

Mrs J Elvin

St Lawrences Lodge

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

St Lawrences Lodge is a residential care home providing personal care to 13 people aged 65 and over at the time of the inspection. The service is registered to support up to 20 people in one adapted building.

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

Health and safety checks were completed, some checks had not been reviewed in the required time frames and action had not always been taken in a timely manner when work needed to be undertaken. The provider's audit process was not sufficiently robust to ensure such checks were completed, therefore safety issues had been left unnoticed. Following our inspection the provider confirmed the required work would be completed.

Systems in place for staff recruitment were not sufficiently robust. Staff files did not all contain the necessary pre-employment checks to ensure fit and proper people were employed. There were sufficient staff to meet peoples' needs. Staff knew people well, interactions were friendly, caring and unrushed.

People received their medicines as prescribed, but systems were either not in place or robust enough to demonstrate medicines were effectively managed.

Systems in place for the oversight, monitoring and improvement of the service were not sufficiently robust.

Risk management plans were in place to guide staff on the action to take to mitigate risks. Some records were not dated, lacked evidence of review and were not always updated as people's needs changed. All care records were in the process of being reviewed and updated. We found plans that had been updated gave staff sufficient accurate detail to guide them on the care and support people needed.

Staff were aware of their responsibilities to safeguard people from abuse. Relatives we spoke with were confident their family members were kept safe. They said, "Of course [my relative] is safe. The staff are really kind" and "The staff are just as good with me as they are with [my relative]."

Risks to people who used the service and staff relating to infection prevention and control, and specifically Covid 19, had been assessed and appropriate action taken. The provider was promoting good infection control and hygiene practices. Staff had received additional training, including handwashing and use of personal protective equipment (PPE).

The service is required to have 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. The service did not have a registered manager.

Relatives and staff were positive about the home, the way it was run and the new manager. Relatives said, "There's nothing I'd criticise. It's a nice, warm, friendly home. It's got a personal touch" and "Staff are really patient and have a good sense of humour. They are great at getting the residents to laugh. It doesn't matter if people spill something, the carers tell them not to worry and will make them smile."

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

Rating at last inspection

The last rating for this service was good (published 26 March 2020).

We also undertook an Infection Prevention and Control inspection in November 2020. We were assured that this service met good infection prevention and control guidance. We did not rate the service at this inspection.

Why we inspected

The inspection was prompted in part due to concerns received about management of the service, medicines, infection control, accidents and incidents, risk management and training. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to governance, premises and equipment, medicines and staff recruitment at this inspection. The provider and manager were aware prior to our inspection of most of the concerns we found. They had in place an action plan for rectifying concerns. The provider had also agreed a voluntary suspension on admissions, to allow time to complete improvements required.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will also request an action plan for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

St Lawrences Lodge

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 Care Act 2014.

As part of this inspection we also 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 undertaken by one inspector who visited the service and another inspector who made supplementary telephone calls. We spoke by telephone with staff and relatives of people living at St Lawrences Lodge.

Service and service type

St Lawrence's Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of the inspection the service did not have a manager registered with the Care Quality Commission. A registered manager 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

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed all the information we held about the service including statutory notifications the service has sent and feedback we had received. We contacted the local authority for additional information and feedback. We used all of this information to plan our inspection. We used all of this information to plan our inspection.

During the inspection

We spoke with three relatives about their experience of the care provided. We spoke with the provider, manager and 4 members of staff.

We reviewed a range of records relating to the concerns raised and the management of the service. These included care records, medicines records, records relating to staff training and supervision, building maintenance, cleaning and equipment checks, accident and incidents and safeguarding logs and policies and procedures for infection control. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the manager to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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

- Staff training in relation to fire safety and risk management was not up to date. Safety checks of the building and equipment were completed. This included water temperature checks, fire safety equipment, gas and electricity, window restrictors and infection control. The fire safety equipment had been serviced and checked as required, but the fire risk assessment was due for review in July 2020 and had not been completed. There was work outstanding on the electrical system. The provider's audit process was not sufficiently robust to ensure such checks were completed therefore safety issues had been left unnoticed.

The provider had failed to ensure the premises were properly maintained. The issues described above demonstrates a breach of Regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, the provider confirmed that fire safety awareness training had been completed and arrangements had been made for the fire risk assessment to be reviewed the week after our inspection. They also confirmed that they had requested the outstanding work on the electrical system to be undertaken.

Staffing and recruitment

- Systems in place for staff recruitment were not sufficiently robust. Staff files did not all contain the necessary pre-employment checks to ensure fit and proper people were employed.
- Staff files contained the required checks of staff identity, but reasons for leaving previous employment had not always been sought. Full employment histories had not been obtained, gaps in employment had not been explored. References had not always been appropriately sought from previous care settings.

All the required checks on staff had not been completed before staff started to work at the home. This was a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were sufficient staff to meet peoples' needs. Staff knew people well, interactions were friendly, caring and unrushed. Staff said, "We've got plenty of staff" and "We've got enough staff. There are times when we're busy but we just help each other."

Using medicines safely

- System were in place to ensure medicines were received, stored and administered safely. There was a

designated medicines room where medicines were being stored securely. Temperature checks were in place. All medicines administration records (MAR) were fully completed. A relative told us, "We've had no issues with medicines. [My relative] gets what they need."

- Records were not always sufficiently detailed. Instruction for administration of 'as required' medicines (PRN) were not detailed, there were not specific directions or body maps showing staff where topical creams should be applied. Eye drops and creams were not dated on opening, the system for returning excess stock was not being followed correctly.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines were effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On the first day of our inspection the provider had arranged for a pharmacist to audit medicines and medicines administration systems. We saw a detailed action plan had been developed. Staff had also been given additional training.

