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Lorraines Residential Home

Inspection report

44 School Street
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Swadlincote
Derbyshire
DE11 9QZ

Tel: 01283211355

Date of inspection visit:
23 May 2017

Date of publication:
07 July 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We inspected Lorraines on 23 May 2017 and it was an unannounced inspection. The home provides accommodation and support for up to 15 older people, some of whom are living with dementia. At the time of our inspection 14 people were living at the home. The home had a registered manager in place. 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.

We completed a comprehensive inspection on 19 July 2016 and a focused inspection on 25 August 2016. At the focused inspection only reviewed staffing levels in line with a warning notice that we issued and we found that improvements had been made in the number of staff available to meet people's needs. After the comprehensive inspection the provider sent us an action plan within the timescales we requested to demonstrate how they would make improvements and meet the regulatory breaches. At this inspection we found that some of these actions had been put in place; for example, to manage medicines and improve understanding of safeguarding. Actions around supporting people with making decisions were partially completed but still needed to be fully embedded. Some of the actions around the management and governance of the home had been implemented but were not effective. The provider told us 'The manager needs to ensure that the audit process is completed fully. Findings of the audit are reported to the owners and documentation of when this was completed so that the time scale of improvements to the home can be quicker and dealt with within a more suitable time scale'. We saw that these audits had been completed and reported to the provider but that action had not always been taken as a consequence of this. For example, the home had not been maintained to a sufficient standard to ensure that people could be supported safely. Areas of the home were difficult to clean because of the disrepair. These concerns had been highlighted through the internal quality improvement systems but the provider had not taken action to remedy the situation.

Safe recruitment procedures were not always followed to ensure that staff were suitable to work with people. It was not always clear when people were not able to make some decisions for themselves. When they were deprived of their liberty to keep them safe the legal applications had not always been made.

People were kept safe by staff who understood their responsibilities to protect them. Posters helped to explain to people how to raise a concern or make a complaint. They were also assisted to make choices about their care and how they wanted to be supported. They had care plans in place to support this and these were regularly reviewed.

There were enough staff available to be able to support people. The staff were knowledgeable about people's needs and understood the risks to people's health and wellbeing. They supported them to see healthcare professionals regularly to maintain good health and to have good nutritional intake. Medicines were managed to protect people from the risks associated with them and to ensure that people received

them as prescribed.

Staff had positive relationships with people and respected their privacy and dignity. People were encouraged to participate in activities and important relationships with friends and relatives were encouraged. People and their relatives were communicated with so that their feedback could contribute to the development of the service.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The home had not been maintained to a suitable standard to ensure that it was clean and safe for people to live in. Recruitment procedures had not been followed to ensure that staff were suitable to work with people. There were enough staff to meet people's needs and those staff understood how to protect people from harm. Medicines were managed to ensure that people had them as prescribed.

Is the service effective?

Requires Improvement

When people were unable to make their own decisions it was not clear who had made them for them. Some legal safeguards were not in place to protect people. Staff received training to be able to support people well. People had their nutritional and healthcare needs met.

Is the service caring?

Good

People had caring supportive relationships with staff. Their privacy and dignity was respected and upheld. Important relationships were encouraged.

Is the service responsive?

Good

People's preferences were taken into account when they were supported. Care plans were personal and up to date. Complaints were welcomed and responded to in line with the provider's procedure.

Is the service well-led?

Requires Improvement

The service was not consistently well led.
Systems which highlighted concerns about the quality of the service were not always followed to ensure that improvements were made. The previous inspection rating was not on display in the home. Staff and people and their relatives were listened to and supported.

Lorraines Residential 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.

One inspector completed this unannounced inspection on 23 May 2017. The provider had 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 used this information to help us to plan our inspection and to come to our judgement.

We used a range of different methods to help us understand people's experiences. People who lived at the home had varying levels of communication. We spoke with five people and also observed the interaction between people and the staff who supported them throughout the inspection visit. We also spoke with two people's relatives about their experience of the care that the people who lived at the home received.

We spoke with the registered manager, the deputy manager, the cook and three support staff. We also contacted two professionals who commission and monitor the home for their feedback after the inspection visit. We reviewed care plans for four people to check that they were accurate and up to date. We also looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. This included training records for staff to review how they were supported to meet people's needs and recruitment records for three staff.

