

Little Gaynes Rest Home Limited

# Little Gaynes Rest Home

## Inspection report

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Date of inspection visit: 15 September 2015  
Date of publication: 16/10/2015

### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

This inspection took place on 15 September 2015 and was unannounced. At the last inspection on 15 May 2015 we found breaches to legal requirements relating to several shortfalls in the delivery and monitoring of the quality of care delivered. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Little Gaynes Rest Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Little Gaynes Rest Home provides services for to up to 21 older people who have physical health care needs and may also have dementia care needs. At the time of our visit there were 15 people using the service.

The service's registered manager had not been at the service since February 2015. An acting manager was in place being supported by an experienced manager two days a week. 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.

# Summary of findings

Improvements had been made to ensure that people were cared for in a safe environment. Risks related to uncovered heating rails and hot water that rose to 50 degrees had now been assessed and mitigated in order to protect people from scalding.

People's medicines were handled and administered safely. However, procedures in place to ensure medicines were stored safely were not always followed.

Safe recruitment practices were now followed as there was evidence that disclosure and barring checks were completed before staff started work. We also saw that new staff had two references on file.

Systems to assess, monitor and evaluate the quality of care delivered had been updated but were yet to be fully tested. Records were accessible and reflected the current needs of people who used the service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

We found that action had been taken to improve safety. Improvements had been made to ensure that recruitment processes were safe and included disclosure and barring checks. Health and safety checks including regular water temperature checks were now in place to minimise the risk of scalding.

A cleaning schedule was followed during the day time to ensure the environment was kept clean. In addition night staff cleaned equipment and the environment. However, there was still no weekend cleaning schedule during the day. We **recommend** that the provider takes measures to address cleaning at weekends in order to minimise the risk of infections.

We found that improvements had been made to ensure medicines were administered and handled safely. However we found shortfalls in the way medicines were stored. Medicine was kept in a room and in a fridge where temperatures rose above the recommended. This put people at risk of receiving ineffective medicine thereby negatively impacting their health

**Requires improvement**



### Is the service well-led?

We found that action had been taken to improve the leadership and the quality monitoring systems. People and their relatives told us that the provider and supporting manager were visible and available if they wanted to speak with them.

Since our inspection we had received notifications about falls resulting in an injury as required by law.

There were clear systems to monitor and evaluate the quality of care that was being delivered. However most of this had been achieved by updating policies forms and procedures and ensuring staff were aware of these changes. The actual audits including assessing medicine competencies for staff were still to be completed.

We could not improve the rating for well-led from requires improvement because to do so requires consistent good practice over time and for a registered manager to be in place. We will check this during our next planned comprehensive inspection.

**Requires improvement**



# Little Gaynes Rest Home

## Detailed findings

### Background to this inspection

This inspection was undertaken to check that the provider had made improvements to meet legal requirements after our 15 May 2015 inspection. We inspected the service against two of the five questions we ask about services: Is the service safe? Is the service well led? This is because people were not protected from the risks associated with medicines and there had been ineffective monitoring and record keeping practices.

This inspection took place on 15 September 2015 and was unannounced. It was undertaken by an inspector.

Before the inspection we gathered information from safeguarding notifications and previous inspections. We also contacted the local authority and the Havering Healthwatch to find out information about the service.

We spoke to three people who used the service and two relatives. We observed people during lunch. We spoke to staff including the provider, the acting manager, the supporting manager and three staff. We observed care interactions in the main lounge, the conservatory, the small lounge and people's rooms. We reviewed three staff files, staff training and supervision logs. We also reviewed records relating to falls, and fire risk assessments. We looked at six medicine administration records (MARS) and minutes of manager meetings.

We also spoke to health care professionals, which included a visiting staff from the local pharmacy who had come to deliver medicine training.

# Is the service safe?

## Our findings

People told us that they were supported to take their medicines and we observed staff administering medicines safely. One person said, “I always get my tablets at meal times.”

At the last inspection in May 2015 we found that medicines were not administered safely. The medicine trolley was left open and unattended at times during the time medicine was being administered. Staff signed for medicines before administering them and did not always wait until people had taken the medicines before moving on to the next person. Some medicines were stored in a box in a fridge that was unlocked and could easily be accessed by people using the service. Similarly a person’s insulin was stored in a room that was very hot and whose temperatures were not monitored to ensure that the temperature did not rise above 25 degrees so as not to interfere with the potency of the medicine. We also found that six people’s medicine administration records MARS had errors on them.

