

Mr & Mrs A Jebodh

Saint Lawrence Residential Care Home

Inspection report

102-104 Oswald Road
Scunthorpe
South Humberside
DN15 7PA

Tel: 01724847082

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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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Saint Lawrence Residential Care Home provides accommodation and personal care for up to 23 older people, including people living with dementia. Accommodation is provided over 2 floors. At the time of our inspection 15 people were living at the service.

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

There was a lack of effective monitoring in place and this had resulted in poor outcomes for people using the service. Ineffective quality monitoring systems had failed to pick up and address the failings we identified during our inspection.

Information about risks and safety was not always comprehensive or up to date and full information about risks to people's safety was not always communicated to the staff.

Medicines were not always managed safely.

Infection control was not always promoted to ensure a safe environment. Areas of the service were odorous and some furniture did not support effective cleaning to take place.

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.

Staff had been recruited safely however, records were not always thorough in relation to induction and supervision.

Staff received training in safeguarding and understood their role and responsibilities to protect people from abuse. The service had enough staff to keep people safe. Staff respected people's privacy and dignity when providing care and support.

Staff spoke positively about working for the provider. They felt well supported and could talk to the management team at any time, feeling confident any concerns would be acted on promptly. They felt valued and happy in their roles.

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

Rating at last inspection

The last rating for this service was good (published 31 January 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Saint Lawrence Residential Care Home on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to medicine management, risk management, consent, infection control and good governance at this inspection. We have also made a recommendation in relation to training and induction.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 ●

Saint Lawrence Residential Care 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 completed by 2 inspectors 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

Saint Lawrence Residential Care 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. Saint Lawrence Residential Care 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. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with 8 people who used the service and 2 relatives about their experience of the care provided. We spoke with 6 members of staff including the registered manager, senior care worker, care workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 5 people's care records and 15 medication administration records. We inspected 3 staff files in relation to their recruitment. A variety of other records relating to the management of the service, including audits, policies and procedures, were also reviewed.

We inspected the environment and spent time observing interactions between people and staff, and infection prevention and control practices.



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 we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks associated with people's care had not always been identified, mitigated, and monitored effectively. People did not always have effective and detailed risk assessments in place.
- Where people had been identified as high risks of falls, there was no clear guidance in place for staff to follow on how to keep people safe and reduce the risk of reoccurrence.
- There was some guidance for staff in people's support plans for how to support people if they became upset, anxious and distressed. However, this did not always contain enough detail to ensure staff supported people safely.
- Environmental risks had not been consistently managed. For example, water temperature checks were not completed consistently. Where equipment had failed the required safety checks, there was no evidence of the required works being scheduled.
- There was no evidence to show lessons had been learned from accidents, incidents or falls which had occurred at the service. The lack of oversight in relation to the monitoring and analysing of accidents, incidents or falls has resulted in people being exposed to the risk of harm.

The provider had failed to assess the risks to the health and safety of people or do all that is reasonably practicable to mitigate risks. This was a breach of Regulation 12 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines were not always managed safely. Stock levels were not always accurate. This meant we could not be assured that medicines had been given as signed for by staff on the medicine's administration record.
- Temperature records to ensure the safe storage of medicines were not always completed in accordance with national guidance. This meant we could not be assured that medicines requiring refrigeration were safe for use.
- Some medicine records were not updated or in place for additional safety considerations. For example, individual risk assessments for paraffin-based products.
- Medication audits had not been used effectively to identify and address these concerns.

We found no evidence people had been harmed, however, people were at increased risk as the provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- We were not assured the provider was meeting shielding and social distancing rules. There were no risk assessments in place for the use of communal spaces for those who were clinically vulnerable.
- We were not assured the provider was promoting safety through the layout and hygiene practices of the premises. Some areas of the home required refurbishment to enable more effective cleaning and cleaning schedules were not always consistently completed.
- We were not assured the provider's infection prevention and control policy was up to date. No infection control audits had been completed to identify the concerns we found on inspection.
- We were not assured the provider was making sure infection outbreaks can be effectively prevented or managed. The provider had failed to act on previous infection control audits to reduce the risk of transmission.
- We were somewhat assured the provider was using PPE effectively and safely.
- We were somewhat assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was admitting people safely to the service.

The provider had failed to ensure effective infection prevention and control measures were in place. This is a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were supported to receive visits from friends and family. We saw people enjoying visits from friends and family throughout the inspection.

Staffing and recruitment

- Recruitment practices were safe.
- The provider monitored and made sure sufficient staff were deployed to safely support people. Staffing levels changed based on the number and needs of the people using the service.
- The registered manager and provider covered gaps in the rota if needed and were trying to recruit more staff.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in how to keep people safe from abuse. They were clear on their responsibility to raise concerns.
- The registered manager worked with the local safeguarding team to address concerns when they were raised. People felt safe living at the service. Comments included, "I feel safe, this is my home now and the staff and residents are my family."
- The provider had a whistleblowing policy in place and staff were aware they could use this to raise concerns under the whistle blowing protections.

