

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 effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 5 December 2016. Syston Lodge Residential Home is a purpose built home situated in Syston. It provides accommodation for up to 25 people spread over two floors. There is a passenger lift and stairs to access the upper floor. At the time of our inspection there were 22 people using the service.

The service is required to have a 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. The service had not had a registered manager working at the service since November 2015. The manager had been overseeing the management of the service since November 2015 and was in the process of applying to become the registered manager of the service.

At our previous comprehensive inspection of the service on 12 January 2016 two breaches of legal requirements were found. After the inspection, the provider sent us an action plan detailing what they would do to meet legal requirements in relation to these breaches. This was to ensure that risks associated with people's health, safety and welfare were appropriately assessed, premises and equipment were safe and properly maintained and that the provider acted on feedback. These actions had all been completed.

People were protected from the risk of avoidable harm or abuse because staff could identify the potential signs of abuse and knew how to report and escalate any concerns. Risks to people's safety were assessed and control measures put in place to reduce them. Accidents and incidents were recorded but there was a risk that people's injuries could deteriorate and staff would fail to notice as the records did not support the ongoing monitoring of them. Medicines were stored appropriately however the recording of medicines did not always evidence best practice.

There were enough staff to keep people safe. Staff felt supported, received an induction, regular supervision and an annual appraisal to support and develop their practice. Staff understood their roles and responsibilities. Staff received training to enable them to meet people's needs. Training was not always renewed to ensure that staff knowledge was up to date with best practice.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's day to day health needs were met and people had access to external healthcare professionals when they needed them.

People told us that the staff were kind. Staff members knew people well and were able to tell us about their likes and dislikes. Staff did not always respond to people in a kind and considerate way. Relatives were able to visit their family members without unnecessary restriction. There was information on display at the service in relation to external support groups that were available and about advocacy and people's rights.

Planned activities took place at times throughout the week. Activities were not always specific to people's individual preferences and aimed more at group sessions for people to enjoy.

People contributed to an assessment of their needs. People's care records were reviewed but people were not involved in the review process. People who used the service knew how to and felt able to raise any concerns. Relatives did not always feel able to openly to raise their concerns.

Audits throughout the service were carried out and where any concerns were identified they were addressed. Quality assurance surveys were in place. However no action plan was developed from people's feedback to show what actions were going to be taken as a result.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

Risks relating to people's individual care had been assessed and control measures put in place to reduce these.

Accidents and incidents were recorded but people's records had not always been updated to accurately reflect people's injuries following on from them.

People's medicines were stored safely. The recording of medicines did not always support safe practice.

There were sufficient staff on duty to meet people's needs.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

Staff felt supported within their roles. Training they had been provided with had not always been renewed to ensure that staff had the most up to date knowledge and practice.

Staff sought people's consent prior to supporting them with their care.

People were encouraged and supported to have their main meals at the dining tables. People were not offered a choice of where they ate their evening meal.

People told us they were able to access healthcare professionals as they required.

### Is the service caring?

**Requires Improvement** ●

The service was not consistently caring.

People told us that the staff were kind. Staff did not always respond to people in a kind and considerate way.

Staff members knew people well and were able to tell us about

their likes and dislikes.

People's friends and relatives were able to visit whenever they wanted to.

### **Is the service responsive?**

The service was not consistently effective.

People had contributed to an initial assessment of their needs but they were not involved in reviews of this information.

People were able to participate in activities that were available however they were not always specific to people's individual preferences.

There was a comments book available for people and their relatives to record feedback. Relatives did not always feel able to openly raise any concerns.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not consistently well led.

Audits throughout the service were carried out and where any concerns were identified they were addressed.

Quality assurance surveys were in place. However no action plan was developed from people's feedback.

Staff understood their roles and responsibilities. Staff could explain how they would use the whistleblowing process.

**Requires Improvement** ●

# Syston Lodge Residential Home

## **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 5 December 2016 and was unannounced.

The inspection was carried out by one inspector 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, their area of expertise was for older people with dementia.

