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# Lymehurst

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Lymehurst is a residential home providing accommodation and personal care to 27 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 safe as the provider completed assessments of risk associated with their care and support. Staff knew people well and how to keep them safe from avoidable harm. The provider had made improvements to the physical environment and also to their infection prevention and control practices. The management team reviewed incidents, accidents and near miss incidents to see if something could be done differently to keep people safe.

People received their medicines safely and as prescribed by trained and competent staff. The provider completed regular checks to ensure people received their medicines when they needed them. Medicines were stored safely.

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 followed safe recruitment processes.

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 had made changes to their quality checks which were effective in identifying and driving good care. People felt engaged with decisions about where they lived, and their opinions were valued by those supporting them.

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](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 14 December 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well led which contain those requirements. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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.

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](http://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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# 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 1 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 3 people who used the service about their experience of the care provided. Additionally, we spoke with 3 staff members including the registered manager, deputy manager, and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 3 people's care plans and multiple records of medicines administration. We looked at a variety of documents relating to the management of the service, including quality monitoring checks. We reviewed the recruitment process of 1 staff member.

# 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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were safe living at Lymehurst. One person said, "I am quite safe and happy here. I come and go as I please and if I need help it is always there as a sort of safety blanket."
- The provider had made improvements to the physical environment where people lived and the equipment they used. Window restrictors were in place, hot water pipes had been covered and access to potentially unsafe areas of the home had been restricted. Substances hazardous to health had been secured and a low stair gate had been altered to a safe height. The carpet in the main lounge had been replaced minimising the risk of tripping.
- The provider had reviewed their fire safety systems and regular checks were completed. Staff knew how to safely support people in the event of an emergency and people had individual personal emergency evacuation plans in place.
- 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, "I have never seen anything that concerns me at all here. It is quite safe."
- 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.

### 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.

#### Preventing and controlling infection

- The provider had made improvements to their infection prevention and control practices. This included painting untreated wood, replacing equipment which was no longer fit for purpose and painting doors and high frequency touch points to support effective cleaning.
- 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 that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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

- People received their medicines as prescribed. One person said, "To be honest I don't really think about my medicines. I don't need to because I get them every day as regular as clockwork."
- Staff members secured the medicines trolley when not in use minimising the risk to people of accidental or intentional access to medicines.
- Staff members were trained and assessed as competent before supporting people with their medicines.
- The provider had introduced a new medicine recording system which alerted them to any missed medicines prompting an explanation as why the medicines had been missed. The management team used



this system to complete quality checks of people's medicines including stock management and ordering. Medicines which were sensitive to temperatures were safely stored.

- 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 who were employed following 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 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 changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice, we previously served regarding the overall management of Lymehurst.

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

At our last inspection the provider did not have effective managerial oversight and environmental assessments were not robust enough to demonstrate their quality monitoring was effective. These issues were a breach of Regulation 17 (Good governance), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider had made changes and embedded effective quality monitoring systems to ensure improvements are identified and sustained. For example, in addition to the work completed to make improvements throughout the home they had identified additional improvements. This included replacing flooring before it became unsightly or unsafe.
- The provider completed checks to ensure their infection prevention and control practices were effective and maintained throughout Lymehurst.
- The provider had regular oversight of staff practice to ensure it was safe and effective.
- The provider had regular meetings with the registered manager where they discussed and actioned any improvements which were needed. Any improvements were identified as part of a 'priority needs analysis' and anything urgent was actioned without any undue delay.
- The provider had commissioned a new system for identifying and responding to repairs and improvements which would further support the effective system they had now established. This will support people and visitors to further identify and request improvements.
- 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, "Basically if there is anything I can just talk with anyone. I knew about the replacement carpets and the painting. I am happy with everything they do." Another person said, "I can talk with the manager whenever I want."
- Although the provider regularly asked for people's feedback on their experiences of care, they found their current systems did not generate a lot of feedback from people or relatives. As a result, they were introducing alternative systems for seeking effective feedback from people.
- Staff members told us they found the registered manager supportive, and their opinions were welcomed and valued. 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.

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.