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Lymehurst

Inspection report

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Lymehurst is a residential care home providing personal care to 26 people aged 65 and over at the time of our inspection. The service can support up to 35 people. The home is split over two levels with some bedrooms on the first floor and others on the ground floor. People can use a stair lift to move between the two floors. On the ground floor of the property there is a communal dining area, lounge and further seating areas. People have access to outside space.

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

Since the last inspection the electronic care planning system had been further developed. However, we reported an issue with the monitoring of fluid intake which the provider has said they will address. The environment was adapted to people's needs but a level of refurbishment was required.

People told us that they felt safe at the service. People were protected from abuse by staff who were confident to raise concerns. The service was well monitored and lessons were learnt when things went wrong. Risks to people's safety were assessed and there were sufficient numbers of staff to meet people's needs. Infection control measures were in place and medicine was given on time, by trained staff.

Staff received training to fulfil their role and were supported with additional training when required. People enjoyed the food that was available and were able to have a choice if they wanted something different. People had access to health care services and staff supported them to access other agencies. 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 were well treated and complimentary of the care received. People were involved in decisions about their care and treated with dignity and respect. People's independence was promoted and privacy maintained.

People's care was personalised to their needs and people were supported to maintain and develop relationships. Accessible information was seen around the home and people had access to a complaint's procedure. Any complaints received had been investigated and action taken where necessary. The service was able to support people through end of life however no one was receiving that level of care at the time of inspection.

Effective governance systems were now in place and the staff team were clear of their roles and responsibilities. The service upheld its duty of candour and there was a positive culture. The registered manager and the provider shared information and engaged others in discussions about the home and any changes required. The service could demonstrate continuous learning and that it worked in partnership with others.

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 26 March 2019). This rating was made following a focussed inspection where only the domains of safe and well-led were inspected. Our last comprehensive inspection for this service was carried out on 23 August 2018.

This service has been in Special Measures since 26 March 2019.

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.

Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Requires Improvement 

Lymehurst

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 three inspectors and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Lymehurst 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.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection including condition reports the provider had been required to send us as a result of being in special measures. 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. 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 nine people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the provider, registered manager, deputy manager, care workers and domestic staff.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. We also reviewed 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.

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 Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to safeguard people from abuse and the appropriate action had not been taken when staff had raised concerns. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Everyone that we spoke to told us they felt safe. One person said, "I feel safe here and it is secure. I have no worries now, if I have I tell them."
- Staff had all received training in safeguarding and told us they felt confident to raise concerns. One staff member told us, "We know how to recognise abuse, how to whistle blow and who we can speak to."
- At the last inspection we found that the provider had relied on the previous registered manager to let them know of any safeguarding concerns. At this inspection we found the provider had a greater presence in the home, and worked more closely with the new registered manager to ensure information was shared and acted upon in a timely manner.
- All safeguarding concerns received since the last inspection, had been followed up and reported to the local authority and the Care Quality Commission as required.

Assessing risk, to monitoring and management; Learning lessons when things go wrong; Preventing and controlling infection

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 regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people's safety were assessed and staff were aware of the measures put in place to mitigate the risk. For example, when people were identified as a risk of falls, referrals were made to the falls clinic and care plans were developed to advise the staff team.
- Accident and incident forms were being completed and reviewed by the registered manager. Actions

identified were recorded and completed in a timely manner.

- Health and safety checks were in place and equipment was maintained to ensure it was safe to use. One person told us they had been worried about the stair lift being old and getting stuck, so we checked the records and could see that it had recently been serviced.
- People were supported by staff who maintained effective infection control procedures. Staff had access to Personal and Protective Equipment (PPE) such as, gloves and aprons which were used when delivering personal care.
- Kitchen staff had cleaning schedules in place that outlined daily tasks. Completion of these tasks was monitored by the registered manager and any shortfalls had been addressed.