- Risk management plans were in place to guide staff on the action to take to mitigate risks. Some were well written and provided staff with clear guidance, whilst others failed to accurately reflect the care and support people were receiving or that they required. Some records were not dated, lacked evidence of review and were not always updated as people's needs changed. System for falls management were in place regarding medical support and follow up monitoring. These records were not always completed. One person had had a number of recent falls. Evidence supported that appropriate treatment was sought and action taken to mitigate future risk including falls team referrals and equipment, but risk plans had not been updated to indicate their current risk of falls. We have addressed this in the well-led section of this report.

- All care records were in the process of being reviewed and updated. We found plans that had been updated were detailed and gave staff sufficient accurate detail to guide them on the care and support people needed.

- Whilst some staff training needed updating, staff were positive about the training they had received. They said, "I've have up to date moving and handling training and feel safe doing it" and "We've got one person who has [specific needs] but we have had training in their condition and signs to look out for and what to do if they are not right."

- Staff knew people well and told us they were informed when people's needs changed. One staff member said, "We have a good handover at the end of every shift, so we all know how the residents are when we start." Relatives told us that staff knew their family members well, "They are just like a little family in there. Having [my relative] in there is a big relief for me."

Systems and processes to safeguard people from the risk of abuse

- There were policies and procedures to guide staff on safeguarding people from abuse.

- Staff had received training in safeguarding people from abuse although several staff needed training in this area at the time of inspection. This was detailed in an action plan developed with the local authority. Staff we spoke with were aware of whistleblowing and their responsibilities. They knew how to raise any concerns they had. Staff were confident any concerns they raised would be dealt with properly. They said, "I can speak to [the manager] about anything", "We are a happy team. We can raise anything, and it just gets sorted" and "I know who to speak to if I think something isn't right." Relatives said, "Absolutely [my relative] is safe. I've never been worried" and "We can raise any concerns or make suggestions and know they will be dealt with."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.

Learning lessons when things go wrong

- Records were kept of accidents and incidents that occurred to people who used the service and to staff. They included what action had been taken and any medical support that had been sought.
- These were not always analysed to identify action, patterns or themes that could prevent future risk. We have addressed this in the well-led section of this report.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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

- Systems in place for the oversight and monitoring of the service were not sufficiently robust. We found shortfalls around medicines management, training, risk management and record keeping, recruitment and premises safety that could place people at risk of not receiving proper and safe care.
- Accidents and incidents were not consistently analysed to identify action, patterns or themes that could prevent future risk.

The provider had failed to ensure systems for governance and oversight were sufficiently robust and effective to identify shortfalls and drive improvement in the service. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider and manager were aware prior to our inspection of most of the concerns we found. They had in place an action plan for rectifying concerns. The provider had also agreed a voluntary suspension on admissions, to allow time to complete the improvements required.

- The service had a range of policies and procedures to guide staff on what was expected of them in their roles.
- The service is required to have 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. The service did not have a registered manager. The last registered manager had deregistered in July 2020. A manager was in post but CQC had not received an application to register a manager for this location. This situation is a ratings limiter for the well-led key question. The rating in these circumstances cannot be above requires improvement in well-led.
- Everyone we spoke with was positive about the manager and the way the service was run. Relative's said, "The manager is really caring. They showed us round before [my relative] moved in and they were a big part in us deciding it was the right place." Staff told us, "What [the manager] has done in the last year is incredible. They deserve a medal."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Due to the Covid-19 pandemic staff and relatives' meetings had not been held. Relatives told us the manager and staff had found ways of keeping them involved and informed. They said, "The staff have gone out of their way to make sure we can speak to [my relative]", "The manager has been brilliant in keeping us involved", "We can ring at any time" and "Now we can visit it has meant a lot." One relative said, "I haven't been invited to any organised meetings, but they ask me if I think things are ok or could be improved. I would just phone and tell them rather than wait for a meeting anyway."
- People were well presented, appeared happy and relaxed. Staff interactions were very friendly and caring. Feedback about the service from relatives was very positive. They said, "The staff in the home tried to organise video calls for [my relative] but they found it confusing so the staff arranged window visits as soon as they could. Even if [my relative] isn't engaging with me I can see they are safe and happy" and "They have taken videos of [my relative] singing and sent them to me. It's lovely to see them happy" and "I couldn't ask anything more of them."
- During the pandemic team meetings had not happened as often as they had before. We saw that dates had now been set. Staff said, "We are a happy team. We can raise anything and it just gets sorted" and "We have team meetings but we don't have to wait if we want to raise something, we can just say."

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 provider had submitted statutory notifications to the CQC as required. Statutory notifications are certain changes, events and incidents that the Registered providers must notify us about that affect their service or the people who use it.
- The rating from the last comprehensive inspection was displayed in the entrance hall and on the providers website.
- Relatives told us they were kept informed of important events concerning their family members. They said, "They ring me every day to let me know how [my relative] is. They don't just tell me good things, they say if they are under the weather and whenever they have had to phone the GP" and "The communication is really good. When [my relative] wasn't well they phoned me every day with an update."

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 Systems were either not in place or robust enough to demonstrate medicines were effectively managed.
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider had failed to ensure the premises were properly maintained.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure systems for governance and oversight were sufficiently robust and effective to identify shortfalls and drive improvement in the service.
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed All the required checks on staff had not been completed before staff started to work at the home.

