

Lyngate Healthcare Ltd

Lyngate Care Home

Inspection report

236 Wigan Road
Bolton
Lancashire
BL3 5QE

Tel: 0120462150

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Lyngate Care Home is a care home which is registered to provide accommodation for up to 41 adults requiring personal care. The home is situated on the main road in the Deane area of Bolton. At the time of the inspection there were 29 people using the service.

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

Improvements had been made within the service and medicines systems were now safe. Medicines records were now complete and up to date.

Records of personal care had improved and were now complete and accurate. Documentation of risks was now more comprehensive and included information about how to mitigate risks effectively. Required health and safety records were complete and up to date.

People's dignity was respected and people were well-presented and looked warm and comfortable. People told us they were well looked after and staff spoke to people in a kind and friendly manner. People and, where appropriate, their friends and family were involved in all aspects of their care and support.

Systems were in place to help safeguard people from the risk of abuse. Staff were recruited safely and there were enough staff to meet people's needs effectively. Measures were in place to help prevent and control the spread of infection.

People were given choices and their opinions listened to. There was a range of activities on offer and people were encouraged to pursue their particular interests.

Individual methods of communication were documented clearly within the care files. People were supported to maintain contact with people who were important to them. People's wishes for when they were nearing the end of life were clearly documented.

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.

Complaints were responded to appropriately and the service had received a number of compliments. Audits were completed and any issues addressed with actions. The service took learning from these to facilitate improvement to service provision.

Staff were well supported and given information to help them do their jobs effectively.

The service worked well with partner agencies, including the local authority teams district nurses and mental health services.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 26 February 2020) and there were three 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

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, Caring, Responsive 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 has changed from requires improvement to good. This is based on the findings at this inspection.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Lyngate Care 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 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

Lyngate 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 gave the service 24 hours' notice of the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with ten people who used the service about their experience of the care provided. We spoke with the registered manager, the activities coordinator and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with a visiting health professional.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. 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. We spoke with one relative about their experience of the care provided. We spoke with four members of staff, including one senior carer, two carers and a domestic staff member. We contacted another health and social care professional who regularly visits the service.

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 now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At the previous inspection some medicines were not stored securely. Dates of opening were missing from topical creams and thickening agents used for drinks when people have swallowing difficulties. People did not always receive their medicines safely.

The above issues meant the service was in breach of Regulation 12 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.

At the previous inspection medicines records were poor, with inaccuracies and missing information.

This meant the service was in breach of Regulation 17 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.

- Medicines systems were safe, medicines were stored correctly and opening dates recorded clearly on creams and thickeners.
- All required protocols and guidance were in place for staff to follow.
- Staff had completed the required medicines training and previous competence checks had been replaced with a more robust and detailed document.
- Medicines records were complete and up to date. People's photographs were on the front sheets and allergies were recorded accurately.
- Audits and checks were complete and actions taken where issues had been identified.

Assessing risk, safety monitoring and management

At the previous inspection, risk assessments had little information about how the risks identified could be mitigated. This left people at risk of harm.

People's oral health needs were recorded, but there was little evidence of this being provided, which could

impact negatively on people's health.

The upper floor of the home was cold and temperatures of people's rooms were not monitored.

The above issues constituted a breach of Regulation 12 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.

- The service assessed, managed and monitored risk effectively.
- Individual risk assessments were in place within people's care plans. These were detailed and included mitigation for risks identified. Staff said they felt enough information was included for them to meet people's needs effectively.
- Health and safety risk assessments were in place and regular checks of the environment and equipment were completed.
- The premises were uncluttered and no trip hazards or other risks to people's well-being were apparent.
- Room temperature spot checks and hot water testing were completed regularly. We found two rooms which had been identified as having no hot water. This was rectified within 24 hours of the inspection visit.
- All required health and safety certificates were in place and up to date.