We looked at and reviewed the provider's information return. This is information we asked the provider to send us about how they are meeting the requirements of the five key questions. We reviewed notifications that we had received from the provider. A notification is information about important events which the service is required to send us by law. We contacted the local authority who had funding responsibility for people who were using the service to seek their feedback about the care that people received.

We spoke with 12 people that used the service and two people that were visiting relatives at the service. We also spoke with the manager and deputy manager, two members of care staff, the cook and a member of domestic staff. We looked at the care records of two people who used the service in detail, and other care documentation relating to people's specific needs. We looked at the incident and accident reports from the past four months, three staff recruitment records as well as a range of records relating to the running of the service including audits carried out by the manager.

# Is the service safe?

## Our findings

At our last inspection on 12 January 2016 the service was in breach of Regulation 12 Health and Social Care Act (Regulated Activities) Regulations 2014: Safe care and treatment as risks to people's health safety and welfare had not always been assessed. Action had not always been taken to mitigate risks to people at the service and the premises and equipment used by people at the service was not always safe and properly maintained. The provider sent us an action plan telling us how they would address this and at this inspection we found that all of these actions had been undertaken.

People were happy with the cleanliness and maintenance of the service. Staff members understood their roles and responsibilities in relation to infection control and told us about the regular day to day and deep cleaning they undertook. We saw that the home was clean and free from odours. There was a checklist that staff signed to confirm when they had completed each cleaning task. This was completed to evidence the cleaning had been carried out.

We saw that environmental risks were assessed and monitored to ensure that people were protected as much as possible from avoidable harm. For example a risk assessment in relation to the stairs had been carried out and this was then considered within people's individual care plans in line with their mobility.

We saw that risks relating to people's individual care had been assessed and control measures put in place to reduce these. For example where a person was at risk of falls a sensory pad had been put in place to monitor the person's movement when they were in their bedroom. This alerted staff when they were walking around so that they were able to provide support and reduce the risk of them falling.

We saw that accidents and incidents were recorded but people's records had not always been updated to accurately reflect people's injuries following on from them. For example where one person had experienced a fall, staff had taken appropriate action and sought medical attention. It was recorded that staff had noticed an initial bruise. However, the bruise was still of a substantial size at the time of our inspection. The care plan evaluation identified 25 days after the incident that the person's leg was swollen and bruised but there was no information recorded on skin care checks carried out between this time. This meant that there was a risk that people's injuries could deteriorate and staff would fail to notice as the records did not support the ongoing monitoring of them. We discussed this with the manager who said they would take action to ensure that this was put in place.

People told us they received their medicines as and when they needed them. One person told us, "They [the staff] give me my medicines and I take them." Another person told us, "I always take my [medicine name]." We saw that there was a medication management policy in place to support staff with the safe management of medicines. We saw that where people were prescribed medication on an as required basis that there were protocols in place for staff to follow in relation to the administration of them. We also saw that medicines were stored safely.

However we identified that where people were receiving eye drops these had not always been dated when

they had been opened. This in line with good practice and prescribing instructions to ensure that they are only administered while they are effective and disposed of following this. This meant that there was a risk that a person may receive eye drops that not effective. We found that where a person had a patch administered it had not been recorded appropriately on their medication administration record (MAR). This meant that there was a risk that staff would not actually know that it had been administered.

The recording of medicines was not always consistent with best practice. We found that the recording of liquid medicine amounts were inconsistent with the amount actually in stock. This meant there was a risk that the person's medicine was not being effectively monitored. We also found that where a person had returned with medicine from hospital these had been hand written onto a MAR chart and were not signed. There was a risk that the prescribing instructions may have been entered incorrectly and the person recording the prescription instructions did not have the correct authority or support to do so. We spoke with the manager about these concerns who advised us that they would take action to ensure that these areas were addressed.

