

Farrington Care Homes Limited

Lyme Regis Nursing Home

Inspection report

14 Pound Road
Lyme Regis
Dorset
DT7 3HX

Tel: 01297442322
Website: www.farringtoncare.com

Date of inspection visit:
02 July 2019
09 July 2019

Date of publication:
22 August 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Lyme Regis Nursing Home is a nursing home providing personal and nursing care for 22 people aged 65 and over at the time of the inspection. The service can support up to 27 people.

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

Quality assurance systems designed to assess, monitor and improve the quality and safety of the service provided had not been effective. There was a breach of regulation related to the governance of the home.

Risk management was not robust. Four people did not have adequate risk assessments and we identified shortfalls in the support they received to stay safe and well. Risks related to taking medicines safely and appropriately were not always recorded appropriately. We highlighted this and improvements were made during our inspection. People and relatives told us the service was safe. Staff understood the risks people faced and how to minimise those risks for them. Risks to most people's health, safety and wellbeing were assessed. Risk management plans were put in place to make sure risks were reduced as much as possible.

Processes designed to reduce the risk of abuse and address any allegation had not been followed effectively. There was a breach of regulation.

There were not enough staff to meet people's needs and ensure the quality of the service they received. This was addressed during our inspection. There was a breach of regulation.

People were supported by staff with the skills and knowledge to meet their needs. Staff had regular training and felt confident in their role.

Most people had care plans that included detail about people's individual needs and preferences.

People were supported by staff that were compassionate, caring and treated them with dignity and respect. Staff knew people well and used knowledge about their lives and communication needs to inform the care and support they provided.

This meant people received person centred care from staff who developed positive, meaningful relationships with them. People had opportunities to socialise and pursue their interests and hobbies.

People and relatives told us that Lyme Regis Nursing Home provided a friendly, welcoming and relaxed environment. The environment suited the people living there, however as people's needs change we have made a recommendation about reviewing how dementia friendly the home is.

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. People were not encouraged to express concerns about their care. We have made a recommendation about this.

People, relatives and staff spoke highly of the deputy manager and staff team. Staff were enthusiastic about their work and proud of the service they provided. They felt supported by their colleagues within the home.

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 January 2017)

Why we inspected

The inspection was prompted in part due to concerns received about people's safety. A decision was made for us to inspect and examine those risks. We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. As a result, we planned a focused inspection to review the Key Questions of Safe and Well-led only.

During the inspection we identified further concerns and we made the decision to undertake a comprehensive inspection to ensure we understood people's experience of care in the home.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. We found breaches of regulations.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive 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 ●

Lyme Regis Nursing 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.

Inspection team

The inspection team was made up of three inspectors.

Service and service type

Lyme Regis Nursing Home a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 did not have a manager registered with the Care Quality Commission. The last registered manager had left in December 2018. A manager had taken up this post in May 2019 but they left without becoming registered just before we inspected the service. A registered manager is a registration requirement. It 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

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed the information we had received from, and about, the service since the last inspection. We sought feedback from the local authority including safeguarding professionals. We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with 13 people who used the services and two regular visitors to ask about their experience of the care provided. We spoke with seven members of staff including the recent manager, the deputy manager, the chef, nursing staff, senior care staff and care staff. Two of these staff were employed by an agency but worked regular hours in the home. We also spoke with the owners of the service including the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We observed care practices and 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 reviewed a range of records that included eight people's care plans and multiple daily monitoring charts and medicines records. We also looked at a range of documents relating to the management and monitoring of the service. These included three staff records, audits, policies and maintenance checks.

After the inspection

We received information from the provider as agreed at the end of our inspection site visits. This included information related to staff training, operational policies, and end of life care.

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 good. At this inspection this key question has now deteriorated 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.

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding systems in place. These systems were not always followed robustly. A safeguarding concern had been raised by the local authority and this had not been reported to the Care Quality Commission and records had not been kept of decisions and risk management plans. This put both people and staff at risk of abuse and allegations of abuse. The providers ensured that the statutory notification was submitted when requested by an inspector.
- Staff had regular safeguarding training and demonstrated a good understanding of how to identify and protect people from abuse. They felt confident concerns reported would be listened and responded to. However, feedback requested in response to concerns raised with the Care Quality Commission included staff observations that had not been raised appropriately to keep people safe.
- There was an ongoing safeguarding investigation.

