

Goring Care Homes Limited

Lyndhurst Residential Care Home

Inspection report

Lyndhurst Road
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10 October 2016

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out this inspection on 6 and 10 October 2016.

Lyndhurst Residential Care Home provides accommodation and personal care for up to 20 people. The home supports people with a range of conditions and includes people living with dementia. At the time of our inspection there were 20 people living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At an inspection in September 2015 we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. After the inspection the provider sent us details of how they would meet their legal requirements relating to the three breaches.

At this inspection we found some improvements had been made. However we found that improvements had not been made in relation to the effectiveness of systems to assess, monitor and improve the service. The management team we spoke with during the inspection did not have a clear understanding of their regulatory responsibilities.

We also found that people did not always have access to activities that interested them. Records relating to the administration of topical medicines were not always complete or accurate. We have made recommendations in relation to these issues.

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). Staff had completed training in MCA and understood the principles of the act. Staff understood how to apply the principles when supporting people who may be assessed as lacking capacity.

People felt safe and were supported by sufficient staff who had the skills and knowledge to meet their needs. People were positive about living in the service and about the caring nature of the management and staff.

Staff felt valued and were supported through regular supervision and team meetings. Staff had access to training to enable them to improve their skills and knowledge.

People and relatives were involved in decisions about people's support needs. People had care plans which detailed the support they required and how the support would be provided. Care plans were regularly reviewed and updated.

Where required, people were referred to health and social care professionals. Where guidance was provided this was followed by staff who knew people well.

People enjoyed the food. People who had specific dietary requirements received food to ensure their needs were met.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. You can see what action we told the provider to take at the end of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Medicines were not always managed safely.

Care plans contained details of risks associated with people's care and support needs. Where risks were identified there were plans in place to manage the risks.

Staff had completed safeguarding training and knew how to report their concerns.

Is the service effective?

Good ●

The service was effective.

Staff had completed training in the Mental Capacity Act 2005 and understood how to apply the principles in their role.

People were supported to access health professionals when required.

Staff were supported by regular supervisions. Staff completed training to help maintain their skills and knowledge.

Is the service caring?

Good ●

The service was caring.

Staff had a caring approach to their role and treated people with dignity and respect.

People felt cared for and were positive about the staff supporting them.

There were regular reviews of people's needs and people felt involved in all decisions about their care.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People did not always have access to activities that interested them.

People's care plans reflected their current needs and the support they required to meet those needs.

People and relatives knew how to make a complaint and were confident complaints would be dealt with effectively.

Is the service well-led?

The service was not well-led.

The provider had not made improvements to the systems for monitoring and improving the quality of care.

The registered manager did not have a clear understanding of their regulatory responsibilities.

The registered manager was approachable and spent time with people.

Requires Improvement 

Lyndhurst Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 and 10 October 2016 and was unannounced.

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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. We sought feedback from commissioners of the service.

During the inspection we spoke with six people who used the service, four relatives and one visiting health professional. We spoke with the registered manager, deputy manager, office manager, four care staff and the chef.

We observed practice throughout the inspection and 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 looked at four people's care records, medicine administration records for all people in the home, six staff files and records relating to the management of the service.

Is the service safe?

Our findings

At our inspection on 24 September 2015 we found medicines were not managed safely. This was breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At our inspection on 6 October and 10 October 2016 we found some improvements had been made. Medicine administration records (MAR) contained details of all prescribed medicines and where there were special instructions relating to the administration of medicines these were detailed and attached to the MAR. Medicines not in a monitored dosage system had a date of opening to ensure medicines were safe to be administered. The provider had a medicines policy in place which included procedures to follow in the event of a medicines error. The registered manager had introduced an auditing system that monitored the balances of medicines not in a monitored dosage system.

However, we found that topical medicines were not always managed safely. Topical medicines are medicines that are applied to the body surface, for example creams. Records of application of topical medicines were not always accurate and complete. For example, one person had been prescribed a topical medicine to be applied twice daily. The instructions on the MAR stated 'apply twice daily to feet', the instructions on the topical medicine chart in the person's room stated it should be applied twice daily 'for left foot'. The instructions on the prescription label stated the prescribed medicine should be applied twice daily to the right leg. We spoke to the deputy manager who referred to the person's care record and confirmed it was for the person's right leg. The deputy manager took immediate action to correct the information on all documentation. We could not be sure this person was receiving their medicine as prescribed.

We recommend the provider accesses appropriate guidance in relation to the completion of records for topical medicines.

People felt safe living in the home. Relatives were confident that people were safe. One relative told us, "We haven't had a single incident where I have been concerned about her safety in all the six years".

