

SKR Limited

Meresbeck

Inspection report

Meresbeck
125 North Road
Carnforth
Lancashire
LA5 9LU

Tel: 01524734176

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18 May 2016

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 18 and 19 November 2015. At this inspection breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach. We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Meresbeck on our website at www.cqc.org.uk

This unannounced focused inspection took place on 18 May 2016.

Meresbeck is a care home managed by SKR Limited. It is located in the small town of Carnforth, north of Lancaster.

There was 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.

There were sixteen people residing at the home at the time of the inspection.

The service was last inspected on 18 and 19 November 2015. At this comprehensive inspection we found the registered provider was not meeting all the fundamental standards. We identified a breach to Regulation 13 of the Health and Social Care Act 2014 as the registered provider did not have systems in place to lawfully deprive people of their liberty. We also identified a breach to Regulations 16 and 18 of the Care Quality Commission (Registration) Regulations 2009 as the registered provider had failed to report notifiable events to the Care Quality Commission.

Following the comprehensive inspection in November 2015, we asked the registered provider to submit an action plan to show what changes they were going to make to become compliant with the appropriate regulations. The registered provider returned the action plan to demonstrate the improvements they intended to make. We used this focused inspection to look to check if the action plan had been completed and to ensure all fundamental standards were now being met.

At this focused inspection carried out in May 2016, we found improvements had been made.

Improvements to the living environment had commenced. Decoration within the building had started and unused equipment had been removed from communal areas. We were advised work to the environment was on-going. Following the inspection we asked the registered provider to send us a copy of the planned on-going maintenance plan to demonstrate when all works would be completed.

Systems had been implemented to ensure the registered provider worked in accordance with the Mental Capacity Act and followed the Deprivation of Liberty Safeguards. (DoLS.)

People who lived at the home told us they felt safe and they no longer felt their privacy and dignity was being compromised.

Systems had been implemented to ensure all notifiable incidents were relayed to the Care Quality Commission in a timely manner.

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 service was sometimes safe.

We found that action had been taken to improve safety. Work had commenced to reduce hazards within the living environment. However this had not been completed.

Infection control systems were not consistently considered and applied.

We could not improve the rating for "Is the Service safe?" from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service effective?

Requires Improvement ●

The service was sometimes effective.

We found that action had been taken to improve the overall effectiveness of the home. Systems had been implemented to ensure people who were being deprived of their liberty were lawfully detained.

We could not improve the rating for "Is the Service effective?" from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service caring?

Requires Improvement ●

The service was sometimes caring

We found that action had been taken to improve the privacy and dignity of people. A review of security arrangements had taken place and people told us they no longer had their privacy compromised.

We could not improve the rating for "Is the Service caring?" from

requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service well-led?

Requires Improvement 

The service was sometimes well led.

We found that action had been taken to improve the management systems within the home.

Improvements had been made to ensure all statutory notifications were reported to the Care Quality Commission in a timely manner.

We could not improve the rating for "Is the Service well-led?" from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Meresbeck

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.

We undertook an unannounced focused inspection of Meresbeck on 18 May 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider after our November 2015 inspection had been made. We inspected the service against three of the five questions we ask about services: is the service safe, is the service caring and is the service well-led? This is because the service was not meeting some legal requirements.

The inspection was carried out by an adult social care inspector.

Prior to the inspection taking place, information from a variety of sources was gathered and analysed. This included notifications submitted by the provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people.

We contacted the local authority commissioning team and safeguarding team as part of our planning process to see if they had any relevant information regarding the registered provider. They had no information of concern.

As part of the inspection planning process we spoke with Lancashire Fire and Rescue Service to see if they had visited the home since the last inspection. Lancashire Fire and Rescue confirmed they had not visited the home and agreed to carry out a joint visit with the Care Quality Commission on May 18 2016. Following the inspection visit Lancashire Fire and Rescue Service issued the registered provider with an action plan. This detailed required tasks to be completed to maintain safety at the home.

Information was gathered from a variety of sources throughout the inspection process. We spoke with the deputy manager and an administrator of the home as the registered manager was absent on the morning of the inspection. We spoke with three people who lived at the home.

We looked at a variety of records. This included documentation which was relevant to the management of the service including care records belonging to three people who lived at the home, health and safety certification and accident records.

Is the service safe?

Our findings

At the comprehensive inspection carried out in November 2015, we identified hazards with the potential to cause harm within the living environment. We highlighted these to the registered manager who assured us work was being undertaken to make the environment safe. We used this inspection to ensure action had been taken.

At this focused inspection carried out in May 2016 we asked what progress had been made to improve the living conditions at the home. The deputy manager said a maintenance worker had been employed to complete all maintenance work following the inspection in November 2015. The maintenance worker was present at the home on the day of the inspection.