People had individualised personal emergency evacuation plans in place that enabled staff to ensure, in an emergency, they were able to evacuate people in a safe and timely manner. A business continuity plan, which outlined how people would be protected in an emergency, was also in place and available to staff. Records showed regular servicing of the lift and other equipment such as hoists, walking aids, gas installations and fire safety and prevention equipment were carried out to ensure they were safe to use.

People told us they felt safe at the service. One person told us, "I've got no worries, I feel very safe." Another person told us, "I get on with everyone, if something was bothering me I would tell [the staff]." Staff demonstrated a good awareness of how to protect people from avoidable harm. They knew the different categories of potential abuse and what their responsibilities were if they had concerns about a person's safety. There was a safeguarding policy in place that provided information to staff members about the types of abuse and details of how they should report any concerns.

People told us there enough staff to meet their needs. One person told us, "I just shout out and call if I want something, I just call out to them," they went on to tell us, "Yes, they always respond." Another person told us, "There seems to be [enough staff], I can always find someone." Staff members told us that there were enough staff to meet people's needs most of time. They told us there were times when they were very busy but they always ensured that people's needs were met. We discussed staffing levels with the manager and deputy manager who told us they monitored the staffing levels in relation to people's needs and when people required additional support they reviewed the staffing levels in place. They also told us that there was always a senior carer on during the daytime and a member of the management team on call overnight who could provide advice and guidance if needed. We found there were sufficient staff to meet people's needs.



# Is the service effective?

## Our findings

People told us that staff understood their needs. Staff told us that they received the training that they needed to enable them to carry out their roles. One staff member told us, "I've done lots of training, a mixture of courses online and by distance learning." Another staff member told us, "The training is good, and we have meetings." We looked at the training records that were kept for staff. We saw that staff received an induction to the home when they first started and training courses to help and support them to carry out their roles. However we also saw that where courses were required to be renewed after a period of time these had not always been. This meant that there was a risk that staff's knowledge and practice did not reflect the most current and up to date practice.

Staff told us that felt supported within their roles and received regular supervision and an annual appraisal. They told us that in these they discussed their work and any concerns they had in relation to their work. They went on to tell us that they were always supported in these areas and received guidance and advice as that they needed.

Staff asked for people's consent prior to supporting them with their care. One staff member told us, "I always ask first." We observed that throughout the day of our inspection that staff sought people's consent prior to assisting them.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We found that where there was a reasonable doubt about a person's capacity to make a specific decision a mental capacity assessment had been carried out and recorded. Although they had not had the need to make any DoLS applications the manager of the service knew the process that they needed to follow should the need arise.

People told us they got a choice of meals. One person told us, "The cook asks about and offers a choice for the main for lunch, there is usually two choices and sometimes they offer alternatives." This was consistent with what we saw. The cook asked people during the morning about their preference of lunch from the menu and provided them with this choice.

People also told us they always had enough to drink and eat. One person told "I am well fed, I'm quite content." Another person told us, "The food is lovely, there's always plenty but I don't overeat." We saw that

people were provided with drinks and biscuits from a tea trolley during the morning and again in the afternoon.

We saw that menus were available on the dining tables throughout the home. They were produced on a four weekly rotating cycle and provided a balanced diet. We spoke with the cook who had a good understanding of people's dietary needs and told us how they adapted recipes to meet people's needs. Where people were at risk of weight loss they provided them with fortified foods.

People were encouraged and supported to have their main meals at the dining tables, although some people chose to remain in the chair where they had spent their morning. We saw that where people had moved to the dining tables they engaged in general conversation with each other during this time. This provided some social stimulation for people and also provided them with a change of position. During the evening meal nobody was offered the choice of sitting at the dining table and food was served to people where they were sitting at the time. People were not provided with the option of moving. This meant for some people spending a long period of time sitting in the same position and for some people eating their tea while they were in a reclined position. We spoke with a person and their relative about this who both told us that they preferred to be seated at a table while they ate their meals. We discussed this with the manager who advised us that people should be offered the choice of where they sat and they told us they would address it with the staff.

