

Goring Care Homes Limited

Lyndhurst Residential Care Home

Inspection report

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Ratings

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

Summary of findings

Overall summary

This inspection was carried out on 20 February 2018 and was unannounced. At our last inspection on 28 June 2017 the service was rated required improvement overall and inadequate in well-led. During this inspection the provider and registered manager demonstrated that improvements had been made and is no longer rated as inadequate in the key question of well-led.

At the previous inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements and met the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Lyndhurst Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Lyndhurst Residential Care Home accommodates 20 people in one adapted building. At the time of our inspection there were 16 people using the service.

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.

The registered manager had registered since the last inspection and had made significant improvements to the service. These improvements had a positive impact on people, relatives and staff. The registered manager promoted a person-centred, caring culture that put people at the centre of all the service did.

Effective systems had been introduced to monitor and improve the service. People, relatives and staff were involved in the development of the service and were positive about the approachability of the registered manager.

Care plans were accurate and up to date. People were involved in the development and review of their care plans. Care plans reflected people's personal choice. Risks to people were identified and assessed. Where risks were assessed there were plans in place to ensure risks were managed.

There had been significant improvements in the well-being of people. There had been a change in culture that resulted in all staff taking time to speak and engage with people. People spent time engaged in activities that interested them. This promoted a relaxed, cheerful atmosphere which made people and relatives feel 'at home'.

Staff felt valued and listened to. Staff were supported through regular supervision and had access to training and development opportunities. This ensured staff had the skills and knowledge to meet people's needs.

People were kept safe through systems that ensured the environment and equipment were well maintained. Medicines were managed safely. Staff followed good infection control practices.

The provider had a safeguarding policy and procedure in place. Staff were clear about their responsibilities to identify and report any concerns relating to abuse.

People's dietary needs were met and people were offered a choice of food to meet their personal preferences.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

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.

Risks to people were assessed and there were plans in place to manage identified risks.

There were effective systems in place to protect people from harm and abuse.

There were sufficient staff to meet people's needs.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge to meet people's needs.

People's dietary needs were met.

Staff understood their responsibilities to support people in line with the principles of the MCA and people's rights were protected.

Is the service caring?

Good ●

The service was caring.

Staff spoke with and about people in a respectful manner.

People were treated with dignity and their privacy was respected.

Care plans were developed and reviewed with people and their relatives.

Is the service responsive?

Good ●

The service was responsive.

People were supported to engage in activities that interested them.

Care plans provided detailed guidance in relation to how people's needs should be met. Staff supported people in line with their care plans.

The provider had a complaints policy and procedure in place. People were confident to raise concerns.

Is the service well-led?

The service had improved to requires improvement in well-led.

The registered manager was new in post and promoted a person-centred approach to care.

There were effective systems in place to monitor and improve the service.

People, relatives and staff were encouraged to be involved in the development of the service.

Requires Improvement ●

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 checked 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 20 February 2018 and was unannounced.

The inspection was completed 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.

Prior to the inspection we asked the provider to complete a provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the notifications we received from the provider. Notifications are important events providers are required in law to notify us about.

During the inspection we spoke with three people and three relatives. We also spoke with the registered manager, one team leader, two care workers, the chef and the well-being assistant. We looked at three people's care files, four staff files and other records relating to the management of the service.

Is the service safe?

Our findings

At our previous inspection on 28 June 2017 we found that risks to people were not always identified. Where risks were identified there were not always plans in place to manage those risks. At this inspection we found improvements had been made.

Care plans contained risk assessments and where risks were identified there were plans in place to ensure risks were managed. For example, one person's care plan identified they were at risk of falls. The care plan detailed guidance for staff in how to reduce the risks. This included the reasons why equipment that had been put in place was removed due to increased risk to the person. The care plan also included guidance from health professionals. We saw staff supporting the person to mobilise in line with their care plan.

Where people were assessed as at risk of displaying behaviour that may challenge, care plans detailed how to support the person to identify triggers for the behaviour and how to respond to the person to reduce their anxiety. We saw staff monitoring a person and responding in a friendly supportive manner when the person appeared anxious.

People were safe and felt well cared for. One person said, "I like it here. They [staff] are good here. I have my four wheeled walker with a seat, beside me. I use it in the home to help me feel steady. And I keep my little daily bits safe in the basket under the seat. But, if I need help, someone will walk with me". Relatives were confident people were safe. One relative told us, "I feel that [person] is safe here".

Medicines were managed safely. Medicines were stored securely and temperatures were monitored to ensure medicines were stored effectively. Medicine administration records (MAR) were accurate and fully completed. Where people were prescribed medicines on an 'as required' (PRN) basis there were protocols in place that guided staff as to when the medicines were required and what condition they were prescribed for.

