

Farrington Care Homes Limited

Lyme Regis Nursing Home

Inspection report

14 Pound Road
Lyme Regis
Dorset
DT7 3HX

Tel: 01297442322
Website: www.farringtoncare.com

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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?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Lyme Regis Nursing Home was last inspected on 25 June 2015 and we found they were meeting all requirements.

There was no registered manager in post at the time of the inspection. The previous registered manager had left their employment in January 2016. The provider had appointed a new manager who was in the process of applying to become the new registered manager however they had not informed us of these significant changes. 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.

Lyme Regis Nursing Home can accommodate a maximum of 27 older people. There are 23 single bedrooms and two double bedrooms. At the time of the inspection there were 23 people living at the home.

The leadership within the home was developing following the significant change in management. There were areas of practice that needed to be improved following a period without a manager. This led to the provider not having an effective system to check the quality of care people received at the home but improvements were now being made. People's individual care records were not always up to date and the systems in place to evaluate and improve the care being given were not robust.

The environment required some updating to ensure it could be effectively cleaned.. People needed more opportunity to choose where to eat their meals and the provider needed to ensure there was sufficient equipment to provide for these choices.

The process of recording when medication was given required some further improvements. Staff needed clear guidance on the dispensing of medication on a 'when required needs' basis.

The risks people faced were not consistently acknowledged in people's care records. When people came to the service for repeated periods of respite their current needs were not consistently reassessed. Care records were not always accurate and reliable.

People were able to raise concerns with the staff who took action to resolve the presenting issues. People told us they had confidence in the staff to care for them in a professional and empathetic manner. People told us they felt safe. Relatives told us how caring the staff were.

People told us the staff were kind and caring and supported them in a caring way. One person told us "I go out and about and like to sit in the garden, I tell the staff where I am, they tell me I should be accompanied but I am ok and let me take the risk, within reason. I think they show they care about me to take the time and thought to worry about my safety". A relative told us "I am very happy with the service on offer to my

mum. The staff are very professional and communicate any concerns without delay. I feel comfortable knowing mum is safe and being well cared for"

People and their relatives were given information about the running of the home and how they could comment on areas for improvement.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked the provider to take at the back of the report

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was safe but improvements were required.

People had risk assessments and care plans to keep them safe but these were not always kept up to date.

The environment and some equipment needed to be updated to allow the home to be effectively cleaned.

People told us they felt safe, we observed positive and friendly interactions between people and staff.

Is the service effective?

Requires Improvement ●

The service was not consistently effective at meeting people's needs and some improvements were required. People had insufficient choices of where to eat their meals and what the meals consisted of.

People had their legal rights protected; staff knew the principals of the Mental Capacity Act 2005.

People could be assured that they would be cared for by suitably trained staff.

Is the service caring?

Good ●

The service was caring. People were treated with care and kindness, and their privacy was respected.

People were treated with compassion. People and their relatives were encouraged to participate in decisions about the care

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive. People needs had not been consistently reassessed when returning to the home for respite.

Activities were provided to keep people cognitively and socially active.

People's concerns were picked up early and reviewed to resolve the issues involved.

Is the service well-led?

The service was not consistently well lead. The registered manager had resigned at the beginning of 2016 a new manager had taken up their position at the end of March 2016. The system to ensure the quality of the service was reviewed and improvements made had been ineffective during the period the service had no manager.

Staff confirmed the manager was approachable and they felt listened too.

People and staff said they could suggest new ideas. People were kept up to date on developments in the service and their opinion was sought and respected.

Requires Improvement 

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 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 27 May and 1 June 2016 and was unannounced. The inspection was completed by one inspector.

Before the inspection we reviewed all the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the provider had informed us about and feedback from relatives. At the time of the inspection a Provider Information Record (PIR) had not been requested. 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 were able to gather this information during our inspection. In order to gain further information about the service we spoke with six people living at the home and two visiting relatives. We also spoke with five members of staff.

