

Country Court Care Homes 2 Limited

Lyle House

Inspection report

207 Arabella Drive
London
SW15 5LH

Date of inspection visit:
21 November 2022

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20 December 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service caring?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Lyle House is a residential care home providing personal care to up to 70 people in one adapted building. The service provides support to older people and those with dementia. At the time of our inspection there were 69 people using the service.

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

Staffing levels were not always sufficiently managed to ensure that where there were staffing shortfalls; these were promptly covered.

Staff were not always as knowledgeable as they could be in where to escalate safeguarding concerns. Relatives felt that communications with the home could be improved.

People and their relatives felt they were safe and well cared for by staff. Infection control processes were effective in minimising the risk of infection. Incidents and accidents were well managed and investigated.

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

Staff respected people's privacy and dignity; supporting them to be independent when they were able to be. People's religious and cultural needs were accommodated.

Management support was improving across the home. Governance systems were in place to check the quality of care delivery and make improvements where necessary.

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 good (published 06 August 2021).

Why we inspected

The inspection was prompted in part due to concerns received about staffing levels and respecting people's privacy and dignity. As a result, we undertook a focused inspection to review the key questions of safe, caring and well-led only.

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.

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 good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

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

Enforcement and Recommendations

We have made recommendations in relation to staffing levels and safeguarding service users from improper abuse or treatment.

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 caring?

The service was caring.

Details are in our 'caring' 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 ●

Lyle 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 two inspectors and a member of the executive team. An Expert by Experience made calls to relatives. 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

Lyle 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. Lyle House 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 reviewed information received through statutory notifications and other information we held on our system. We used all this information to plan our inspection.

During the inspection

We spoke to 9 people living at the home. We spoke with the registered manager and the operations director. We spoke with 8 members of staff including the deputy manager, maintenance and care staff. We reviewed a range of records including 6 people's risk assessments, care plans and medicines records. We looked at 5 staff files. We reviewed a range of documents in relation to the management of the service such as rota's, compliance audits and policies. 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. Following the inspection, we received feedback from 8 relatives

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.

Staffing and recruitment

- Staffing levels were not always sufficient. We received mixed views from people and their relatives as to whether they felt there were enough staff to meet people's needs. Comments included, "I'm usually in bed and have to wait until they [staff] come in for me, it can be a long while, they say 'don't keep on buzzing'", "There are times where they do seem to be short-staffed", "There's always a carer around, you can always find someone" and "My relative has told me that there is a constant turnover of staff."
- Staff told us they felt they would have benefitted from increased staffing levels. Comments included, "Weekends are really bad and you have to turn back and do front of house as there's no one to give them [people] their meal" and "Not always [short staffed] and when we are we manage, everything gets done which should be done."
- The provider had scheduled what they considered sufficient staffing levels based on their dependency tool but measures were not always in place to ensure staffing shortfalls could be covered as quickly as possible.
- Records showed that there would not have been enough staff to evacuate people in line with their personal emergency evacuation plans (PEEPSs), in the event of the fire. The provider confirmed to us that they had a horizontal evacuation plan in place; but this was not always clear from people's PEEPs.
- We raised our concerns with the current staffing levels with the registered manager. The provider acknowledged that there were times when staff sickness could be difficult to cover. Following the inspection, they informed us they would utilise staff from their sister homes and look to recruit agency staff.

We recommend that the provider seeks advice from a reputable source in order to review the home's staffing levels.

- Staff were safely recruited. This included suitable references, a full employment history and a Disclosure and Barring Service (DBS) check. A DBS check provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. However, we did identify that not all of the staff we spoke with were clear on the external agencies they could contact should they need to escalate safeguarding concerns.

- Staff did receive safeguarding training and this was discussed during staff briefings. However, staff were not always clear on where concerns could be raised outside of their organisation.

We recommend the provider ensure all staff are regularly refreshed in their safeguarding knowledge.

- Despite the lack of staff knowledge of the above, people and their relatives told us they felt safe. Comments included, "I'm well looked after" and "I feel person is safe."
- Records showed that potential safeguarding incidents had been fully investigated by the provider.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

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

- Risk management plans were effective in providing guidance for staff. Risks to people were assessed and managed, with clear guidance for staff to mitigate risks. These addressed areas such as falls, malnutrition, skin integrity and behaviours that could cause anxiety or distress.
- Where one person could present with behaviours, there was a clear risk management plan in place which detailed the ways in which staff should respond to reassure and support the person.
- Incidents and accidents were investigated to ensure that lessons were learned. This included a full investigation of any occurrences, with any learning shared at team meetings or staff meetings.

