

Indigo Care Services Limited

# Lymewood Court Nursing Home

## Inspection report

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Date of inspection visit:  
25 March 2019  
03 April 2019

Date of publication:  
28 May 2019

## 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:

Lymewood Court Nursing Home provides both nursing and personal care in one building for up to 46 people, some of whom live with dementia. When we inspected 34 people lived at the service.

People's experience of using this service:

The providers processes for checking on the quality and safety of the service were not always effective in identifying and mitigating risk to people. The provider did not have sufficient oversight of the service to ensure consistent leadership and the delivery of safe care. There was a lack of partnership working with external agencies which delayed a safeguarding investigation.

The provider reflected on the concerns raised prior to the inspection and our findings. They advised us after our inspection that they had implemented a series of changes to their systems and approach to governance to bring about the required improvements.

We have made a recommendation about infection prevention and control. People were not fully protected from the risk of the spread of infection and risks to their health and safety. Clinical waste was not safely managed, and equipment used for people was not kept clean and hygienic. Action was taken at the time of the inspection to mitigate the risk of the spread of infection.

We have made a recommendation about the safe use of medicines. The management of medicines had improved in response to concerns raised by the Clinical Commissioning Group (CCG) and following our first day of inspection, however further improvements were required. Medication administration records (MARs) lacked information about prescribed creams and how they were to be used. There also needed to be a consistent approach to ensuring the safe management of medicines.

Safe recruitment processes were followed to ensure staff were suitable to work with vulnerable adults. There was enough suitably skilled and experienced staff on duty to safely meet people's needs.

A full description of our findings can be found in the sections below.

Why we inspected: This inspection was prompted by information of concern which we received from partner agencies about people's safety. As a result, we undertook a focused inspection to look into those concerns. This report only covers our findings in relation to the key questions we ask is the service safe and well-led. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lymewood Court Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Rating at last inspection: Good (Published 20 November 2018). The service has a revised rating of requires improvement.

Enforcement: The provider was in breach of regulation 17 because the governance of the service was not effective. You can see what action we told the provider to take at the back of the full version of the report.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. We will work alongside the provider, local authority and clinical commissioning group (CCG) to monitor progress. If any concerning information is received, 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 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** ●

# Lymewood Court Nursing 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** The first day of the inspection was carried out by two inspectors and the second day was carried out by a pharmacy specialist advisor.

**Service and service type:** The service is a care home. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at on 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:** Both days of the inspection were unannounced.

**What we did:** Before the inspection we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority and professionals who visited the service, following the concerns being raised, to understand what action had been taken. We used all this information to plan our inspection.

**During inspection:** We toured the premises and spoke with six people who used the service and two family members about their experience of the care provided.

We spoke with the deputy manager, three nurses, four care staff, the registered manager and a regional

manager for the service.

We reviewed a range of records. This included five people's care records and medication records, recruitment records for two staff and other records relating to the management of the service.

Shortly after our inspection, we received information from the provider confirming action taken to make improvements.

# Is the service safe?

## Our findings

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

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.

### Using medicines safely

- Prior to the inspection we received concerns from the Local authority and the Clinical Commissioning Group (CCG) about the safety of medication. This included people not receiving their prescribed medicines at the right times because they were out of stock. The provider was aware of the concerns and had worked to implement immediate changes to improve safety. When we inspected, action had been taken to improve safety in this area.
- We were assured at the time of the inspection that all medicines prescribed to people were available at the service and being administered at the right times.
- There was a large overstock of medication stored in the medicines room. The deputy manager had worked hard to address this, including working closely with GPs and the supplying pharmacist.
- Records lacked information for staff to follow about prescribed creams and instructions for use.
- A new electronic medicines system had been implemented by the provider. The system was not reliably used by nurses which created concerns in monitoring and ordering stock. The provider immediately responded to make improvements.

We recommend that the provider follows relevant national guidance for the safe management of medication.

### Preventing and controlling infection; Assessing risk, safety monitoring and management

- People and others were not always protected from the risk of the spread of infection and risks to their health and safety.
- The disposal of clinical waste was not safe. The outside enclosure used for storing clinical waste bins was located at the front of the premises near to an open public place. The door to the enclosure was wide open and exposing bins which were overflowing with bags of clinical waste. The storage of clinical waste was made safe after we raised this with the registered manager.
- Equipment including wheelchairs and pressure relieving cushions being used for people were heavily stained with food and fluid spillages. The registered manager was unable to provide evidence of a cleaning schedule for wheelchairs and pressure cushions. The equipment was cleaned after we raised this with the registered manager and they provided evidence of the implementation of regular checks on equipment. We recommend that the provider follow relevant national guidelines about prevention and controlling infection.
- Staff had access to a good stock of personal protective equipment (PPE) and handwashing facilities and they used them appropriately.
- Emergency procedures for keeping people, staff and others safe, were in place and they were regularly reviewed and updated as required. These included personal emergency evacuation plans (PEEPs) and a business continuity plan.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems were in place to protect people from the risk of abuse.
- Staff had access to training and information about how to protect people from abuse. Staff understood what was meant by abuse and they knew how to report safeguarding concerns.
- The service involved people in managing risks and restrictions were minimised so that people felt safe. Plans were in place for identified risks and how they were to be managed to minimise the risk of harm to people and others.
- People told us they felt safe and trusted the staff. One person said, "Yes I feel very safe and secure here" and another person said, "They [staff] are careful and treat me well."

Staffing and recruitment

- Safe recruitment processes were followed. Prior to an offer of employment being made applicants were subject to a series of pre-employment checks to assess their suitability for the job.
- Safe staffing levels were maintained. This however required a high use of agency nurses due to there being a number of vacant nursing posts. The registered manager confirmed they were actively recruiting for nurses and in the meantime, they called upon regular agency nurses who were familiar with the service and people's needs.



# 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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations had not been met.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; Continuous learning and improving care.

- The systems the provider had in place to check on the quality and safety of the service were not used effectively. They failed to highlight and mitigate risk to people's health and safety.
- Audits failed to identify dirty equipment and the unsafe storage of clinical waste increasing the risk of the spread of infection. There was also a lack of systems in place for ensuring equipment was kept clean and hygienic.
- Prior to the inspection we received concerns from external agencies in relation to the safe use of medicines. The providers quality monitoring systems in use had consistently failed to identify these concerns and make improvements putting people at risk of unsafe care.
- Notifications of incidents were mostly submitted to the Care Quality Commission (CQC) as required and safeguarding incidents had been raised with safeguarding authorities. However, the Care Quality Commission (CQC) had not been notified in a timely way about allegations of abuse. This was because a senior member of staff was incorrectly advised by a senior operational lead within the organisation regarding the submission of notifications to CQC. The registered manager assured that notifications would be sent to us in a more timely way.
- There was a lack of oversight at provider level to ensure that their systems were being followed and to reassure them that the leadership was consistent in ensuring people received safe care.

Working in partnership with others; 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 service did not always work in partnership with others. Staff were not fully aware of their responsibilities to share information about people with partner agencies. This led to a delay in information being shared with the local authority safeguarding team as part of their initial enquiries into a safeguarding concern. The registered provider assured us that all staff and future requests for information about people using the service would be shared in line with their sharing of information policy.

The provider's systems to assess, monitor and improve the quality and safety of the service were not used effectively. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

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  The provider's systems to assess, monitor and improve the quality and safety of the service were not used effectively.