We looked around the home and observed care practices throughout the inspection. We reviewed six people's care records and the care they received. We looked at people's Medicines Administration Records, (MAR). We reviewed records relating to the running of the service such as environmental risk assessments, fire officer's reports and quality monitoring audits.

We contacted one health care professionals involved in the care of people living at the home to obtain their views on the service.

Observations, where they took place, were from general observations.

Is the service safe?

Our findings

On entering the home there was a strong smell of urine. The manager told us that the source of this odor was the floor coverings. The manager told us that new floor coverings were being ordered. There were areas of the home and equipment which were damaged such as shelving in the kitchen and a table used by someone to eat their meal which were in a poor state of repair which meant that they could not be effectively cleaned. The manager acknowledged that improvements were required to the fabric of the home and arranged for the persons table to be replaced.

We spoke with staff about infection control within the home. They told us about the procedures they used to prevent cross contamination such as using disposable gloves and aprons. Staff could not identify who the infection control lead was at the home, two suggested the manager. This meant it was not clear as to who to go for guidance and support in relation to infection control issues. We spoke with the manager who told us it was probably their responsibility.

The above illustrates a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In general terms the arrangements made for the administration of medication was acceptable with further guidance to staff required in relation to 'when required medication.. Staff needed clear guidance on the dispensing of medication on a 'required needs' basis. We looked at the medicines administration records (MAR) of seven people, four of these needed medication on a required needs basis. We found that the guidance on when to dispense medicine's under these circumstances and safeguards needed to be clearer to ensure people were given medication appropriately and as prescribed. The staff we spoke with were clear why the medication was required and when they would dispense it but this was not recorded. We spoke with the manager and senior staff about our observations. They acknowledged the lack of guidance and made arrangements to ensure staff guidance was clear .

The risks people faced had been recorded but the records had not been updated to reflect people's current position. Some people's care records and risks were confusing as the information contained within them did not always relate to their most current stay at the home, (some people had returned to stay at the home for respite or following short hospital admissions). The provider had not always carried out a further assessment of need or risk assessment which meant the current risks were not consistently identified or reliable. Simple issues such as which room a person occupied were not always correct. We also noted that photographs of the person in the care records were out of date and in some cases did not represent the person being cared for. This may lead to new or agency staff not providing the correct level of care to the right person. One person's care records identified them as being at risk of eating certain foods that may affect their medications and to see their medication care plan but there was none available. This put them at risk of harm as staff did not have the guidance to ensure the person was supported safely.

We spoke to the manager about people's care records and our observations. They acknowledged that work was needed to ensure peoples records and risk assessments were current and had an action plan in place to

make the necessary improvements through the reviewing and new admissions processes. They told us that they had looked at a number of risks that affected all of the people such as 'personal evacuation plans', in the case of a fire, and identified there were none in place and had addressed this immediately.

The above illustrates a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were sufficient staff to meet people's needs safely The manager had systems which were flexible to ensure staffing levels were maintained at a safe level in line with people's needs. We looked at the staffing rota's which confirmed that sufficient staff were on duty at all times. We spoke with people living at the home. One person told us "the staff take their time to support me the way I like, they don't rush and always stop to chat". Another person told us " I like to stay in my own room but the staff are always popping in to see me , either for a chat or to help me". A relative told us "there always seems to be staff around, I have never had any concerns over the levels of staff available to support people here".

Staff were recruited safely. The provider ensured staff had the necessary checks in place to work with vulnerable people before they started in their role. All prospective staff completed an application and interview. New staff underwent a probationary period to ensure they continued to be suitable to carry out their role. The provider ensured their checks were up to date and in place before agreeing they could work at the home. We looked at the records relating to agency staff and found this were also in good order.

People told us that they felt safe living at Lyme Regis nursing home. One person told us "staff are always checking on me to make sure I am ok, I feel safe here". Another person told us "I am safe here, they tell me I am at risk of falling and to tell them if I go out, which I do, they are good to me". We spoke with staff who could tell us some of the signs of abuse and what they would do if they suspected anything. We noted that guidance for reporting abuse or concerns were posted on the staff notice board, several staff told us where to find this guidance. This ensured that staff had the appropriate guidance to ensure concerns were addressed. We looked at the staffs training records which evidenced staff had received training in safeguarding.