Staff had completed training in safeguarding vulnerable adults and understood their responsibility to identify and report any concerns. Staff comments included: "I would report to [registered manager], once I had made sure the resident was safe. I would inform safeguarding if necessary and would feel confident to do that"; "I would report to team leader or manager. I would call the social services, Police if necessary" and "I know where to go; team leader, the manager or safeguarding".

There was a safeguarding policy and procedure in place. Records showed the registered manager had managed safeguarding concerns in line with the policy and had referred concerns to the appropriate agencies. Safeguarding concerns had been investigated and appropriate action taken.

People's care plans contained risk assessments and where risks were identified there were plans in place to manage the risks. For example, one person's risk assessment showed they were at risk in relation to pressure damage. The care plan detailed the equipment in place to reduce the risk. We saw this equipment was in

place. The care plan also identified the person required support with repositioning every two to three hours. Records confirmed the person was being supported in line with the guidance in the care plan.

People told us there were sufficient staff to meet their needs. One person said, "I think there are plenty of staff and they are all such lovely people. When I am in my room during the evening or overnight, if I ring my buzzer I think I only have to wait a matter of a minute or two before a carer comes to me".

Staff told us there were enough staff to meet people's needs. Throughout the inspection we saw staff responded promptly to any requests for support. Staff had time to spend chatting with people.

The registered manager completed a dependency assessment for each person and this was used to calculate the required staffing levels. Staff rotas showed assessed staffing levels had consistently been achieved.

Staff files included records relating to the recruitment of staff. Most recruitment records showed relevant checks had been completed before staff worked unsupervised in the home. These included employment references and Disclosure and Barring Service (DBS) checks. These checks identified if staff were of good character and were suitable to work with vulnerable people. This allowed the provider and registered manager to make safer recruitment decisions.

Is the service effective?

Our findings

At our inspection on 24 September 2015 we found people were not supported in line with the principles of the Mental Capacity Act 2005 (MCA). 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 Act 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. This was breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made.

Staff had completed training in MCA. They had a clear understanding of their responsibilities in relation to MCA and how to support people in line with the principles of the act. One member of staff said, "It is about making sure that anything we do is in their best interests. We can involve family and a power of attorney if there is one".

Care plans identified where people were assessed as lacking capacity to make certain decisions and this information was included in a 'care plan snapshot' at the front of the person's care plan. For example one person's 'snapshot' stated the person had capacity to make decisions about what they would like to eat and drink and what clothes they liked to eat. The record also showed the person lacked capacity to make major decisions, for example in relation to finances.

Where people had a legal representative to make decisions on their behalf this information was included in their care plan. The registered manager had copies of the legal authority to ensure people were being supported in line with the legal authority granted.

The registered manager understood their responsibility in relation to MCA and Deprivation of Liberty Safeguards (DoLS). People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the DoLS. The registered manager had made applications to the supervisory body where people had been assessed as meeting the criteria for a DoLS application.

At our inspection on 24 September 2015 we found the environment was not always supportive of people living with dementia. At this inspection we found some improvements had been made. Some of the carpet in the home had been replaced and now created a more suitable environment for people living with dementia. The registered manager and office manager told us all of the carpets in communal areas of the home were to be replaced to improve the environment.

Staff felt supported. Staff had regular supervisions which they valued. Staff comments included; "I am really well supported. [Deputy manager] does my supervisions. They are useful and we talk about personal development and any problems" and "Very much so I'm supported. [Registered manager] is approachable".

Staff completed training and regular updates to ensure they had the skills and knowledge to meet people's

needs. This included training in moving and handling, infection control, diabetes, dignity and respect and safeguarding. We saw that some staff were due updates of training. The registered manager had identified the gaps in training and advised that all staff had been given details of the training they needed to complete and had a date the training needed to be completed.

Staff were positive about the training they completed. Staff were particularly enthusiastic about a recent training course they had attended in relation to supporting people living with dementia. Staff described the impact the training had on their understanding of dementia and of the impact dementia had on people's lives. Staff comments included: "The training was really good. It has definitely helped me understand" and "I have a much better understanding of dementia and what it does. It gave an insight into what it's like". All staff we spoke with gave examples of how the training had resulted in improved care for people living with dementia.

People were positive about the food in the home. One person told us, "I've never gone hungry here and I think the food is very nice". People told us there was only one choice of main meal at lunchtime but we saw that people were offered an alternative if they didn't like the meal available. People had access to regular hot and cold drinks. Cake and biscuits were offered between meals.

