

# Pendlebury Care Homes Limited

## Lyme Green Hall

### Inspection report

Lyme Green Settlement  
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Macclesfield  
Cheshire  
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Date of inspection visit:  
16 August 2016

Date of publication:  
03 October 2016

### Ratings

Overall rating for this service

Requires Improvement 

|                            |   |
|----------------------------|---|
| Is the service safe?       | <b>Requires Improvement</b>  |
| Is the service effective?  | <b>Good</b>                  |
| Is the service caring?     | <b>Good</b>                  |
| Is the service responsive? | <b>Good</b>                  |
| Is the service well-led?   | <b>Requires Improvement</b>  |

# Summary of findings

## Overall summary

The inspection visit at Lyme Green Hall took place on 16 August 2016 and was unannounced.

Lyme Green Hall offers accommodation for a maximum of 60 people who require nursing or personal care. The premises are set within its own grounds in a semi-rural residential location in Macclesfield. The home is subdivided into three distinct areas, each with individual bathroom facilities, communal lounges and dining rooms: Villa Suite, Lymes Suite and Manor Suite. Most of the bedrooms have en-suite toilet facilities and access between floors is by stairs or passenger lift. At the time of our inspection there were 54 people living at the home.

The service had a registered manager. 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.

At the last inspection on 12 November 2013, we found the provider was meeting the requirements of the regulations inspected.

During this inspection, the provider did not ensure staff followed policies and procedures on the administration and recording of medicines.

This was a breach of Regulation 12 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment.) You can see what action we told the provider to take at the back of the full version of the report.

We observed the provider failed to deploy sufficient numbers of suitably qualified and experienced staff throughout the home to keep people safe and meet their care and treatment needs.

This was a breach of Regulation 18 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Staffing.) You can see what action we told the provider to take at the back of the full version of the report.

Staff received training related to their role and were knowledgeable about their responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

Staff had received training to identify abuse and understood their responsibilities to report any unsafe care or abusive practices related to the safeguarding of vulnerable adults. Staff we spoke with told us they were aware of the safeguarding procedure.

People and their representatives told us they were involved in their care and had discussed and consented

to their care. We found staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People, who were able, told us they were happy with the variety and choice of meals available to them. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration.

We found people had access to healthcare professionals and their healthcare needs were met. We saw the management team had responded promptly when people had experienced health problems.

Care plans were organised and identified the care and support people required. We found they were informative about the care people received. They had been kept under review and updated when necessary to reflect people's changing needs.

People told us they were happy with the activities organised at Lyme Green Hall. The activities were arranged for individuals and for groups.

A complaints procedure was available and people we spoke with said they knew how to complain.

People and staff spoken with felt the registered manager was accessible, supportive and approachable.

The registered manager had sought feedback from people who lived at the home and staff. They had consulted with people and their relatives for input on how the service could continually improve. The provider had regularly completed a range of audits to maintain people's safety and welfare.

## 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 always safe.

Medicines were not always administered safely and securely.

Staffing levels were not sufficient to support people safely.

Recruitment procedures were safe.

There were suitable procedures to protect people from the risk of abuse.

### Is the service effective?

**Good** ●

The service was effective.

Staff had the appropriate training and regular supervision to meet people's needs.

The management team were aware of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and had knowledge of the process to follow.

People were protected against the risks of dehydration and malnutrition.

### Is the service caring?

**Good** ●

The service was caring.

People who lived at the home told us they were treated with dignity, kindness and compassion in their day-to-day care. Their relatives and friends confirmed this from their observations.

Staff had developed positive, caring relationships and spoke about those they cared for in a warm, compassionate manner.

People and their families were involved in making decisions about their care and the support they received.

### Is the service responsive?

**Good** ●

The service was not always responsive.

People did not always receive personalised care that was responsive to their needs and wishes.

People were encouraged to participate in a variety of activities that were available daily.

People's concerns and complaints were listened to and responded to accordingly.

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

The service was not always well-led.

The registered manager had a visible presence within the service. People and staff felt the registered manager was supportive and approachable.

The registered manager had acted on the quality of the service provided. There were a range of quality audits, policies and procedures.

People had the opportunity to give feedback on the care and support delivered.

People had the opportunity to give feedback on the care and support delivered.