Systems were not robust enough to demonstrate safeguarding was effectively managed. This placed people at risk of harm. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe in the home. They made comments such as "The staff treat me very well." Relatives reiterated this commenting on the kindness of the staff.

Staffing and recruitment

- There were not enough staff working to meet people's needs and to ensure the smooth running of the service.
- A tool had been used to review people's dependency to identify and to monitor staffing levels met people's changing needs. This had not been used effectively because factors such as the lay out of the building, had not been taken into account. In 2019 four out of six months where staffing had been reviewed against dependency showed a shortfall in hours provided against hours needed. In February 2019 the tool identified that 673 hours were needed and 592 were provided. This tool also did not take into consideration the oversight requirements of the home. For the first four months of the year these had been attended to by the deputy who was also usually the nurse on duty and for the next two months a new manager was in post.
- In the afternoons there were two care staff and one nurse on duty. Seven of the people living in the home needed two staff to help them move safely. This meant communal areas could not be supervised and people could not receive any support when another person was receiving care.
- People highlighted that the staff were busy. One person told us: "They would quite happily do anything for you... but I know they are short staffed at the moment and pushed for time." Another person told us: "They

have to be here there and everywhere. They are busy. I stay out of the way." There was a risk that people would not ask for help when they needed it because they liked the staff and did not want to increase their work load.

- We spoke with the provider about staffing levels and they immediately increased the staffing in the afternoon and ensured that the deputy manager could be supernumerary to enable them to undertake management tasks more effectively. We were not able to review if the tool to determine staffing levels would be effective to ensure appropriate staffing levels.

This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a core of staff working at the home who had worked there for many years. This meant people were supported by staff they knew.
- Staff were safely recruited, and appropriate checks were carried out such as checks with the Disclosure and Barring Service (DBS). The DBS check ensures people barred from working with certain groups such as vulnerable adults would be identified. However, checks had not been made in staff's country of origin when they had not lived in the UK for long.

Assessing risk, safety monitoring and management

- Risk assessments were not in place to reduce risks four people faced. One of these people had moved into the home in April 2019. They were at high risk of falls and they told us they used to have a pendant to alert staff if they fell. They did not know where it was. We asked a senior member of staff who told us they had a pendant and when we visited again they were wearing it. The person also took medicines that put them at risk if they fell. A staff member did not know about this increased risk. Another person had risks associated with their health condition and there were no plans in place to provide staff with the information they needed to keep the person safe.

We raised the lack of care plans with the provider and they ensured the deputy manager had the time they needed to complete them before our second visit.

- Equipment, such as lifts and hoists were regularly checked by external contractors to ensure their safety.
- People told us they felt safe and staff knew people very well. They described the risks people faced consistently whilst emphasising independence. People made comments such as "I've not had a fall since being here."

Using medicines safely

- People were mostly supported to take their medicines as prescribed and in ways that met their preferences.
- The medicine administration records (MARs) provided usually contained the detail necessary for safe administration. Four people did not have written guidance for staff about when they should take their medicines that were taken as and when. One of these people told us they did not feel their pain management was effective. We raised this with the deputy manager and they ensured this information was made available and spoke with the person about their pain.
- Medicines were safely obtained, stored, recorded, administered and disposed of. Systems were in place for medicines that required cool storage and medicines that required additional security.

Preventing and controlling infection

- The service was clean and odour free.
- Staff had completed infection control training and used protective clothing such as gloves and aprons during personal care to help prevent the spread of healthcare related infections.

Learning lessons when things go wrong

- There were systems in place to ensure accidents and incidents were recorded, investigated and action taken. The provider and senior staff in the home ensured that accidents and incidents were analysed for trends and patterns.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were not always fully assessed before they began to use the service. Four people using the service did not have comprehensive care plans in place. One of these people had been admitted to the service at the end of April 2019.
- Staff were knowledgeable about people and this reduced the risks that people would receive care that did not meet their needs and preferences.
- We spoke with the providers about this and they ensured a senior member of the staff team had time to complete these care plans.

Adapting service, design, decoration to meet people's needs

- Improvements were ongoing to the environment. Most people living in the home were able to move independently or ask staff for assistance to get to different parts of the home. Some people living in the home were living with dementia and could not direct staff in this way and would therefore require clear signage and demarcation of areas.

We recommend the provider reviews current guidance relating to dementia friendly environments.

- People's bedrooms were personalised with their own belongings and photographs.
- People had access to outside space and enjoyed sea views.