People told us they were able to access healthcare professionals as they required. We saw one person being supported to attend the local doctor's surgery. Records confirmed the involvement of various health and social care professionals in people's care. We saw that people at the service had received support from the outreach team, GP's, chiropodists and district nurses when required

## Is the service caring?

### Our findings

We observed that when people called for assistance staff responded and supported people as required. However we did observe an occasion where a person was struggling to walk and the only staff member nearby was otherwise engaged. Their response to the person was short and abrupt in a communal area. We discussed this with the manager who advised us that they would talk with the staff member concerned.

There were two dining tables in the main lounge area where care staff congregated and spent a large proportion of their time. Whilst at times they were completing people's records, it was difficult to establish if staff were sat down on their breaks or just having a general chat with each other as they did not engage with people who used the service during this time. We discussed this with the manager who advised us that this had been raised with staff members but she would do so again.

People had information within their care plans that provided details about their life histories and events of importance to them. Staff knew this information about people but did not use it to engage in general conversations with them. Most staff had been at the service for a number of years and were from the local area like the people that resided there. Staff did not use this as an opportunity to engage with people in conversation and instead conversation was focused on tasks.

People told us that the staff were kind. One person who had recently experienced a bereavement of a close family member told us, "The staff have been caring, if things bother me, I do tell them." We observed a staff member being empathetic and caring towards this person and offer them continued reassurance. They took the time to listen to the person and didn't rush them to make any decisions. The person told us they appreciated the support the staff were providing them with.

Staff members knew people at the service well and were able to tell us about their likes and dislikes. The domestic staff knew about how people liked things placing in their rooms and which people liked their washing putting away and who preferred to do it themselves. People felt like their likes and dislikes mattered because staff took the time to get to know their usual routines.

People told us that their privacy and dignity was respected. Staff members were able to tell us how they respected people's privacy whilst supporting them with their personal care. We saw this to be the case. People told us that staff respected their independence. One person told us, "I am mostly independent and that's ok," Another person told us "I do what I can," they went on to tell us that staff respected that. We saw that where people were able to do things themselves they were left to do them. When people requested help staff supported them. Staff responded to people when they were asked for help but were not always able to identify when people required assistance through their observations.

Relatives were able to visit their family members without unnecessary restriction. Relatives visited throughout our inspection and we saw that in the visitor's book that people visited at various times. There was information on display at the service in relation to external support groups that were available and about advocacy and people's rights. Advocacy services act to speak up on behalf of a person, who may need

support to make their views and wishes known.

## Is the service responsive?

### Our findings

Some people told us that they participated in activities that took place at the home. One person told us, "I enjoyed the music session today." Another person told us, "I don't get involved in much." Another person in a smaller lounge area told us, "I have never been in the other living rooms but I like it in here." During the morning we saw a 'Boogie Beats' session taking place in the large lounge area of the home. People that were seated in the large lounge and able to see from their seated positions participated and enjoyed it. Other people we spoke with in the two smaller lounge areas they told us they were happy where they were and did not want to go to the large lounge and participate.

We looked at the activities that the home provided. We saw that planned activities took place at times throughout the week. There were activities such as a bingo session, board games, music morning, Boogie Beats and a church service held once a month. We also saw that there were outside entertainers that came in and sang and special event days held such as a 1950's day where people had enjoyed listening to 50's music, spent time reminiscing and watched a famous fifties film or participated in a 50's quiz.

There was an activities co-ordinator employed by the service on two days each week who spent time with people engaging them in activities and providing manicure and massage. During our inspection we saw that they spent time with people painting their nails. However we saw that each person's nails were the same colour and people were not offered a choice of colour. This showed that although activities were available they were not always specific to people's individual preferences and aimed more at group activities for people to enjoy.

People had contributed to an assessment of their needs when they started to use the service. This included information about their life history, likes and dislikes and how they wanted their needs to be met. However people were not involved in reviews of this information. This meant that the service could not assure themselves that the care they were providing continued to meet people's needs.

