

Little Gaynes Rest Home Limited

Little Gaynes Rest Home

Inspection report

146 Corbets Tey Road
Upminster
Essex
RM14 2ED

Tel: 01708220473

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 9 September and was unannounced. At our previous comprehensive inspection in July 2015 we found three breaches relating to staffing, safe care and treatment.

Little Gaynes Rest Home provides services for up to 21 older people who have and may be living with dementia. On the day of our visit there were 20 people using the service.

At the time of the inspection there was no registered manager. However, the current manager was in the process of completing their registration. After the inspection we got confirmation that the registration process had been successful. 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 safe living at Little Gaynes. Staff had attended training on safeguarding and were able to explain the steps they would take in response to any allegations of abuse.

There were enough staff to look after people safely. However, we noted that some staff worked an early shift, then a night shift soon after and recommended that the provider seeks advice on appropriate rest times between shifts in order to ensure care was delivered safely.

Staff were supported by means of training, annual appraisal and regular supervision. When staff started to work at the service they had a comprehensive induction which included shadowing until they were familiar with people's support needs. Staff were aware of principles of the mental capacity act and how they applied this in their role.

Improvements had been made to the storage of medicines since our last inspection. Room and fridge temperatures were now monitored and kept within the required range to store medicines safely. Medicines were managed safely with the exception of covert medicines where authorisations were not always specific to how the covert medicine should be administered.

The premises were clean and well maintained. Risks to the environment were assessed regularly and steps taken to mitigate the identified risks were written and known by staff.

People told us they were treated with dignity and respect and involved in planning their care. They said the food suited their taste and preference. Staff were aware of people on special diets and supported them appropriately.

Care plans were individualised and reflected people's preferences and current care needs. Activities were

based on people's hobbies and interests with those who liked to go out enabled to do so on a regular basis. People told us they were able to raise concerns without any fear.

People told us they thought the service was well managed. We found that there were quality assurance processes in place to ensure the quality of care delivered was improved.

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 mostly safe. People told us they felt safe living at Little Gaynes Rest Home. Staff had attended safeguarding training and were able to tell us the different types of abuse and actions they would take to protect people from harm.

However we found staff did not always have enough rest time between shifts and covert medicine was not always managed effectively.

There were robust recruitment systems in place to ensure that only staff who had undergone the necessary checks were employed.

Requires Improvement ●

Is the service effective?

The service was effective. People told us they were supported by staff who knew how to care for them. Staff had annual appraisal and regular supervision to ensure they kept up to date and reflected on their current practice.

Staff had an understanding of the Mental Capacity Act and how it applied in practice.

People were supported to eat a balanced diet and received food that met their individual preferences.

People were supported to access healthcare services, this included GP visits, district nurses dietitians and chiropody.

Good ●

Is the service caring?

The service was caring. People told us they were cared for by caring staff who maintained their privacy and dignity. We observed staff treated people with dignity and respect and called people by their preferred names.

People were encouraged to be independent and were offered their mobility aids in order to help them mobilise safely. Staff responded to calls for assistance in a timely manner.

Good ●

Staff involved people in planning the day and understood people's cultural and religious preferences.

Is the service responsive?

The service was responsive. People told us they were cared for by staff who understood their needs. They were able to raise any concerns without any fear and felt their concerns would be listened to.

There were activities based on people's interests within and out in the local community.

Care plans were individual and included people's, social, emotional and physical needs and goals.

Good ●

Is the service well-led?

The service was well led. There were quality assurance systems in place to ensure care delivery was evaluated and changes made to improve the quality of care delivered.

People and staff told us there was an open and honest culture and that they could approach the management team if they had any concerns.

Good ●

Little Gaynes Rest 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 unannounced inspection was completed by one inspector and took place on 9 September.

Before the inspection we reviewed information we held about the service from previous inspections and notifications. We contacted Healthwatch and the Commissioners to obtain their feedback. 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 also received a complaint from a member of the public relating to inappropriate care delivery.

During the inspection we spoke with six people and five relatives. We used the Short Observational Framework for Inspection (SOFI) to observe care for 12 people during the morning medicine administration round. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at six medicine administration records, four care plans, eight staff files, four appraisal records and eight supervision files. We also looked at three training matrix, health and safety records. We also spoke to a district nurse, an assessor, the chef, two staff, the provider, the director and the manager.