**Requires Improvement** 

# Lyme Green Hall

## 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 was 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.

The inspection team consisted of two adult social care 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 who took part in this inspection had experience of dementia care.

Prior to this inspection, we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are submitted to the Care Quality Commission and tell us about important events that the provider is required to send us. We spoke with the local authority to gain their feedback about the care people received. This helped us to gain a balanced overview of what people experienced accessing the service.

Not everyone was able to share verbally their experiences of life at the home. This was because people were living with dementia. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed how staff interacted with people who lived at the home and how people were supported during meal times and during individual tasks and activities.

We spoke with a range of people about this service. They included 14 people who lived at the home, two relatives and two friends who visited people during our inspection. We spoke with two members of the management team and five staff. We took a tour of the home and spent time observing staff interactions with people. We checked documents in relation to 10 people who lived at Lyme Green Hall and five staff files. We reviewed records about staff training and support, as well as those related to the management and safety of the home.

# Is the service safe?

## Our findings

People we talked with told us they felt safe. One person told us, "I always feel safe here." A second person told us, "I do feel safe here, they [staff members] are so good to me." A relative said, "[My relative] is happy here, we all get on with our lives, they are safe."

Lyme Green Hall was divided into three separate units. We looked at how the provider ensured there were enough staff to keep people safe. We looked at the staff rotas that indicated there were not enough staff to meet people's needs, at all times, on one of the units. Due to people living with dementia, we were unable to ask people's views on their staffing levels. We spent time completing observations throughout the day. We saw there were periods of the day when people were left unsupported. We observed one person falsely claim another person had assaulted them. The person being accused became upset by the allegation. A heated discussion took place between the two people. A staff member appeared, intervened and guided one person away from the area.

During our second observation, we observed a member of staff telephone for additional staff to help support a person who was in bed and in need of help with their personal care. For the duration of our observation, they did not receive support with their personal care.

We observed one person sit on the lap of another person. The person being sat on was significantly smaller than the person sitting on their lap. Fortunately, the distress and noise caused by this action resulted in the person rising and releasing the person trapped underneath. This incident was not witnessed by staff.

On the same unit, one person was escorted from their chair to the table in preparation for their evening meal. This person's trousers were wet showing they needed support to change. We alerted the member of staff to the situation. They told us, "[The person] is always like that. If they go to their room they won't get out." A second staff member arrived on the unit to help support people with their evening meal. It was only when we informed that staff member of the situation did the person in wet trousers received support with their personal care. The wet lounge chair and wet dining chair were not cleaned whilst we were present.

There were times during the evening meal when no staff were present. One person frequently left the table to walk up and down the corridor. When it was noticed, they were escorted back by a staff member. A second person after being prompted to eat their meal was left unsupervised. They then filled their mouth with large amounts of food. When a staff member was present, one person stood up from the dining table. The staff member asked the person if they wanted to go to the toilet, the person replied yes. The staff member told the person, "I only just changed you" and was guided to sit back at the table.

We spoke with the registered manager and shared our concerns relating to staffing levels. As a result of our feedback, the provider reviewed and increased their staffing levels on the unit. The registered manager told us they had also arranged for the activities co-ordinator to deliver support in the afternoons on this unit.

This was a breach of Regulation 18 HSCA (RA) Regulations Staffing. The provider failed to deploy sufficient

numbers of suitably qualified and experienced staff to keep people safe and meet their care and treatment needs.

During our inspection, we observed medicines administration on each unit. The medicines were stored in a locked trolley, which when not in use, was stored in a locked room. The staff member administered people's medicines by concentrating on one person at a time. There was a chart for each person that gave instruction and guidance specific to that individual. Each person had a medication administration recording form (MAR). The form had information on prescribed tablets, the dose and times of administration. There was a section for staff to sign to indicate they had administered the medicines. We looked at how staff stored and stock checked controlled drugs. We noted this followed current National Institute for Health and Care Excellence (NICE) guidelines.

However, two members of the inspection team each observed separate occasions when the person administering medicines left the medicine trolley unattended. On one occasion, one person who was living with dementia twice had access to medicines that may have been harmful. This showed medicine administration policies and procedures were not followed. People were at risk due to the unsafe management of medicines. We discussed this with the registered manager and area director who told us they would investigate the incident. They stated staff who administered medicines would be retrained and receive competency assessments.

This was a breach of Regulation 12 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment. The provider did not ensure staff followed policies and procedure on the administration and recording of medicines.

