

Goring Care Homes Limited

# Lyndhurst Residential Care Home

## Inspection report

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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?

Inadequate 

# Summary of findings

## Overall summary

This inspection took place on 28 June 2017.

Lyndhurst Residential Care Home is registered to provide accommodation and personal care for up to 20 people. On the day of our inspection there were 19 people using the service. On the day of our inspection the Registered Manager was not available.

At our inspection in September 2015 and October 2016 we found the service was not always well led. Systems to monitor and improve the quality of the service were not effective. The consistency of the quality of the governance systems operated by this provider has been a concern since 2012. Improvements have not been made to ensure the provider is consistently able to meet the requirements of the regulations.

At our inspection in October 2016 we also made a recommendation relating to the provision of activities in the service. No improvement had been made. People still did not always have access to activities that interested them and did not have the opportunity to go out of the service unless taken by relatives or visitors.

Where risks to people were identified there were not always plans in place manage the risks. Care plans were not always completed and the information was not always accurate. We could not be sure people were receiving support that met their needs.

People were involved in their care and were confident to raise concerns with the management of the service. Relatives were involved in people's care and were kept informed of any changes.

Staff were caring and supported people with kindness and compassion.

Staff were supported and felt listened to. Staff completed training to ensure they had the skills and knowledge to meet people's needs.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. We are taking further action in relation to this provider and full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

## 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.

Risks to people were not always managed effectively.

Medicines were managed safely.

There were systems in place to ensure staff were suitable to work with vulnerable people.

### Is the service effective?

**Good** ●

The service remained Good.

### Is the service caring?

**Good** ●

The service remained Good.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

People still did not always have access to activities that interested them and did not have the opportunity to go out of the service.

Care plans did not always contain up to date and accurate information.

People knew how to make a complaint and felt confident to do so.

### Is the service well-led?

**Inadequate** ●

The service was not always well led.

Systems to monitor and improve the quality of the service had not been improved and were not always effective.

Staff felt supported and listened to.

People's feedback was sought and action taken to improve the service.

# 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 28 June 2017 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 information we held about the service which included previous inspection reports and notifications. Providers are required under the law to send notifications to CQC relating to specific events.

We spoke with seven people, five visitors/relatives and one visiting health professional. We also spoke with the general manager, deputy manager, two team leaders, two care staff and the chef. We looked at four people's care records and medicine administration records for all people using the service. We looked at four staff files and other records relating to the management of the service.

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.

# Is the service safe?

## Our findings

At our inspection on 6 and 10 October 2016 we found that records relating to the administration of topical medicines were not always accurately completed. We made a recommendation to the provider in relation to this issue. At this inspection we found that medicine administration records for topical medicines were accurately completed and included detailed body maps to ensure people received their topical medicines as prescribed.

Medicines were managed safely. Medicines were stored securely in a locked medicine trolley. Medicine administration records (MAR) were accurately completed and had detailed information to ensure people received their medicines as prescribed. Where people were prescribed 'as required' (PRN) medicines there were usually PRN protocols in place. We found one person who was prescribed a PRN medicine and there was no protocol in place. We spoke with the deputy manager who told us the person had the medicine on a regular basis and it was in a monitored dosage system. The deputy manager told us they would arrange for the prescription to be changed to reflect this.

Where people wished to administer their own medicines there was a risk assessment in place to ensure the medicines were managed safely and the person was taking their medicines as prescribed. The risk assessment was regularly reviewed.

Staff responsible for administering medicines had completed training and their competencies were assessed before they administered medicines unsupervised. Competencies were checked annually. We observed staff administering medicines. The member of staff took time to engage with people before offering their medicines. People were supported in a way that met their needs. For example, one person did not want to take their medicines until their breakfast had been served. The member of staff respected this and waited until the person was ready.

