

MyMil Limited

Syston Lodge Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Syston Lodge is a residential care home without nursing providing personal care and accommodation to 22 people at the time of the inspection. The service can support up to 25 people.

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

Quality monitoring and oversight was not fully effective at identifying and addressing shortfalls in areas around care planning, care records and risk assessments.

Improvements were needed to care records as these did not always provide the information and guidance staff needed to ensure people received consistent, effective support and intervention. Information in care records was not consistently recorded to fully demonstrate how people's needs were being met. Most staff had worked at the service for a long time and knew people well, which reduced the risk of immediate harm for people.

People felt safe living at Syston Lodge and staff understood their responsibilities in safeguarding people from the risk of abuse. People's medicines were managed safely and staff followed safe working practices to protect people from the risk of infections. There were sufficient numbers of skilled staff deployed to meet people's needs and keep them safe.

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.

People, relatives and staff were able to share their views and feedback was used to make improvements to the service. Staff had a clear understanding of their roles and responsibilities and felt supported by the registered manager. The registered manager was committed to ensuring people achieved positive outcomes as a result of their care and support.

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 was good (published 06 July 2018).

Why we inspected

We received concerns in relation to the management of medicines and a serious injury. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

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

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 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 well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement ●

Syston Lodge Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the 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 carried out by two inspectors and a pharmacy specialist advisor.

Service and service type

Syston Lodge Residential Home 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. Syston Lodge 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

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. 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 with three people and one relative to get their views about the care provided. We observed care and interactions between people and staff in communal areas. We also spoke with seven staff including the registered manager, deputy manager, three care staff, a housekeeper and a cook. We also met with a visiting health professional. We reviewed care plans and care records for five people, and medicine s records and stocks for eight people. We reviewed four staff recruitment files, staff training records and a variety of other records relating to the day to day management and oversight of the service.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last comprehensive inspection, we rated this key question 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.

Assessing risk, safety monitoring and management

- Risks were not consistently assessed and measures to reduce risks were not always clearly recorded in people's care plans.
- Some people did not benefit from up to date risk assessments being in place and not all risks had been assessed to minimise the risk of harm. For example, one person was known to demonstrate disinhibited behaviours towards other people and staff when they were distressed. Their care plan lacked any robust information around staff intervention and response during these times. A positive behaviour support strategy is essential to ensure staff are consistent in supporting a person who is experiencing distress, and to ensure any interventions are effective and based on best practice.
- A second person's care plan contained conflicting information as to whether a person was being treated for poor skin integrity by health professionals. Some records referred to nurse visits, whilst other records within the same timeframe referred to wounds as healed. Care records were not consistently completed by staff which meant there was no clear audit trail on the care and treatment the person was currently receiving.
- Most staff had worked at the service for a long time and demonstrated they had a good understanding of people's needs and potential risks. This reduced the risk of harm from incomplete information in care plans.
- Environmental checks, such as legionella, fire safety and electrical safety checks had been completed.

Please refer to the well-led section of this report to see what action we have taken regarding risk assessments.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Systems and processes to safeguard people from the risk of abuse

- The registered manager was clear on safeguarding referrals. They had referred incidents and accidents to safeguarding authorities to ensure timely action was taken to keep people safe.
- Staff had received safeguarding training and told us they would report any concerns they may have about abuse to the registered manager.
- People and their relatives told us they felt safe at Syston Lodge. One person told us, "I feel very safe here. They staff know how I need to be helped and they are kind and caring when they help me." A relative told us, "I feel [Name] is safe and well cared for. [Name] is at high risk of falls and staff identified sensors would help reduce the risk of falls. They consulted with us and falls have reduced since equipment has been in place."

Staffing and recruitment

- People were supported by regular staff who knew them well. The provider used a dependency tool to determine how many staff were required to meet people's needs. They told us they worked slightly above this requirement; this was confirmed in staffing rotas we reviewed.
- People and staff confirmed there were enough staff deployed to meet people's needs. One person told us, "The staff are kind and help me. If I press the care bell, they come straight away."
- The provider had followed safe recruitment processes such as obtaining references and carrying out checks with the Disclosure and Barring Service (DBS) as part of their recruitment process. 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.

Using medicines safely

- Medicines were administered safely. Temperature monitoring records showed occasional variations in fridge temperatures that exceeded the maximum temperature required to ensure medicines remained safe and effective. We asked the registered manager to review fridge temperatures.
- People were supported to receive their medicines as prescribed. There were suitable systems for ordering and handling medicines and controlled drugs.
- Medicines were administered by trained staff. Staff had good knowledge of what medicines were for and why people were taking them. Staff had been assessed as competent to administer medicines to people and these competencies were kept under review.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to receive visitors without restrictions, go out on visits and into their local community in line with current government guidance.

Learning lessons when things go wrong

- The registered manager and provider had learnt from a recent incident and had made immediate improvements to the management of medicines. They had shared learning and development needs with staff to ensure this was implemented through staff working practices.
- The registered manager reviewed accidents and incidents to ensure sufficient measures were in place to protect people from avoidable harm as far as possible.

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 we rated this key question requires improvement. The rating for this key question has remained 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

- Systems to monitor the quality of the service were not robust to identify all areas of improvement.
- The registered manager did a wide variety of audits however; these were not consistent in identifying areas of improvement required. For example, audits had not identified the lack of robust risk assessments, conflicting information in care plans and records and gaps in staff recordings within care records.
- Positive behaviour support strategies were not always in place for people who demonstrated their distress or anxiety through behaviours. Staff recorded information around people's needs and monitoring inconsistently which made information difficult to find.

The failure to have a robust approach to monitoring the quality of care was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some audits identified good practices and areas for improvement. For example, it had been identified through medication audits improvements were needed. The registered manager met with staff to explore these issues. Staff reported improvements had been made.
- Staff were clear on their roles and responsibilities and spoke positively about the support and guidance they received. Comments included, "There is a good culture here. The registered manager is very supportive with any issues we have, inside and out of work" and "It is a good place to work as there is really good teamwork here. The management are approachable and supportive."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager promoted a culture which was person centred and empowering.
- People benefitted from a culture which was enabling and inclusive. One relative described how staff had taken time to support their family member who was experiencing distress. Staff went out of their way to work with the person and provide the reassurances they needed, which had a positive impact on their emotional well being.
- A person described how staff knew how important things that mattered to them were, and supported them to access these.
- A health professional described staff as providing good care and were particularly skilled at supporting people through end of life care.

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 registered manager acted within their duty of candour.
- The registered manager worked with people, their relatives and health and social care professionals to ensure the right care was provided.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- People were supported to share their views informally, through staff or directly to the registered manager, or formally through meetings and surveys.
- The registered manager collated people's feedback and used this to make improvements. For example, improvements to laundry processes had been made as a result of people and relatives feedback.
- Staff felt able to share their views and were consulted and involved in developing the service, though minutes of staff meetings did not reflect these discussions.
- Staff worked well with families and other health and social care professionals to ensure people achieved good outcomes.

Continuous learning and improving care

- The registered manager has systems and processes in place to continuously learn and improve care.
- The registered manager was committed to making improvements to the service. The provider had a rolling plan to continue to invest and improve the service. For example, the replacement of flooring in some people's rooms was in progress at the time of our inspection visit.

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 17 HSCA RA Regulations 2014 Good governance Systems and processes were not sufficiently robust or effective to assess, monitor and improve the quality and safety of the services provided.