Staff responsible for administering medicines had completed training and had their competencies regularly checked to ensure medicines were administered safely. Senior staff completed regular medicine audits and where issues were identified action was taken to address issues. For example, we found a missing signature on one person's MAR. The systems in place to monitor MAR had identified the issue and this was being addressed with the member of staff responsible.

We observed a member of staff administering medicines. The member of staff checked to ensure the correct medicines were administered to the correct person. The member of staff explained to the person that they had their medicines and waited patiently for the person to understand and finish eating before taking their medicines.

People told us there were enough staff. One person told us, "If I ring my bell in my room, they come quickly". Relatives felt people's needs were met and that staff were not rushed. One relative told us, "They [staff] have time to chat with them [people]".

Staff told us there were enough staff. One member of staff said, "I think that we have enough staff and we cover shifts if people are ill". Another member of staff told us, "We have time to sit with people". During the inspection staff were busy but not rushed. Staff had time to sit with people chatting.

There were systems in place to protect people from harm and abuse. The provider had a safeguarding policy and procedure in place and records showed that where concerns were raised, investigations were completed and appropriate agencies notified.

Staff had completed safeguarding training and understood their responsibilities to report concerns. One member of staff told us, "I would report to the manager. [Registered manager] is always available so I would call her. The number for safeguarding is on the wall in the office so I know where to look".

We looked at staff files which included information relating to recruitment. Records showed the provider had completed employment checks before staff commenced their employment. Checks included employment and character references and Disclosure and Barring Service (DBS) checks. This ensured staff were suitable to work with people in the service.

Is the service effective?

Our findings

People were supported by staff who understood their needs and had the skills and knowledge to meet those needs. One relative told us, "The staff are superb. They know what they need to do to keep [person] calm".

Staff were positive about the training they completed and were able to access additional training to support their personal development. One member of staff told us, "Here I have done my NVQ 2 (a national qualification in health and social care) and am about to start on meds [medicines] training, which I am looking forward to".

Another member of staff who had just become a well-being assistant and was responsible for arranging and carrying out activities told us, "I have looked into Level two training with NAPA (National Activities Provider Association) for Activities and the manager has said that she is very happy to send me on it as soon as possible".

Staff had completed training which included: equality and diversity; dementia awareness; diet and nutrition; fire safety and moving and handling. The registered manager had an overview of all staff training and was aware of those whose skills and knowledge needed updating and when training was due.

Staff were supported through regular supervision and were positive about the support they received. Records showed that where concerns around staff performance were identified action was taken to address issues in a constructive and supportive way.

Staff had completed training in the Mental Capacity Act 2005 (MCA). "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.

Staff understood how to support people in line with the principles of the MCA to ensure people's rights were protected. One member of staff said, "If someone lacks capacity we must make sure that everything we do is in their best interest". Another member of staff explained how they would support a person who could be reluctant to accept support with personal care. The member of staff said, "You have to be patient and give [person] time. Sometimes if you leave for five minutes and come back then they are fine".

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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw the registered manager had made appropriate applications for DoLS and reviewed care plans to ensure people were being supported in the least restrictive way.

People enjoyed the food on offer. One person told us, "The food is good on the whole. I like fish and chips on

Fridays". One relative of a person who had recently moved to the service told us, "[Person] has put on weight. [Person] wasn't eating at home". People had access to food and drink throughout the day and night. One person said, "If I wake up at night and want a drink, they will happily make me a cup of tea". There was a snack box available in the communal areas of the home and people were encouraged to take snacks.

Staff told us people were able to choose their food and that staff were always prepared to provide people with food they enjoyed. One member of staff said, "With the food, I feel that it is all about choice for our residents. So for breakfast some may choose porridge, others bacon and eggs. Our chef is brilliant and she has been here many years. In the evenings, most of the residents will eat in the conservatory and they eat different things. One resident wanted tomatoes on toast and another wanted cheese sandwich and we are happy to do whatever".

The chef had a clear understanding of people's dietary needs. The chef was notified of any changing needs and where people were identified as at risk of weight loss the chef provided a fortified diet. The chef was complimentary about recent changes and said, "[Registered manager] has implemented that there must always be two choices (for meals)".

People were supported to access support from health professionals to ensure their health needs were met. For example, a district nurse visited daily to administer medicines that required their specialist skills. Records showed that people were also supported to access Care Home Support Service (CHSS), speech and language therapy, G.P and chiropodist. People were also supported to attend hospital appointments.

Is the service caring?

Our findings

The registered manager promoted a caring culture through their attitude towards people, relatives and staff. The registered manager spent time walking around the service speaking with everyone in a caring, respectful manner.

