

Logini Care Solutions Ltd

Cymar House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Cymar House is a care home which provides personal care to people. The home is registered to support 25 people and, at the time of the inspection the home was providing personal care to 25 people, most of who were living with dementia.

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

The service was not always managed well. Quality assurance systems were in place and happening regularly, however these had not always been effective in identifying the issues found at this inspection. We found consent for people who lacked capacity to make decisions about their care was not always sought or recorded in line with regulations and good practice. Recruitment was not always managed safely. We found adequate checks were not being completed regularly on equipment used to move people. These areas were being audited by the service but issues had not been identified or acted upon.

People told us staff asked their consent before supporting with care tasks. People were supported to have maximum choice and control of their lives and we did not find evidence of care not being delivered in people's best interests, however, for people who were not able to consent to their care, mental capacity assessments and best interest decisions were not always decision specific or being completed in line with regulations and best practice. We saw examples of relatives signing consent forms without having the lawful authority to do so.

We received mixed feedback about activities happening at the home. Some people told us they enjoyed the activity provision; other people told us there weren't many activities happening. There was a lack of evidence of regular activities for people who stayed in their bedrooms and for people living with dementia. We made a recommendation for the provider to review and implement good practice in this area.

Medicines were mostly well managed, and people received their medicines as prescribed. Improvements were required in relation to how people's 'as and when' required medicines were recorded and how effective it had been.

Most people told us they felt safe and enjoyed living at the service; their comments included, "It's lovely here, they are good to you." Relatives shared mainly positive feedback as well.

People were supported by a consistent team who knew people well.

Infection and prevention measures were in place to ensure people, staff and visitors were safe. We received feedback indicating that visiting guidance was not always being followed but the registered manager told us they were updating this and there were no restrictions on visiting.

Risk managements to people's care were assessed and control measures put in place to manage those risks.

We received positive feedback regarding staff being kind and caring. Staff spoke kindly about people and knew about their and preferences needs.

Staff felt well supported by management. There was a system in place to ensure staff were inducted and shadowed other experienced members of staff. Staff received varied training to meet needs of people they were supporting.

The registered manager collaborated with this inspection, was receptive to the inspection findings and acted on the issues found or told us the action they would take to address the issues identified.

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

Rating at last inspection

This service was registered with us on 14 June 2021 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 1 May 2019.

Why we inspected

This was a planned inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and effective sections of this full report.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified three breaches in relation to need for consent, good governance and fit and proper persons employed at this inspection.

We made one recommendation for the provider to review good practice guidance in relation to activities for people living with dementia.

Please see the action we have told the provider to take at the end of this report.

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Cymar House

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 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.

Service and service type

Cymar House 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. [Care home name] is a care home [with/without] nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

Our first inspection visit was unannounced. Our second inspection visit was announced.

Inspection activity started on 26 May 2022 and ended on 8 June 2022. We visited the location's office/service on 26 May and 1 June 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we held about the service including information about important events which the service is required to tell us about by law. We requested feedback from other stakeholders. These included the local authority safeguarding team, commissioning team, and Healthwatch Wakefield. 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 seven people using the service and four relatives about their experience of the care provided. We observed care in the communal areas to help us understand the experience of people. We 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 received feedback from one visiting healthcare professional.

We gathered information from several members of staff including the registered manager.

We reviewed a range of records. This included two people's care plans, risk assessments and associated information, and other records of care to follow up on specific issues. We also reviewed multiple medication records. We looked at three staff files in relation to recruitment, training, supervision and appraisals. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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.

Staffing and recruitment

- Staff's recruitment was not always completed safely.
- Some staff had started working before relevant references from previous employment in social care being sought. After the inspection, the provider sent us information showing they had requested this information.
- Staff's employment history did not detail dates of start and end of previous employment. This did not allow for any employment gaps to be identified and explored.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate recruitment was conducted safely. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People shared mixed feedback about how quickly staff supported them when they pressed their call bell. Their comments included: "They come quick enough if anyone falls or anything. Seems enough staff at night, they come if you press;" "People come when you press the buzzer;" "There's enough of them, but they do what they like. When they say two minutes, they mean half an hour" and "I buzz for all sorts and they don't come." Call bells response were not being monitored by the registered manager. We asked them to produce a report and found some calls had been responded over the expected time set by the registered manager; they told us they would investigate these instances and monitor this on a monthly basis.
- People were supported by a consistent team who knew people well.
- A dependency tool was not being routinely used by the registered manager to review staffing levels in line with people's needs. However, the registered manager told us they reviewed staffing levels regularly and they had recently made changes to the rota for an additional early shift in the morning, but this was not always covered, and ongoing targeted recruitment was taking place. Staff did not raise concerns about staffing levels but indicated that when the early shift was not covered it was very busy.