We saw that a comments book had recently been put in place and was available in the reception area of the home where people and relatives were able to leave any feedback. We saw that there had been two positive comments left during the previous month about the care that the home provided.

People told us that they felt able to raise any concerns or complaints. One person told us, "I've no complaints at all, if I did I would tell them." Another person told us, "If things bother me, I do tell them." However a relative raised a concern with us but told us, "I haven't said anything as I don't want to rock the boat." Another relative also felt that they were uncertain about raising their concerns. This showed us that people did not all feel able to openly to raise their concerns.

The service had not received any formal complaints within the last 12 months. We saw the provider ensured people had access to the complaints policy and procedure. It was on display in a communal area of the service and provided to people when they first started to use the service. However this had not been updated with the new managers details. It did include details of how people's complaints would be

investigated and timescales within which people could expect a response. It also contained information about where people could refer their complaints too if they were not satisfied with the providers response.

## Is the service well-led?

### Our findings

At our last inspection on 12 January 2016 the service was in breach of Regulation 17 Health and Social Care Act (Regulated Activities) Regulations 2014: Good Governance as the provider had failed to act on feedback to ensure people's safety and audits had failed to identify concerns at the service. The provider sent us an action plan telling us how they would address this and at this inspection we found all of the actions had been undertaken.

We saw that weekly environmental audits of the premises were carried out and where there were any areas of concern identified actions were taken to address these. For example we saw that one audit had identified that equipment was being stored inappropriately. Action was then taken to rectify it. We also saw that where refurbishment work at the service was required this had been identified and feedback given to the providers. The manager was waiting for confirmation in relation to the timescales of the work being carried out at the time of our inspection.

We saw that other audits were in place. These covered areas such as care plans, daily records, medication and fire monitoring. Where any concerns had been found, actions had been identified and these had then been undertaken.

Regular meetings for people who used the service were held. We saw minutes that confirmed these took place. We saw a wide variety of subjects were discussed and the manager was able to tell us about action the service had taken to address any concerns that were raised. For example in one meeting a person had requested for their laundry to be left on their bed for them to put away. We spoke with the housekeeper who confirmed that this is now what they did.

We saw that questionnaires were sent to people who used the service and the results put together in a pictorial format on display. The results from the last questionnaire were positive overall, however there were some areas where people weren't quite as satisfied as others. These included the way that food was presented, general cleanliness and tidiness of the building and grounds and the way that repairs were carried out. There was no record of the any action that was going to be taken in relation to this.

Staff told us that regular staff meetings took place and they felt able to contribute to these meetings. The staff we spoke with felt the management team were approachable and listened to their views. One staff member told us, "The manager is really good and I can talk to her about things." Another staff member told us how they met with the manager to discuss their workload and they listened to them and took action to address their concerns.

The service is required to have a registered manager. There was no registered manager at the service at the time of our inspection. The previous registered manager had not returned to their post since our last inspection and had resigned from their position. The manager had been overseeing the management at the service since our previous inspection in January 2016 and they told us that they were now starting the process to become the registered manager. Since the inspection we have received their application to

become registered.

We found that the previous CQC report was not on display at the service. We spoke with the manager about this who told us this had been an oversight and took immediate action to ensure that the summary report and ratings were on display in the reception area.

People were supported by staff who had an understanding of the whistleblowing process and there was a whistleblowing policy in place. Whistleblowers are employees, who become aware of inappropriate activities taking place in a business either through witnessing the behaviour or being told about it. They then report this to appropriate people to make sure that action can be taken to protect people and keep them safe.

Staff understood the values and aims of the service. They all told us that the service provided a homely atmosphere for people which was consistent with their statement of purpose. One staff member told us, "It's a happy home," another staff member told us, "It's like one big family." Staff we spoke with had a clear understanding of their roles and responsibilities. The manager was aware of the requirements of the provider's registration with the CQC. This including informing the CQC of any issues that could affect the running of the service or people living at the home. We had received notifications that supported this within the past 12 months