Systems and processes to safeguard people from the risk of abuse

- There were appropriate systems in place to help safeguard people from the risk of abuse.
- Any concerns were logged, followed up with actions and evaluated.
- Staff had completed safeguarding training and demonstrated good knowledge of the systems. They were aware of whistle blowing and were confident to follow the procedure if they saw any poor practice.
- People told us they felt safe and comfortable at the home. One person told us, "I know I'm safer here than at home." Another person said, "I feel perfectly safe here; everybody is ready to help you with anything."
- We saw people had walking aids near to hand. A person commented, "I have my walking frame here and if I need to go further, they [staff] take me in a wheelchair. I feel safe with them."

Staffing and recruitment

- Staff files evidenced the safe recruitment of staff and staffing levels were good on the day of the inspection.
- Staff told us there were usually enough staff, but mornings could be challenging and more staff would be good at this time.
- Agency staff were used frequently, but the same agency was always used and recruitment for regular staff was on-going.
- People who used the service said there were always plenty staff and call bells were answered promptly. A person told us, "I only have to press the buzzer and [staff] are here." Another person said, "If I ring the bell, someone comes within about ten minutes, or they'll shout, 'I'll be back in a minute' and they come as soon as they can."
- A health professional said, "There is not a big turnover of staff and there are always enough staff around."

Preventing and controlling infection

- Measures were in place to prevent and control the spread of infection.
- The premises looked clean and hygienic and cleaning schedules were followed and checked regularly. People told us, "They clean [my room] every day [and] the bedding is washed every week," and "The cleaners are very good. My room is cleaned every morning."
- The service had safe systems in place for visitors to follow to help minimize the risk of spreading infections.

- Staff had completed extra infection control training and specific training with regard to COVID-19 and the use of personal protective equipment.
- There were posters around the home to remind staff of the current guidance.
- The service was aware of how to access further guidance and advice around infection control if required.

Learning lessons when things go wrong

- Lessons were taken by the service from analysis of accidents, incidents, complaints and safeguarding concerns.
- We saw evidence of this learning being shared with staff.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At the previous inspection some people were not presented well and people's dignity was not always respected. This was a breach of Regulation 10 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 10.

- We observed staff being respectful of people's dignity throughout the day.
- People were clean and well-presented, with neat hair, clean nails and clean and tidy clothes. Everybody was wearing shoes or slippers, although not all had socks on. We asked one person if their feet were warm enough in just slippers and they said they were (the room was very warm).
- We observed staff approaching people discreetly to ask if they required the bathroom.
- There was a laminated poster on the wall outlining issues of dignity as a reminder to staff of what is important in this area.
- Independence was promoted and people were supported to reach their full potential. A relative told us, "They [the service] have put my faith back into [person's] chance of recovery and given me hope of a better prognosis. They sorted physiotherapy and have turned everything around. There has been a marked change in [person]."

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

- People said they were well treated. One person said, "You can tell [the staff] your troubles; they can tell when I'm upset. They're generally pleasant and cheerful; they're good friends to me." Another person told us, "[Staff] pop in all through the day and ask if there's anything I need. They make you feel well looked-after."
- We did note that two people were left in the dining room with their meal for a length of time. Both appeared to require some assistance. However, once staff were made aware of this, they assisted kindly and patiently.
- We observed staff speaking to people in a kind and friendly tone of voice.
- People's diverse needs were recorded within their care plans and there was evidence these needs were met at the service. A health professional told us, "The service doesn't move a lot of people on, even though some people have quite complex needs. They manage them well."

- A relative told us they were happy their loved one's best interests were respected. They said, "We had a mental capacity meeting around [person's] understanding of the care and treatment needed."

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

- There was evidence within care files of people's involvement in decision making.
- A relative told us, "[Person's] assessment was very thorough and we [person and relative] had lots of involvement. We were consulted around the decision about whether to move [person] from the dementia unit to the residential unit. They are wonderful and engage with the family so much."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were given as much choice and control as they were able to manage. One person said, "I choose not to go into the lounge most of the time, and that's fine with [the staff]; yes [they respect my choices]."
- We observed staff asking people what they wanted. For example, "[Name of person] are you going to have your lunch in the dining room or in [the lounge]? In here? Yes, that's fine, whatever you like."
- People told us they could choose whether they wanted to have a bath or shower and how often they wanted to do this. One person told us, "I have a bath once a week, which is enough for me." Another person said, "I had one particular carer to help me with a wash, until I overcame my embarrassment enough to ask for a shower. They let me have the same carer for that, because I do find it hard."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's particular methods of communication were documented clearly within the care files.
- There were easy read versions of information to help people's understanding.
- Signage on people's doors was in the process of being improved to help people orientate to their rooms.

