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Lymehurst

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Lymehurst is a residential home providing accommodation and personal care to 29 people aged 60 and over at the time of the inspection, some of whom were living with dementia. The service can support up to 35 people.

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

People were not always safe as the physical environment did not always support the safe provision of care and accommodation. The provider did not have effective infection prevention and control procedures in place.

The provider did not have effective quality checks in place to ensure people received safe care.

Medicines were not always safely stored. However, people received support with their medicines from staff members who had been trained and assessed as competent.

People were supported by enough staff who were available to assist them in a timely way. People were protected from the risks of ill-treatment and abuse as staff had been trained to recognise potential signs of abuse and understood what to do if they suspected harm or abuse.

The provider had assessed the risks associated with people's personal care and support. Staff members were knowledgeable about these risks and knew what to do to minimise the potential for harm.

People were supported to have maximum choice and control of their lives and the provider supported them in the least restrictive way possible and in their best interests; the application of the policies and systems supported good practice.

The provider supported staff in providing effective care to people through person-centred care planning, training and one-to-one supervision. People were referred to additional healthcare services if needed and staff were knowledgeable about any recommendations or treatments.

People were supported by staff members who were aware of their individual protected characteristics like age, religion, gender and disability.

The provider, and management team, had good links with the local communities within which people lived.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 09 November 2019). The service

remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections.

Why we inspected

The inspection was prompted in part due to concerns received about people accessing additional healthcare services in a timely way. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the effective sections of this full report. However, we have found evidence that the provider needs to make improvements in other areas. Please see the safe and well-led sections of this report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

We have identified breaches in relation to keeping people safe and how Lymehurst is managed at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lymehurst on our website at www.cqc.org.uk

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always 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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Lymehurst is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Lymehurst is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. Additionally, we spoke with six staff members including the registered manager, deputy manager, housekeeper, senior carer, carer and a member of the maintenance team.

We reviewed a range of records. This included four people's care plans and records of medicines administration. We looked at a variety of documents relating to the management of the service, including quality monitoring checks. We confirmed the safe recruitment of two staff members.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant 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.

Assessing risk, safety monitoring and management

- People were not always safe as the provider failed to identify or mitigate potential risks. For example, window restrictors were missing from several windows putting people at the risk of a fall from height. Hot water pipes to taps and radiators had not been covered and the hot water system was not secured putting people at the risk of burns.
- People had unrestricted access to the unoccupied second floor. This area was accessed by a steep set of stairs with a second steep set of stairs which had been secured at the bottom preventing the safe exit from this area. This put people at the risk of falls and entrapment.
- Not all substances hazardous to health were secured putting people at risk of accidental or intentional ingestion. We saw a cleaning trolley containing cleaning products had been left unattended and drain cleaner left accessible to people. Additionally, there was a spray bottle containing a potentially unknown cleaning substance as this was not appropriately marked. As this substance could not be confidently identified it put people at risk of delayed medical intervention should this product be ingested.
- The improvised stair gate at the bottom of the stairs was not at a safe height putting people at the risk of pivoting and toppling over. The top of the stairs was unrestricted putting people at the risk of falls. The metal stair lift support rail was uncapped exposing a raw metal edge. This put people at the risk of injury should they have contact with this.
- There was a significant gap in the length of the carpet in the lounge area. This had raised edges creating a tripping hazard putting people at the risk of avoidable injury.
- Not all areas of the home had appropriate signage in place to direct people to the nearest exit, putting them at risk in the event of an emergency. The registered manager confirmed with us one sign was confusing as it directed people in multiple directions, some of which were not suitable in the event of an emergency.
- We were not assured the provider was promoting safety through the layout and hygiene practices of the premises. We saw some items of equipment were rusted, there was exposed wood on door frames and handrails. One bedroom door had, what appeared to be residue from sticky tape and masking tape, on it. This could not be effectively cleaned. Some over chair table surfaces were compromised and showing signs of water ingress. There was also evidence of poor cleaning practice as we saw ingrained dirt on radiator covers and other equipment. These issues hampered effective cleaning and put people at the risk of communicable illnesses.