Is the service effective?

Our findings

People were not consistently offered a choice at meal times. The people we spoke with told us there is always enough to eat and spoke about the choices they have at mealtimes. One person told us "The food here is good and I get a choice". We looked at the menus for the proceeding two weeks that evidenced that a choice of meals had been planned. We observed the lunch time in the main dining area. We did not observe anyone being offered a choice of what to eat or what accompaniments to have with their meal. We noted that every person had tomato sauce with their food and spoke with staff about this. They told us this was not normally the case. The manager took action in between the two inspections to address this issue.

We observed that there was insufficient tables and seating to offer people the choice of where to eat their meals. We noted there were two dining tables and only two dining chairs. We noted that eight people were served their food in the lounge chairs they had sat in during the morning, no one was offered a choice of where to eat their meal. We spoke with staff about the seating arrangements. They told us this is where people liked to sit.

We observed one person eating their meal. They had difficulty keeping the food on their plate and gave up and ate the food with their fingers off of the table, no special plate or cutlery was made available to them. This undermined their dignity. The manager took action in between the two inspections to address this issue.

We observed the staff's interactions with people during the lunch time. We noted when people required support to eat the staff member did not speak with the person they were supporting. We observed one staff member holding a fork of food in front of the person they were supporting even though it was clear the person still had a mouthful of food. The staff member left the person they were supporting to help others even when other staff were available to help. The manager took action in between the two inspections to address this issue.

We spoke with the manager about our observations. They acknowledged that there was insufficient tables and chairs. On the second day of the inspection the manager informed us that adapted crockery and cutlery had been purchased and was in use where required. They further agreed that the mealtime experience for people living at the home needed to be improved.

The above illustrates a breach of regulation 15(1)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met.

The 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. The registered manager understood their responsibilities under the MCA. The staff we spoke with understood that all people were assumed to have capacity first and foremost.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager advised they currently have one person who required to have a DoLS assessment and an emergency application had been made to the authorizing body.

People had their healthcare needs met. All decisions about people's health and treatment was discussed with them, or people important to them, to ensure they understood what was being planned. People told us they could see their GP and other healthcare staff as needed. One person told us " the staff arrange for a doctor to call if I ask them or they think I need it".

Peoples care records evidenced that they saw their GP, specialist nurses, optician and dentist as necessary. Health professionals recorded their visit in people's records which meant any advice was first hand. Any advice from professionals was generally linked to their care plan to ensure continuity, but not always in a timely fashion. We spoke with staff about our observations relating to this who agreed that they needed to ensure the records were kept up to date. A visiting relative told us "They arrange for the GP to visit as soon as they become concerned. The girls (staff) pick up little things that I miss and I am here most days, I am grateful for that".

Staff told us they felt sufficiently trained to carry out their role effectively. The registered manager was in the process of developing an evaluation of the training needed and had already started to make arrangements to provide training that was identified through this evaluation such as fire safety training. Systems were in place to ensure all staff were trained in the areas identified by them as mandatory subjects. This included first aid; fire safety; manual handling; safeguarding vulnerable adults; infection control and food safety. Staff were trained in areas to meet specific needs of people living at the service such as dementia care. The staff records evidenced that staff had received training.

Staff were also being supported to gain qualifications in health and social care. Staff told us and records confirmed that they had regular supervision, appraisals and checks of their competency to ensure they continued to be effective in their role.

New staff underwent an induction when they started to work at the service. We spoke with a new member of staff who told us about their induction. They spoke to us about requiring to be 'shadowed' by an experienced member of staff. New staff shadowed other experienced staff. While they were completing this, they were extra to the staff on the rota so they had time to learn their role fully. They told us their progress was reviewed by the manager and existing staff offered any support and advice as required. The service had introduced the Care Certificate. The Care Certificate had been introduced to train all staff new to care to a nationally agreed level.