Staffing and recruitment

- People were supported by sufficient numbers of staff and people told us staff were able to provide them with enough support and supervision. Staff had time to support people with complex behaviour and no one was left waiting for support.
- Since the last inspection, the provider had introduced the role of a deputy manager. This ensured staff felt more supported and the management team had increased capacity to complete audits and reviews.
- Staff were recruited following the application of robust recruitment checks which ensured only suitable staff were offered a position. The provider checked people's experience, qualification and background.
- Staff rotas were produced in advance and vacant shifts were covered with either the providers own staff or agency staff. We checked with the provider that staff had access to information about any agency staff working alongside them. The registered manager confirmed they receive documentation evidencing that recruitment checks had been carried out and the agency staff member had received their compulsory training.

Using medicines safely

- People received their medicine from staff who had been trained and deemed competent to administer medicine safely. Detailed protocols were in place that explained why various medicines had been prescribed and when people would need 'as required' medicine such as, pain relief.
- Medicine was stored securely, and the required temperature checks were taken twice daily.

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 comprehensive inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to eat and drink enough to maintain a balanced diet

- Since the last inspection the home had developed their electronic care planning system and staff had access to electronic devices. These devices ensured staff had constant access to people's care plans and could record the care delivered in real time.
- We observed staff using the system and we identified the part of the system that recorded people's fluid intake was not accurate. We could not see the suggested daily amount of fluids people needed and whether this amount had been achieved. For one person who needed to be encouraged to drink, we found the records suggested that insufficient fluids had been given. When we spoke to staff we were reassured they knew what people needed and had been giving drinks however they acknowledged the record keeping was not providing an accurate picture. We recommended that adjustments were needed to ensure people were not put at risk of dehydration due to inaccurate record keeping.
- People's care needs were assessed and there were regular reviews held to ensure care was in line with choice, need and best practice.
- People had access to a balanced diet. There was a four-week menu in place which offered choice. We saw that people were able to change their mind further if they wanted something different to what was on the menu. One person said, "The food is always very good here and I enjoy everything I have, I am never hungry. There are always drinks available whenever we want."

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

- People with reduced mobility had access to adapted bathrooms and a stair lift.
- Some areas of the building had been redecorated but we could see that other areas were wanting attention. For example, carpets in some areas were becoming worn and the stair carpet was starting to come away at the edges. We discussed the long-term plan for the building with the provider. They told us, "We have been focussing on ensuring we have all the care plans and staff skills up to date. Our next plan will be to look at the environment. Some work has been done and we will address the other areas as soon as able." We recommended that an audit of the environment was carried out so that areas of most need could be prioritised.
- There was some signage around the home to support people in staying orientated, but it was minimal. The registered manager has advised us that following the inspection additional signage has been put up around the home.

Staff support: induction, training, skills and experience

- Staff received training to ensure they had the right knowledge and skills to meet the requirements of their role.
- We saw that training was advertised around the home and there was a current focus on supporting staff understand people's sensory needs.
- People were supported to progress in their roles. Additional training had been sourced around management and leadership, for those taking on more responsibility.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked with a few different agencies to provide effective care. People had been referred to the relevant agencies as soon as a need was identified.
- When we spoke to staff they were able to give us an update of who was involved with each person and what the other agencies were doing. This demonstrated information was being shared and feedback had been received.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain healthy lives and had access to healthcare services as required. People told us they were supported to see a doctor whenever they needed one.
- On the day of inspection, we observed the registered manager trying to arrange a dentist for one person who had recently come to the service and had not seen a dentist for some time.

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.

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.

- People's needs had been assessed under the MCA and applications to deprive people of their liberty had been made in line with the guidance.
- Staff had received training in this area and understood what restrictions people had and why these were in place.

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 comprehensive inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We observed people being well treated throughout the day. One person was not feeling very well, and the staff were attentive to their needs. They made sure the person was comfortable and tried to keep their spirits up which the person told us they appreciated.
- People were complimentary of the care they received both during the day and at night. One person told us, "I am always treated with care and kindness. They are all so very kind to me. My only real problem is I cannot sleep well but again the staff know that and keep an extra eye on me at night and come in and talk to me."
- People's care plans contained information about their individual characteristics such as they race and religion, as required under the Equality Act 2010.