Using medicines safely

- Overall, medication was managed safely. We found guidance for staff when administering 'as required' medication lacked detail and staff were not recording how effective this medication had been. We discussed these concerns with the registered manager and they told us they would review this area immediately.
- People told us medication was administered safely and in line with their preferences.
- Staff's medication competencies were regularly assessed in line with best practice guidance.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People and relatives told us the care provided was safe. Their comments included, "Yes, I'm safe" and "[Relative] is safe."
- Risk managements to people's care were assessed and control measures put in place to manage those risks. For example, risk of falls or risks around people's skin integrity were assessed and plans put in place. We found some moving and handling risk assessment required further detail. We discussed this with the registered manager, and they told us this would be updated. In our conversations with staff we confirmed staff knew people's moving and handling requirements.
- On our first inspection day, we found equipment staff used to support people with their moving and handling requirements had not passed a recent Lifting Operations and Lifting Equipment regulations check. We discussed this with the registered manager. We confirmed this had taken place on our second visit.
- The registered manager regularly reviewed accidents and incidents, and action was taken when required.

Systems and processes to safeguard people from the risk of abuse

- The management team and staff were aware of their safeguarding responsibilities.
- One person shared information of concern about a staff member and the registered manager and provider took immediate action to investigate the concern and ensure people were safe.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- We received feedback from relatives indicating visiting guidance was not always being followed. We discussed this with the registered manager who told us they were updating their practice and confirmed there were no restrictions on visiting.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Some people could not give informed consent for some areas of their care. We did not find evidence that care was not in people's best interests, however mental capacity assessments and best interest decisions were not always decision specific or had not been completed in line with MCA requirements and code of practice. This was not in line with the provider's MCA policies and procedures.
- During this inspection, we found examples of relatives signing consent forms without having the lawful authority to do so.

Systems were either not in place or robust enough to demonstrate consent was sought and recorded appropriately. This placed people at risk of harm. This was a breach of regulation 11 (Consent to care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us staff asked their consent before supporting with care tasks such as personal care.

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

- The provider kept in contact with relevant healthcare professionals involved in people's care. However, during this inspection, we identified one person had a deterioration in their mental health and staff were regularly administering 'as and when' required medication to help manage their behaviour. The effectiveness of this medication had not been reviewed or advise from relevant health care professionals

sought. We discussed this with the registered manager and they took immediate action to make sure this people's health and care needs were reviewed.

- A visiting healthcare professional told us staff completed referrals in a timely way, listened and acted on their feedback.

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

- People's needs were assessed prior to people coming to live at the home. Care plans contained information about people's physical and emotional needs. People's preferences, choices and individual needs were considered and recorded in the home's electronic care system.
- Care and support was delivered in a non-discriminatory way and respected people's individual diverse needs. People's communication needs and preferences were recorded in their care plan; having this information available ensured staff were able to better support and communicate with people. People's medical conditions were described in their care plans.

Staff support: induction, training, skills and experience

- Staff completed an induction and training programme before starting to work independently.
- Staff were offered regular supervision sessions and staff confirmed this was helpful and supportive of their practice.
- People and relative told us staff were knowledgeable. One person told us, "They all know what they are doing, especially [seniors names]."

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

- People's nutritional and hydration needs were well managed. People's particular needs and preferences around their nutritional and hydration requirements were assessed, recorded and known by staff. People's weight was being monitored when required, to manage any risks to their health.
- People told us they enjoyed their meals and they could choose what to eat and when. Comments included, "Lovely;" "Very nice taste;" "Not too bad" and "Very nice, very tasty."

