

Little Gaynes Rest Home Limited

# Little Gaynes Rest Home

## Inspection report

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Essex  
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## Ratings

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

# Summary of findings

## Overall summary

### About the service:

Little Gaynes Rest Home is a residential care home providing personal care and accommodation for up to 21 people aged 65 and over. At the time of our inspection 19 people were using the service.

### People's experience of using this service:

- People told us they enjoyed living at Little Gaynes Rest Home and we found that people received safe, kind and caring support. One person told us, "Everyone is very friendly, kind and nice. Everyone loves everyone." One staff member told us their main priority was the people living there, and they were happy, "As long as [people] are well looked after."
- Staff understood how to manage people's risks and keep people safe from harm. The service worked well as a team to ensure people received safe and responsive care and support in a timely manner and the service demonstrated a culture of continuous learning and improvement to ensure the best quality support was provided.
- Staff were provided with adequate training, supervision and appraisal to provide effective, care and support. People were encouraged to keep healthy and well. The service had not been adapted in all places to meet the needs of people living there; a recommendation was made to review this and ensure people felt safe and comfortable moving around the home. Staff understood the Mental Capacity Act 2005 (MCA) and gained consent before providing care and support.
- People and their relatives felt involved in the care and support provided. People were treated with dignity and respect and were supported to be as independent as possible.
- The service provided a wide range of activities for people living at the service. We found that not all information about the home was made accessible to people living there; we recommended the service review best practice guidelines and ensure information could be understood by all.
- The service was well-led and people, relatives, staff and other professionals spoke positively about the registered manager. The governance systems in place ensured people received high quality care and support.

For more details, please see the full report which is on CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Rating at last inspection:

At the last inspection the service was rated Good (published: 19 October 2016).

### Why we inspected:

This was a planned inspection based on the rating at the last inspection.

### Follow up:

We will monitor all intelligence received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

## 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 safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our Well-led findings below.

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 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector.

Service and service type:

Little Gaynes Rest 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. The service provides personal care and accommodation for 21 people aged 65 and over.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

Unannounced.

What we did:

- Before the inspection we reviewed the information we held about the service and the service provider. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.
- We spoke with the local authority commissioners and other health and social care providers.
- Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. This is known as a Provider Information Return (PIR). The provider had completed a PIR.
- During the inspection we spoke with nine people who used the service and five relatives. We also spoke to nine members of staff and three health and social care professionals.

- We reviewed two people's personal care records, two staff records, staff rotas, medicine administration records and other records relating to the management of the service such as health and safety records and training records.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People and relatives told us they felt safe living at Little Gaynes Rest Home. One relative told us, "I trust staff to keep [person] safe."
- Staff knew how to report abuse and to keep people safe from potential harm and had received training in this area. This demonstrated that people were kept safe from potential harm or abuse.

Assessing risk, safety monitoring and management:

- Individual risk assessments were in place and were reviewed monthly or as and when a person's need changed. For example, one person's mobility risk assessment said, 'GP increased [person's] tablets to reduce slowness when moving and to be able to hold body weight better. Encourage to mobilise more to improve.'
- Health and safety audits were completed for all equipment, such as weighing scales, fire equipment and laundry facilities, and to ensure the premises was safe. This showed there were sufficient systems in place to keep people safe from potential harm.

Staffing and recruitment:

- People and staff told us that there were enough staff to meet people's needs. For example, we saw quickly respond to someone who was in pain. One health and social care professional told us, "[They] seem to have really good carer ratios and there is always someone on hand."
- Safe and effective recruitment practices were followed. Pre-employment checks such as Disclosure and Barring Service (DB)S criminal record checks, references, employment history and proof of the person's identity had been carried out as part of the recruitment process. This meant that the service could be assured that staff employed were suitable to provide safe care.

Using medicines safely:

- At the last inspection in September 2016, we recommended that the provider seek advice on best practice in relation to obtaining authorisations for covert medicines. During this inspection we found that improved systems were in place.
- People told us staff gave them their medicines at the correct time and as prescribed. One person said, "I am cared for and get medicines for 24 hours a day."
- Staff demonstrated an understanding of how to manage medicines including controlled medicines. One staff member said, "They are locked in a different cabinet, they need to be signed by two members of staff when given, because they are more dangerous."
- We noted one discrepancy on the Medicine Administration Record (MAR) charts. We brought this to the registered manager's attention, who assured us that they would deal with this as a priority. This demonstrated that people were supported to receive their medicines in a safe way.

#### Preventing and controlling infection:

- We found the home to appear clean and well looked after. We saw records of a cleaning schedule and saw that staff inspected the service daily for cleanliness. One relative said, "I am here quite a lot and from what I can see they are good. They keep the place clean."
- Staff told us they were provided with equipment to keep the service clean and reduce the risk of infection. One staff member said they knew to use protective equipment when doing, "Personal care, and handling food." We observed staff wearing protective equipment when appropriate.