We undertook a visual inspection of the home to see if improvements had been made. We noted some improvements had been made. The dining room and a lounge had been decluttered and unused equipment removed. A carpet which had presented as a slip, trip and fall hazard in one bedroom had been replaced and a hole in a ceiling had been re-plastered. Decoration had commenced throughout the building. The deputy manager said the team had worked hard to coordinate bedding, curtains and furniture to make rooms more pleasant.

Although some improvement had been made we noted the fraying carpet into the main lounge had still not been replaced and still presented as a slip, trip and falls hazard. The deputy manager advised the carpet for the lounge had been purchased and was to soon be replaced. Works within the laundry area had still not been completed. Quotes had been sought for the laundry but the registered provider had not confirmed for this work to go ahead. This presented as a continued infection control risk as plaster on the wall was loose, which meant it could not be suitably cleaned.

Following the inspection we asked the registered manager to provide us with a schedule of planned maintenance works and dates by which work will be completed. The registered manager provided us with a short term plan to show that continued hazards identified at this inspection would be rectified within the oncoming month.

During the walk around of the home, it was noted infection control processes were not being consistently followed. We identified a stained mattress on one bed. The deputy manager advised the mattress was on a bed in a room which was not in use. They agreed to replace the mattress immediately. Following the inspection we made a referral to the infection prevention and control nurse as a means to improve infection control processes at the home.

Is the service effective?

Our findings

At the comprehensive inspection carried out in November 2015, we identified a breach to Regulation 13 of the Health and Social Care Act 2008, (Regulated Activities) 2014. Systems were not in place to ensure people were lawfully being deprived of their liberty. Following the inspection we asked the registered manager to provide us with an action plan to demonstrate what improvements were going to be made to ensure the fundamental standards were met. We used this inspection to ensure improvements had been made.

At this focused inspection carried out in May 2016, we found improvements had been made. We looked at care records and noted when restrictions were placed upon people who lacked mental capacity; applications to lawfully deprive them of their liberty were submitted to the supervisory body for approval.

The deputy manager said staff had received training in this area and staff were more aware of their roles and responsibilities.

The deputy manager said management were aware of the need to regularly review the needs of people who lived at the home and refer to MCA and DoLS guidelines when restrictions were placed upon people. The deputy manager said one person who lived at the home was showing a deterioration in health. They were planning to have a meeting to look at the person's mental capacity and whether or not a DoLS application was needed due to a change in their needs. This demonstrated the management of the home were following the processes in place to ensure people's rights were protected.

Is the service caring?

Our findings

At the comprehensive inspection carried out in November 2015, two people who lived at the home told us their privacy was sometimes infringed. We made a recommendation about this and asked the registered manager to review security arrangements in bedrooms.

At this focused inspection, carried out in May 2016, we found improvements had been made. We spoke to people who lived at the home and asked them if their privacy was respected. Two people we spoke with said privacy had improved and confirmed they were no longer disturbed in their bedrooms. One person said they were now aware of how to lock their door to maintain their privacy. They told us staff had reassured them and they could lock their door if they wished. Another person said they were now aware there was a lock on the door but they preferred not to use it. They said they no longer were disturbed in their room and they had no further concerns about their privacy.

Is the service well-led?

Our findings

At the inspection carried out in November 2015, we found systems were not in place for the reporting of statutory notifications to the Care Quality Commission. We identified breaches to Regulation 16 and Regulation 18 of the Care Quality Commission (Registration) Regulations as the registered provider had failed to notify the Care Quality Commission of all deaths, serious injuries and safeguarding concerns in a timely manner.

Following the inspection we asked the registered manager to provide us with an action plan to demonstrate what improvements were going to be made to ensure the fundamental standards were met. The registered manager submitted an action plan and this was looked at as part of the inspection process. At the focused inspection carried out on 18 May 2016, we found improvements had been made.

Prior to the inspection taking place we reviewed statutory notifications submitted by the registered provider. The registered provider had submitted historical statutory notifications for all incidents identified at the previous inspection. There was evidence of new notifications being received in an appropriate manner.

We spoke with the deputy manager to see what action had been taken. The deputy manager said systems had been implemented to ensure all notifications were made in a timely manner. The deputy manager said the registered manager had reviewed working practice and had made themselves aware of their responsibilities for reporting. This information was shared with other managers in the office so they were aware of what to do in the absence of the registered manager.

We looked at the accident and incident records maintained by the provider and noted there had not been any notifiable incidents since the last inspection. We asked about recent deaths and were informed there had not been a death at the home for a period of time. This matched information held upon our system.