

Mr Tay Sivri & Mrs Goulsen Ibrahim & Ms Narin
Ibrahim & Mr Seref Ibrahim

Lymehurst

Inspection report

112 Ellesmere Road
Shrewsbury SY1 2QT
Tel: 01743 351615
Website: lymehurst@aol.com

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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



Overall summary

This inspection took place on 9 and 10 December 2014 and was unannounced.

Lymehurst provides accommodation and personal care for older people and people living with dementia for a maximum of 35. There were 30 people living at the home when we inspected.

The home had a registered manager in post; both the manager and one of the providers were present for our inspection. 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.

We found that the management of medicines had not ensured people received their prescribed medicines. Records indicated that a person had not received their treatment for eight days.

Summary of findings

People told us that they felt safe living in the home. We found that staff had a good understanding of the importance of keeping people safe. Staff were also aware of their responsibility of sharing concerns of poor care practices with the registered manager.

People told us that staff were always nearby to support them with their care needs. We observed that people did not have to wait long for support when needed. We found that the provider's recruitment procedure was robust to ensure that staff were suitable to work in the home. Discussions with staff and the records we looked at confirmed that safety checks were carried out before people started working in the home.

We found that the provider had a good understanding when it was necessary to carry out a Mental Capacity Act assessment and when Deprivation of Liberty Safeguards (DoLS) should be put in place. However, some improvements were required to find out if DoLS that had expired needed to be reviewed and extended. We saw a number of 'do not attempt cardio pulmonary resuscitation' forms in place. However, best interest meetings had not been carried out to ensure that decisions made were in the person's best interest.

Although staff supervisions were infrequent, staff told us that they felt supported and had access to routine training. Staff told us that they were happy working at the home.

People told us that they were happy with the meals provided and we found that the cook was able to cater for people's specific dietary needs. People had access to drinks at all times and staff were always nearby to assist people with their meals when needed. People told us that they were happy with the care and support they had received. Although people were unaware of their care plan. They told us that they had discussions with the manager about changes to the care and their support needs.

People told us that they were confident that if they had any problems the manager would sort them out. Complaints were recorded and showed what action had been taken to resolve the concern. We found that quality assurance audits in place were not robust. For example, there were no audits in place to monitor accidents and to take action to reduce the risk of them happening again. The audit in place for the safe management of medicine was not effective to ensure that people received their prescribed medicines.

Arrangements were in place to enable people to tell the provider about their experiences of using the service. People had access to regular meetings that gave them the opportunity to have a say in the running of the home. The people we spoke with and staff were aware of the management structure. We saw that staff were supported by the management team during our inspection to ensure people's care and support needs were met.

Summary of findings

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 safe.

The management of people's prescribed medicines was not robust and people did not always receive their medicines.

Staff were aware of their responsibility of sharing any concerns of poor practices or abuse with the manager to ensure people were protected from further harm.

Sufficient staffing levels were provided to meet people's assessed needs.

Requires Improvement



Is the service effective?

The service was not effective.

People were not always involved in decisions about their care and treatment. People had access to other healthcare services when needed.

People had access to food and drinks that met their dietary needs.

Staff had access to on-going training to ensure they had the skills to care for people.

Requires Improvement



Is the service caring?

This service was caring.

People were provided with care and support that met their needs.

People's right to privacy and dignity was respected.

Good



Is the service responsive?

This service was not responsive.

People were not always provided with support to pursue social activities of their choice.

Arrangements were in place to support people's cultural needs.

People had access to information that told them how to share their concerns. People's concerns were listened to, taken seriously and acted on.

Requires Improvement



Is the service well-led?

This service was not well-led.

There were insufficient quality audits in place to ensure services were effective.

Arrangements were in place to ensure people had a say in the way the home was run.

People were satisfied with the service they had received.

Requires Improvement



Lymehurst

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.

This inspection took place on 9 and 10 December 2014 and was unannounced.

The inspection team consisted of two inspectors and an 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. The expert by experience was experienced in elderly care.

Before the inspection we had asked the provider to complete a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before our inspection we spoke with the local authority to share information they held about the home. The local authority did not have any concerns about the service provided at the home. We also looked at our own systems to see if we had received any concerns or compliments about the home. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We used this information to help us plan our inspection of the home.

On the day of our inspection we spoke with eight people who used the service, two senior care assistants, three care assistants, the registered manager and one of the registered provider. We looked at records which related to people's prescribed medicines, care needs and assessment of risks. We also looked at other records which related to staff training, recruitment and the management of the home.

Is the service safe?