People's care plans contained information relating to specific dietary requirements and we saw that people received food and drink in line with the guidance. For example, where people required pureed food and thickened fluids these were provided. Staff were knowledgeable about people's dietary needs. The chef knew people's dietary requirements and there was clear information available in the kitchen. One relative told us, "(Relative) has to have all her meals pureed, but the kitchen staff have been brilliant and they have experimented and tried different combinations out for taste before inflicting it on (person)".

Where people required support to eat and drink staff supported people in a calm manner, enabling people to eat at their own pace.

People were supported to access health professionals when needed. We saw that people had been seen by a podiatrist, optician and speech and language therapy. The GP visited the home weekly to see people and to regularly review people's medicines and conditions. The district nurses visited daily to support people with medicines and where needed in relation to other conditions.

Is the service caring?

Our findings

People told us they were supported by caring staff. One person told us, "If I ever need any extra help with anything or I have a job I need doing such as helping me sort out what needs washing, the carers are very good and never make any fuss about the fact that I am keeping them for longer in order to get the extra job finished". Relatives were positive about the staff and the care provided. One relative said, "I think they are exemplary and that we are jolly fortunate to have [relative] being cared for here."

One relative told us how a member of staff's vigilance had resulted in a problem with a person's teeth being identified and resolved. The relative told us, "I was very grateful to the carer who had managed to spot this because otherwise mum could've gone quite some time without really getting much nourishment from her food and goodness knows what could have happened if it had gone on too long".

Staff had a caring attitude toward their role and the people they supported. One member of staff spoke passionately about their role and how much they enjoyed supporting people. They said, "I am here for the residents. That's what it's about".

Staff were attentive to people and approached people in a compassionate, caring way. Staff clearly had caring relationships with people. For example, one member of staff was supporting a person to stand. The member of staff held the person's hands when they were stood and the person started swaying their hands backwards and forwards. The member of staff asked the person, "Would you like to dance"? The person smiled and the care worker stood dancing with the person. It was clear the person enjoyed the interaction.

Staff explained what was going to happen before supporting people. Staff made sure people were happy with the support and where people declined help, staff respected this decision and returned later to offer again.

People were treated with dignity and respect. One person told us how staff always made sure they were wearing clean clothes. The person said, "She (staff) will also make sure that I'm not going to be wearing anything that I've spilt anything down. If I have then it goes straight in the wash bag and she will help me find something clean to wear instead".

We saw people being supported in a discreet manner when they were in the communal areas of the home and needed support to meet personal care needs. For example, one person was being supported to the table for lunch. The member of staff became aware the person needed support with personal care and spoke quietly to them; guiding them back to their room and reassuring them they would come straight back for lunch.

Care plans were written in a respectful manner. Personal confidential information was stored securely.

People were involved in their care and where appropriate relatives were also included. One person told us, "[Relative] will usually come and sit with me when they are having a meeting. He knows exactly what he is

talking about and I do get very confused these days". One relative said, "I always make sure I am available to come to the home when there is a review meeting taking place. [Registered manager] is very good and is quite happy to get on the phone and rearrange the meeting if I am unable to attend. I have always felt that I am part of the meeting and that my views are valued by the professionals who are there".

Is the service responsive?

Our findings

People were positive about living in the home and told us they were supported in a way that suited them. One person said, "I can get up and go to bed when I feel like it". People who preferred to spend time in their rooms were supported to do so. One person told us, "They (staff) pop in all the time, quite frequently. I am not at all lonely and I can ring the bell if I need anyone".

At our inspection in September 2015 people told us they had limited access to activities and few opportunities to go out in the community.

At this inspection people told us there were some organised activities in the home which included; quizzes, bingo, visits from a pet as therapy dog and a local singer. However some people told us there were not enough activities to meet their individual needs. One person said, "It would be nice to still be able to do a bit of cooking even if it was only making some cakes, but they say we're not allowed in the kitchen. The days can get quite long and it would be nice to have just a few more things to do while I still can". One relative told us, "[Person] really misses her knitting and the craft because she had become quite a decent painter and it would be lovely to see her still able to do this".

Through the inspection we saw staff engaging some people in activities. In the morning staff organised a quiz in a communal area of the home. Several people were sitting in the area; however it was clear that not all those attending were able to engage in the quiz. The registered manager told us it was care staff responsibility to organise daily activities as part of their role. However, staff organised generic activities which did not take into account people's individual needs.

We recommend the provider looks at good practice guidance in relation to activities for people living in care homes.

People's care plans contained details of how people's individual needs were met. Where people were independent in some areas of daily living this was identified in their care plans and care staff supported people to maintain their independence. For example, one person's care plan stated, "Encourage [person] to wash and dry their face". Staff understood the importance of supporting people to be as independent as possible.