During the inspection, we took a tour of the home. A guest bathroom was unclean with no hand gel or soap for people to wash their hands. We spoke with the registered manager who told us people did not have access to the guest bathroom, it was for staff members. However, they also stated cleaning schedules had been reviewed to ensure all areas of the home were cleaned. We observed staff made appropriate use of personal protective equipment, for example, wearing gloves when necessary.

The registered manager had procedures to minimise the potential risk of abuse or unsafe care. Records seen confirmed the registered manager and staff had received safeguarding of vulnerable adults training. There were procedures to enable staff to raise an alert. Staff had a good understanding of safeguarding people from abuse, how to raise an alert and to whom. Care staff told us they would raise an alert if they had any concerns about inappropriate practice or conduct, regardless of who it was. Training records we reviewed showed staff had received safeguarding training.

The water temperature checked from taps in several rooms throughout the home was thermostatically controlled. This meant the taps maintained water at a safe temperature and minimised the risk of scalding. We checked the same rooms for window restrictors and found these to be in place and secure. Window restrictors are fitted to limit window openings in order to protect people who can be vulnerable from falling. Records were available confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use.

We looked at how accidents and incidents were monitored and the information reviewed. Records showed the person's name, date, time of incident, witness, what happened and injury if any. There was evidence of actions taken. The incident information was then studied and any additional support required to keep people safe was sought. For example, outcomes showed the involvement of healthcare professionals and the introduction of technology such as sensor mats. This showed the registered manager had a system to

monitor people's safety and seek support and guidance to manage the risks.

We found call bells were positioned in bedrooms close to hand, allowing people to summon help when needed. Throughout our inspection, we tested and observed the system and found staff responded quickly when summoned. Regarding the call bells one person told us, "Staff come when I buzz."

A recruitment and induction process ensured staff had the relevant skills to support people. We found the provider had followed safe practices in relation to the recruitment of new staff. We looked at five staff files and noted they contained relevant information. This included a Disclosure and Barring Service (DBS) check and appropriate references to minimise the risks to people from unsafe recruitment of potential employees. The DBS check helped employers make safer recruitment decisions and prevent unsuitable staff from working with vulnerable people. The registered manager checked any gaps in employment during the interview process.

## Is the service effective?

### Our findings

People and relatives we spoke with were complimentary and positive about the care provided at Lyme Green Hall. People told us they felt staff were trained and good at their job. One person told us, "They [the staff] couldn't be any better here, I am very satisfied." A relative of one person told us, "Every single member of staff is brilliant. My [relative] is in the best health ever."

Staff members we spoke with said they received induction training on their appointment. One person told us, "I shadowed the team leader, it was good." We spoke with a member of the management team who confirmed, "You have to have competent members of staff. You can't chuck them in at the deep end. They have to have a feel for the residents." A second staff member said, "The induction was very good and very enjoyable. There was group participation and it was pitched at a level I understood."

Staff told us they were provided with ongoing training, which enabled them to carry out their roles effectively. We looked at training records that confirmed staff received training throughout their employment. The training matrix identified what training was the service classed as mandatory and what training was recommended. For example, all staff received fire safety training as mandatory. Care staff were identified to attend specialised training around supporting people who had difficulty swallowing. The matrix also identified how often staff had to return and complete refresher training or whether the course required them to retrain. For example, staff received moving and handling training every year. This showed staff were given the opportunity to develop skills to help them give effective care.

Staff we spoke with told us they had regular supervision meetings. Supervision was a one-to-one support meeting between individual staff and a member of the management team to review training needs, roles and responsibilities. One staff member told us, "We can have a supervision on anything. We also talk about any changes in the home." A second staff member said, "I have supervision regularly."

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA 2005.

The registered manager demonstrated an understanding of the legislation as laid down by the MCA and the associated DoLS. The registered manager was aware of the changes in DoLS practices and had adopted policies and procedures regarding the MCA and DoLS. Discussion with the provider confirmed they understood when and how to submit a DoLS application. We saw evidence in the care plans of mental

capacity assessments and DoLS applications and paperwork. We also saw best interest decision statements in the care plans. When we undertook this inspection, 17 people were subject to DoLS in order to safeguard them.