Staff support: induction, training, skills and experience

- People were cared for by staff who had the training, knowledge and skills to meet their needs. One person said, "The staff are excellent really, very good."
- New staff undertook an induction that included the elements of the care certificate, a nationally agreed set of standards. This was not clearly recorded and one member of staff who had been employed for more than six months had not completed their induction.
- Ongoing training included online and face to face training. Staff had access to progress their careers, knowledge and skill base through access to national qualifications. Competency assessments had been introduced
- Staff told us they were supported by each other and senior staff and the manager who had just left. They said they had opportunities to receive feedback and discuss development needs. Staff told us they felt 'listened to'.

Supporting people to eat and drink enough to maintain a balanced diet

- People praised the food and explained choices were available at each meal. Comments from people about the food included, "The food is good, it is very tasty and if I don't like it they will cook me something else", and: "The food is nice."
- People were supported to eat in the place of their choosing. Staff prompted and encouraged people discreetly and provided assistance when it was needed.
- Where people were at risk of poor nutrition and dehydration staff knew about the additional support and supplements individuals needed.

Staff working with other agencies to provide consistent, effective, timely care

- People had their social and healthcare needs met, and staff worked closely with local professionals.
- The staff were seeking to improve relationships with agencies, community groups and individuals to provide opportunities for staff and people. This included seeking out ways to recruit more staff from the local community and support people to take part in groups that were important to them.

Supporting people to live healthier lives, access healthcare services and support

- People had their healthcare needs met, and staff worked closely with local health professionals.
- People told us they received medical input when they needed it.
- The senior staff team had worked to develop positive working relationships with local health professionals. Staff told us this meant they were able to communicate effectively.

Ensuring consent to care and treatment in line with law and guidance

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 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.

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 MCA.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- There was a system in place to ensure that where DoLS were authorised, these were monitored, and any conditions were clearly recorded.
- Where people lacked capacity, mental capacity assessments were undertaken. People's legal representatives, relatives and professionals were consulted and involved in best interest decisions.
- Staff had completed training in MCA and had a clear understanding of how to apply it in their daily work.
- Paperwork was not accessible to ensure staff were aware of the legal status of people's representatives. A senior member of the staff team started to request this again from people's legal representatives.

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 Good. At this inspection this key question has remained the same. 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

- There was a caring culture. Staff were committed to providing a very caring service and did so with kindness and compassion.
- Staff had meaningful relationships with people. People's comments included; "They are lovely here, very caring and that is the essence." and "The staff are so kind and would do anything for you."
- Staff knew people well and were able to reflect on what made people happy and what they valued and how knowing this helped them care for people better.
- Staff received training in equality and diversity and people's cultural and spiritual needs were respected. Faith groups visited to ensure specific spiritual needs, such as the taking of holy communion, were met.

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

- People felt able to express their views. They told us they made decisions about how they lived their lives day to day. Where people needed more support with decision making, family members, or other representatives were involved.
- Staff were polite and offered people choice throughout our visits,
- People's care plans accurately reflected their individual communication needs within different aspects of the care and support they needed. For example, care plans about personal care detailed individual communication needs and gave staff appropriate guidance.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected the privacy and maintained their dignity.
- People's care plans reflected which aspects of care people could manage independently, and what they needed help with. People were encouraged to mobilise independently, carry out personal care. People told us they were encouraged to use their skills to retain independence. One person reflected on how important this was to them. Another person identified how much happier they were having moved into the home. They described a life where they felt safe and respected.

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 Good. At this inspection this key question remained the same. 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

- The care plans that had not been completed were addressed during our inspection. Care plans were personalised and provided details of how to support people to meet their individual preferences and assessed needs. People told us that they received their care in ways that suited them and was responsive to their needs. People and relatives told us they were involved in reviews of their care plan. Reviews were recorded but these did not always reflect the involvement of the person or their representatives.
- Staff knew people well and kept up to date with any changes through handovers, discussion with each other and care plan updates. They described people's likes and dislikes consistently.

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 were encouraged to socialise and pursue their interests and hobbies of their choosing. There were clear friendships that had developed within the home and others that preceded people moving in.
- There was a strong link with the local community and people's place and interest in their town was promoted.
- People enjoyed trips out and visiting entertainments alongside in house activities.

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.

- Staff knew about people's individual communication needs and these were set out in people's care plans. Staff communicated skilfully with people; providing information appropriately and allowing people time to answer.