People were complimentary about the caring culture promoted throughout the service. One person told us, "We are friends here and we chat to each other. This is a nice home". One relative said, "We love it here. [Person] is very happy. We looked at three other homes and thought that this was the most homely. It is just like home. Very cosy".

People were equally positive about staff. One person said, "The carers are friendly". Another person told us, "They have a laugh with you and are good. They will all talk to you". Relatives told us staff were welcoming and had a caring approach to people. One relative told us, "The staff are lovely. They are genuinely interested in all the residents and have time to chat with them". Another relative said, "[Person] loves it here. We are all very welcomed".

There was a relaxed, cheerful atmosphere. One person was celebrating their birthday. All staff wished the person "Happy Birthday" and prompted the person gently to remember their age. The person smiled and enjoyed the greetings. The staff brought in a birthday cake with candles and everyone sang. The person's relative told us, "They [staff] have made her a lovely carrot cake with candles which she likes".

We saw many kind and caring interactions throughout the inspection. For example, one person was speaking with a member of staff about the poor night's sleep they had as a result of a nightmare. The member of staff showed empathy and recognised the impact the nightmare had on the person. The member of staff encouraged the person to speak about the nightmare, reassuring them. At the end of the interaction the person was smiling and relaxed. They thanked the member of staff for taking time to listen.

Staff encouraged people to be involved in their care and supported them to be as independent as possible. One person told us, "They helped me to choose my red cardigan this morning. I like the colour". One member of staff said, "We try to keep residents as independent as possible. We have one person, who we will offer a flannel to wash their own face. But if they do not want to, then we will do it. [Person] needs gentle encouragement, but not too pushy as with dementia they can get a little anxious".

People and relatives were involved in developing and reviewing care plans. One relative told us, "I am involved in [person's] care plan". The relative went on to explain changes that had been made as a result of the review. Another relative told us, "I've met with [staff member] and we've reviewed [person's] care. We have another meeting next month".

Staff understood the importance of involving people and their relatives. One member of staff told us, "We have better involvement now. I did a care plan review with [relative] and [person] making sure I involved [person]. Even if people can't understand everything we need to involve them".

People were treated with dignity and respect. People were addressed by their chosen name. Staff spoke with respect when speaking with and about people. People were supported discreetly when they requested support with personal care needs.

Is the service responsive?

Our findings

At the inspection on 27 June 2017 we found continuing concerns around the lack of activities for people. We also found care plans were not always up to date and accurate. These concerns resulted in a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the regulation was being met.

The provider had employed a well-being consultant to review the well-being of people living in the home. As a result of the review the provider had employed a well-being assistant who was passionate about their role. They told us how they worked to improve the lives of people living in the service. The well-being assistant told us, "I love this new role". They spoke enthusiastically about activities that had been arranged. Other staff told us how the introduction of a culture that considered the well-being of people had improved people's lives. One staff member told us, "There has been a real joint effort by everyone and there is a whole new perspective on well-being. The residents have more life now. It's changed so much, the residents are much happier now. I feel I'm making a difference now when I'm coming to work".

People told us about the activities they enjoyed. One person told us, "I enjoy people watching here. I used to love gardening. I enjoyed helping filling the small flowerpots this week with crocuses and seeds which we can watch growing on the windowsill". Another person said, "I like knitting these squares. It keeps my fingers easy to move. I think we are going to make a blanket from them". One relative told us, "The carers take her out in the wheelchair and the home has just got access to get onto the green area opposite and into the village which will be great on warmer days".

Throughout the inspection we saw staff engaging people in a range of activities. For example, one member of staff was sitting with people who had requested to watch a sporting event on television. The member of staff encouraged discussion which resulted in laughter and gentle banter.

People were asked if they wanted to join the well-being assistant to paint bird boxes. Other staff provided encouragement and support to enable people to participate. Everyone who passed the table stopped to offer praise and engaged people in conversation about what they were doing.

Staff knew people well and were responsive to their changing needs. One member of staff told us how staff had been concerned about a person becoming socially isolated due to their mobility reducing. The concern had been discussed by the whole staff team and the suggestion made to move the person to another room on a lower floor. This had been agreed with the person and family and the move made. The member of staff said, "[Person] is much happier. We are now in the process of getting [person] measured for a better walking frame. We think that their three wheeled one is not the best for their stability".

Relatives were positive about the support people received and the impact the support had on people's health and well-being. One relative told us, "[Person] looks fantastic compared to how he was before [referring to the person's condition before they came into the home]. [Person] engages with them now".

Care plans were person-centred and recognised people as unique individuals. For example, one person's care plan identified they could become anxious. The care plan guided staff in relation to the triggers and resolution that would help to reduce the person's anxiety. We saw staff respond immediately when the person started to display the behaviour identified in their care plan. Staff used the guidance in the person's care plan to support them and the person was reassured. Staff continued to reassure the person speaking with the person about their family and where they used to live. The person responded positively and smiled at the end of the interaction.