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 had been supported throughout the pandemic to maintain contact with their families and friends. This had been achieved through a variety of methods, including telephone calls, face time and a private Facebook page.
- There was a visiting pod used for face to face visits, with reference to current guidance.
- Activities had improved and there were a variety of things people could be involved in. We observed a singing session and some games that people were enjoying.
- The activities coordinator made a point of speaking to people individually to ascertain their interests and find out what they enjoyed or didn't enjoy about activities offered.
- A person who had a particular hobby told us they had been actively encouraged and supported to pursue this.
- One person said, "I'm not interested in activities; I'm happier here in my room, but I have been down and

had my hair done, which was lovely."

- A new bar area had been set up in response to people's request. One person told us, "The new bar is something people said they wanted. It looks like it's going to be very nice."

Improving care quality in response to complaints or concerns

- Complaints were logged and followed up promptly and appropriately.
- Complaints were analysed for any patterns or trends so that learning could be taken from these.
- We saw a number of compliments received by the service. Comments included, "Thank you so much for caring for [person] in these very hard times" and "Thank you so much for your kindness and care of [name]. It has been much appreciated."

End of life care and support

- Where they had been expressed, people's wishes for when they were nearing the end of life were recorded and adhered to.
- There were Do Not Attempt Cardiopulmonary Resuscitation documents within care files for those people who had made this decision.

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 now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At the last inspection some records were inaccurate and/or incomplete. These included medicines records and documentation of personal care, such as bathing and positional changes.

This was a breach of Regulation 17 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.

- The service took learning from a number of areas to facilitate improvement within the home.
- Audits relating to issues such as health and safety, environment, call bells, documentation and medicines were completed. Any issues identified were addressed with actions.
- The service also completed a monthly quality audit which included an action plan to ensure improvements were made where needed.

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

- The service encouraged people to express their opinions and raise concerns to help ensure good outcomes.
- The registered manager had implemented a new initiative of 'coffee and chat' with people, to replace formal questionnaires. This had been much more successful in gaining meaningful feedback about areas such as staff, food, special requests and improvements. The results of the most recent chat were positive and comments from people included, "The girls are fantastic"; "The girls are lovely" and "All I want is life, they give me a life that I haven't had before."
- We saw people being listened to throughout the day, expressing their wishes and opinions and being encouraged to achieve their full potential.

Working in partnership with others; 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 service worked well with partner agencies, including the local authority teams district nurses and mental health services.

- A health and social care professional said, "The registered manager is willing to listen and receptive to advice."
- Another health and social care professional told us, "The staff and the manager are always helpful and refer to the service appropriately."
- The response to complaints made by the service demonstrated an open and honest approach to concerns raised.

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

- The registered manager was aware of their responsibility to continually monitor the service provision to ensure a continuing high standard of care.
- Staff were able to demonstrate an understanding of their roles and responsibilities. One staff member told us, "We do handovers for every shift. We have an overlap with each shift so that we can spend the time to give verbal and written information. It works well."
- A health professional felt staff were clear about their roles. They told us, "We don't need an appointment to come in as any of the staff can give information about people."
- Staff understood risk management and one staff member said, "Risk assessments have enough information for us to provide the right care."

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

- There was evidence that people were involved in on-going discussions about their care and support.
- The service worked well with people's families and friends. A relative told us, "They communicate well, all the time. I had a lengthy conversation with [registered manager], who was willing to talk immediately and we spoke for 50 minutes. We discussed [person's] background and health."
- Staff were well supported and were given appropriate information and guidance. Staff were encouraged to make suggestions and raise concerns within staff meetings, individual and group supervisions.