Is the service safe?

Our findings

People and their relatives told us they felt safe living at Little Gaynes. One person said, "I am safe here. They look into my every need." Another person said, "Yes, I am safe, the door is always secure so that not just anybody can walk in." A Relative told us, "I have no concerns about safety otherwise, {person} would not be here. Staff were aware of the safeguarding procedures in place and understood how to recognise the different types of abuse and where to report them. We looked through recent safeguarding notifications and found that appropriate steps had been taken to try and reduce the risk of the same incidents happening. Petty cash logs and receipts were kept to ensure that people's money was accounted for and stored safely.

People told us they received their medicines on time. One person said, "Yes, I get my tablets on every morning and at bed time. Another person said, "I know what I have and can also request extra tablets if I have any pain or trouble with my stomach." At our previous inspection we had concerns that room and fridge temperatures were sometimes very high which meant that medicines were not always stored at the required temperature. This left people at risk of receiving ineffective medicines. During this visit the medicine storage room was cool with a fan in use when temperatures rose. Temperature recordings showed that medicines were stored safely at the manufacture recommended guidelines.

Medicines were administered by staff who had been assessed as competent. Staff were aware of the procedure to dispose of medicine. We reviewed medicine administration records and found no discrepancies. We reviewed controlled drugs and found no anomalies. However, we found that where covert medicines had been required more work was needed to ensure that the appropriate steps were followed. For example, a covert medicine authorisation we saw in place was written by the GP and there was no evidence of consultation with a pharmacist or specific instruction to follow when staff had crushed the medicines. We recommend that the provider seek advice on best practice in relation to obtaining authorizations for covert medicines.

People and their relatives told us there were enough staff to look after them. One person said, "They come quite quickly when I call." Another person said, "I always get help when I need it." We reviewed rotas and found that there were the same staff on at weekends and at nights and that there was now cleaning staff on duty seven days a week. The rota system had been recently adjusted so that the early shift now overlapped with the night shift as it had been found that most falls and incidents were occurring between 6:00 and 8:00 a.m. This new shift pattern was in place to try and reduce the number of early morning incidents. However, we also noted that some staff sometimes did an early shift and then came back for a night shift. We recommend that the rota system gives enough rest time in between shifts to ensure staff are well rested and in a better position to safely support people.

At our previous inspection we had concerns about the cleanliness of the toilets. During this inspection we found that cleaning staff hours had been increased in order to enable them to keep the premises clean. Cleaning staff now also worked during the weekend. The premises looked clean and flooring had been replaced in all bathrooms with repainting in progress. Equipment was in working order and there were

service records for all equipment including the lifts, moving and handling aids and fire extinguishers. Staff were able to use the equipment safely and had received training.

There were robust staff recruitment systems in place to ensure that only staff that had undergone the necessary checks and had been found suitable to work in a social care setting were employed. Staff told us they had attended an interview and had been asked for two references, proof of identity and qualifications. Records we reviewed confirmed the processes in place were followed in order to protect people from unsuitable staff.

Staff were aware of the steps to take to protect people in the event of an emergency and a fire. People had personal evacuation plans and fire drills were completed to ensure staff understood the evacuation procedures. Risks to people and the environment were assessed and clear steps were outlined as how staff could mitigate any identified risks. Risks assessed included, moving and handling, choking, falls, behaviours that challenged and nutrition. Staff were aware of the accident and incident reporting procedures. We saw that falls were analysed and remedial action was taken to prevent recurrence.

Is the service effective?

Our findings

People told us they were happy with the staff that cared for them. One person said, "They are very good here. Very friendly and helpful." Another person said, "They help me to wash and dress." Staff were working towards a qualification in social care. On the day of our visit one of the assessors visited to assess a member of staff's progress. Staff demonstrated an understanding of people's care needs. They knew people's likes and dislikes, hobbies and used this knowledge to engage with people throughout the day.

