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Lockermarsh Residential Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Lockermarsh is a residential care home providing personal care for up to 24 people. At the time of our inspection there were 18 people using the service. Some people were living with dementia.

People's experience of using this service and what we found
Systems in place to monitor the service remained ineffective. The governance systems failed to identify and action concerns. People did not always benefit from a positive culture which promoted person centred care.

Since our last inspection the provider had made changes to the medication system to ensure staff felt more confident. However, we continued to find medicines were not always managed safely. For example, we found concerns in relation to safe storage and recording. Protocols in place for people prescribed medicines on an as and when required basis, lacked detail.

Risks associated with people's care were not always written in line with people's current needs. Staff knew people well and could explain how risks were managed and we found no evidence people were harmed.

Since our last inspection the registered manager had been working with the local authority to address infection control. We found some improvements in this area, however, seating in the main lounge required attention and some storage rooms were cluttered. The provider was aware and was in the process of addressing these concerns.

The provider had a system in place to safeguard people from abuse. Staff were safely recruited. We found staff were responding to people in a timely way. However, there was no catering team, and this was impacting on the whole staff team. The registered manager was actively recruiting for these positions.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection and update
The last rating for this service was requires improvement (published 5 August 2022).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

Why we inspected
We carried out an unannounced comprehensive inspection of this service on 26 June 2022. Breaches of legal

requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

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

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

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

Enforcement
We have identified breaches in relation to medication management and governance. 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Lockermarsh Residential 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out 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
Lockermarsh Residential 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. Lockermarsh Residential 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. Inspection activity started on 16 February 2023 and ended on 22 February 2023. We visited the location on 16 February 2023.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 4 people who used the service and 4 relatives about their experience of the care provided. We spoke with 5 members of staff including the registered manager and care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records. This included 5 people's care records and multiple medication records. We looked at a variety of records relating to the management of the service.

Requires Improvement

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 requires improvement. At this inspection the rating for this key question has remained 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.

At our last inspection we found risks relating to the welfare of people were not always effectively managed, the provider had failed to ensure safe management of medicines and concerns around infection control. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the provider had taken action to address some issues, however there was a lack of oversight and audits had not always been effective. We have reported on this in the well led section of this report. We found the provider was still in breach of regulation 12 in regard to medicine management.

Using medicines safely

- The provider could not always demonstrate people received their medicines as prescribed. For example, we found some gaps in the recording of medicines on the medication administration records (MAR's) and some controlled medicines were not double signed for as required.
- Some people were prescribed medicine on an 'as and when required' basis (PRN). PRN protocols were in place but required more detail to ensure staff knew how people presented when they required their medicines.
- The provider could not demonstrate medicines were stored correctly. For example, temperatures of the medication fridge and room had not been taken for over a week. This was because the batteries needed replacing.
- Medication storage was not always secure. We raised this with the provider who informed us they would source a more secure unit. However, this had not been previously identified.

Medicines were not always managed safely. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At our last inspection there was an electronic system in place and staff didn't feel comfortable using it. At this inspection we saw the provider had listened to staff feedback and reverted back to a written system and staff felt more confident.

Assessing risk, safety monitoring and management

- Risks associated with people's care had been identified and risk assessments were in place. However, some risk assessments were not written in line with people's current needs.
- Staff we spoke with could describe people's current needs and knew people well. Therefore, this was a

documentation issue and we found no evidence anyone had been harmed as a result.

Preventing and controlling infection
● We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Armchair seating in the main lounge area were in need of replacing due to stains and malodour. The registered manager was in the process of sourcing replacements. However, this had been identified in November 2022 by the infection control team and was still waiting to be addressed. We have reported on this in the well led section of the report.
● We were assured that the provider was supporting people living at the service to minimise the spread of infection.
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was responding effectively to risks and signs of infection.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

Visiting in care homes
● People were supported to maintain relationships with family and friends who were welcome to visit the home without restrictions.

Learning lessons when things go wrong
● The provider had a system in place to record and analyse accidents and incidents. However, the analysis did not always show what actions had been taken to mitigate risks of future incidents.
● One person had 3 falls in January 2023, but the falls record had no action as to what has been done to mitigate risk of future falls.

Systems and processes to safeguard people from the risk of abuse
● The provider had a system in place to safeguard people from the risk of abuse.
● Staff told us they received training in safeguarding people and felt they had the skills to recognise and respond to and concerns.
● People and relatives told us they or their relatives were safe living at the home. One relative said, "I feel [relative] is safe. Staff know how to treat [relative]." Another relative said, "I think [relative] is safe. [Relative] likes it there and quite settled."

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
● Relatives felt people were involved in decisions wherever possible. One relative said, "I feel involved in [relatives] care. Staff will ring me."

Staffing and recruitment
● The provider had a recruitment policy in place which helped them recruit suitable staff. This included pre-employment checks such as Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
● We observed staff interacting with people and found whilst they responded to people in a timely way, they were working hard to prepare the meals as there were no catering staff available. The registered manager was in the process of trying to recruit for this position.

Requires Improvement

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. At this inspection the rating 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.

Continuous learning and improving care

At our last inspection we identified a lack of person centred care, leadership, engagement and ineffective management systems. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

● Systems in place to monitor the service remained ineffective. Some audits showed issues had been identified but not resolved and others showed issues had not been identified. For example, the armchair seating was identified in November 2022 and remained outstanding, the insecure medicine storage had not been identified and care plan reviews had not identified changes in people's care needs. We spoke with the provider who had ordered replacements and assured us these areas would be resolved.
● Records such as care plans and risk assessments were not always up to date and reflective of people's current needs. For example, one care plan had been reviewed on in February 2023 by the registered manager and no changes made. However, staff informed us the person's needs had changed. Therefore, the care plan was no longer current, and the review had not identified this.
● The housekeeping audit completed in January 2023 stated 1 bedroom radiator wouldn't turn down when hot. This remained outstanding at the time of our inspection.
● The last medication audit dated January 2023, did not identify the concerns we found during our inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● People did not always receive person-centred care. For example, dining tables were not set ready for lunch and the activity on offer only involved 2 people.
● Relatives told us activities were limited. One relative said, "I don't see any activities. TV is always on but no background music."
● One relative was concerned because they don't see staff in the lounge when they visit. "No staff sat with residents."

Leaders did not always promote a positive culture and management systems were not always effective. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There was lack of evidence to show people, their relatives and staff were involved in the service. We asked the registered manager for some examples and was shown one positive feedback form from a professional and one from a staff member. The was no collation of comments and no evidence seen of receiving questionnaires or feedback from people and their relatives.
- Relatives we spoke with felt communication was poor. One relative said, "Communication between relatives and staff is shocking." Another said, "The lack of communication with me is the main problem."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 and staff were aware of their roles and responsibilities.
- The provider understood their duty of candour and was honest when things went wrong.
- People and relatives told us the registered manager was approachable. One relative said, "I have met the manager and I find him approachable." Another relative said, "They [management] are fairly responsive."
- Staff felt supported by the registered manager. One staff member said, "We have our managers full support and if there is anything, we don't feel confident in or if there's anything that makes us uncomfortable, he will help us and sort things out."

Working in partnership with others

- The home worked with other agencies such as the local authority and healthcare professionals.
- Recommendations and advice from healthcare professionals were followed, although not always documented. This helped to make sure the care and support provided was up to date with current practice.

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 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always managed safely.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Leaders did not always promote a positive and management systems were not always effective.