Is the service caring?

Our findings

The service was caring. We spoke with five people living at the home who told us about the care and support they received. One person told us that "The staff are good to me, I have no family and rely on them to bring me in the things I need or to take me out. Have lived her for a number of years and the staff always are around to help. They help with the things I find difficult and take me to places I like to go". Another person told us "I go out and about and like to sit in the garden, I tell the staff where I am, they tell me I should be accompanied but I am ok and let me take the risk, within reason. I think they show they care about me to take the time and thought to worry about my safety".

People were cared for by staff who showed compassion and kindness. People told us that staff treated them with respect. One person said, "The girls (staff) never rush me and let me take my time". We observed when a person became anxious the staff were attentive and sat and spoke with them until the person felt reassured. A relative told us "I am very happy with the service on offer to my mum. The staff are very professional and communicate any concerns without delay. I feel comfortable knowing mum is safe and being well cared for. You couldn't wish for better staff, they are patient, thoughtful and willing to help with a smile, they go the extra mile". Other comments included "the sympathy the staff show is outstanding" and "Staff treat people with respect, they know it's their (residents) home and their role is to support them live here as comfortable as possible".

People's relatives told us they felt confident that staff at the service provided good quality care. One relative said, "I don't think mum would be as well both mentally and physically without the support and encouragement from the staff". Another relative said, "Relatives are welcomed, I come in at any time and am always welcome".

People told us that staff were responsive to calls for assistance and made sure that people's care was delivered professionally and with dignity and privacy. Staff told us how they respected people's privacy such as waiting for a response before entering people's rooms after knocking on their doors. Everyone we spoke with including people and their families commented on the good standard of care people received. We observed staff attentive to people's individual requests.

People's needs were met by staff who demonstrated a caring manner. Staff spoke with people expressing a warm and friendly manner. Staff spoke with people respectfully and addressed them by their preferred name.

Staff understood people's daily routines and preferences. We spoke to six staff both formally and informally. Staff were able to tell us about people's preferred routines such as what time people liked to get up, when they liked to receive personal support and how they liked to spend their day. Some staff told us about what and how people liked to dress. An example of this was staff told us about how one person liked to 'dress semi formally', wear their watch on their left wrist and how they checked that the clothes they selected for the person were comfortable and acceptable. We looked at people's care records in relation to personal choice which generally reflected what we had been told.

People and those important to them were consulted about how their care needs were to be met. One relative said "The staff have reviews of mums care, I can come to these and try to if possible"" Those people who could tell us spoke about being consulted with regards to their future plans there was sufficient evidence contained within the care records to suggest that people important to them had been consulted when they could not participate.

Is the service responsive?

Our findings

People's care was planned but the care records did not consistently evidence that people's needs were being met. An example of this was that one person had weight loss. Whilst the risk assessments and plans of care gave staff sufficient guidance to contact the dietitian if the weight loss continued, which it had, there was no evidence to state this had been achieved. The staff we spoke with told us about the weight loss and how they were providing for this person they did not mention a dietitian when asked. We did not see evidence that the dietitian had been contacted for guidance and support. This meant that the plan of care was not being followed as required.

People's care needs had not consistently been reviewed or reassessed to ensure the staff had sufficient guidance to be able to support people with their presenting needs. One person's care records stated that they were suffering from depression. Their care plan in relation to depression was originally generated in 2013 and reviewed monthly since then. The review for each month consisted of two to three lines and did not comment on improvements or interventions that had improved the person's wellbeing. This meant that the original plan had not changed in three years and any interventions that had improved the person's wellbeing were not recorded or progress built upon. We spoke with the manager who acknowledged our observations and told us about the plans to systematically review all care records to ensure the service being delivered was as planned.

