Mrs Christine Lyte

# Caythorpe Residential Home

## Inspection report

77 High Street
Caythorpe
Grantham
Lincolnshire
NG32 3DP

Tel: 01400272552

Date of inspection visit:
10 February 2021

Date of publication:
04 March 2021

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | **Good** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

About the service
Caythorpe residential care home is a residential care home providing personal and nursing care to 12 people and is registered to provide care for younger and older adults at the time of the inspection. The care home can accommodate up to 14 people in one adapted and extended building.

People's experience of using this service and what we found
People lived in a safe environment. Staff worked to reduce the risks of harm to people in their care. People were supported by enough numbers of staff who knew their needs well. Their medicines were managed safely, and staff followed government guidance to reduce the risks of the spread of infection during the COVID-19 pandemic. When incidents occurred, staff used their learning from the events to reduce the risk of reoccurrence for the people in their care.
The quality monitoring processes in place had been reviewed since our last inspection and we saw there were improvements in this area. However, more time is needed to ensure the systems in place are sustained and embedded into practice to ensure continued good standards of care for people.

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

Rating at inspection
The last rating for this service was Requires Improvement, report published 3 December 2020. The provider was in breach of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had been sustained and the provider was no longer in breach of regulations.

Why we inspected
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 coronavirus and other infection outbreaks effectively.

We undertook this focused inspection to follow up on concerns we had received, 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. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service is Good. This is based on the findings at this inspection.

## 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?

Requires Improvement

The service was not always well led .

Details are in our well led findings below.

# Caythorpe Residential 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. 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 Care Act 2014.

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
The inspection was carried out by one inspector.

Service and service type
Caythorpe residential care home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during 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
We visited the service on one day and the visit was unannounced.
What we did before the inspection
We reviewed information we had received about the service since the last inspection. We received feedback from the local authority team who work with the service. The provider had not been asked to complete a

provider information return (PIR) form. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spoke briefly with two people, a member of care staff, a housekeeper and deputy manager. Following our visit, we spoke by telephone with the registered manager who had been unable to join us during our visit. We also spoke with two relatives of people who used the service about their experience of the care provided. We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Good

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

When we last visited the service, the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Assessment of risks to people's safety were not consistently reviewed, leading to some risks to people's safety not identified. Staff were not following government guidance in relation to wearing appropriate personal protective equipment (PPE) during the COVID-19 pandemic.

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

- There had been improvements to the way risks to people and the environment they lived in were assessed, reviewed and updated. Staff were continuing to review and update risks to ensure measures were in place to support people safely. For example, one person had fluctuating mobility needs and their care plan showed how staff should safely support the person whilst helping them retain some level of mobility.
- The environmental issues we highlighted at our last inspection, which had impacted on people's safety, had been addressed by the provider. This included improved security of the premises and work on fixing radiator covers securely to the walls.
- During our visit we saw staff were wearing appropriate PPE when supporting people. There was guidance displayed around the service to remind staff of the importance of wearing this equipment during the COVID-19 pandemic. Staff understood the safe way to don and doff (put on and remove) PPE. One staff member was able to explain in detail the processes they undertook. They told us they had received training and support around this area of practice.
- Prior to our visit we had received information that relatives of people at the service were not always following the government guidance in relation to safe visiting in care homes. We discussed the issue with the deputy manager who told us they had addressed this sensitive issue with relatives and had worked to resolve the concerns. We were assured they understood the guidance and was ensuring relatives followed the home's visiting policy which was in line with the governments guidance.
- The service was clean; we saw staff had clear cleaning schedules to ensure high standards of cleanliness were maintained. There were some areas of the home in need of some decorative refurbishment to support staff maintain standards of cleanliness. We discussed the refurbishment plans with the registered manager who told us they continued to prioritise areas for redecoration to support good hygiene. We saw they had recently refurbished the laundry area, which was clean and well organised.

Staffing and recruitment

- People were supported with adequate numbers of staff and their needs were met. One person we spoke with told us staff gave them the support they needed whilst supporting their independence.
- Safe recruitment practices were in place and the provider used references and the Disclosure and Barring service (DBS) to ensure no staff had any criminal convictions and were suitable to provide support for the

people living at the service.
● People were supported by staff who had received training for their roles. However, the training matrix showed some staff required updates of their training. The registered manager told us they continued to work to provide staff with this training, but the recent COVID-19 pandemic had affected their ability to provide the training in a timely way. They continue to monitor this and work with staff to ensure they have the skills for their roles. Following the inspection, the registered manager sent us details of their ongoing plans to ensure staff undertook appropriate update training.

Using medicines safely
● People received their medicines safely from staff who had received appropriate training in safe handling of medicines. Medicines were stored safely and medicine administration records (MAR) had been completed correctly. There was guidance in place to ensure people received any as required medicines such as painkillers, these were administered safely and at the appropriate times.
● The deputy manager showed us a recent medicine audit they had undertaken. The audit highlighted areas that needed improvements and the deputy manager had a plan in place to address the issues.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong
● People and relatives felt people were safe at the service. One person told us staff were caring and kept them safe. The relatives we spoke with were assured of their family member's safety at the service.
● The staff had recently raised a safeguarding concern to us and the local authority, we reviewed the actions they had taken to support people's safety around the safeguarding concern. They had worked with local health professionals to address concerns and had clear measures in place to reduce future risks to individuals.
● The staff group used the information they had about incidents to reduce future risks to people. For example, we saw information on the falls a person had suffered recently was used to implement measures to support the person safely in the future, whilst helping to maintain their independence.

Requires Improvement

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant further improvements were required in the quality monitoring processes to ensure standards of care remained consistent

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
When we last visited the service the provider was in breach of Regulation 17 of the Health and Social Care Act 2008, Good Governance. Quality checks had failed to identify some of the issues we found on inspection and the provider had failed to ensure best practice guidance in relation to infection control and health and safety was followed.
● At this visit there had been improvements to the quality monitoring processes and the registered manager had ensured government guidance had been followed to reduce the risk around the COVID-19 pandemic. This meant the provider was no longer in breach of this regulation. However, the changes made by the registered manager and their team needed to be better established and embedded into the service. Once established we will be able to make a judgement on the sustainability of the quality monitoring processes and whether they positively affect the care people receive. We will continue to work with the provider to monitor this.

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
● The staff team at the service worked with people and their relatives to provide an open, person centred approach to the care people received.
● People, relatives and staff told us they could talk to the registered manager and they were encouraged to give feedback on the service. Relatives we spoke with felt the communication between themselves and the staff team was good.
● Relatives told us they were aware of the changes to visiting their family member and staff worked with them to ensure they could safely visit their relation. One relative gave us an example of the window visits they had been able to have. They told us they rang each week and staff gave them clear information about their family member's care, they said, "The Staff are really nice [family member] loves them all."
● Staff attended regular meetings to discuss any updates on the way care should be provided. Staff told us they felt supported by the registered manager and the deputy managers. One staff member told us they felt the communication at the service was very good. They told us the new deputy managers were "brilliant".

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 her responsibilities to inform us of significant events at the service

as they are required by law to report to us. We receive regular communication and notifications from the registered manager on events at the service.

Working in partnership with others

● The staff team worked to ensure relationships with external health professionals affected positive outcomes for the people in their care. We saw a recent example of staff working with their local GP and other health professionals to ensure a person received the right care and treatment they needed.