Requires Improvement

Is the service safe?

Our findings

At our last comprehensive inspection we found that recruitment procedures were not always followed to ensure that staff were safe to work with people. At this inspection we saw that this still required improvement. When we looked at records we saw that there were no police checks recorded for three members of staff who had been employed recently. When we spoke with staff they told us that the records were at home and the manager confirmed that they had not seen them. We also saw that full employment histories were not completed and references had not been received from the staffs' most recent employer. This meant that the systems in place to ensure that staff are of good character and have the skills to support people had not been followed.

This evidence represents a breach of Regulation 19 of the Health and Social Care Act 2008. (Regulated Activities)

People were not always protected from harm. We saw that there were areas in the home which required maintenance to ensure that people were safely cared for. For example, one person was assessed as being at risk of falls and we saw that they were supported by staff when they mobilised to reduce this risk. However, the corridor they needed to walk along to their bedroom had bumps in the flooring which increased their risk of harm as they used equipment to mobilise. There was also an uneven step into their room because the corridor flooring was higher than their bedroom. Another person was assessed at being at risk of falls but was able to move freely with a mobility aid to reduce the risk of heightened anxiety and skin damage from pressure areas. However, the person mobilised along the same corridor and the trip hazards could increase their risk of falls. When we reviewed records we saw that this person had fallen on a few occasions, although without significant injury. This demonstrated to us that although risk was recognised and assessments were completed to reduce it, there were areas of the home which were in need of repair and maintenance and this meant that the risk of harm was increased. These hazards were not identified in the people's risk assessments.

We saw that people were not always protected from harm because some areas of the home could not be cleaned to a sufficient standard to reduce the risk of infection spreading. For example, we saw that flooring in people's rooms was taped to the floor and it was dirty around the sticky edges. In bathrooms, paint was peeling and sealant had come away from sinks. Some of the communal flooring had missing tiles and there was dirt gathered in the gaps. Some people had care needs that meant that they required additional cleaning in their bedrooms and we saw that they had not been decorated to enable this; for example, one room had a worn carpet with visible stains.

There were additional infection control risks because bins were not always covered or secured. The waste bins in the bathrooms did not have lids and we saw that one contained used plastic gloves. This protective equipment should be disposed of securely to ensure that the risk of infection spreading is reduced. The large outside bin which contained clinical waste was not locked in line with the provider's infection control standards. This demonstrated to us that the home was not maintained or cleaned to a sufficient standard to ensure that it was a safe place for people to live.

This evidence represents a breach of Regulation 15 of the Health and Social Care Act 2008. (Regulated Activities)

There were enough staff to meet people's needs safely. One person told us, "I only have to ask staff for something and it is sorted; day or night". We saw that staff were able to respond to people when they were requested and if two staff were needed there was still a member of staff available in communal areas. Staff also had time and opportunity to sit with people and talk or engage them in activities. One member of staff we spoke with said, "It is much better now that we have additional staff on shift".

At our last comprehensive inspection we found that people were not always protected from harm because staff did not always recognise when people needed to be safeguarded to protect them. At this inspection we saw that improvements had been made and staff understood their responsibility to keep people safe from harm. They told us what signs of abuse they would look for and how they would respond to it. One member of staff told us, "I would report it straight away and I know that it would be investigated". We spoke with the manager about the training that had been provided to the staff to raise awareness and we also saw that there were notices and posters in the home to remind people how to report. When we reviewed records we saw that no safeguarding referrals had been made but we were confident that there were procedures in place to manage any that may occur.

We also found that the management of medicines had improved at this inspection. People and their relatives told us that they received them when they needed them. One person said, "I take my painkillers at night to help me sleep but I could ask for more in the day if I needed them". A relative told us, "I know that my relative is supported to take their medicines; particularly when they are unwell with a recurring problem I know that great care is taken to encourage them to take the tablets". We saw that medicines were administered to meet people's needs. For example, arrangements had been made for one person to receive their medicine in liquid form to assist them to take it. When people had medicines prescribed to take when required we saw that there was guidance in place to assist staff to know when they should be given. Staff had received training to safely administer medicines and competency checks were carried out to ensure that they had the necessary skills. We saw that records were kept and that medicines were stored in locked trolleys and managed safely to reduce the risks associated with them.