During our inspection, we observed breakfast and lunch meal times. During our observation, one person told us, "The food is very good." A relative commented, "They do home cooking here. My [relative] is eating better than they have ever done." People were helped to make choices regarding the meals being offered. For example, there were menus with photographs of the food offered. We observed staff offered people drinks throughout the day and gave support when necessary with drinks. We noted one person who required a specialised diet received a sugar free option of foods being offered to everyone else. One person who lived at the home required a gluten free diet. We saw their food was stored separately and safely to prevent contamination. This showed the provider had effective safeguards so people were protected against the risks of dehydration and malnutrition.

We visited the kitchen and saw it was clean, tidy and well stocked with foods and fresh produce. We were told all meals were home cooked and freshly prepared. There were cleaning schedules to guide staff to ensure people were protected against the risks of poor food hygiene. The provider and chef had knowledge of the Food Standards Agency regulations on food labelling. This showed the provider had kept up to date on legislation on how to make safer choices when purchasing food for people with allergies. The current food hygiene rating was displayed advertising it's rating of five. Services are given their hygiene rating when a food safety officer inspects it. The top rating of five meant the home was found to have very good hygiene standards.

Staff had documented involvement from several healthcare agencies to manage health and behavioural needs. We observed this was completed in an effective and timely manner. Several records we looked at showed involvement from GPs, dieticians, occupational therapists and nurses. The records were informative and staff had documented the reason for the visit and what the outcome had been. For example, on the day of our inspection we noted a visit from a healthcare professional to treat a long-term health issue. We also observed one person being supported to attend a healthcare appointment. Care plans related to both people contained information on their ongoing health support needs. One person told us, "I can see a doctor when I want if needed, and my medication is given to me regularly." This confirmed good communication protocols for people to receive continuity with their healthcare needs.

# Is the service caring?

## Our findings

We observed positive relationships between people who lived at the home and staff. Staff were kind, considerate and showed concern for the people they supported. One person told us, "Staff are very kind, they do their best." A second person said, "I love it here, it's very nice." A friend of one person told us, "All the staff are kind and caring." A member of staff commented, "I am honoured to be able to look after people's mothers, fathers, husbands and wives. It is a tremendous responsibility."

In the reception of Lyme Green Hall was a dignity tree. On the tree's leaves were words and phrases written by people who lived at the home describing what dignity meant to them. For example, 'don't treat me like I'm daft because I am old', 'address people correctly' and 'treat people with compassion'. We spoke to the registered manager about the tree who told us people's views on dignity had been shared at staff and residents meetings.

On the wall in reception was a poem written by a person who used to live at the home. It started with, 'To the world you are just one person. To me you are the world.' On the wall were cartoons promoted by the Alzheimer's Society regarding dementia. The cartoons humorously showed how not to support someone. For example, one cartoon showed a carer talk about 'feeding time' rather than helping someone with their meal.

There was a book of remembrance with the names and photographs of people who had lived at Lyme Green Hall. The registered manager told us it was nice to sit with people and remember people who had lived at the home and reminisce. They said, "People with dementia are still people. They are all individuals and unique with stories to tell." This showed the provider was creative in showing staff that people matter.

When speaking with staff, it was apparent caring relationships had developed. Care staff spoke about people in a warm, compassionate manner. During the inspection, a visiting healthcare professional approached us and said, "Lyme Green Hall is one of the nicest homes. It is like a family, staff care, it's a lovely home with a lovely atmosphere."

We observed staff were respectful towards people. We noted people's dignity and privacy were maintained throughout our inspection. For example, one person was unaware they needed to return to their room and change clothes. Staff spoke with them quietly and discreetly and informed them of the situation. The staff member accompanied the person and helped them change their clothes. The staff member walked alongside the person, at their pace and chatted as they walked to the bedroom.

Staff were able to describe how they maintained people's privacy and dignity by knocking on doors and waiting to be invited in before entering. We looked in people's bedrooms, we saw they had been personalised with pictures, ornaments and furnishings. Rooms were clean and tidy which demonstrated staff respected people's belongings.

Family and friends we spoke with said they were made to feel welcome. Relatives told us there were no

restrictions on visiting, they came whenever they liked. Friends of one person told us, "We come every week, we are made very welcome." They further commented, "We have a laugh and joke with everyone, it's nice."