Using medicines safely

- People received their medicines when they needed them. Where omissions or errors were identified in medicines administration recording the provider took action to address them through a regular audit process.
- Medicines records were clear in detailing the medicines people were prescribed and when they needed them. Where people were prescribed 'as required' medicines, protocols were in place so that staff knew when these should be administered.

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 supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was using PPE effectively and safely.
- 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. People were supported to receive visits from those that were important to them. Relatives told us that staff wore Personal Protective Equipment [PPE]. Comments included, "They have been very good with the PPE" and "There's no trouble with the cleaning, it is brilliant."

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.

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were well supported, with their individual needs met. Feedback included, "Nice staff, yes. They are polite", "Staff are kind", "It's very nice here, lovely people, they check how you are, anything they can do. It stops me feeling lonely", "The staff are all very nice, friendly and helpful" and "I would say that they are kind and that they treat people with respect."
- People were supported with any religious or cultural needs; with care plans reflecting any preferences. One person said, "A vicar comes in, he comes to us around the rooms and we can speak to him. They gave out crosses at Lent."

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

- People were involved in the planning of their care. Care records reflected people's histories, preferences and how this impacted on the care they now received. For example, one person's record clearly detailed their night-time routine.
- The views of people and those important to them were reflected in people's care plans. People's needs were reviewed and files recorded the details of the family members that had been involved.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Relatives told us, "The carers are respectful towards my relative. The carers let her be and don't force her to do anything she doesn't want to do, it will depend on her mood" and "The staff treat my friend well, the carers are good."
- Staff were passionate about the care they delivered. A staff member said "We take care of the residents, do things for them they cannot do. Give them their dignity, if they want to go to the shop. Washing them, we close the door."
- People were supported to be as independent as they were able to. Care records detailed what people were able to do for themselves, and where they may need additional support from staff.

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 good. At this inspection the rating has changed to 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

- Prior to our inspection we were not assured that staffing levels had always been effectively managed. The provider did not utilise agency staff, which meant that staffing shortfalls were not always effectively covered. Neither had the provider ensured PEEPs were accurate in defining whether people would need to evacuate the premises or remain in a place of safety.
- The home had a history of inconsistent leadership. The registered manager was new to their post; and whilst we found some areas that needed some improvement; as reported under 'Safe' we were assured that they were implementing action plans to improve service delivery.
- The registered manager ensured that all information in relation to important events was reported to the Care Quality Commission in a timely manner. Regular audit systems were in place to review the quality of care delivery and the registered manager was improving communications with staff to ensure that lessons learned were promptly shared.
- Where things went wrong; the registered manager was clear on the need to be transparent and ensure that they apologised when needed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Communications with relatives were not always as frequent as they could be. Some relatives reported that they would prefer more communications from the home in relation to their loved ones. We raised this with the registered manager; who told us they would seek to improve methods of communication with relatives.
- Notwithstanding the above; people were asked about the standard of care delivery of the home. The registered manager had continued with resident meetings. Minutes we reviewed showed that people's views were sought and acted upon. A relative told us, "There are always surveys and things to fill in. They [the provider] are always willing to listen when I give feedback."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives were positive about the registered manager. Comments included, "I have spoken to [registered manager] and he does make time for you. He is approachable and his office door is open" and

"We have directed people to Lyle House when they have been looking for care. I do think the home is well managed."

- Staff told us they felt the new registered manager was having a positive impact of the management of the home. Comments included, "He is good and supporting to us all the time, you can ask for any help" and "So far, he's good, he's a listening person. When I have problems, he'll help both professionally and personally."

Continuous learning and improving care; Working in partnership with others

- The provider worked alongside other partnership agencies to meet people's needs and improve the care they received. Care records detailed liaisons with other professionals; resulting in updated care plans being completed.

- Where one person had a change in their mobility, care records clearly showed that the person had been referred to the In-reach Team. Additional specialist equipment and guidance had been put in place to ensure that staff were clear on how to support the person.