Requires Improvement

Is the service effective?

Our findings

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 or 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. There was inconsistency in the way people's capacity to make decisions was assessed. For example, it was unclear in the care plans we looked at what decisions were being considered and whether the person had the capacity to make their own decisions. When staff made decisions on people's behalf, for example to take medicines, they had not demonstrated the decision making process was in the person's best interest. The confusion over people's capacity also led to concerns that people were being deprived of their liberty unlawfully. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Although some applications to deprive people had been made to keep them safe we were able to highlight additional people with the manager which had not been referred. We received confirmation following our inspection that all of the referrals had been made as required.

People were supported by staff who had the skills to meet their needs. One person said, "The staff know what they are doing". Staff we spoke with told us that they were equipped to do their job through training. One member of staff said, "I have recently done some training in medicines administration; so I can now do this and act up as senior when it is needed". Another member of staff said, "When I first started I did some shadowing and then I also did quite a lot of training". We spoke with the manager about how new staff were supported and they told us that they had registered them to complete the Care Certificate. This is a national approach to ensuring that staff receive a thorough induction and are able to do their job well. The manager told us that they were reviewing how they assessed the care certificate to ensure that staff were competent. They said, "We will ensure that an internal member of staff completes the observations. We have recently reviewed all of our training and ensured that all staff have completed the required courses". Records that we reviewed evidenced this and showed us that the provider ensured that staff were skilled to support people well.

People had their nutritional needs met and were happy with the choice and quality of food they received. One person we spoke with said, "The food here is always good quality". One relative told us, "[Name] likes the food and eats well since they moved here". We saw that meals were relaxed and people were given individual attention to ensure they had the meal they wanted, condiments, clothes protectors etc. When people required assistance to eat or drink they were supported by patient staff who put the person at ease and gently encouraged them. People had their weight and food monitored and if staff were concerned then they made referrals to healthcare professionals for guidance.

People had their healthcare needs met. One relative we spoke with said, "The GP and nurses are here regularly. They may have come in to see someone else but if staff are worried they will ask them to see people and they always seem to make time to do that". When we spoke with the manager they said, "The

GP comes in for a regular round when they review everyone. This improvement in our relationship has really assisted us to monitor people more closely". When we reviewed records we saw that people had regular appointments planned and staff supported them to attend or arranged for family to do so if this was their preference. This showed us that staff knew how to support people to ensure that their healthcare needs were met and worked closely with other professionals.

Good

Is the service caring?

Our findings

Positive, caring relationships were in place between people who lived at the home and the staff who supported them. One person we spoke with said, "The staff here are fantastic and I wouldn't be anywhere else; it's brilliant." Another person said, "They are all lovely. I am settled now and I am not going anywhere!" We observed that staff treated people with respect at all times and were kind and friendly. They knew people well and shared jokes and chatted freely. They could describe people's preferences as well as things that could cause them distress. For example, we saw that one person enjoyed having their hair styled and that this helped to reduce their agitation. One member of staff said, "We know the little things that make people happy and try to make sure that we make time each day to do that". One person told us that they had a bath that day and that they really enjoyed the long soak with toiletries because they had only had a shower at home.

People had their dignity and privacy respected and upheld. When we spoke with one person they said, "They always knock on my door and ask my permission". When people required assistance with personal care we saw that this was provided discreetly. People had their personal belongings in their rooms and in the rest of the house. They had possessions that were important to them close to them; for example, we saw that some people had their handbags beside them.

Independence was encouraged and promoted. One person we spoke with said, "I can do what I like. I choose to spend time in my room and I also still go out to the shops". We saw that people made choices about where they spent their time and who they spent time with. Staff knew people's preferences and if they were unable to communicate their wishes verbally staff observed their behaviour to understand their wishes.

People were supported to maintain and develop relationships that were important to them. One person we spoke with told us that they had chosen to move into the home to live with their relative after they saw how happy they were living there. We saw that they were supported to spend time together reminiscing and socialising together. Staff also recognised that they both valued some time apart in the day and ensured they were supported to do this as well. Families were encouraged to visit when they wanted to and we saw that they had friendly relationships with staff and managers in the home.