During this inspection we found that although changes and improvements had been made, there was still one outstanding action relating to the safe management of medicines. Daily room temperatures and fridge temperature checks were now being completed in the medicine storage room. However, there was no evidence of any action taken when the temperature went above or below the recommended range. For example on 12 occasions between August and 15 September the fridge temperature check had risen to 10 degrees instead of the recommended 8 degrees. Similarly the room where the medicine trolley was stored temperatures rose to 30 degrees. These high temperatures could reduce the effectiveness of medicines stored in the room and of insulin and eye drops we saw stored in the fridge resulting in poor outcomes for people as they would not have received effective medicine.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

During this inspection we saw that care and treatment was provided in a safe way. Risks to the health and safety of people were assessed or mitigated. Hot water temperatures in communal bathrooms and people’s rooms were checked regularly to reduce the risk of scalding and legionella. Similarly heating rails in communal bathrooms had been regulated to minimise the risk of burns.

At our previous inspection there were shortfalls in the cleanliness of the premises, some furniture, the kitchen and people’s rooms. During this visit, the kitchen, rooms and communal areas were clean. We saw a cleaning schedule for the week days and a cleaning schedule for night staff. However, there was still no cleaner available at weekends. We **recommend** that alternative arrangements are made to ensure the premises are kept clean at weekends and in the evening.

At our last inspection on 15 May 2015 recruitment checks were not always safe. During this inspection we found disclosure and barring service (DBS) checks (criminal records checks) had been completed before staff started employment in order to safeguard people from staff that were not suitable to work in health and social care. For staff already employed, new DBS checks had been completed. We found that appropriate recruitment procedures had been followed for new staff and any shortfalls in existing staff had been rectified.

At our previous inspection we had concerns about inconsistent rotas and staff working long hours. During this inspection we found that two new staff members had been recruited and staff who chose to work more hours were having at least one day off a week and had completed appropriate paperwork which allowed them to work above the recommended 48 hour week. People told us that they felt there were enough staff. We reviewed the staffing rotas that were made available to us on the day and found no discrepancies. However we noted that staffing was reduced at weekends by one care staff during the day and asked the provider to address this.

# Is the service well-led?

## Our findings

People told us that the provider was around at most times and recognised that there was an acting manager in place. We observed that people called the provider by name and referred to the acting manager as “the one in charge”. One person said the acting manager was, “easy to talk to and takes time to listen.” Another person said, “[The provider] comes often asks if everything is ok.”

At the time of our visit there was no registered manager. However there was an acting manager who had enrolled on a management course and was being supported twice a week by an experienced care home manager. Since our last inspection we had been informed about falls that had resulted in injuries and the acting manager was aware of other incidents that they needed to notify us of.

At our previous inspection we found that the provider did not always seek and act on feedback from people and other persons for the purposes of continually evaluating and improving the service. During this inspection there had been no surveys for people who used the service or meetings.

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

At our previous visit in May 2015 we found several shortfalls to the systems to assess monitor and improve the quality

and safety of the services provided including the quality of the experience of people using the service. We found that the provider did not always assess, monitor and mitigate the risks relating to the health, safety and welfare of people and others who may be at risk. During this inspection, there were plans to audit medicines. Health and safety checks were completed daily and night staff were recording all the checks they completed relating to the security of the building and the safety of people using the service. Shortfalls in the training delivered to staff and gaps in the knowledge of staff in relation to the Mental Capacity Act 2005 and medicines management had been addressed. The acting manager was in the process of reassessing competence of staff who currently administered medicines. Steps had been taken to ensure that quality of care was monitored regularly and improvements introduced.

During this inspection we found improvements had been made to record keeping. There was documented evidence that staff had undergone disclosure and barring checks as well as other relevant checks including occupational health and supplying two references. Complaints were logged and the complaints log was kept at the premises. People’s records were amendments to reflect changes in people’s health conditions especially after a review by the GP or after a hospital admission. There were systems to ensure that accurate records of people’s care were maintained.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

**Medicines were not managed safely. We found concerns relating to the storage of medicines**

Regulation 12(g)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**Systems or processes were not operated effectively to ensure that quality of care was assessed, monitored in order to improve the quality and safety of the services provided.**

**The management did not always seek and act on feedback from relevant persons and for the purposes of continually evaluating and improving such services.**

Regulation 17 2 (a) (e)