

## Lythe Home Care Home Service

Lintmill  
Cullen  
Buckie,  
AB56 4TA

Telephone: 01542 841900

**Type of inspection:**  
Unannounced

**Completed on:**  
9 February 2021

**Service provided by:**  
2MAJIK LTD

**Service provider number:**  
SP2020013491

**Service no:**  
CS2020379335

## About the service

This service registered with the Care Inspectorate on 14 December 2020.

Lythe Care Home is registered to provide care for up to 32 older people. The home is in a rural location close to the coastal town of Cullen. At the time of our inspection there were 23 people living in the service. The provider is 2MAJIK LTD.

The home is a single-storey building that has had extensions added in previous years. The extensions have created three wings. All bedrooms have en-suite toilet facilities. There are shared bathing and showering facilities. Residents have access to a shared lounge and dining area and there is a small enclosed courtyard garden.

The service's written statement of aims states:

"To provide an environment that all residents can regard as their home, where they are not defined by their age and where prejudice does not prevent them from living fulfilling and active lives. We strive to ensure that each person is appreciated and accepted for their own uniqueness, where their thoughts and ideas are listened to in an environment of mutual respect and where access to an independent advocacy service is provided and encouraged when needed."

This was a focused inspection to evaluate how well people were being supported during the COVID-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic.

This inspection was carried out by inspectors from the Care Inspectorate and a nurse from NHS Grampian.

## What people told us

We spoke with five people and other people in passing. We have used their comments to inform our inspection, for example:

"My day is made up of happenings."

"I sit here with nothing to do."

"I am in so much pain, I get my pain killers at 10:30." (Time we spoke with this person was 12:00 hours).

"The girls (staff) are lovely. They are kindly folk."

"Find my day drags. There is little to do."

"I eat my my meals in my room. Its because of this virus."

"The food is good. Hearty food that's perfect for this weather."

"I get no privacy for my visit."

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How good is our care and support during the COVID-19 pandemic?	1 - Unsatisfactory
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Further details on the particular areas inspected are provided at the end of this report.

## How good is our care and support during the COVID-19 pandemic?

### 1 - Unsatisfactory

#### 7.1 People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic.

We evaluated how health and wellbeing was being supported for people experiencing care. We concluded that people's welfare and safety was being put at risk due to unsatisfactory practices and decided that immediate action was required.

We issued the provider with a letter of serious concern following our first visit on 4 February 2021. During our subsequent visit on 8 February 2021, we found the provider had not taken sufficient action to meet the requirements. We then issued the provider with an improvement notice.

Staff were kind and caring when attending to people's care and support needs. Staff were well-meaning in their actions and clearly wanted to take care of people. However, the care was routine, task led and not person centred. As a result, people did not always get the care and support that was right for them.

We spoke with four people who told us there was nothing to do to pass their time. One person said their day was broken with "happenings", they explained that these "happenings" were visits to the toilet, lunch and supper. Some activities took place in the lounge. This enabled a staff presence to provide supervision and support to a group of people. This meant that people who were in bedrooms had no access to activity. This was detrimental to people's health, wellbeing and affected the quality of their day.

Staff were not able to respond to people timeously when they asked for support. This was because they were all busy attending to care needs. Buzzers sounded for long periods of time before being answered, this resulted in some people having to wait for their needs to be seen too. We found on one morning that three people were still waiting for assistance to get up at 11:30 hours. This meant that the preferences and wishes of people were not always used to inform how they were supported.

People were being supported to keep in touch with loved ones by technology, telephone and window visits. There was a standard procedure for this, and people's individual needs and wishes had not been considered. As a result, these were not always positive experiences. One person told us "I get no privacy for my visit", making it difficult for her to have a conversation with her visitor. The service should assess the needs of people and ensure that the levels of support are appropriate to need, thus helping to make visiting meaningful and enjoyable.

The COVID-19 pandemic had impacted on the lives of people in the service, with changes to mealtimes, reduced access to communal areas to promote social distancing and contact with loved ones. COVID-19 care plans were in place however these were pre-printed generic plans that did not reflect the specific needs of the person. For example, important information about drug allergies, underlying health conditions and behavioural changes that may occur as a result of changes, were not used to inform the care plan. This meant that the care plan was not person centred and not reflected of the needs of the person.

Where a health need had been identified as requiring closer monitoring and additional care and support,

there was a failure to put the appropriate measures in place to reduce the risks to the health safety and wellbeing of people. For example:

People at increased risk of skin breakdown did not have their therapeutic mattresses set to the appropriate level and not supported to change their position. This increased the risks of skin breakdown.

Falls were not reviewed. This meant that actions were not always taken to prevent a re-occurrence. This put the health, safety and wellbeing of people at risk.

Staff had poor understanding of the altered textured diet and fluids that some people were prescribed. This put them at increased risk of choking, due to receiving the wrong textured diet or fluid.

The management of pain relief medication prescribed for people on an as required basis was not effective and resulted in one person not receiving pain medication when it was needed. This resulted in this person being in increased levels of pain and discomfort.

Medical professionals had instructed the monitoring of one person's blood pressure and blood sugars. However when these instructions had been changed, care records had not been updated to reflect this. This meant that monitoring forms and care documents could not be used to inform staff practice on how best to support people.

The services failure to care and support the clinical needs of people has meant that people's health, safety and wellbeing are at increased risk. (see requirement 1).

## **7.2 Infection control practices support a safe environment for both people experiencing care and staff.**

We evaluated how well infection-control practices supported a safe environment for people experiencing care, and concluded the service was performing at an unsatisfactory level.