#### Learning lessons when things go wrong:

- Records were kept of accidents and incidents which detailed the incident and the action that had been taken. The registered manager told us that they always analysed incidents to ensure lessons were learnt and to minimise the risk of re-occurrence. This demonstrated a culture of continuous improvement to ensure people received high quality and safe care and support.

# 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

RI: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- Pre-admission assessments were in place; these provided details about people's health and support needs, their life history and personal preferences about the care and support they would like to receive. This ensured the service could provide person-centred care to people and that people felt supported when they arrived at the service.

Staff support: induction, training, skills and experience:

- Records confirmed the service provided ongoing training for most essential topics, to ensure staff could provide effective care and support.
- We spoke to a person with a specific health condition who told us, "I don't think [staff] know about [my condition]." Staff were not able to tell us about this condition and records confirmed not all staff had received training in this. We spoke to the registered manager, and following the inspection we were advised that all staff had been assigned training and a specialist had provided the service with information. This demonstrated the service ensured staff were knowledgeable and able to provide effective care and support.
- Staff told us, and records confirmed they received an induction into the service. One staff member told us, "My induction was two months, shadowing staff and knowing people's needs."
- Staff told us, and records confirmed they received regular supervision and an appraisal. One staff member said, "We get [supervisions] monthly, helpful." This meant that staff performance was regularly reviewed to ensure they were providing care and support of a high standard.

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

- We found the lunch time experience for people was not positive. There was a 25-minute wait for people between being sat down to eat and being served their food. There was no interaction between staff and people. One person was supported to eat but the staff member was stood behind them with no communication or eye contact. Another person was seen to use their cutlery to cut the table mat instead of their food as they were disorientated and not provided with adequate support. The registered manager told us that meal times are never usually like this, and they felt staff were nervous about being inspected.
- People and their relatives we spoke to were positive about the food provided. One person said, "Food is okay, today we are having steak, it is a treat." One relative told us, "There are no problems [with the food], staff encourage [person] to eat."
- Staff knew who needed support to eat. One health and social care professional told us, "[Staff] are spot on with this, regular weighing and getting [people] on supplements."

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live

healthier lives, access healthcare services and support:

- Care records showed people were being supported to receive care from other health and social care professionals, including GP visits, district nursing teams and opticians and dentists.
- One person said they had a skin injury, and staff, "Had a word with the doctor, [they] helped. It doesn't hurt now."
- Staff told us they had positive relationships with other professionals. One health and social care professional said, "Staff are informative, give us detailed feedback, I have no concerns." This showed that the service worked well with other organisations to enable people to stay healthy.

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

- 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. A recommendation was made to review best practice guidance around supporting people living with dementia and other sensory support needs to ensure the home was suitable. Following the inspection, the registered manager sent us photographs of changes that had been made to the home and advised this would be an ongoing process.

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 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.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The registered manager had applied for, and kept clear records of DoLS authorisations.
- Records showed that people, where appropriate, had consented to the care and support provided. Where people were not able to consent, we saw these consent forms had been signed by relatives.
- Records also confirmed that formal assessments of capacity were in place for each person and best interest meetings had been held.
- Staff demonstrated an understanding of consent. One staff member said, "If the person has capacity they can decide for themselves, if they can't we would assist them." During a review of a person's care package, one staff member was seen to get permission from the person to continue discussing their care. This showed the service provided appropriate care and support to people and ensure they understood what was happening at all times.

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:

- People and their relatives told us staff were kind and caring. One person said, "It is nice and caring here." The provider told us, "The residents are my main priority and their wellbeing."
- We saw people received emotional support and staff approached them in a compassionate way. One person who was bed-bound was having their nails painted by the registered manager; the person was smiling and laughing and said the staff were, "So lovely." We observed staff stroking people's hands and checking to see how they felt on a regular basis.
- Staff demonstrated an understanding of the importance of equality and diversity. They told us people should not be discriminated against and all people should be treated equally. We spoke to one staff member about how they would support people who identified as Lesbian, Gay, Bisexual or Transgender; they said, "We treat everyone fairly. We don't accept any discrimination." The registered manager told us their aim was to, "Have a home that has no discrimination and to ensure the residents are safe all the time." This showed that the service worked in a caring manner to ensure people's needs were met in a non-discriminatory way.

Supporting people to express their views and be involved in making decisions about their care:

- Records confirmed people and their relatives were involved in care planning and reviews. These reviews asked if there were any areas of concern and if all relevant people were happy with the care provided. One relative told us, "I recently attended a review and it was helpful." This showed that people and their relatives were supported to be involved in making decisions about their care.