Improving care quality in response to complaints or concerns

- Complaints were reviewed and tracked by the senior staff and the consultants employed by the provider.
- People and relatives knew how to make complaints should they need to. The provider had a complaints policy which was available to people and visitors.
- People told us they would be happy to talk to specific staff if they had any serious concerns, they also commented that they were not routinely asked if they had any concerns. One person described an incident

with a member of staff that they had not been happy about, they told us they had not raised this but would have shared their concern if asked directly. Another person raised a concern that we were able to address during the inspection. They were keen to ensure that this would not get anyone "in trouble".

We recommend the provider considers ways of encouraging people to share their complaints and concerns.

End of life care and support

- When people were nearing the end of their lives, people and their relatives were treated with kindness, compassion, dignity and respect.
- People were beginning to be afforded the opportunity to make advanced decisions and develop end of life plans if they wanted to. If people did not wish to discuss this their wishes were respected.
- We received feedback from the staff team about their commitment to ensuring high quality care at the end of people's lives and training was scheduled to further their knowledge.

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 Good. At this inspection this key question has deteriorated 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

- Provider oversight had not been effective in ensuring the quality of the service. Policies available in the home were not current and did not always reflect the working practice of the providers. Tools to determine staffing levels had not led to appropriate staffing levels being in place. Additional support to the home during a period without a manager had not been sufficient to enable management and care planning tasks to be carried out. Issues with the completion of induction had not been identified. A report on fire safety undertaken by an external contractor in April 2019 had not been reviewed. This put people at risk due to a failure of oversight. The breaches of regulation identified during this inspection had not been picked up through internal oversight.
- There were quality assurance systems in place to monitor and improve the service and to ensure legal requirements were met. This included audits carried out in the location, although many of these audits had not been completed as per the monthly expectation of the provider.

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

- A new manager had taken up their post in May 2019 and left just prior to our visit. They did not have a contract and chose to leave following disagreements with the provider.
- The service displayed the previous CQC inspection rating in the home.
- The provider had not submitted notifications in line with their legal responsibilities. This included an allegation made about the conduct of a member of staff. They did not inform CQC about changes in the management of the home. This is all information that CQC needs to receive to monitor the service effectively. The notification related to the allegation of abuse was submitted retrospectively when requested.

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

- The home was going through a period of unsettled leadership and people, relatives and staff spoke highly of the deputy manager in ensuring stability for people and staff. One visiting relative told us: "(Deputy manager) is fantastic - I can email, or call if (relative) hasn't understood. It (the rating) should say excellent

because (Deputy manager) is fantastic".

- The staff team shared a commitment to provide a service that was person-centred and supported people to live meaningful lives.
- Morale amongst staff in the home was low. They had felt positive about the new manager's approach and ideas and were unsettled by their departure. All the staff we spoke with felt undervalued by the provider organisation. They told us their work was not acknowledged and that they were not spoken with. We highlighted this with the providers on the first day of our site visits. A week later staff felt the same way.

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

- Where mistakes were made, the managers had been honest with people and families and sought to make improvements. Where concerns related to individual staff performance, training, supervision and where necessary, disciplinary processes were put in place.
- The provider had a policy in place to support the duty of candour.

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

- The manager had facilitated a meeting for people and their relatives to introduce themselves and start communication.
- Feedback from people and relatives showed they were happy with their care.
- Staff discussed people's changing care needs. Staff were encouraged to contribute ideas, raise issues, and regular staff meetings were held. Staff meetings covered regular topics related to good care practice.
- Staff were enthusiastic about working at the home and many of the team had been working in the home for a number of years. Staff were proud of their commitment to the home and the care they provided for people.

Continuous learning and improving care; Working in partnership with others

- The staff team sought to ensure quality of care. They had felt inspired by the appointment of the new manager in May 2019 and felt improvements were taking place.
- People benefitted from partnership working with other local professionals, for example GPs, and community groups. People told us the professionals communicated well.
- Learning was shared informally between another of the provider's homes in the locality.
- An external consultant was employed to provide oversight and they worked to identify shortfalls and support senior staff to identify opportunities and strategies for improvement.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider was not operating effective systems to protect people from abuse. Regulation 13 (1) (2) (3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider was not operating systems to ensure effective oversight to maintain and improve the quality of the service. Regulation 17 (1) (2) (a) (b) (e) (f)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were not sufficient staff deployed to meet the identified needs of people living in the home. Regulation 18 (1)