One person's care records evidenced a weight loss but further examination of the file showed that the person was attending on a respite basis and the person's weight on the current admission had been recorded next to the previous admission with no clear indicators to alert the staff or manager to this fact. Two people's care records had the previous admission date crossed out and the new admission date inserted but the care plans had not been updated to evidence a reassessment had taken place. We spoke with the manager who acknowledged that the care records needed to be kept in better order. The manager took action in between the two inspections by introducing new recording tools to begin address this issue.

The above illustrates a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When people asked staff a question or wanted attention the staff responded promptly, listened carefully and took action or gave the information requested. For example we observed some staff respond to people who were anxious and requiring reassurance. Staff understood people's daily routines and preferences.

People told us they were provided with a range of activities. These were planned in advance but there were also ad hoc sessions to respond to what people wanted to do. The service employed a staff member to co-ordinate activity sessions. Some people told us they enjoyed doing jigsaw puzzles others told us about knitting. Some people liked to stay in their rooms. We spoke with one of these people who told us "I prefer my own company and sometimes join in. Another person told us that they like to sit in the garden as they liked to be outside.

We spoke with people about how they resolved individual concerns. One person told us "The staff sort out any issues, I've no complaints". The people who were able to tell us also responded in a similar fashion. This meant that people were confident that they would be listened too and that staff would act upon their concerns. The relatives that we spoke with told us they would speak to the staff or manager. None of the people we spoke with had any concerns over they service being offered. The provider had a complaints policy which identified the time scales that they would respond to complaints. The policy also gave information about other agencies who could be contacted if they were dissatisfied with the service.

Is the service well-led?

Our findings

There was no registered manager in post at the time of the inspection. The previous registered manager had left their employment in January 2016. The provider had appointed a new manager who was in the process of applying to become the new registered manager.

Infection control audits were not consistently safe. We looked at the infection control audit that did not follow the codes of practice as set out in the Health and Social Care Act 2008 Code of Practice on The Prevention and Control of Infections and Related Guidance guidelines. Areas of the home and care practices were not consistently covered by the auditing tools that had used.

We spoke with the new manager who had been in post for the last four weeks prior to the inspection. We talked about the improvement's that were needed and their plans to achieve this. They acknowledged our concerns over the care records, infection control issues, maintenance and provision of equipment in the home.

The manager told us they had reviewed a number of systems in the home such as staff supervision, support and training. As a result of this training had been booked where necessary and a plan had been put in place to ensure all staff would receive supervision. They told us that fire training had been delivered and all of the people living at the home now had a personal evacuation plan in place to ensure the staff knew how to support people in the event of fire.

The manager told us about the plans in place to update communal parts of the home and outside areas, some of these plans had been actioned such as clearing unwanted or unsuitable equipment from the home and having the hedges cut, so that people could look out over the view of Lyme bay. They also told us that quotes had been received for re-carpeting areas of the home and work would start on this work soon. They had also identified that some of the hot water from some of the taps were extremely hot and exceeded acceptable temperatures. They told us that these were due to be addressed following the inspection and risk assessments were in place to protect people. The manager was in the process of producing an action plan with which to monitor progress of the improvements required.

Records showed that staff had recorded accidents and incidents. Where people had been involved in an incident or an accident, for example a fall, the staff recorded the cause, the injuries and the actions or treatment that had been delivered. The manager told us they checked these records. There was evidence to suggest these records had recently been assessed to determine whether an investigation was required and who needed to be notified.

There was a management structure in place at the home. The manager was supported by a deputy and senior staff. These staff were responsible for organising the staff on each shift by way of handover meetings which were attended by the manager. Staff were aware of the roles of the manager and they told us they were approachable and available to discuss issues most of the time.

People had opportunities to comment on the service and things they would like. The manager informed us that following consultations with people living at the home, about what improvements they wanted or wished for, consideration would be given to these as part of the homes overall action plan.

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 15 HSCA RA Regulations 2014 Premises and equipment 15(1)(a) The provider must make arrangements to ensure the premises and equipment is kept clean 15(1)(c) The provider should have sufficient equipment enable people to have a choice of where to eat.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance 17(1) (2) (c) Care records were not accurate putting people at risk of receiving inappropriate care