Records relating to risks were not always complete and up to date. For example, one person had a care plan summary at the front of their care plan which identified, "I can walk independently but I can be wobbly so I like to hold a carers hand". Preadmission records identified the person had experienced falls prior to moving to the home. There was a risk assessment completed to identify the level of risk. However, there was no management plan in place to provide guidance to staff relating to the support the person required. The person had experienced two falls since moving to the service. There was no evidence of any action being taken following the incidents. We could not be sure the risk to the person of further falls was being appropriately managed.

People told us they felt safe. One person said, "Yes I feel very safe. I haven't been here very long". Relatives felt people were safe. One relative told us, "[Person] is very safe here. She has a special bed-she is on liquid/pureed food and her skin is beautiful. They really take care of her".

Where risks associated with behaviour that may be seen as challenging were identified there were detailed care plans. Care plans gave clear guidance to staff in how to manage the risks in relation to this behaviour.

Staff we spoke with were able to describe how they would support people in line with the care plans.

Staff had completed safeguarding adults training using a workbook and assessment. Staff were able to describe the signs of abuse and the action they would take if they had any concerns. This included outside agencies if they felt no appropriate action had been taken by the management team. One member of staff told us, "I would report it to the manager and record it. I could use whistleblowing or report to yourselves (CQC). I'm sure action would be taken here".

The provider had a safeguarding policy and procedure in place. Records showed that safeguarding concerns had been raised appropriately. Staff had access to information from the local safeguarding adults board to ensure safeguarding referrals met the thresholds set by the board.

People told us there were enough staff. One person said, "They help when necessary. I think there are enough staff". Staff told us staffing levels were appropriate and they felt able to meet people's needs. One member of staff told us, "There are enough staff. [Deputy manager] will always try her hardest to get cover if we are short". The deputy manager told us they used a regular agency when there were staff shortages to ensure consistency for the people using the service. Staffing levels were based on a dependency assessment for each person. Assessments were reviewed monthly to ensure staffing levels met people's changing needs. Throughout the inspection staff were constantly busy but found time to sit with people and chat. Staff were prompt to support people if they showed signs of becoming anxious.

Equipment was maintained to ensure it was safe and suitable for use. For example, where people had bed rails and pressure mattresses in place these were checked daily. This ensured the pressure was correctly set for each person and bed rails were fitted safely in line with guidance from the Health and Safety Executive (HSE).

Maintenance records showed that systems were monitored and maintained. For example, weekly and monthly checks of the fire system were recorded. External contractors serviced the fire alarm system six monthly. On the day of the inspection staff attended a fire training session and a fire drill was planned for 30 June 2017. Following the inspection the general manager provided an attendance register identifying staff who had attended the fire drill.

We looked at records relating to staff recruitment. Recruitment records showed relevant checks had been carried before staff worked in the home. Checks included employment and character references and Disclosure and Barring Service (DBS) checks. This enabled the provider to make safer recruitment decisions and ensure staff employed were suitable to work with vulnerable people.

## Is the service effective?

### Our findings

People told us staff had the skills and knowledge to meet their needs. One person told us, "I have no complaints. They respond well to any requests I have".

Staff told us they were well supported through regular supervisions. Staff were able to go to team leaders and the deputy manager at any time for guidance and support. One member of staff told us, "[Deputy Manager] does my supervision. She is very supportive; I will always go to her if I have a problem".

New staff completed an induction period which included training, completing workbooks and shadowing more experienced staff. One member of staff told us, "I felt immediately settled. [Deputy manager] and [Team leader] always ask how I am doing and I can go to them at any time".

Staff completed training which included: infection control, emergency first aid, fire, moving and handling and safeguarding. The deputy manager kept an overview of all staff training to ensure staff skills and knowledge were regularly updated.

Staff had completed training in 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. Staff understood how to support people in line with the principles of the Act. One member of staff told us, "I give them choices, encourage them but it's really about knowing them. You have to make choices in their best interest".

Where there were concerns about people's capacity to consent to their care, care plans included mental capacity assessments and where necessary best interest processes had been followed and documented. Where people had appointed a legal representative, this was documented in people's care records and representatives were involved in decisions about people's care.

