

Farrington Care Homes Limited

# Lyme Regis Nursing Home

## Inspection report

14 Pound Road  
Lyme Regis  
Dorset  
DT7 3HX

Tel: 01297442322  
Website: [www.farringtoncare.com](http://www.farringtoncare.com)

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Lyme Regis Nursing Home is a nursing home providing personal and nursing care for up to 27 people aged 65 and over. At the time of the inspection 25 were using the service. The service works closely with local commissioners to provide three beds (intermediate care beds) to help prevent admission to hospital or to facilitate a timely discharge. People using these beds were supported by the community nurses, physiotherapist and occupational therapist

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

At this inspection, we saw improvements in several areas and three previous breaches had been met in relation to safeguarding, staffing and good governance.

Everybody said they felt safe and said the staff team were trained to meet their needs. Comments included, "Things here have been wonderful really. Yes, I am feeling safe. I am getting the help and encouragement I need" and "We both feel safe here". Relatives also said in their experience the service was safe; comments included, "I know that he is safe and in a secure environment. This is very reassuring for me".

The provider had systems to protect people from the risk of abuse. Risks were minimised because staff knew how to recognise and report any suspicions of abuse.

There were enough suitably skilled and experienced staff on duty to meet the needs of people currently living at the service. The majority of people said staff came quickly when needed.

People received their care safely because risk assessments were carried out and action taken to minimise risks where appropriate. Medicines were safely managed. Staff administering medicines had received training and had their competency assessed.

Each person had their needs assessed before they moved into the service. This helped to make sure the staff could meet people's needs and expectations.

The environment was comfortable and clean throughout and new signage was in place to help people recognise various spaces. The registered manager explained this work was in progress.

Nurses and care staff received training appropriate to their roles and had the knowledge and skills they needed to safely provide care.

People's nutritional needs and preferences were met, and they were complimentary about the food served at the service. The service worked well with health care professionals to provide timely care to people to ensure their health was maintained.

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.

Since the last inspection a new and experienced registered manager had been appointed. The registered manager was supported by an enthusiastic deputy. People and relatives felt the service was well managed. Comments included, "The Manager is very helpful..." and "The manager is approachable". Professional's comments included, "There have been massive improvements with (the register manager); she is open, responsive and helpful. The place is calmer and cleaner...definitely well managed now".

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published 22 August 2019).

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 2 July 2019 and breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safeguarding service users from abuse; staff deployment and governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of safe, effective and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lyme Regis Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Lyme Regis Nursing Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team was made up of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Lyme Regis Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We met with most people using the service and spoke with 21 people in person about their experience. We also spoke with two relatives. We spoke with nine staff members, including the registered manager. Deputy manager, care staff and ancillary staff. We asked the registered manager to send a CQC poster to relatives and staff inviting them to feedback directly to us.

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 reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. Following the inspection, we sought feedback from five relatives and three responded. We sought feedback from three professionals; one responded.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure systems were robust enough to demonstrate safeguarding was effectively managed. 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- The provider had systems to protect people from the risk of abuse. Risks were minimised because staff knew how to recognise and report any suspicions of abuse. Staff were confident that action would be taken by the management team to ensure people's safety if they reported concerns. Safeguarding was regularly discussed at staff meetings and individual staff supervision to ensure good practice was embedded.
- The registered manager was aware of their responsibility to report any potential safeguarding issues to CQC and had done so when necessary.
- Easy read information was displayed on the notice board to ensure people using the service and their relatives and friends were aware of how to raise any concerns or safeguarding issues. An easy to follow flow chart had been developed for staff to follow should they have any concerns.
- A member of the local safeguarding team told us they had no concerns about the service. They added, "There have been massive improvements since (the registered manager) has been in post. She is open, responsive and helpful".
- People confirmed they were treated with kindness and respect. Comments included, "The staff are friends; they are all very nice. We have fun and a laugh" and "It's a happy little place. All very pleasant and helpful. There is no bad feeling or anything".