Care plans contained a 'care plan snapshot'. This gave a summary of people's needs and information that enabled staff to know about the person before reading the whole care plan. For example, one person's snapshot stated, "I like my wife visiting." The registered manager explained this was a useful document for new staff who were getting to know people.

Care plans included information and guidance in relation to people's individual conditions and how their needs were met. For example, one person was diagnosed with diabetes. The person's care plan contained clear guidance relating to the person's diet and the details of the safe blood sugar levels for the person. Staff we spoke with understood the importance of encouraging the person to eat in line with the guidance.

The service had a complaints policy and procedure in place. There had been no complaints made since our last inspection.

People and relatives knew how to complain and felt their concerns would be listened to and resolved. One relative said, "We certainly know how to make a complaint, but to be honest we've never had any issues at all that we have had to take up with [registered manager] or the owner of the service. I'm sure if we did it would be listened to and dealt with in the proper way".

Is the service well-led?

Our findings

At our inspection on 24 September 2015 we found the service was not always well led. Systems for monitoring and improving the quality of the service were not always effective. For example; audits did not identify actions taken where issues were identified, there was no system to look for trends and patterns in relation to accidents and incidents and there was no action plan developed as a result of audits and surveys. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had not been made.

Audits had not identified issues found at this inspection. For example the registered manager told us they audited people's topical medicine administration records (TMAR). However, there was no record of the audits and we found that seven out of eight of the TMAR we looked at were not accurately completed.

Accidents and incidents were recorded; however there was no record of what action had been taken as a result to reduce the risks of similar events. There was no system in place to monitor accidents and incidents for trends and patterns. We spoke to the registered manager and office manager who told us they referred anyone who had a fall to the care home support service. They were unaware of their responsibilities to monitor and mitigate the risks to people using the service.

There was no effective system in place to seek feedback from people and relatives in order to evaluate and improve the service. Where feedback was sought no action was taken as a result. The provider had sent out a quality questionnaire to relatives. However, there was no analysis of the results and no action taken to resolve issues identified. For example, questionnaire responses identified some concerns about the activities offered to people. No action had been taken. People and relatives told us at this inspection that activities did not always meet people's needs.

The registered manager held a meeting with people in May 2016. The record of the meeting showed that people had been told the meetings would be held three monthly, however there had been no further meetings. The record of the May 2016 meeting included details of a discussion about the activities people would like organised. This included requests for trips to parks, garden centres and a pub lunch. We spoke to the registered manager who told us these outings had not taken place as there was no transport available and the home had recently admitted several people in a short space of time and there had been no time to organise the outings. However there was no evidence that this information had been fed back to people and there were no trips planned at the time of our inspection.

Prior to this inspection we looked at the provider's website and found they were not displaying the rating awarded by CQC after the inspection in September 2016. On the first day of the inspection we spoke to the registered manager and office manager who were not aware of their regulatory responsibility to display the rating awarded by CQC. The rating was displayed on the website by the second day of the inspection.

We discussed the issues found at this inspection with the registered manager and office manager. They were not aware of key guidance documents produced by CQC to support providers in meeting the regulations of

the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that some audits had been introduced and were effective. For example, an audit of communal areas of the home had identified that lighting equipment was not working. We saw that action had been taken and the lighting equipment was now working.

People and relatives were positive about the management of the service. Comments included; "The manager is around most of the time and certainly if I have any concerns whatsoever about [person's] care I know I can have a conversation with her" and "[Registered manager] is very visible around the home and we have got to know her really well over the last six years since [person] has lived here. We have always found her to be professional, caring and she will always pick up the phone to us if she has any concerns whatsoever about [person's] health".

Staff felt valued and listened to. One member of staff told us how they had suggested changing the way a person's food was presented in order to encourage the person to eat. This had been implemented and the person's dietary intake had improved. The member of staff said, "[Registered manager] is quite happy to let you try new things". Staff spoke positively about the registered manager. Comments included; "[Registered manager] is really nice; approachable and has the ability to listen to staff" and "Brilliant manager. Couldn't ask for better. Can talk to her about anything".

Staff told us there were regular team meetings and these were an opportunity to discuss any concerns and issues. A team meeting had been held the day before our inspection. Records showed staff had been thanked for their help and the teamwork shown during a busy period when several people had been admitted to the home.

The registered manager promoted a caring culture and clearly knew people, relatives and staff well. The management team were visible throughout the inspection and spent time chatting with people, creating a relaxed and friendly atmosphere.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems to monitor and improve the quality of the service.

The enforcement action we took:

Warning notice