People were positive about the food they received. One person told us, "It's very good. There is a different menu each day. I think you could ask for an alternative". The daily menu was displayed in the dining room. There was no choice of main meal. However, the chef told us people could ask for an alternative if they did not like the main meal available.

Where people required a specialist diet this was recorded in their care plan and we saw that people received food in line with the guidance in their care plan. For example, one person required a pureed diet and thickened fluid. When we visited the person in their room, a relative was assisting them with their meal. The relative told us, "When they serve pureed food everything is separate and made to look appetising".

People were supported to access health professionals when required. Records showed people had received support to access: Chiropodist, district nurse, Care Home Support Service; Audiology and Speech and

Language Therapy.



## Is the service caring?

### Our findings

People were supported by staff who were caring and kind. Comments included: "I am looked after really well. I'm very happy"; "They are pretty caring. Yes they are always helpful"; "They are mostly very good and caring. [Member of staff] is the best of them all" and "They are very helpful and kind". Relatives were also complimentary about the caring nature of staff. One relative told us, "They are lovely. They embrace the whole family".

A visiting health professional told us, "Staff are always helpful and are definitely caring".

Staff spoke about people in a kind and compassionate manner. One member of staff told us, "I like it here. It's a happy place and I like to treat them like family".

Throughout the inspection we saw staff supporting people in a caring manner. For example, one person received news of a family bereavement. Staff gave the person space to take the telephone call but stayed close by in case the person needed support. Following the call the member of staff took time to speak with the person showing empathy for their loss.

Staff took time to speak with people before supporting them with their care needs. For example, one person was being transferred from their wheelchair to a more comfortable chair. Staff explained what they were going to do and checked the person was happy to transfer. Throughout the transfer staff offered guidance and reassurance.

People told us they were treated with dignity and respect. One person said, "When they help me with a shower they will keep the doors closed. They don't interrupt me when I am with visitors. They knock before coming into my room". Relatives were confident people were respected. One relative told us, "They never treat her disrespectfully".

People were involved in decisions about their care. One person told us, "We went through the care initially and yes they asked about my preferences". Relatives were involved in the development and review of people's care plans where appropriate. One relative told us, "I am totally involved in [person] care and treatment".

Care records were kept locked in a cupboard to ensure people's personal information was protected.

## Is the service responsive?

### Our findings

At our inspection on 6 and 10 October 2016 we found people did not always have access to activities that interested them. We made a recommendation to the provider in relation to this issue. At this inspection we found improvements had not been made.

When asked about activities available people's comments included: "There are not many activities. There used to be people who came in now staff take care of the activities. No we can't go out unless with a visitor" and "Not much. I watch TV". One relative told us, "[Person] is no longer receiving any stimulation. I have never seen staff take anyone out".

The service kept an activity log which included entries stating: "1:1 chats"; "visitors"; "nails" and one entry stating "fed birds in garden". There were several dates where there was no entry in the activity log. There were no entries indicating people had been supported to go out unless taken by family members or visitors.

People's care plans were not always fully completed to ensure staff had sufficient information to meet people's needs. For example, care plans for two people who had moved into the home on 24 May 2017 and 13 June 2017 had not been completed. A form at the front of the care plans contained some preadmission information and stated "Please create a care plan within three days". Care plans had not been completed. We could not be sure people were being supported in a way that met their needs.

People's care plans did not always contain accurate up to date information. For example, one person's care plan stated the person required repositioning every two to three hours and was using a "hospital bed and foam mattress". Staff we spoke with told us the person no longer required repositioning as they were now using a different pressure relieving mattress. We visited the person and found they were on a pressure relieving mattress. We spoke with the deputy manager who confirmed the person no longer required repositioning. The person's care plan included a photograph provided by the occupational therapist showing how the person should be positioned. The photograph showed the person wearing pressure relieving boots. There was no information in the tissue viability care plan identifying the person required the use of pressure relieving boots.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the morning of the inspection we saw one member of staff playing dominoes with a person and in the afternoon we saw the general manager engaging a person in an art activity. There was an activity board displaying activities available in the home which included visits from a hairdresser and chiropodist.

