

Little Gaynes Rest Home Limited

Little Gaynes Rest Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inspected but not rated

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Little Gaynes Rest Home is a residential care home providing the regulated activity of personal care to up to a maximum of 20 people. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 18 people using the service. The service is a residential property that has been adapted into a care home, based over two floors.

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

Pre-admission assessments were carried out of people's needs. However, these were not comprehensive as they did not fully cover people's needs in relation to equality and diversity. Quality assurance and monitoring systems were in place, but these were not always effective. We have made a recommendation about the safe management of medicines.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. This was because conditions included in DoLS Authorisations were not always met by the provider.

People were supported to maintain a balanced diet and to have enough to eat and drink. People had access to healthcare professionals as required. Staff received training and support relevant to their roles. The physical environment was suitable for people who used the service.

People and staff told us there was an open and positive culture at the service. People were supported to express their views. The provider was aware of their legal obligations and worked with other agencies to develop best practice and share knowledge.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 27 March 2019).

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 6 February 2019. At that inspection we made a recommendation about the physical layout of the building. We undertook this focused inspection to check this had now been addressed. This report only covers our findings in relation to the Key Questions of effective and well-led and the medicines part of safe.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Little Gaynes Rest Home on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to pre-admission assessments of people's needs and care plans, the management of DoLS authorisations and quality assurance systems at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question good. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Little Gaynes Rest Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by an 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.

Service and service type

Little Gaynes Rest Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Little Gaynes Rest Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the

provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with 9 people using the service and 2 visiting relatives. We spoke with a further 4 relatives by telephone. We reviewed care and medicines records relating to multiple people. We observed how staff interacted with people. We reviewed a variety of records relating to the running of the service, including a sample of policies and procedures.

Is the service safe?

Our findings

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

At our last inspection this key question was rated good. We have not changed the rating as we have not looked at all of the safe key question at this inspection.

Using medicines safely

- We looked at medicines management during this inspection. This was because when we looked at the DoLS authorisations in place for people, they gave us concerns that people's medicines might not always be managed in a safe way.
- There was a condition on a person's DoLS authorisation to have appropriate paperwork in place for the administration of medicines covertly. This was not in place. There was a letter from the GP stating that it would be appropriate to administer medicines covertly, but there was no care plan in place around this and no evidence of input from the pharmacist about the safest way of doing this. The provider sent us evidence after our inspection to show they had taken steps to address this issue.
- 1 person was given a medicine as a regular medicine, although the label on the medicine bottle and the information on the Medicine Administration Record [MAR] stated it was only to be given as required. Staff told us it had recently changed to a regular medicine and the MAR had not been updated to reflect this.
- 3 people were prescribed medicines to be used 'as required'. However, there was no guidelines in place about when to administer these medicines. Staff told us two people had the capacity to ask for the medicine when they wanted it, but the third person did not. The provider sent us evidence after our inspection to show they had taken steps to address this issue.

We recommend the provider follows its own policies and procedures and best practice guidelines in relation to the management of medicines.

- We found some good practice in relation to medicines. Medicines were stored securely in locked medicine cabinets within a locked treatment room. Controlled drugs were managed in line with guidance and the law. We found no instances of people missing a dose of their medicines.
- Relatives told us they were happy with how medicines were managed. One relative said, "They are very good with [person's] medicines, and always update me on anything to do with their health."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Pre-admission assessments were carried out. However, these were not always comprehensive as they did not fully cover people's needs.
- Assessments were carried out by the registered and deputy manager. People and their relatives were involved in the assessment process. Assessments covered areas including the person's medical history, communication, mobility, personal care, eating and drinking.
- However, assessments did not fully cover needs in relation to equality and diversity, although they did set out if the person had any preferences about the gender of staff supporting them with personal care. Issues such as ethnicity, sexuality and religion were not covered. Assessments did record what a person's religion was, but there was no information about this and how to meet their needs in this area.
- In addition to pre-admission assessments, we selected a sample of care plans and found these did not cover needs related to equality and diversity in a comprehensive way. Staff confirmed this was the case.
- The registered manager contacted us after the inspection to tell us they would review people's care plans so they covered equality and diversity needs and that this would also be covered in future pre-admission assessments.

The provider had failed to carry out a comprehensive assessment of people's needs. This meant there was a possibility that not all the person's needs would be met. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions

relating to those authorisations were being met.

- We found that appropriate legal authorisations were in place where needed to deprive a person of their liberty. However, conditions relating to those authorisations were not always being met.
- Some people had DoLS authorisations which had conditions attached to them. These were not always met. For example, there were conditions about arranging a review of people's medicines with their GP which had not been met.
- The registered manager contacted us after the inspection to inform us they had taken steps to implement all conditions that were part of any DoLS authorisation.

The provider had failed to implement conditions imposed with DoLS authorisations. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Most people told us they were able to make decisions about their care, such as what they ate or the clothes they wore. One person said, "The staff help me when needed but they do try and keep me independent."
- However, one person told us they did not have a choice about what time they went to bed and got up in the morning. They said, "The thing I don't like here is I have to go to bed by 10pm, I have asked to stay up but they say bed now. That's the night staff. Then every morning I get up by 6am, I would love a lay in, but night staff say get up now." After our inspection, the provider told us they had looked into this issue, including holding discussions with staff.