We found no evidence people had been harmed. However, systems were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. These issues constitute a breach of Regulation 12 (Safe Care and Treatment), of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014.

The provider responded immediately during and after the inspection. They contacted Shropshire Fire and Rescue and sought advice. They commenced remedial work on other areas identified and provided an action plan addressing ongoing work.

- Despite our findings people felt safe at Lymehurst. One person said, "I feel quite safe here. I have no concerns and I am looked after just fine."
- We saw assessments of risks associated with people's care had been completed. These included risks related to people's mobility, diet and nutrition.
- Staff members knew the risks associated with people's care and support and knew how to keep people safe from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe from the risks of abuse and ill treatment. One person told us, "If I was concerned about anything at all I would tell any of the staff. They are all great and I am confident they will do something about it."
- People were protected from the risk of abuse and ill treatment as staff members had received training on how to recognise and respond to concerns.
- Information was available to people, staff and relatives on how to report any concerns.
- The provider had systems in place to share information about any concerns with the appropriate agency. For example, the local authority, in order to keep people safe.

Preventing and controlling infection

- Staff members had received training in infection prevention and control and knew how to minimise the risks of infectious illnesses. This included updated training in response to the COVID-19 pandemic. Staff understood how to recognise and respond to signs and symptoms of infection.
- Staff members had access to personal protection equipment which they used appropriately when supporting people.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was making sure infection outbreaks could be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was supporting visits in line with the Governments guidance.

Using medicines safely

- The provider failed to ensure the medication trollies were secured to a fixed point as required.
- People received their medicines as prescribed and when directed. One person said, "I get my tablets the same time every day. I have faith in the staff that I get what I need."
- Staff members were trained and assessed as competent before supporting people with their medicines.
- The provider had systems in place to respond should a medicine error occur. This included contact with

healthcare professionals, investigation into any perceived error and, if needed, retraining of staff members.

- Guidelines were in place for staff to safely support people with 'when required' medicines including the maximum dosage within a 24-hour period to keep people safe. Staff members were aware of these guidelines.

Staffing and recruitment

- People were supported by enough staff. One person said, "I know it can get busy at times and I expect that. But I never need to wait for anything really."
- The provider followed safe recruitment checks. This included checks with the Disclosure and Barring Service (DBS). The Disclosure and Barring Service (DBS) checks and provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider had systems in place to address any unsafe staff behaviour including disciplinary processes and re-training if needed.
- The provider told us they had measures in place to mitigate the risks associated with COVID-19 related staff pressures.

Learning lessons when things go wrong

- The provider reviewed any incidents or accidents to see if any further action was needed and to minimise the risk of reoccurrence. For example, incidents, accidents and near miss incidents were reviewed to ensure appropriate action had been taken.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff working with other agencies to provide consistent, effective, timely care/Supporting people to live healthier lives, access healthcare services and support

- Staff members had effective, and efficient, communication systems in place. This helped to share appropriate information with those involved in the support of people. One person said, "There is access to district nurses or doctors if you need them. I am quite assured if I am ill, they (staff) will act on it straight away."
- Staff members were knowledgeable about people's healthcare needs and knew how to support them in the best way to meet their personal health outcomes.
- People's care and support plans clearly detailed any change in people's health and the contact with additional healthcare professionals including GP's District nurses or fast response.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have enough to eat and drink to maintain their wellbeing. One person said, "I like the food here and I can always ask for something different if I want. There is plenty to drink and if you want something the staff will always get it for you."
- When it was needed the provider monitored people's food and drink intake and any weight gain or loss. Any concerns or unplanned fluctuations in weight were passed to supporting healthcare professionals for their assessment.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical and social needs had been holistically assessed in line with recognised best practice. People told us they were involved in the development of their care plans. One person said, "I was asked all these questions about what I did and what I want help with. I think they just about covered everything." These assessments included, but were not limited to, mobility, skin integrity, diet and nutrition.
- People were supported by staff who knew them well and how they liked to be assisted.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessment. Staff members told us about people's individual characteristics and knew how to best support them. This included people's religious beliefs, gender identification, disability and personal preferences.