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

- People's bedrooms were personalised with items that reflected their preferences and interests.
- Communal areas had visual signs to remind people to call for help and press the call bells to prevent risk of falls. The menu and activities board were pictorial to facilitate people's access to this information.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

- Some people and relatives told us they could comment and had participated in reviews of their care arrangements; other people told us they were not sure if they had been involved. We saw staff were regularly consulting with people about day to day decisions about their care, such as what meals people would like, if people were ready to be supported with personal care or medication.
- The registered manager told us residents' meetings were not taking place and people's views and preferences were gathered by staff asking their opinion and feedback. Relatives meetings were held online. The registered manager told us they were in the process of reviewing these.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives we spoke with told us that staff were kind and caring. Comments included, "I get on with all of the staff. I don't have any trouble with any of them. They are there for you and help you;" "The staff are not bad; they get things if you ask them" and "The staff are grand even the new ones."
- We observed kind and helpful interactions between staff and people. For example, staff offering people choice of meals and drinks and checking if they had enjoyed them.
- Staff spoke to people respectfully.
- At this inspection we found evidence that the provider was giving consideration to people's gender preference of carers who supported with personal care.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and their privacy was protected. People commented, "They knock and keep me private."
- People's records were kept secured and staff's conversations in communal areas were appropriate and people's private matters were discussed with respect for their privacy.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and relatives shared mixed feedback about the activities happening at the home. Comments included, "I watch TV in my room. Staff come in and talk to me. I'd like to go out on the balcony;" "There are no activities, but they put on a good party, and we have some singers. My daughter visits" and "I've never seen any activities. I saw a sing song for St Patricks Day. People are asleep as there's nothing to do."
- There were activities happening at the home, but the provision wasn't always consistent or dementia friendly. We observed activities taking place at certain times of the day but there were also times people were not offered interaction. There was lack of evidence of activities for people who stayed in their bedrooms for clinical reasons or because it was their choice, or activities for people living with dementia who might display behaviour considered challenging to others. Good practice guidance on managing violence and aggression in care settings includes the regular provision of meaningful activities.

We recommend the provider reviews their activity provision, in particular for people living with dementia, and implements best practice guidance in this area.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Some aspects of people's care plans were detailed and person centred. However, other areas needed further information or to be updated. For example, one person living with dementia was known to display behaviours considered challenging to others. This person's dementia and mental health care plan lack detail about what the function of the behaviour was and the strategies that worked well. In our conversations with staff, they seemed to know the person well and told us how they adjusted their practice in particular circumstances.
- People's care plan included reference to their end of life wishes and preferences. The registered manager told us how anticipatory medication had been prescribed for people who required it and how they worked with relevant professionals to meet the needs of people who required palliative care.

Improving care quality in response to complaints or concerns

- Some people living at the home told us they would not raise concerns or know how to raise concerns if they were not happy with the care and support they received. We shared this information with the registered manager. It is important that people feel confident in raising concerns if required. Relatives told us if they had any concerns they would discuss them with care staff or management and were confident their concerns would be acted on.
- The provider had policies and procedures in place to manage complaints. We reviewed how this was

being managed and found it to be appropriate

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and plans put in place to support people with this area of their care.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; 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; Continuous learning and improving care

- During this inspection, we found regulatory requirements and good practice were not always being followed and this impacted in people's care.
- We found the management oversight had not always effective. Governance systems in place had either not identified or addressed concerns found during this inspection. Quality assurance systems were in place and happening regularly, however these had not always been effective in identifying and driving the necessary improvements. For example, medication audits were completed, however these did not identify issue found at this inspection. Staff files had been audited but the issues found at this inspection were not identified or addressed. Care plans were being audited regularly, and areas for improvement identified, but issues around compliance with MCA had not been identified.
- During this inspection, we found improvements were required in the quality, accuracy and completeness of some records. For example, in relation to people's care plans.

Systems were either not in place or robust enough to demonstrate effective oversight and management of the service. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was receptive to the inspection process and responsive in acting on the issues found at this inspection. People and relatives told us the management team and the registered manager were approachable.
- The provider had fulfilled their duty to inform CQC and the relevant authorities of incidents happening at the service.

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

- Most people and relatives told us they were satisfied with the care provided. Comments included, "It's lovely here, they are good to you;" and "It's well run, and people seem happy."
- There was an open culture within the service. Staff told us that the managers were supportive, that they could raise concerns with them and they were listened to.

- Staff told us they felt well supported by the service's management team and the team worked well together.
- The systems in place promoted good communication with staff, including handover meetings and staff meetings.

Working in partnership with others

- The service worked in partnership and collaboration with a number of key organisations to support care provision. This included working with health care professionals from multidisciplinary teams to make sure people had their health and social care needs met such as district nurses and mental health team.

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 11 HSCA RA Regulations 2014 Need for consent Mental capacity assessments and best interest decisions were not always decision specific or were not being completed. The policies and procedures in place were not being followed.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Management oversight had not always been effective. Governance systems in place had either not identified or addressed concerns found during this inspection. Improvements were required in the quality, accuracy and completeness of some records.
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Staff were not always recruited safely.