Much of the home was visibly dirty and cluttered on our initial visit, with broken and worn equipment. This meant that it was difficult to clean and posed a risk of infection where it was not possible to disinfect it. This included commodes and cushions contaminated with body fluids, equipment that was stained and rusty, and sealant around sinks that had failed, leaving areas that were difficult to clean. On our second visit a deep clean and declutter had taken place in communal areas and corridors, but the laundry, one sluice room and most of the bedrooms still needed to be cleaned. (see requirement 2).

It was difficult to evidence how often the areas that posed a risk of infection were being cleaned, with limited domestic input and a lack of recent recording of what had been cleaned. There was no evidence of the management reviewing and monitoring the cleaning to ensure that cleaning was effective and safe. (see requirement 2).

Domestic staff described the demands of their role and the difficulty they had in completing multiple tasks, within a short time. Training had mainly been by observation, with no specific training for deep cleaning potentially infected areas. This meant the home had not been adequately cleaned for some time, which added to the risk of infection. (see requirement 3).

Cleaning chemicals being used were not in accordance with guidance for care homes. We found that staff were not aware of the risks posed by these chemicals and the need to ventilate areas where they were being used to reduce the risk from fumes. This meant that staff and residents were at risk of lung and breathing problems. (see requirement 4).

PPE was not stored in a way that protected it from cross contamination. We found supplies left exposed to potential infection on tables in corridors. Some of the supplies on these tables had no clear purpose, such as water-based wipes with no active ingredients. We brought this to the attention of the manager who took action to implement improvement. Suitable storage units with plastic drawers were purchased and put in place. These were seen to be suitably stocked and we were satisfied that there were suitable supplies of PPE within the home (see requirement 5).

Clinical waste bins were inadequate to dispose of waste safely. This was because they were insufficient in number and some were broken. As a result, bins were overflowing compromising the control of infection. We advised the manager that this must be addressed immediately. Action was taken to bring about improvement, with the provision of additional bins, although there were still not enough in all the key areas. (see requirement 5).

### **7.3 Staffing arrangements are responsive to the changing needs of people experiencing care.**

We evaluated how responsive staffing arrangements were to the changing needs of people receiving care, and concluded that the service was performing at an unsatisfactory level.

The number of staff on duty was determined by the number of people living in the home. There was no consideration given to the needs of people, the layout of the home, the changes brought in as a result of COVID-19 or an assessment of people's outcomes. Staff were not readily available, and some people had to wait for care and support. People did not always receive the necessary care and support that was best for them to keep them well. Staff told us they were "frustrated" at not having the time to do their job and were aware that they did not have the time to spend with people. The staffing numbers had impacted on the quality of people's lives and contributed to poor outcomes.

Some staff were allocated different roles within the home. They told us that they had not had appropriate induction and training to meet all aspects of these roles. It was custom and practice for one member of staff to work in the kitchen in the morning, clean in the afternoon and then return to the kitchen in the evening. This was not safe practice and increased the risks of cross contamination.

There was a lack of managerial oversight of the service. This meant that staff practice was not monitored, clinical aspects of care and support were not monitored and outcomes for people were not used to inform any change or improvement.

### **Requirements**

1. By 26 February 2021, the provider must ensure that people receive appropriate care, support, and treatment to meet their needs.

In particular you must:

- a) Ensure that the monitoring of blood sugar levels and blood pressure is completed as directed by medical professionals.
- b) Ensure that when any falls or accidents occur in the care service, immediate action is taken to secure the safety and wellbeing of any impacted individual. A detailed record of any falls and/or accidents that occur, irrespective of extent of injury, must be kept and regularly reviewed. Action must be taken following any

such review to reduce the risk of further falls and/or accidents, particularly where any pattern of recurrence is identified.

- c) Take immediate action to minimise the risk of skin breakdown where the integrity of a person's skin is identified as being at risk.
- d) Ensure that pain medication is administered when it is needed and that there is a review and assessment of its effectiveness.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

2. By 26 February 2021, the provider must ensure that people experience care in an environment that is safe, well maintained and minimises the risk of infection.

In particular you must:

- a) Compile an inventory of equipment used in the care service and assess its ability to be effectively cleaned. Where equipment is identified as being substandard or is unable to be effectively cleaned, this must be removed from use and replaced as appropriate.
- b) Ensure that, where fixtures are substandard and cannot be effectively cleaned, a risk assessment and a plan of action is developed to identify how and when it will be rectified.
- c) Ensure that processes, such as cleaning schedules, are in place and that regular quality assurance checks are undertaken to make certain that the cleaning schedule is always adhered to. The environment must be kept consistently safe and well maintained.
- d) Declutter and deep clean the environment to bring about immediate improvement.

This is to comply with Regulation 4(1)(a) and (d) and Regulation 10(2)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

3. By 26 February 2021, the provider must ensure there are adequate domestic staff, both in numbers and skill, to maintain a clean and safe environment.

This is to comply with Regulation 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

4. By 26 February 2021, the provider must ensure that cleaning products are used safely and are suitable for the task.

In particular you must:

- a) Review the cleaning products used in the care home to ensure that they meet the requirements for the management of COVID-19.
- b) Ensure that chemicals used in the care service that are hazardous to health are used in accordance with the Control of Substances Hazardous to Health Regulations 2002 to keep people safe.

This is to comply with Regulations 4(1)(a) and (d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

5. By 12 March 2021, the provider must improve its infection control practices to reduce the risk from cross infection.

In particular you must:

- a) Ensure that the laundry area is decluttered and cleaned so that there is a safe system for the management of laundry to prevent or reduce potential cross contamination and infection.
- b) Increase the number of clinical waste bins and ensure that all clinical waste is disposed of safely.

This is to comply with Regulations 4(1)(a) and (d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	1 - Unsatisfactory
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	1 - Unsatisfactory
7.2 Infection control practices support a safe environment for people experiencing care and staff	1 - Unsatisfactory
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	1 - Unsatisfactory



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