Good

Is the service responsive?

Our findings

People were supported by staff who knew them well and understood their preferences. For example, we saw that some people didn't like to sit for long periods of time during mealtimes. Staff knew when to let the person have some space and when to encourage them to return to eat some more. People told us that they could go to bed when they wanted to and that they received personal care how they wanted it. One person explained how they preferred to do most things for themselves and that staff respected this.

We saw that people had plans in place which detailed how they liked to be supported. Staff we spoke with knew about people's plans and when people's needs changed. We saw that staff had a handover at the end of each shift to ensure that important information was shared. One member of staff said, "It is really helpful to know how their day has gone so far so that we can support them properly; for example, if someone is unwell we will keep a more regular eye on them". Records that we looked at were up to date and regularly reviewed to ensure that the information was current.

People were supported to pursue their interests and take part in social activities. We saw that most of the time people were engaged in individual activity; such as, completing word puzzles or listening to music. One person said, "I like to have a sing song and we often do that in the afternoons". One relative we spoke with said, "I think people would respond to more organised activities". The manager told us that one member of staff had the responsibility to organise activities and some group games and entertainment had been designed. They also said that this was something they wanted to develop further and they were planning some local trips; e.g. to garden centres and local shops.

People were supported to understand how to complain if they were unhappy. One person told us, "I have never had to complain but of course they would listen to me if I did". We saw that information about how to complain was displayed prominently around the home. We reviewed complaints and saw that they were responded to in line with the provider's procedures.

Requires Improvement

Is the service well-led?

Our findings

At our last comprehensive inspection we found that the systems in place to manage the quality of care and to drive improvements were not always effective in improving the service. At this inspection we found that improvements were still required to manage the quality of the home. Audits had been completed which highlighted that maintenance work needed to be completed to keep people safe and it had not been actioned. For example, at the last comprehensive inspection we saw that an action from a falls audit was to replace the patterned carpet in the communal area. At this inspection we saw that this action had still not been completed. Other audits also highlighted areas for improvement; for example, through infection control reviews recommendations were made to improve waste disposal which were not put in place. There had been a recent food hygiene review which set a recommendation that some kitchen furniture should be replaced within a week; we saw that it had not been replaced which was two weeks later or when we spoke with the manager four weeks later. The food hygiene rating had reduced since the last comprehensive inspection. This demonstrated that when actions from quality improvement reviews were not implemented it impacted on the safety of people who lived at the home.

This evidence represents a continued breach of Regulation 17 of the Health and Social Care Act 2008. (Regulated Activities).

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service when a rating has been given. We saw that the rating from the previous inspection was not conspicuously displayed in the home. When we spoke with the manager about this they were not aware of this expectation. We asked the provider to ensure that the rating was displayed. After the inspection visit they sent us photographic evidence to demonstrate that this had been completed.
People and their relatives were given opportunities to share their views of the service. One person told us, "The manager always comes to talk to us and checks we are ok". A relative said, "The manager is very approachable and responsive. If we suggest anything they always listen". In the PIR the provider told us that they held regular residents meetings and had also sent questionnaires out to families. They said that they had an open door policy and as a small home had a personal relationship with each of the families. We observed that relatives knew the manager well and asked to see them to share information and check arrangements.

Staff were involved in making decisions about the development of the home and felt listened to. One member of staff told us, "We have staff meetings which are a chance to say how we are feeling. I also have supervision meeting coming up and would be very comfortable to say if I was worried about anything". The provider had a whistle blowing policy in place. Whistle blowing is the procedure for raising concerns about poor practice. Staff we spoke with understood about whistle blowing and said they felt confident that they could do this confidentially and be supported. One staff member said, "I would definitely speak to the manager if I was worried; I know they would listen".

The registered manager understood their responsibility around registration with us and notified us of important events that occurred at the service. This meant we could check the provider had taken

appropriate action.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider had not ensured that the premises were maintained to be suitable and safe for the people who lived there.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not assessed, monitored and mitigated the risks related to the health, safety and welfare of people who lived at the home.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not ensured that staff employed to support people were of good character and had the skills and experience to do so effectively.