Our findings

The medication administration record (MAR) indicated that one person had not received their prescribed medicines for eight days. We spoke with one of the providers who was unable to confirm whether this person had received their medicine and staff had failed to sign the MAR. At the point of our inspection the person was not available for us to ask them whether they had received their medicine. The MAR showed that the person had been prescribed two inhaled medicines. However, the MAR was not signed to show that the person had received them. One of the providers told us that the person had refused their medicines but we found that staff had not recorded that these medicines had been refused. Whilst walking past the person's bedroom we saw one inhaled medicine in their room. One of the providers told us that the person managed this medicine themselves. There were no arrangements in place to ensure the person was supported to take their medicines as prescribed.

People had been prescribed medicines 'when required.' For example, for the treatment of pain relief. There were no written instructions for staff on how to manage these medicines safely. We spoke with one staff member who was responsible for the management of medicines. They were aware of when these medicines should be given. However, they were unsure of how often these medicines could be taken over a 24 hour period and when it would be necessary to obtain advice from the prescriber. Therefore people were at risk of not being appropriately supported to take their medicines.

A record was maintained of the fridge temperature where medicines were stored. However, we saw that for a period of eleven days the temperature had dropped below the recommended level but no action had been taken to remedy this. This meant that people were at risk of receiving medicines that were unsuitable for use.

We looked at one person's care record who required support with their mobility. The risk assessment did not provide information about the equipment required to

support this person. The staff we spoke with told us they knew the equipment needed to support the person. One of the providers told us that action would be taken to ensure the risk assessment provided more detailed information. We found that accidents and falls had been recorded. However, the provider told us that these had not been reviewed to find out if there were any trends or to take action to prevent it from happening again.

People told us that the staff and the provider were always nearby when needed. One person said, "When I need someone, they always come." We spoke with some people who required support with their mobility. They said that when they needed support they didn't have to wait a long time, unless there was an emergency. The provider was confident that there were enough staff to meet people's needs. We saw that staff were always available to assist people when needed and people did have to wait long for support.

Five people told us that they felt safe and secure living at the home. They told us that staff often asked them if they were alright. One person said, "The staff check on me during the night to see if I'm alright." We spoke with five staff members who understood the importance of keeping people safe. Four staff members told us that they had received safeguarding training. Staff said they would share any concerns of poor care practices with the manager. They were confident that the manager would take the appropriate action to safeguard people. One staff member said, "Even when we are busy, the people come first. It's my duty to observe what is happening to people. I talk to them and they know me well and tell me if they are worried about anything or if something has happened."

One of the providers told us that their recruitment procedures ensured that staff were suitable to work at the home. We looked at two staff files and saw that appropriate safety checks were carried out before people started to work at the home. People who used the service were not involved in the recruitment of staff but the provider said that this would be considered in the future.

Is the service effective?

Our findings

One person said, “I often pop out for some fresh air.” We saw that there were no restrictions imposed on people. Discussions with one of the providers confirmed their understanding of when a Deprivation of Liberty Safeguard (DoLS) should be applied for. DoLS are required when this deprives a person of their liberty to ensure they receive the appropriate care and treatment. The provider told us that no one had a DoLS in place. However, we found that where a DoLS had been in place the provider had no systems in place to reassess the person’s capacity when it had expired. The provider had a good understanding of the Mental Capacity Act (MCA) 2005 and when assessments should be carried out. The MCA ensures that the human rights of people who may lack mental capacity to make a decision about their care and treatment are protected. The provider said that staff had received MCA and (DoLS training. Four staff members told us they had received this training. Staff had a good understanding of MCA and DoLS and when this should be applied.

We saw that some people had a ‘do not attempt cardio pulmonary resuscitation’ form in place. This meant the person should not be resuscitated if they stopped breathing. Discussions with one of the providers confirmed that people were not always involved in this decision. The provider told us that best interest meetings had not been carried out to ensure that the decision made was in the person’s best interest. Therefore people were not involved in important decisions about their care and treatment.

Staff told us that they had received a structured induction. Induction is a process to support new staff into their role and to ensure they have the skills to care for people. Staff told us that their induction provided them with the skills and confidence to undertake their role. Staff said they did receive supervision but these were infrequent. However, they told us that they had access to regular staff meetings

and that one of the providers was supportive. Staff said they had received annual appraisal and the records we looked at confirmed this. One staff member said, “We have been given the paperwork to start thinking about this years’ appraisal.” Appraisal is a process to talk about the individual staff’s work performance and their development skills.

The provider told us that all staff had access to routine training and five staff we spoke with confirmed this. Staff told us that the training they had received helped them to understand how to meet people’s needs. Some people who used the service were living with dementia and staff said they had received dementia awareness training. Staff told us that this training enabled them to support and care for people living with dementia.

People told us that they enjoyed the meals and said they could have what they like to eat at any time. The cook told us they prepared meals for people with special dietary needs. For example, because of their health, religious or cultural needs. We saw that meal times were a pleasant experience and staff were nearby to support people when needed. People told us that they had access to drinks at all times. We heard staff ask people if they wanted a drink and saw that arrangements were also in place to ensure everyone had access to drinks in their bedroom. Discussions with the provider confirmed that when required people had access to a speech and language therapist and a dietician.