Staff support: induction, training, skills and experience

- People were assisted by a trained staff team who felt supported by the provider and the management team. One person said, "I have never really thought about the staff members training. I suppose it is because they are all so good, I have never questioned it."

- New staff members completed a structured introduction to their role. This included completion of induction training, for example, safeguarding, health and safety.
- In addition, new staff worked alongside experienced staff until they felt confident to support people safely and effectively. A staff member told us, "We do an induction when we first start. This includes shadowing another staff member and a load of online courses like safeguarding and infection control."

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.

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. 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 were supported in accordance with the principles of the Mental Capacity Act 2005.
- Staff, and the management team, followed best practice when assessing people's capacity to make decisions and knew what to do to ensure any decisions made were in the best interests of the person concerned.

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

- People told us they felt happy with the decoration and design of Lymehurst and felt they could easily find their way around. One person said, "I know where the kitchen is, where my bedroom is and where my favourite chair is. What more do I need to know?"
- People had access to the outside areas of the home and could do this independently should they wish.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider did not have effective quality monitoring systems in place to ensure improvements are identified and sustained. For example, their monitoring systems failed to rectify the exposed hot water systems and pipework, missing window restrictors, lack of emergency signage or the unsafe access to the second floor.
- The provider failed to ensure effective infection prevention and control practices were maintained throughout Lymehurst.
- The provider failed to ensure staff practice was safe and effective. Their quality checks failed to identify and correct potentially unsafe practices including the unsafe storage of cleaning products or poor cleaning of equipment and furniture.
- The provider did not take corrective action to ensure medicines were secured to a fixed point.
- The provider has not maintained an overall rating of good since December 2015.

Managerial oversight and environmental assessments were not robust enough to demonstrate their quality monitoring was effective. These issues constitute a breach of Regulation 17 (Good governance), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A registered manager was in post and was present throughout this inspection. The manager, and provider, had appropriately submitted notifications to the CQC. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. The last rated inspection was displayed on the providers website and at Lymehurst in accordance with the law.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had a positive relationship with the registered manager who they found to be accessible and engaging. One person said, "I know I could see [registered manager's name] anytime I want. They are always around and popping their head around a door."
- The provider regularly asked for people's feedback on their experiences of care. This was either face to face or as part of an annual survey of services. One person said, "I do get asked how things are and we do

have some kind of meeting where we can put our views forward. I think I am listened to and I can always shout up if I want." Feedback from the last survey was provided in the form of a "You said, we did," document which was circulated to people and families informing them of the action they had taken in response to the issues raised.

- Staff members told us they found the registered manager supportive and their opinions were welcomed and valued. One staff member said, "No matter what, they are always there for you come rain or shine." Staff had regular team meetings where they could discuss any aspects of their role with the management team. Any staff not able to attend received copies of minutes so they knew what had been discussed and also felt included.
- Staff members understood the policies and procedures that informed their practice including the whistleblowing policy. They were confident they would be supported by the provider should they ever need to raise such a concern. One staff member said, "If I was worried about anything at all I would be straight to the manager or [providers name]. No problem at all. If it wasn't sorted, I can always go to the local authority or the CQC."

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 registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.

Continuous learning and improving care

- The registered manager kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. This included regular updates from local authorities, a provider representative organisation, the CQC and Government agencies involved in adult social care.

Working in partnership with others

- The management team had established and maintained good links with the local communities within which people lived. This included regular contact with local healthcare professionals which people benefited from. For example, GP practices and district nurses.

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 The provider failed to ensure all areas of the home were safe.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective quality monitoring systems in place.

The enforcement action we took:

We have issued the provider with a warning notice telling them they must be compliant with the law by a certain date.