Staffing and recruitment

At our last inspection the provider had failed to ensure there were always sufficient staff on duty. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There were enough suitably skilled and experienced staff on duty to meet the needs of people currently living at the service. The majority of people said staff came quickly when needed. Comments included,

"They are always popping in and out and there when I need them" and "The staffing is not bad..." Two people said the service could do with more staff.

- Three people mentioned some communication difficulties with overseas staff where English was not their first language. However, no examples of specific impact were shared with us. Another person praised the attitude and approach of overseas staff. Minutes from a staff meeting in May showed staff were reminded to only use English when working with people.
- The registered manager used a dependency tool to help determine staffing levels. Staff confirmed that staffing was usually good unless there was unplanned sickness or other absences. Staff confirmed the deputy manager and nurse would always help to cover sickness if bank staff were not available. One staff member said, "We work together. The deputy is really helpful, always willing to give us a hand..."
- Since the last inspection a breakfast assistant had been employed to help early in the morning and at lunchtime. A laundry person also worked part time, but care staff were responsible for laundry in the afternoons. Staff explained this did take them away from communal areas for periods of time.
- During our observation, staff appeared busy but were well organised and unrushed. Staff provided support at people's own pace and made time to engage and chat with people. However, we noted a lack of staff presence in the communal area at times. For example, there was a period of 15 minutes in the morning and again in the afternoon where no staff entered the communal sitting room. We discussed the deployment of staff with the registered manager. The activity co-ordinator had supported a person to attend a hospital appointment on the day of the inspection. The activity coordinator would usually be in the communal areas. The registered manager confirmed she would monitor staff presence in the communal areas.
- Staff were safely recruited, and appropriate checks were carried out prior to staff working at the service.

#### Assessing risk, safety monitoring and management

- People received their care safely because risk assessments were carried out and action taken to minimise risks where appropriate. For example, one person's care plan stated they were at high risk of falls and measures were in place to minimise the risk. Where another person was at risk of developing skin ulcers, special equipment was in place to reduce the risk, such as pressure mattresses and cushions. People at risk of choking had been assessed by a speech and language therapist and their recommendations were being followed.
- People and relatives said they felt the service was safe. Comments included, "Things couldn't be better here. They are a lovely crew of people and I can't fault them"; "It is wonderful and amazing. I know that (person) is safe and in a secure environment. This is very reassuring for me" and "We both feel safe here".
- Free standing heaters had been used in a number of bedrooms. The registered manager explained this was due to a heating boiler failure, which had been replaced. Risk assessments were completed where heaters were in place to ensure the safety of each person.
- People had personal evacuation plans which set out the support they would require if they needed to be evacuated from the building. This helped to minimise risks to people in an emergency, such as a fire. We advised the registered manager that every person including staff who were living at the service should be added to the list.
- A fire risk assessment was in place and up to date. The fire safety log showed regular checks and maintenance were undertaken. The registered manager informed us regular fire checks were also carried out at night, and all staff had been trained as fire wardens.
- Environmental and maintenance checks were carried out and recorded regularly to ensure any concerns were identified and rectified. For example, regular checks on window restrictors, hot water and fire safety systems were carried out. All equipment and systems, such as electrical systems, gas appliances and hoists were subject to periodic inspection and servicing to ensure they were safe and fit for purpose.



### Using medicines safely

- Medicines were safely managed. Staff administering medicines had received training and had their competency assessed.
- There were suitable arrangements for ordering, receiving, storing and disposal of medicines, including medicines requiring extra security.
- Regular audits were carried out by the deputy manager and where issues were identified action was taken. For example, where handwritten entries had not been transcribed correctly.
- We found handwritten entries on medicines administration record (MAR) charts that had not been signed by two staff to ensure accuracy. The deputy manager said they would speak staff responsible and reminded them of best practice. Additional training; competency assessments and clinical supervision were offered to staff where errors had been made. Errors found were minor and did not cause harm to people using the service.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. Plaster on the walls of the laundry was crumbling and flaking in some areas, which posed an infection control risk. The registered manager was aware of the issue and the refurbishment of the laundry area was included on the service improvement plan.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

