that were based around shared interests.

Staff explained to us how they maintained and promoted people's privacy and dignity and how they gained consent and explained to people what they were going to do before assisting with personal care. We saw staff always knocked on doors and gained permission before entering. Staff gained verbal consent before doing anything with or for a person. People's dignity was respected as any requirement for personal care was discussed discreetly and performed in a bedroom or bathroom behind a closed door.

Each person had detailed information in their care plan about them, their history, how they liked to spend their time, what and who was important to them. We observed that staff knew people well and this suggested they had read and understood the information contained within the care plans. Staff were able to tell us about people's lives before they lived at Lyme Green Hall and knew their likes and dislikes. For example, staff knew how a person liked their drink to be served, what their preferred routine was and which activities would interest them.

People were supported to be independent by staff who respected their wishes. An example was people being encouraged to make choices about what to eat, wear or whether to join in activities or not.

All staff signed a confidentiality agreement and people's personal records and documents were kept in a locked room. Staff were seen to be discreet when discussing elements of people's care.

## Is the service responsive?

### Our findings

At the last comprehensive inspection in October and December 2017 we found breaches to the Regulations of the Health and Social Care Act Regulations (2014). There were breaches to Regulation 9, person centred care due to a lack of activities and stimulation, inadequate care plan reviews and staff not being provided with the information they needed to provide personalised support. There were breaches to Regulation 16, receiving and acting on complaints due to evidence that concerns had been raised and not acted upon. The provider submitted an action plan to outline how improvements would take place. At this inspection we found that the management team had implemented significant improvements and the provider was no longer in breach of the Regulations.

At this inspection we found that the management team had employed an activities co-ordinator who worked five days per week. A person we spoke with told us "I don't know that they do anything". One relative told us "I think they should do more, {people} start arguing when nothing is happening". The activities co-ordinator had designed an activities calendar which included which activities were available each day. The calendar itself was not written in a way that people living with dementia could understand, it was small and not placed in a prominent place. We discussed this with the manager who agreed to implement changes after the inspection. The activities were varied and included trips out. The activities co-ordinator had put up some photographs of events they had put on but these were limited and again not placed in an area that people living there would regularly see.

The activities co-ordinator operated a flexible approach and would offer alternatives if people refused the scheduled activities. There were outside entertainers who specialised in dementia friendly activities that came in to the home on a regular basis. The activities co-ordinator was going to be away from work for a period of time shortly after the inspection and the manager told us they did not have plans for another person to take on this role during that time. The activities co-ordinator had created an activities time table for this period of absence. There were plans in place for an Autumn Fair which would be an event for people living at Lyme Green Hall that would engage with the local community

We saw there was appropriate stimulation in the communal areas and staff were observed to read reminiscence books and listen to music with people who lived there. There was a pleasant friendly atmosphere with background music. We did not see any periods of time where people were left alone or unable to seek stimulation. The home is set in it's own grounds and we could see there were safe facilities for people to enjoy the outside space. On the day of the inspection the weather was not suitable for people to do this.

We saw a notice on the wall indicating that church services were conducted at Lyme Green Hall at regular intervals. We asked people and their relatives about these but no-one was able to discuss them. All people we spoke to told us they did not know that church services happened there. We saw that people's diverse preferences were explored in the care plans, there was a section entitled 'This Is Me' which contained detailed documentation about the person including relating to equality, diversity and human rights. They also discussed how to respond to people who displayed anxiety and fear, an example was an entry that read

"I am quiet, please don't ignore me, I might not speak back but I like to be spoken to at eye level".

The service was working towards meeting the Accessible Information Standard (AIS). AIS is a set of standards that providers of health and social care must follow to ensure that people with disability or sensory loss are provided with information in a way that they can understand. There was evidence of documents being provided in larger print but the service could improve in this area. There was no evidence of technology being used to enhance communication and understanding for people living with dementia.

Staff now had all the detailed information they would need to provide personalised care. We saw that staff knew people well and initiated conversations that were based around the interests of the person. This demonstrated that staff had read and understood the care plans. The manager had instigated a 'resident of the day' routine where people had a designated day. As the service had 20 people living there, this happened once per month for each person. On this day their care plan would be formally reviewed, the chef would speak to them about their food preferences and their bedroom would be deep cleaned.

At this inspection we found the manager had implemented a new complaints policy. This was robust and explained to people how to whom to complain and what they should expect to happen after they had made a complaint. The policy was placed by the entrance door so visitors could find it easily. There had not been any complaints made since the last inspection, none had been received by CQC or the local authority.

At the time of inspection there were no people receiving care at the end of their life. The manager had implemented a new end of life care policy, this was reviewed and noted to be comprehensive. It guided staff to tailor care to the needs and preferences of the person and involve their family where possible. Where people were in receipt of Do Not Resuscitate Orders, these had been instigated with the best interest decision meetings and the form was placed prominently in the person's care plan.

## Is the service well-led?

### Our findings

At the last focused inspection in April 2018 we looked specifically at the safe and well-led question. We found the service was not well-led. We found breaches to the Regulations of the Health and Social Care Act Regulated Activities (2014), an offence under the Care Quality Commission (Registration) Regulations 2009 and a breach of a condition of registration due to not having a manager who was registered with CQC. These were Regulation 17, good governance due to a failure to assess and mitigate risk of harm to people. Regulation 20A, requirements as to display of performance assessments due to failure to display their previous CQC report and rating. CQC Regulation 18, notification of other incidents, due to the then manager not understanding what did or didn't need to be reported by law to CQC. The provider submitted an action plan to outline how improvements would take place. At this inspection we found the management team had implemented improvements and the provider was no longer in breach of the Regulations.

People we spoke with told us they did not know who the manager was during the inspection. Comments included "I don't know who the manager is" and "We know someone is in charge". A relative told us "I have no idea who the manager is".

At the time of inspection the home did not have a manager who was registered with CQC. An application had previously been made but this person was no longer planning to continue with this application. The previous manager had de-registered with CQC in February 2018. There was a manager in post who had instigated significant improvements and who told us they planned to register with CQC. However the service was undergoing a period of change and this could not be guaranteed. Therefore although the service was operating well, could not demonstrate stability and sustainability.

All staff we spoke to spoke very highly of the management team that were overseeing the home at the time of the inspection. They told us they felt well supported, had received extensive training and felt better equipped to do their job since the manager had taken over. One staff member told us "{name} is approachable and I can go to them for training needs". Another staff member told us "the service has leaped for forward since {name} came in".

The manager had implemented significant changes to the governance procedures of the home. The manager had complete oversight and was supported in their role by an operations director and managing director. All of the above worked for the management company that the provider had brought in to initiate improvement. The manager had implemented a quality assurance process that protected people and mitigated the risk of harm. The manager completed monthly, quarterly and annual audits which included skin integrity, falls, nutrition, care planning and infection control. We saw that one person was identified through the audits as being at increased risk of falls. This prompted the manager to seek further assessment and this person was awaiting a move to a facility that could better accommodate their needs.

The manager had worked closely with the local authority to improve the service since the last inspection. The service had met and been signed off from all the actions listed on the local authority improvement plan.

We found that the manager had appropriately displayed the previous CQC rating prominently on their website and in the reception area of the home. This showed that the service was now meeting the Regulation and that they were open and transparent with people who used the service, visitors and the public.

Staff told us they felt supported and were able to approach the manager if they had any concerns or questions. Staff told us that morale at the home had improved significantly since the last inspection and they now felt equipped to offer a better level of care.