Respecting and promoting people's privacy, dignity and independence:

- The service supported people to be as independent as possible. We saw one person being encouraged to put their own shoes on, and another person was supported to walk to the bathroom on their own, with staff reassuring them they were behind them in case they needed assistance. One person still participated in meetings outside of the home and they had their own computer and phone line to enable them to manage this independently.
- We saw that people's privacy and dignity was respected. During a care plan review a person became upset and the carer spoke to the other people in the review about how best to communicate together to ensure the person felt happy and supported. The person then said to the carer, "[Now] I feel calm. That helps me feel better." Another person told us they used to, "Like wearing makeup and feeling pretty"; they told us, "[Staff] do our hair and nails, I always get this done."
- This showed that the service knew how to support people to be as independent as possible and respect their privacy and dignity, and improve their wellbeing.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People and their relatives told us the service provided personalised care and support. We saw one person had recently moved into the service and had been provided with their favourite snacks. Another person had a specific drink at the end of each day; the registered manager told us, "[Person] had this in their previous home, so [person] wants this to continue."
- Most people spoke positively about the activities available. One person told us, "There are enough [activities], I did a painting today." Another person showed us some pictures they had made that had been framed and put above the fireplace. However, another person said, "Sometimes I just go to sleep as there isn't much to do." This person had a specific health condition that might have made some activities more difficult. We brought this to the registered manager's attention and after the inspection we were advised more relevant activities and sensory items had been purchased.
- The service had an activities co-ordinator who told us, "I do a lot of arm and legs and finger exercises, reminiscing, arts and crafts, puzzles and cards. Once you do it with them, they love it. I try to have something different every day."
- During the afternoon we saw one person doing colouring in and we saw a group activity of catch; people of mixed mobility were encouraged to participate. People seemed happy, they were laughing and smiling. This showed that people were supported provided with person-centred care and support to enhance their wellbeing.

Improving care quality in response to complaints or concerns:

- The service had a complaints policy in place and records confirmed complaints were managed appropriately.
- People told us they knew how to make a complaint and had confidence in the service to respond to these appropriately. One person told us they didn't feel the service could do anything better. A relative we spoke to said, "All things I brought up have been sorted."
- We found that the service was not working in line the Accessible Information Standards (AIS). Organisations that provide NHS or adult social care must follow the AIS by law. The aim of the AIS is to make sure that people that receive care have information made available to them that they can access and understand. The information will tell them how to keep themselves safe and how to report any issues of concern or raise a complaint as well as explain their care and support. This service was supporting people living with dementia and other communication needs. This meant that all people might not know how to raise a complaint. A recommendation was made to follow best practice guidelines and ensure documents were made available in line with AIS.

End of life care and support:

- People were supported to discuss and manage plans for when they reached end of life. Within people's

care plans, end of life information was regularly updated. This showed the service was working in line with best practice guidelines to ensure people received appropriate and person-centred end of life care.

# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- People and their relatives spoke positively about the registered manager. One person said, "[Registered manager] is very sweet." A relative said, "[Registered manager] is friendly, caring."
- The registered manager was supported by their line manager; they said, "I supervise everything, I meet with [registered manager] weekly."
- This showed there was a clear sense of a positive management team that ensured people, relatives and staff felt supported and able to provide person-centred, high-quality care and support.

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

- We found clear systems in place to audit the overall running and development of the service. Records confirmed that the registered manager completed unannounced spot checks of the service twice a year and medicines observations once a year. However, in the spot checks from 2018 areas for improvement around infection control had been identified; we discussed that these concerns could not then be followed up for a further six months. Following the inspection, the registered manager advised spot checks would be carried out monthly and they sent us records from February 2019. This showed the service was continuously learning to provide better care.

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

- Records confirmed the service sought feedback through meetings and surveys from people, relatives, professionals and staff. One relative said, "We were invited to meeting, it was useful."
- Staff attended monthly team meetings. One staff member told us, "If I have any problems I can ask the [team] if they have any ideas, we can all talk, they always give me ideas." Another staff member said, "Yes, I get support [from registered manager and team]."
- This showed that the service was involved all people receiving care and those delivering care to provide feedback about the service to ensure high quality care is provided.

Working in partnership with others, continuous learning and improving care:

- One health and social care professional said about the registered manager; "No problems at all, very kind to the residents." Another said the registered manager is very, "Pro-active."
- The registered manager told us, and records confirmed they kept up to date with best practice and professional development by attending local authority partnership meetings and training.

- This showed that the service worked well with other organisations to ensure the service was well-led and people received support that was informed by best practice and up to date guidance.