People told us that they could see their GP when needed. One person told us that they had spoken with their GP on the morning of our inspection. Another person who had problems eating said, “The manager organised the dentist to visit the home to look after me. This new dentist is very good and is helping to sort the problem.” The provider said people had access to other healthcare services and people we spoke with confirmed this. Access to these services ensured that people’s healthcare needs would be met.

Is the service caring?

Our findings

People told us that the staff and the provider were always respectful. We saw that staff approached people in a kind and caring manner. One person requested some assistance and we saw the manager support them in a kind and friendly manner. We heard another person tell the provider that they were feeling unwell. The provider took the time to listen and reassured them. People told us that staff did respect their privacy. During our inspection we heard staff knock on bedroom doors and ask if they could enter. People had access to private areas of the home that enabled them to entertain their guests in private.

People told us they were happy with the care and support they had received. One person said, “The staff are wonderful, they will always go that extra mile for you.” Staff told us it was important to promote people’s independence and support them to do as much as they could themselves.

One staff member said, “It is much better if people can get up to have their breakfast and move about during the day. I encourage them as much as I can and make them laugh too.” Another staff member said, “Sometimes you can guess what they want but it’s nice for them to choose what they really want. So I show them two different puddings so they can make a decision. That is very important.” We saw that people were relaxed and laughing with staff.

People told us that they had discussions with the manager about changes to their care and support needs. They said they were happy with the care they had received. We saw that the provider and staff were very caring and supportive. They showed warmth and compassion in the way they spoke with each person. One person said, “They are all lovely here, you have to speak as you find and I do. They are all good, they know me well.” Another person told us, “The provider loves her job and will do anything for us. The staff members are full of fun and they do make us laugh.”

Is the service responsive?

Our findings

People said that staff did ask for their consent before they provided care and support. Discussions with one of the providers confirmed that they provided a service to meet the individual's needs. We found that arrangements were in place to ensure people's specific cultural needs were met. For example, systems were in place to assist people whose first language was not English, staff had a good understanding of people's required cultural dietary needs.

People told us that they were unaware of their care plan. However, they told us that they were frequently asked if they were satisfied with the care they had received.

One person said, "I really miss going out during the day, even going for a walk down the road would be nice. They told us that it would be nice to have more staff, so they could spend more time with them. The manager told us that people were supported to go out but they were also reliant on people's relatives to take them out. One person told us, "We can go where ever we want. The bus stop is just outside and a staff member will come to the bus stop with you." Another person told us, "The activity organiser often arranges quizzes, which some of us like, but only a

few will join in, so I am the one that shouts out the answers." The provider had not reviewed activities to ensure they met people's needs. During the inspection we saw people reading the newspaper, watching the television and listening to music. Where people had chosen to stay in their bedroom staff had respected this. One staff member said, "Most people have their own routine that is very important to them and we respect this. One staff member said, "I usually spend time reading to people and they enjoy this. People also enjoy a chat. Their families will also take them out."

Four people told us that the provider and manager were always available and if there was anything wrong they would sort it out. For example, one person told us they had problems with equipment in their bedroom and the manager sorted it out promptly. People were given a copy of the provider's statement of purpose that included information about how to make a complaint. People told us that the manager and the provider did listen to their concerns and took action to address their concerns. A record of complaints was maintained and showed what action had been taken to address them. This meant that people could be confident that their complaints would be listened to, taken seriously and acted on.

Is the service well-led?

Our findings

The provider acknowledged that the audit in place for the safe management of medicines was ineffective. We found that the management of medicines was not robust and that one person had not received their medicines. We found that where a DoLS had been in place there were no monitoring systems to reassess the person's capacity when it had expired. The provider told us that best interest meetings were not carried out.

People told us that regular meetings were carried out that informed them about changes to the service. They said discussions related to meals provided and the introduction of new staff members. People told us that their comments were listened to and taken seriously. One person said, "During the meeting you can ask for new things or ask to speak to the manager in private. Nothing is too much trouble for them." Another person told us, "I can't speak highly enough about Lymehurst."

People told us they were happy with service they had received and said when concerns had been shared with the provider they were addressed. People told us that they completed quality assurance questionnaires. This enabled them to tell the provider about their experiences of using the service. The provider told us that information collated from these questionnaires were fed back to people on an individual basis and the people we spoke with confirmed this. The comments on these questionnaires were very positive about the service. Relatives were also given the opportunity to express their views about the service. We found where one relative had raised concerns, the provider had responded to them in writing.

The manager and one of the providers were involved in the day to day running of the home. Both people who used the service and staff had a clear understanding of the management structure. People told us that the registered manager and one of the providers were always available and they could ask to see them at any time.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

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.