### Learning lessons when things go wrong

- Staff documented when accidents or incidents occurred. These records were reviewed by the registered manager to ensure appropriate measures were put in place to reduce the risk of similar events occurring.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- At the last inspection we found some people's needs were not always fully assessed before they began to use the service. We found improvements at this inspection.
- Each person had their needs assessed before they moved into the service. This helped to make sure the staff could meet people's needs and expectations.
- From initial assessments care plans were devised to give staff guidance about how to meet people's needs.
- Staff followed best practice guidance, to promote good outcomes for people. For example, they used nationally recognised tools to assess the risk of malnutrition and the risk of skin breakdown. Action was taken to address any concerns. Staff knew people well and were able to provide care and support which met their needs.

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

At the last inspection we made a recommendation that the provider reviews current guidance relating to dementia friendly environments. Some improvements had been made and more were planned.

- The environment was comfortable and clean throughout and new signage was in place to help people recognise various spaces, for example communal areas and bathrooms and toilet. Some people had personalised photos outside their doors to help them recognise their private spaces. However, this was not in place for all people living at the service. The registered manager explained this work was in progress.
- Individual rooms were personalised with belongings. People were happy with their private space.
- Improvements had been made to the front of the building. The patio was extended, raised flower boxes had been installed along with a hutch for a rabbit. There was plenty of seating available for people to use when friends and family visited. The registered manager told us about plans to improve the outside area overlooking the bay to offer more external space for people to enjoy.

Staff support: induction, training, skills and experience

- Nurses and care staff received training appropriate to their roles and had the knowledge and skills they needed to safely provide care. Staff told us that they had received appropriate training and support. Comments included, "I have been given training and a lot of support"; "There is ample training" and "It is brilliant here. I have just enrolled on NVQ 3 course".

- Staff new to care were supported with induction training. The registered manager oversaw staff's induction which included the completion of the care certificate, which is a nationally recognised training for staff new to care settings.
- The registered manager was working to ensure all staff received regular supervision. This provided staff with an opportunity to discuss their work and training needs. Staff felt supported by an approachable registered manager and deputy manager.

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

- People were complimentary about the food served at the service. One person said, "Lovely food here. It is really good, look at my lovely piece of salmon". Another said, "The food is lovely. We can choose what we want. It is always nice".
- People had a pleasant and sociable dining experience. Each person was asked what they wanted to eat. Staff assisted people at their pace where assistance was needed. We did note that staff put aprons on people without asking their permission. We feed this back to the registered manager who confirmed they would remind staff to ask people if they wanted an apron.
- The cook was well informed about people's preferences and dietary needs. They explained they were "tweaking" the menu to ensure people's preferences and choice were met. They added, "Nothing is too much trouble, if someone fancy's something we will get it".
- People were supported to eat and drink safely in line with recommendations received from Speech and Language Therapists. People were protected from risks of choking with modified food and fluids.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked well with health care professionals to provide timely care to people to ensure their health was maintained. These included GPs, community nurses, podiatrist, speech and language therapists; physiotherapist and occupational therapist. People were also supported to attend hospital appointments.
- Two visiting health professionals described the good working relationship that had been developed. One said, "The staff team have built up a lovely rapport with people...people tell us how much they are engaged here and that they are very well looked after" and "We work well together; the manager and deputy are open and transparent with us. Records are good when I ask for them..."
- Personalised care plans contained health assessments and records of meetings with other health care professionals. Where recommendations were made, these were followed by staff. A professional said, "All staff are really very good always willing to help."

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.