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 good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- The provider was not following the principles of the MCA. There was a lack of information in records to show mental capacity assessments and best interest meeting records had been completed.
- Assessment of people's capacity to make decisions where restrictions had been applied were not always completed. For example, lowered beds and administration of medicines. Records showed that the decision for the restrictions had not been discussed and recorded as in their best interest and as the least restrictive option for people.
- DoLS were in place for people, however, evidence to support conditions were complied with was not always available.

The Mental Capacity Act (2005) had not been followed to ensure that people could make decisions about their care. This was a breach of Regulation 11 (consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to eat and drink enough to maintain a balanced diet

- Systems were not always in place to ensure there were appropriate care plans for people's assessed

needs. This meant people were at risk of receiving inappropriate care and support.

- It was unclear whether people were receiving a nutritious and balanced diet. The daily notes did not consistently detail what people had to eat throughout the day. The registered manager was aware the daily record keeping needed to be improved.
- The core staff team knew the people they supported well and were able to tell us about people's specific needs and how these could be met. Staff told us, "We know people so well, people are happy and settled, we are like a big family."

Staff support: induction, training, skills and experience

- The registered manager had not kept induction records to show how they had determined staff were suitable for the role.

We recommend the provider develops a system to monitor training and induction records.

- Staff were not always supported to keep up to date with best practice. Supervisions and appraisals were not consistent and did not meet the needs of the staff.
- Relatives were complimentary about the staff and felt they had the skills and training to support people safely.

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

- The provider had refurbished one unit of the service, and work was ongoing for the remaining areas of the service. However, there was no refurbishment plan in place to show a schedule of works.
- People's rooms were personalised. Communal areas encouraged social interactions and people spent time in areas of their choosing.

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

- The service had referred people to specialist services and professionals to ensure their care and treatment was effective.
- Relatives felt confident any health issues were dealt with promptly. One relative said, "The staff ring me and keep me informed about any changes or concerns."

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 requires improvement. The rating for this key question has remained 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider's governance arrangements did not effectively ensure the quality and safety of people's care and environment. Where improvements to the service had been identified through quality auditing, action was not always taken in a timely way.
- The provider did not have a robust system in place to support staff to analyse information about risks in relation to people's care. This was particularly in relation to people's diagnosis' and changing needs. The provider did not have a clear overview of risks. This meant opportunities to improve the quality of care for people were missed.
- Themes and trends were not identified through systems currently in place. For example, there was no analysis of incidents, falls or accidents to reduce the risk of reoccurrence and improve care provided to people.
- Records regarding people's care needs were not always detailed.

Systems designed to monitor the safety and quality of the service and take action to mitigate risk, were not robust. 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

- Morale within the service was good and the culture was open and relaxed.
- Staff understood the values of the service to keep people safe, promote independence and support them to live meaningful lives. We observed good rapport between people and staff.
- The home was welcoming, and the atmosphere was warm and supportive. People were treated with respect and in a professional manner. One relative said, "[Registered manager] is always around and we can talk to her or the staff in general if we want some feedback, we couldn't wish for better it is all second to none."

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 registered manager understood their responsibilities under the duty of candour and the requirement to act in an open and transparent way when concerns were raised.

- Staff felt listened to and that the registered manager was approachable. A staff member said, "We feel supported by [registered manager] and the provider, we can go to them with anything."

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

- The provider did not have systems in place to fully ensure people's feedback was listened to and acted upon.
- The provider had not set up robust systems to gather and monitor feedback from staff. The registered manager gave assurances this would be addressed immediately.
- Staff had team meetings. Staff were consulted and involved in decision making and were encouraged to contribute ideas and raise issues.
- People were able to attend residents' meetings where they discussed changes within the home, activities, as well as the menu.

Working in partnership with others

- Staff worked with external agencies involved in people's care when needed, this included GP's and speech and language therapists. People were supported by a range of health professionals.
- The provider was receptive to the concerns we raised during the inspection and took some action to address the immediate concerns raised with 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 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had failed to ensure capacity assessments and best interest decisions had been carried out in line with the Mental Capacity Act 2005 and associated code of practice.</p> <p>11 (1) (3)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure the proper and safe management of medicines.</p> <p>12(2) (f)(g)</p> <p>The providers had failed to do all that is reasonably practicable to mitigate risks to people.</p> <p>12(1)(2) (a)(b)(d)(g)</p> <p>The provider had failed to ensure effective IPC measures were in place.</p> <p>12(1)(2) (h)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems designed to monitor the safety and quality of the service and take action to mitigate risk, were not robust.</p>

17 (1) (2) (a)(b)(c)(f)