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

At the previous inspection we made a recommendation to review best practice guidance around supporting people living with dementia and other sensory support needs to ensure the home was suitable. At this inspection we found the provider had addressed this issue.

- At the previous inspection of the service we found that people's individual needs were not always met by the design of premises. Some areas were not clearly marked and it was difficult to distinguish where floor levels changed or what doors led to what rooms. This meant some people may have felt disorientated in their home. These issues had been addressed. Changes had been made to the premises and clearer signage was in place.
- The home was homely in appearance and people had their own bedrooms. They had been able to personalise these, for example, with their own possessions and family photographs. People told us they were happy with their rooms. One person said, "I am happy with my bedroom, always clean."

Staff support: induction, training, skills and experience

- Staff received training on a variety of relevant topics, including moving and handling, infection control, safeguarding adults and dementia care. There was a training matrix that showed most training was up to date.
- Staff told us and records confirmed that they had regular 1:1 supervision meetings with a senior member of staff. Supervision included discussions about people who used the service, health and safety and training.

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

- People were supported to eat and drink enough to maintain a balanced diet. People were offered a choice of meals and the menu was reflective of people's culture. The chef was aware of people's individual dietary needs.

- Support with eating and drinking was provided as appropriate and people told us they enjoyed the food and had support with eating where needed. One person said, "Yes I am happy here, and they cut up my food for me." Another person said, "The food is very good here, and I enjoy it. We often have a roast dinner."

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

- People had access to a relevant health care professionals. The GP visited the home on a weekly basis and was called as needed. Records showed other health professionals involved included district nurses, speech and language therapists and chiropodists.
- The service supported people with their oral health care needs. Oral healthcare was covered in care plans and people had access to dentists.
- People told us they had access to health care professionals. One person said, "The GP visits every Wednesday, and you can see him if you need to." A relative told us, "A few months ago [person] had to go to hospital, I was informed straight away. Now they have to go to the dentist, they found an NHS one and are taking them, and I was updated all about that." Another relative told us, "Yes I am always updated on any health concerns that arise."

Is the service well-led?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- Various systems were in place for continuous learning and improving care. For example, audits were carried out in relation to the use of personal protective equipment, infection prevention and control and staff competencies. However, these systems were not always effective.
- Care plan audits were carried out, but these had failed to identify that care plans did not cover needs related to equality and diversity in a comprehensive way. Monitoring systems had also failed to identify that conditions set in DoLS authorisations had not always been complied with. Audits had failed to identify the concerns with the management of medicines we found during the inspection.

Systems for monitoring and improving care were not always effective. This placed people at risk of receiving care that did not meet their needs. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider promoted a positive and open culture that achieved good outcomes for people. Staff spoke positively about the working environment and the registered manager. 1 member of staff told us, "[Registered manager] is very good. They are approachable and if I need help they will listen and show me what I need. Another member of staff said, "I like it here, it's a good place to work. I have learned a lot here."
- People and relatives also spoke positively about the registered manager and culture at the service. 1 person told us, "Yes I do know who the manager is and they will come and have a chat to me." Another person said, "Yes, the people are very nice here, and there is a nice atmosphere, I have several friends I have made." A relative told us, "I know the manager very well. All the staff get on well together. No complaints there."

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

- The provider understood their duty of candour and to be open and honest when things went wrong. There were systems in place to address shortfalls. For example, the provider had a complaints procedure where grievances could be raised and dealt with, and safeguarding concerns were referred to the local authority and the Care Quality Commission.
- People and relatives told us concerns were dealt with. A relative said, "They was an issue some time ago with a couple of care staff, and I brought it to manager's attention and was sorted straight away. They seem

to deal with any concerns so quickly, which is good."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was supported in the day to day running of the service by a deputy manager. Staff understood who they reported to and were provided with a copy of their job description to help them understand their role.
- The provider understood their regulatory requirements. For example, they had employer's liability insurance cover in place in line with legislation. The registered manager was knowledgeable about what they had a legal duty to notify the Care Quality Commission about, and records confirmed they had done this as required.

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

- Regular team meetings were held for all staff working at the service which gave staff the opportunity to discuss matters of importance to them. The most recent meeting on 1 May 2023 included discussions about new people using the service, training and care planning documentation. 'Residents meetings' were also held. Minutes showed these included discussions about menus, activities and if anyone had any concerns. A person told us, "We do have a resident's meeting about twice a year."
- The provider produced a regular newsletter that was sent out to relatives to keep them up to date with what was happening at the service, for example, celebrations for the recent coronation.
- There was an annual survey of people and their relatives, the most recent of which was done in January 2023. Completed surveys contained mostly positive feedback. For example, 1 person had written, "Staff are available to talk to, they always listen to me." A relative a written, "Very happy with things as they are."

Working in partnership with others

- The provider worked in partnership with others to develop best practice and share knowledge. For example, they had worked with the local authority who had provided them with various staff training courses. The provider was also a member of Having Care Association, which is a group of local care providers who meet to discuss matters of mutual importance to them.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered person had failed to carry out a comprehensive assessment of the needs and preferences for care of the service user. This was because they had not fully assessed people's needs in relation to equality and diversity needs.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered person had not always acted in accordance with the Mental Capacity Act 2005. This was because conditions that were set in Deprivation of Liberty Safeguards authorisations for service users had not always been met.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had failed to establish effective systems or processes to assess, monitor and improve the quality and safety of the service provided in the carrying on of the regulated activity.</p>