Care plans were personalised and held valuable pieces of personal information. People had a 'map of life' in their care plan. This had birthplace, childhood memories, interests and family information. For example, one plan stated the person would watch for their sister visiting every day and they preferred to sit in the quiet lounge whilst waiting. A second plan told us this person did not like to drink alcohol. A third person liked the music of Cliff Richard and reading. This showed the provider had spent time with people and promoted their individuality.

Care records we looked at all contained signed consent forms showing people had agreed to the care provided. We spoke with the registered manager about access to advocacy services, should people require their guidance and support. The manager showed good knowledge and told us they had helped one person to get an independent mental capacity advocate (IMCA). The role of the IMCA is to work with and support people who lack capacity. They represent their views throughout best interests processes. Having access to an IMCA meant the rights and independence of the person were respected and promoted. This demonstrated there were processes to support people who wished to access advocacy services.

We saw evidence staff had received training on end of life care from a local hospice. People had do not attempt cardiopulmonary resuscitation [DNACPR] forms within care plans. These were signed and ensured end of life wishes were valid and current. A DNACPR decision is about cardiopulmonary resuscitation only and does not affect other treatment. Regarding end of life support one staff member told us, "It makes me feel proud to help people on their last journey. You can make sure they have the right clothes. You can make sure they have a good death." This highlighted the provider had respected people's decisions and guided and trained staff about positive end of life care.

## Is the service responsive?

### Our findings

Staff had a good understanding of people's individual needs. For example, one person who lived in the home told us, "The staff know me very well." A second person told us, "When I was poorly, they got the doctor straight away." A relative told us, "Even though they are not a nursing home, the care was excellent. They couldn't have looked after [my relative] better if they was their mother." People were supported by staff that were experienced and trained to meet their needs.

As part of our inspection, we looked at how the provider ensured there was enough staff to meet the needs of people living at the home. We looked at the staff rotas that indicated there were not enough staff to meet people's needs at all times. Due to people living with dementia, we were unable to ask people's views on their staffing levels. We spent time completing observations and found people did not always receive care, and support when it was needed.

The provider assessed each person's needs before they came to live at Lyme Green Hall. The registered manager visited the person prior to admission. A relative told us, "The registered manager visited and did an assessment regarding [my relative] before they moved in." The registered manager told us they spoke with people and their family to make sure Lyme Green Hall is the right place for them. They also stated they double-checked the information immediately before anyone moved in. This was to ensure people's support needs had not changed. This meant the service would meet their needs and minimise disruption from a failed or unsuitable placement.

The registered manager and staff encouraged people and their families to be fully involved in their care. This was confirmed by talking with people and relatives. Regarding care planning, one person told us, "My son does all that for me around planning and what is needed. I am happy about that." Care plans had signed consent forms that indicated people and their families had contributed to the assessment and planning of their care.

We looked at care records of ten people to see if their needs had been assessed. We found each person had a care plan, which detailed the support required. The care plans we looked at were informative. They identified how staff supported people with their daily routines and personal care needs. The plans included sections on medical information, communication, what support was required, background information and risks to self and others. The plans included behaviour management plans, mental health support and nutrition and weight management information.

Each person had assessments on activities and interests and spiritual beliefs. These included, 'what keeps you going' and 'sources of strength'. We noted people found strength in music and organised religion. We saw there were fortnightly church services held at the home. Local clergymen also visited to meet and pray with individual people who lived at the home. The registered manager told us, "The church services are important, it means a lot to people." This showed us the management team saw people as unique and respected their individuality. The plans we looked at recorded review dates, which showed people's needs were regularly assessed.

There was an activities co-ordinator employed at Lyme Green Hall. The activities co-ordinator was responsible for organising a wide range of activities for people. On the day of our inspection, the co-ordinator had set up a nail bar. The activity copied the social situation that would take place outside of the home. The person and co-ordinator sat opposite each other across a small table. They chatted whilst nails were tended to and painted in the colour chosen by the person. It was apparent people involved valued this activity and they proudly showed their newly painted nails to the inspection team.

There was a daily Namaste programme at the home. Namaste care is based on the power of touch. We saw the activity involved gentle touch, dimmed lighting and quiet music. The registered manager told us, "It is not for everyone but it lowers people's anxiety levels, it's lovely. People are relaxed." We saw people were visited by 'pat a dog' once a month. This is using dogs as therapy. People enjoyed stroking and talking to the visiting dog. On one wall, we saw a chart that indicated Great Britain's success at the Olympics. Each time a British athlete won a medal, one was added to the chart. People took part keeping the chart updated. They were keen to show how well the British team were doing and their involvement with the chart.