At our previous inspection we found shortfalls in the training and staff understanding in some areas including Mental Capacity Act 2005 (MCA), safeguarding and infection control. During this inspection staff were aware of the infection control principles and safeguarding and had attended training. 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. Staff were now aware of the MCA and could give examples where assessments needed to be completed to establish if a person had capacity to make certain decisions. People's records contained capacity assessments for specific decisions.

We checked whether the service was working within the principles of the MCA, and found that any conditions on authorisations to deprive a person of their liberty were being met. People can only be deprived of their liberty so that they can 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). We found that the manager had made the necessary step to apply for DoLS and staff were aware of the people with a DoLS in place. There were no unnecessary restrictions placed on people.

People were supported by staff that were enabled to reflect on practice and deliver care safely. Staff told us and we saw evidence that they had completed a comprehensive induction program which included a period of shadowing until they understood the needs of people using the service. They had regular supervision sessions where they were asked to reflect on practice as well as any issues that might be going on in their personal lives. One staff member said, "The supervision sessions are very helpful. An opportunity to speak one on one with management about anything that may be affecting me and how I perform at work." Annual appraisals took place and ensured staff had development plans and were supported to progress within their roles at a pace that suited them and benefited people.

People were supported to maintain a balanced diet. People told us they received food that met their preferences. One person said, "The food is lovely here." Another person said, "Mealtimes are always a pleasant experience." A third person said mealtimes were, "the highlight of my day". We saw that there were two main meals and people were asked to confirm their choices a few hours before the meal. Salad, omelettes or jacket potato with a choice of filling was also an option if people did not want the food on the menu. Staff knew people on special diets and ensured this was followed. Weight was monitored and any weight loss or excessive weight gain was

referred to the GP and dietitian.

People were supported to access health care services. One person said, "I go to my appointments and they make sure someone comes with me." Another person said, "They call the doctor if I need one. I also see the nurse and chiropodist." On the day of our visit we had a brief conversation with the district nurse who confirmed that they regularly dressed wounds and gave injections at the service in order to manage people's chronic illness. Care records we reviewed confirmed that the GP made regular visits to review people and the chiropody, dental and annual health checks also took place in order to maintain people's health.

Is the service caring?

Our findings

People and their relatives told us that staff were kind and caring. One person said, "They are all very good to me." Another person said, "They help me a lot. Nothing is too much trouble." A relative said, "It's really nice here. [Person] is looked after well and they know what [person] likes." Another relative said, "It is never easy to accept [person] can no longer live on their own. But, [person] seems to have settled well with staff making an effort to understand [persons] requirements." We observed staff interacted well with people and spoke politely with people and their relatives.

Staff treated people with dignity and respect and addressed them by their preferred names. People and their relatives told us they were treated with dignity and respect. One person said, "Yes they close my door when I need some privacy, and keep me covered during my wash." Another person said, "I have no concerns. Staff are respectful and come back when I am ready to get up." Relatives confirmed that staff always tried to maintain people's dignity by ensuring their wishes were respected and that they were clean and well-groomed.

People told us they were involved in their daily care. One person said, "I do what I want. I can have a lay in. I prefer to sit in the lounge and watch TV rather than always join in the louder games. Staff told us they would always ask people what they wanted to wear or eat. We saw that each room was individualised according to people's preferences. People had photographs and memorabilia of past achievements such football matches attended, war medals, family and friends and previous matches attended.

Information about meals, how to make a complaint, recent fundraising events was displayed on notice boards within the home to enable people to access where required. Advocacy information was also displayed and staff told us they signposted people to various organisations for help with matters such finances and funeral arrangements. One person said, "If I need more information, the manager and staff are always very helpful and help me contact the necessary services."

People were encouraged to maintain their independence. We saw people mobilising, some very slowly but they were encouraged to continue to keep active. Staff told us that they also prompted people to help during personal care by doing as much as they could for themselves. Where people had sensory impairments, aids were provided to enable people to independently eat with guarded plates and specialist cutlery.

Is the service responsive?

Our findings

At our previous inspection in May 2015 we found there was an ineffective complaints handling procedure. During this visit, staff were aware of the complaints process which was also displayed within the service. People told us that they rarely needed to complain and if they had a complaint they would tell the manager. One person said, "If I have any issues, the manager is usually around. I tell them and they sort it out." Another person told us, "I speak my mind there and then if I have any concern. I don't wait for it to build up. We reviewed the complaints the service had received and saw that they were logged, acknowledged and responded to in a timely manner. Where possible, they were resolved amicably.