Care plans included people's individual communication needs and were in line with the Accessible Information Standard. The Accessible Information Standard requires organisations to ensure that people can access and understand the information they are given. For example, one person's care plan identified they had a hearing impairment and wore hearing aids. We saw the person being supported by a member of staff. It was clear the person was unable to hear what was being said. The member of staff offered to check the person's hearing aids and replaced the batteries. The person was then able to engage in conversation.

Care plans were regularly reviewed and updated. Records that monitored people's support needs were fully completed. For example, where people remained in their rooms, records showed they were visited at least hourly and detailed the care and support provided.

The provider had a complaints policy and procedure in place. There had been no complaints since the last inspection. Relatives were confident that any concerns would be resolved. One relative told us, "If I had a problem I would speak to someone straightaway, but we have not had a problem".

The service supported people at the end of their lives. Care plans contained details relating to how people wished to be supported at this time. For example, one person's care plan stated, "I wish to have a dignified and pain free death". The plan included a proactive care plan which detailed the interventions appropriate for the person. Some care plans contained completed DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) which had been discussed with people and their relatives appropriately.

We saw many letters and cards from relatives, thanking staff for the caring compassionate care provided to people at the end of their lives. The registered manager planned to improve the skills and knowledge of staff in relation to palliative care and had arranged for staff to attend training provided by a local hospice.

Is the service well-led?

Our findings

At the inspection carried out in June 2017 the service was rated inadequate in well-led. Continuing concerns relating to ineffective system to monitor and improve the quality of the service resulted in a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found significant improvements had been made.

A new registered manager was in post. The registered manager was passionate and committed to improving the lives of people living in the service. The registered manager told us, "I want to promote a warm, family feel to the service". It was clear the registered manager was sharing this vision with the staff team in the service. Relatives were positive about the improvements made by the registered manager. One relative told us, "The new manager is much more approachable to talk to".

Staff were extremely positive about the changes the registered manager had made. One member of staff told us, "I think that our new manager is excellent. We are now working as a team. We have regular discussions with the manager. She asks us to tell her what we think is best for our residents and she tries to accommodate things. It has been so much better since she has taken over. She is open to suggestions". Another member of staff said, "It is a lot better since [registered manager] became manager. I can go to her with any problem and I know it will get sorted. [Registered manager] really wants to improve things for the residents". Staff told us the registered manager led by example and promoted a person-centred culture. One member of staff said, "[Registered manager] always comes in to handover in the morning so she knows what is going on".

The provider had recruited a consultant auditor to audit systems for monitoring and improving the service. The audit had resulted in an action plan which detailed areas for improvement and actions to be taken. The registered manager was positive about the impact of the audit and had introduced effective systems to monitor and improve the service. For example, monthly audits of care plans had been introduced. The registered manager had a matrix showing the issues identified through the audit system and who was responsible for completing the actions.

The audit also identified the need for regular feedback from the registered manager to the provider. As a result the registered manager completed weekly reports for the provider. However, where the registered manager had identified actions needed by the provider these had not always been completed. For example, the registered manager had identified the statement of purpose for the service required updating with the registered managers name. This had not been completed at the time of the inspection.

The registered manager held regular meetings for people and their relatives. This gave them the opportunity to discuss any issues and share ideas for improving the service. One relative told us, "I have been to some residents and relatives meetings and they have been good". Records of the meetings showed people had been invited to suggest activities they would like to see. One meeting showed a discussion about the laundry system and the registered manager had made some improvements to the system as a result.

There were regular staff meetings that enabled staff to suggest improvements and share any concerns. Records of meetings showed the registered manager had discussed the areas of concern raised at the last inspection and encouraged staff to identify ways they could improve. The discussion included the need for improved teamwork and showing respect to each other. Staff were positive about the improvements in team working. One member of staff told us, "Everyone works as a team much, much better now. There is less divide between staff teams: team leaders, carers and night staff".

The registered manager was promoting community involvement. For example, a local community provider had organised an event for relatives who were supporting people living with dementia. The registered manager had displayed information for relatives of people living at the service and was encouraging them to attend.

The registered manager had completed a level five management qualification in leadership and management and was proactive in seeking ways to ensure they were aware of current best practice. For example, the provider was a member of the Oxfordshire Care Providers Association which offered regular meetings and training for managers. The registered manager told us they would be attending.

The service has now been rated as requires improvement in this key question. This is because the service was previously rated as inadequate. Therefore, we need to be satisfied that these changes are being sustained. We will do this by following up these concerns at our next full comprehensive inspection, which will look at the five key questions we ask about services, which are: is the service safe, effective, caring, responsive and well-led.