We saw Music in Hospitals visited the home three or four times each month. Music in Hospitals is a charity that performs live music in hospitals and care homes. People told us they enjoyed the music. On one corridor of the home, we came across what was called a 'rummage box'. In the open box were hats, bags, wool, gloves, dusters and hair rollers. The registered manager told us people who liked to walk around the home would stop and investigate what was in the box. The box also had activity/twiddle muffs. The activity/twiddle muffs were made by the local church for people at the home living with dementia. The muff helped people living with dementia keep their hands warm and busy. The variety of activities on offer showed the provider recognised activities were essential to stimulate and maintain people's social health.

An up-to-date complaints policy was visible on the notice board. Staff were able to describe how they would deal with a complaint. We were told they would speak with the senior staff member, team leader or registered manager. People we spoke with told us they were happy and had no complaints about the service. One person who lived at the home told us, "I have no complaints." Another person stated, "If I wanted to complain, I would to [the registered manager]."

## Is the service well-led?

### Our findings

Relatives, friends of people who lived at the home and staff we spoke with felt the registered manager was supportive and approachable. One relative told us, "[The registered manager] is just brilliant, they work well and knows what is going on."

A member of staff told us, "[Registered manager] runs it [Lyme Green Hall] well." A second staff member stated, "The registered manager is here for residents but also here for the staff." Regarding the registered manager, we were told by a third staff member, "They are very active in the home. They come and check everything is right."

It was noted at the time of our inspection the provider had failed to have robust systems in place to recognise and act upon two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not meet the standards set out in the regulations.

The home had a clear management structure. Lines of accountability were clear. Staff understood their responsibilities, knew their abilities as well as the limits of their skills and when to seek advice. For example, staff had sought the registered manager for support and guidance to deal with an incident that had occurred at night.

The registered manager completed unannounced visits outside of their working hours. This was to monitor and safeguard quality and standards. The management team had knowledge of the needs of people who lived at the home. People we spoke with who lived at the home recognised and knew the roles of each member of the management team. This demonstrated the management team had a visible presence within the home.

There were regular staff meetings held to inform, involve and consult staff. Staff told us they were able to suggest ideas or give their opinions on any issues. One staff member told us, "The registered manager chairs the meeting and they discuss any issues or we can say if we have something to share."

The registered manager had 'employee of the quarter' for staff members. People who lived at the home, their friends and relatives voted for the award. The winning staff members received a monetary prize. The registered manager told us, "It gives staff a bit of a boost and makes them feel proud." One staff member told us, "It's nice to get appreciated." This showed the management team valued and motivated staff.

The home had systems to assess the quality of the service provided to the people who lived there. These included monthly audits of accidents, incidents, complaints, supervisions, training and medicines. The medicines audit included competency assessments for staff and a pharmacy inspection of the service's procedures. The systems used did not identify the issues highlighted in this report.

The registered manager sought people's views in a variety of ways. They told us they had an open door policy and people could talk with them whenever they wanted. People who lived at Lyme Green Hall, their

relatives and staff confirmed this. One relative told us they emailed the registered manager if they thought of questions when they were at home. A member of staff told us, "[The registered manager] is very approachable." There were also regular 'residents and relatives' meetings. We saw minutes that showed there were guest speakers at the meetings. We noted a solicitor had attended one meeting to give free advice on DoLs and lasting power of attorney. A lasting power of attorney (LPA) is a legal document that lets a person appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf.

People who lived at Lyme Green Hall, their relatives and staff completed surveys about their experience of the home and any improvements they would like. Responses included, 'nice staff', 'Staff take complaints seriously', 'The home has improved under [registered manager's] leadership. Represents the home well.'

We noted the provider had complied with the legal requirement to provide up to date liability insurance. There was a business continuity plan to demonstrate how the provider planned to operate in emergency situations. The intention of this document was to ensure people continued to be supported safely under urgent circumstances, such as the outbreak of fire.

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 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>The provider did not ensure staff followed policies and procedure on the administration and recording of medicines.                        |
| Regulated activity   | Regulation   |
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>The provider failed to deploy sufficient numbers of suitably qualified and experienced staff to keep people safe and meet their care and treatment needs. |