Supporting people to express their views and be involved in making decisions about their care

- People were spoken to on a continual basis throughout the day. People we asked their opinions on what they wanted to do, what food they wanted and if there was anything they needed.
- We saw staff sat down with people, on more than one occasion, discussing their health needs and giving the person time to express what was on their mind. One person was very confused and quite demanding of the staff time. We heard the staff speaking with the person on multiple occasions and each time they listened to what the person was trying to say and offered the reassurance the person needed.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect. One person said, "They look after me very well indeed. I have a bath every week that's fine with me that's all Queen Victoria had, and she lived till she was 98! When I have a bath or when they help me with personal things they are kind and I never feel awkward. They are all very caring."
- People were encouraged to maintain their independence. One person said, "They keep an eye on me and make sure I use my walker which is a miracle for me and means I can move about."

Is the service responsive?

Our findings

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

At the last comprehensive 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

- People received care that was personalised to their needs. One person told us, "There is always something going on here and people to talk to and chat with. I enjoy that I am never bored here. We do go out and that is nice, and my family also take me out. All in all, our needs are all catered for in my opinion."
- The activity co-ordinator for the service had recently spent time reviewing the information held about people's history and known likes and dislikes. They had a visible presence in the service and were observed actively engaging people throughout the day.
- We saw photographic evidence of a range of activities which people had enjoyed over the past few months and people were clearly enjoying themselves.

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.

- Since the last inspection we saw an increase in the amount of accessible information available. Accessible information was displayed around the home about the service, menus, resident meetings and activities.

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

- We observed people interacting with one another and that staff had time to talk to them.
- People were prevented from being isolated. One person told us, "I keep to my room as I like the peace, but the staff always pop in regularly for a chat and to make sure that I am ok, they keep me safe and I am grateful for that."

Improving care quality in response to complaints or concerns

- People had access to a complaints procedure and a log was kept of any complaints received.
- Investigations were carried out as required and we could see that action was taken when necessary.
- Everyone we spoke to told us the staff responded to any concerns they had.

End of life care and support

- People at the service could be supported with end of life care however at the time of inspection no one was receiving that level of care.

- Some people had Do Not Attempt Resuscitation (DNAR) agreements in place and this information was clearly accessible to the staff team.

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 requires improvement. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection the provider was found to be in breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since the last inspection a new registered manager had been appointed and they were working closely with the provider to ensure risks were managed and the service was working within the regulatory requirements. The relationship between the manager and the provider was positive and both informed us that information was shared daily. Any actions needed were discussed and agreed.
- The audit processes had been reviewed and an increased number of audits were completed monthly. These checked areas such as health and safety, care plans, staff files and infection control. However the issue of recording fluids had not been resolved and there was no audit of the environment, meaning that the audit process had yet to be fully embedded.

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

- The registered manager had recently reviewed the values of the service with both people living at the home and the staff team. The values were on display across the home.
- Staff told us that morale was good and the home was much better. One staff member told us, "There is a really positive atmosphere and staff are working together. The manager monitors everything and there has been lots of improvements."
- People appeared happy throughout our inspection and the interactions we observed were positive and pro-active.

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

- We found the service was working in an open and honest way and that any accidents were shared with the relevant person as required.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- People, staff and family members were provided with various opportunities to engage with the service. People had regular care reviews to discuss their individual needs and meetings were held monthly to discuss the service. Information was shared with all parties following the last inspection and future plans were explained.
- We reviewed the minutes of the 'resident's' meetings and saw subjects such as activities, menu's and staff supervision were discussed.

Continuous learning and improving care

- The service could evidence that it had systems in place to review the care delivered. The registered manager carried out observations in the service. These were discussed with the staff team to reflect on good practice and what could be improved.
- The service was part of a local provider network which offered training opportunities for the staff team.

Working in partnership with others

- The service worked in partnership with several different people including the local authority, community health teams and the local college.