- Where people lacked the capacity to make particular decisions, they were supported to have choice and control over their lives and were supported by staff in the least restrictive way possible. We saw staff involving people in decisions about their care and support and how they wanted to spend their day.
- People confirmed staff sought their permission before any care or support was delivered. One person said, "The staff ask consent before doing anything. They are very polite. They seem to know exactly what they are doing". Another told us, "Staff are very kind and caring. They always let me know what is going on. Yes, I have choice. I can do as I please here".
- Where decisions needed to be made in people's best interests, relevant people were involved, and appropriate records had been completed.
- The registered manager understood when people were potentially being deprived of their liberty. Where necessary applications had been made to the relevant authority to ensure nobody was being unlawfully deprived of their liberty.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure that oversight was effective in improving the safety and quality of the care people received. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvement had been made and the provider was no longer in breach of regulation.

- Since the last inspection a new and experienced registered manager had been appointed. The registered manager was supported by an enthusiastic deputy manager.
- People and relatives felt the service was well managed. Comments included, "The Manager is very helpful..." and "The manager is approachable".
- Staff and professionals told us about the improvements at the service since the registered manager had been in post. Comments included, "There have been massive improvements with (the register manager); she is open, responsive and helpful. The place is calmer and cleaner...definitely well managed now. The deputy is very good"; "(The registered manager) is the best manager I have had; she is incredibly approachable. She sorts any issues quickly"; "I have worked with many homes and everything here is arranged in a proper manner" and "The (registered manager) is very professional. I have confidence in her".
- Improvements had been made to ensure the provider was no longer in breach of regulations. The provider and registered manager had developed the quality assurance systems in place and had a good overview of all aspects of the service.
- A range of audits and checks were carried out to monitor the quality and safety of the service. Timely action was taken if any shortfalls were identified. The registered manager had developed a service improvement plan, which demonstrated they were aware of and had addressed any issues.
- The provider had employed an external consultant who undertook regular audits on their behalf. Reports from February and April 2021 showed progress had been made in all key areas.
- Staff were clear about their roles and responsibilities. The service was well-organised, with clear lines of responsibility and accountability. Staff described good communication and teamwork and said morale was good. Comments included, "There is a good atmosphere here" and "This is a nice easy home to work in. It is small and personal. (The registered manager and deputy) are very good leaders and approachable".

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

- People experienced a good standard of care and support, which resulted in good outcomes for them. People and relatives were happy with the service. Comments included, "The best thing is the staff and people in the home. It's like a community"; "If I have a query, I ask the manager. She is very pleasant" and "I am getting the help and encouragement I need"
- External professionals expressed confidence in the staff team and confirmed referrals to them were appropriate and timely. A health professional commented, "I feel the support people get is very good and the manager is approachable and gets stuff done".
- People and/or their relatives were involved in decisions about the care and support delivered. Regular care reviews enabled people to discuss their care and express their opinion.
- The registered manager and staff interacted with people in a positive manner and were focused on doing their best for the people they supported.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and deputy manager were aware of the statutory Duty of Candour. This aims to ensure providers are open, honest and transparent when incidents occur. Any issues raised were investigated and reported to the relevant agencies. CQC had been notified of events where necessary.
- Relatives described good communication with the service and confirmed they were informed of any incidents or accidents.

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

- The service fostered an open culture. People's views were sought and listened to. The registered manager used satisfaction surveys, care reviews and daily interaction to gain feedback about the service. The most recent survey showed a good level of satisfaction, with people scoring the service mainly between eight and 10. When asked why not 10 -10, one person said they never gave 10 out of 10.
- Staff contributed to the way the service was run. The registered manager organised meetings for staff to give them an opportunity to discuss working practices and raise any suggestions for improving the service.

Working in partnership with others

- Staff worked effectively in partnership with health and social care professionals to achieve good outcomes for people. Any recommendations or advice from healthcare professionals was used to deliver the care and support to people. This helped to ensure care and support was up to date with current practice. Comments from professionals included, "The managers are 100% approachable" and "I really enjoy coming here there's always a nice welcome and you feel part of the team".