The service was responsive. People and their relatives told us staff were good at meeting their needs. One person said, "Staff are very good, they come when I call and take me out when I want as I like shopping." Another person said, "They are all kind to me and ask me what I want. They try their best to cheer me up when I am down." Staff understood people's needs and tried their best to ensure people's needs were met. During lunch time we saw that staff recognised when people needed more encouragement to eat and helped them by offering their favourite snack together with their lunch.

Care was assessed before people moved into the service and reassessed on a regular basis in order to keep the care plans up to date. Care plans included people's past medical history, any allergies, life stories, likes and dislikes and care needs and aspirations for the future. Night time routines and morning routines were also documented. Staff were aware of people's routines but told us they would be flexible depending on how people were feeling. On the day of our visit we saw that people woke up at a time that suited them. One person told us, "I can have a lie in if I want and only get up when I am ready."

People were involved in planning their care. We observed staff talked to people planning what they would like to do the next week with others already planning when they would go to Lakeside for their Christmas shopping. Activities were based on people's preferences and there was now a staff member dedicated to organising activities. Some people preferred to stay in the quieter lounge where there was the TV on low volume, others were knitting. A sing-along session went on in the other lounge during the morning with eight people actively participating and reminiscing. People told us and we confirmed with staff and an activities log that these occurred regularly. In addition gardening, walks, bus rides to the local shopping centres for a tea occurred on a regular basis.

Relatives told us they could visit at any time with the exception of meal times which were protected in order to enable people to concentrate on eating and minimise interruptions. People confirmed that they had visitors and could receive them in their rooms or in communal areas or go out with them if they chose. Relatives told us they felt welcome and we saw a former relative come to sit and have a chat with people who did not have any visitors present. For those who did not always have visitors, staff tried to have one to one with them and encouraged people who preferred to stay in their rooms to come out occasionally.

Is the service well-led?

Our findings

The service was well-led. Although there was not a registered manager in place, the current manager was in the process of completing their CQC registration. We received confirmation after the inspection that the registration had been successful. They had support two days a week from an independent consultant and the director and provider. People and their relatives told us that the manager and staff were approachable and that they could raise any concerns openly. One person said, "I can approach the manager for anything. Nothing is too much." Another person said, "The manager and staff are very friendly and approachable. I can talk to them about anything."

At our previous inspection in May 2015, we had not been notified of any deaths or falls that had resulted in injuries. During this inspection, we found that the provider had notified us of significant events and were able to confirm that appropriate action had been taken to protect people from harm.

Staff were aware of the values of the home which were described as "home away from home". People and staff told us the home had a warm and friendly atmosphere where people were encouraged to be themselves. They told us they would not hesitate to approach the manager if they had any concerns or issues. They also engaged with the local community with the local library visiting with books and talking books for people using the service. Proceeds raised by people and their relatives from a summer fete had gone to a local charity to support their work helping people with specific health conditions.

There were regular staff meetings in place to ensure that staff were kept up to date with any changes. There were plans for a relatives and residents meetings and a recent satisfaction survey completed by people and their relatives showed they were satisfied with aspects of care such as meals their rooms and the care they received. We saw that staff had been given advance notice on shift time changes and a meeting had been held to help staff understand why the shift times were being changed and how this would impact on the quality of care delivered especially in the morning where the highest number of incidents had occurred.

Regular audits took place which included falls, medicines and records. Health and safety checks, unannounced manager night visits and infection control checks were in place to ensure that staff adhered to the policies in place to protect people. Water temperature checks were also checked regularly to ensure the risk of scalding was minimised. If any issues were identified action plans were developed with specified timeframes to ensure improvements required were implemented.

Records were kept safely and securely and reflected people's current support needs. Records were updated regularly to ensure that they reflected people's needs. This was achieved by a key working system where named staff were responsible for keeping care records up to date. One staff member said, "We keep the records up to date and always inform the manager if we notice any changes in behaviour or people's ability so we can get them the help they need."