Care plans included information relating to people's histories, cultural needs, likes and dislikes. For example, one person's care plan identified the person's religious preferences and that the person's needs were met by visits from a representative of their preferred faith. The person's relative told us these visits took place.

People were supported to maintain existing relationships and develop new relationships with people living in the home. One person indicated a person sitting next to them and told us, "This is my very good friend". Relatives told us they could visit at any time and were always made to feel welcome.

People and their relatives told us they would raise any complaints with the manager and felt confident they would be dealt with. No one we spoke with had made any complaints.

The provider had a complaints policy and procedure in place. There had been no complaints received since our inspection in October 2016.

# Is the service well-led?

## Our findings

At our inspection on 24 September 2015 and 6 and 10 October 2016 we found the service was not well led as there were not effective systems in place to monitor and improve the quality of the service. Following our inspection on 6 and 10 October 2016 we issued a warning notice in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 telling the provider they must meet the requirements of Regulation 17 by the 31 January 2017. At this inspection we found some improvements had been made, however systems to monitor and improve the quality of the service were still not always effective.

The provider had employed a consultant to audit the service. We saw that audits included: medicines; care plans and activities. Audits included actions to be taken. However, actions that had been taken had not been effective in improving the service. For example, the activities audit identified that a meeting should be held with people using the service and a satisfaction survey should be completed. We saw that a survey had been completed where activities had been scored as 'fair'. The action taken was an external entertainer being booked monthly. A meeting had been held with people using the service. It had been agreed that a summer barbeque would be planned. This had not been planned at the time of the inspection and the general manager told us they were not sure the barbeque would take place. There were no other actions taken to address the lack of activities found at this inspection.

A medicines audit had been carried out in April 2017. The audit identified that a list of all staff and their signatures should be placed at the front of the MAR folder. We saw that a list had been put in place but only one member of staff had signed it.

Care plan audits had not identified the issues we found on the day of our inspection.

We found that systems for monitoring the safety of the premises were not always effective. The fire risk assessment for the service had been completed on 27 January 2015 and was due to be reviewed in January 2016. We spoke to the general manager who told us a more recent risk assessment had been done and a copy would be provided following the inspection. Following the inspection we were told that an up to date risk assessment had not been completed. The general manager took immediate action and a risk assessment was completed.

There were systems in place to monitor accidents and incidents to look for trends and patterns. However it was not always clear what action had been taken in relation to accidents and incidents.

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

The consistency of the quality of the governance systems operated by this provider has been a concern since 2012. Improvements have not been made to ensure the provider is consistently able to meet the requirements of the regulations

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.

People told us they felt the service was well led. Comments included; "As far as I am concerned it is well organised" and "It is organised and managed very well. The Deputy manager is also very good".

There were regular meetings for people to give them the opportunity to provide feedback on the service. Records of meetings showed action had been taken as a result of the meetings. For example, people had requested more salad options on the menu. It had been agreed that salads would be served once a week. We saw that on the day of the inspection people were served salad at lunchtime.

Staff told us they felt supported and listened to. Staff comments included: "[Deputy manager] is brilliant, she is my mentor. She always asks how I am doing"; "The deputy manager is very supportive. I will always go to her. She listens and things get sorted"; "[Deputy manager] tries her hardest to make sure things go well. I can't fault her. I am really well supported" and "I get the opportunity to have my say and queries always get sorted".

Staff described a positive culture within the service. Staff comments included; "We have very good teamwork. Morale is good" and "We have excellent teamwork. There is a good distribution of workload and we all know what we need to do".

Systems for sharing information within the staff team were effective. There were regular staff meetings and a handover between staff when staff came on duty.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider did not ensure people received care and treatment that met their needs and preferences. People did not have access to activities that interested them. Care plans did not contain accurate information to ensure people's needs were met.</p>

### The enforcement action we took:

We have imposed a positive condition on the provider's registration requiring them to submit monthly reports to CQC.

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

### The enforcement action we took:

We have imposed a positive condition on the provider's registration requiring them to submit monthly reports to CQC.