

Latham Lodge Limited

St Wilfrid's Hall Nursing Home

Inspection report

Foundry Lane
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Lancaster
Lancashire
LA2 6LT

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

When we undertook our inspection visit the services manager who had applied to be registered with the Care Quality Commission had left the service. 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 services peripatetic manager told us several candidates had recently been interviewed and one person had been offered the position of manager. The peripatetic manager was acting as interim manager until a new manager had been appointed.

We found staffing levels the service had in place were not sufficient to provide support people required. Some people who lived at the home and their visitors told us they had to wait a long time when they needed assistance. We observed call bells often went unanswered for long periods of time and staff were not always available when people needed them.

This was breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had failed to ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed to meet people's needs.

We found people had not always been supported safely when being transferred with a sling hoist. On three occasions people had received minor injuries including cuts to the nose and arm whilst being manually handled with a sling hoist.

This was breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had failed to ensure care and treatment had been provided in a safe way for people who lived at the home.

We observed staff providing support to people throughout our inspection visit. We saw they were kind and patient and treated people with dignity and respect.

People who lived at the home and their visitors told us they were happy with the care provided. Comments received included, "The staff are really caring they will do anything for you." And, "The staff very kind when they're here."

We looked at the recruitment of four recently appointed staff members including one registered nurse. We found appropriate checks had been undertaken before they had commenced their employment confirming they were safe to work with vulnerable people.

The service had checked when recruiting nurses that they were registered with the nursing and midwifery council (NMC). These checks had been repeated regularly to ensure nursing staff were still registered with

the NMC and therefore able to practice as a registered nurse.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and social needs.

Staff spoken with had received safeguarding training and understood their responsibility to report unsafe care or abusive practices.

We looked around the building and found it had been maintained, was clean and hygienic and a safe place for people to live. We found equipment had been serviced and maintained as required.

Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection.

We found medication procedures at the home were not consistently safe. Medicines were safely kept with appropriate arrangements for storing in place. When we arrived for our inspection visit we observed one person's medicines had been prepared for administration and left unattended in a communal area. Although this was only for a short period the medicines were accessible to anyone walking past.

We recommend the registered provider reviews the services medicines procedures to ensure they comply with national guidelines.

The service demonstrated appropriate systems to assess risk for people living at the home.

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

Staff knew people they supported and provided a personalised service in a caring and professional manner. Care plans had information about people's needs but were not person centred and we found it difficult to find information about people's care. These were being reviewed and updated by a representative of the provider when our inspection took place.

People told us they were happy with the variety and choice of meals available to them. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration.

We saw people had access to healthcare professionals and their healthcare needs had been met. The service had responded promptly when people had experienced health problems. A visiting healthcare professional told us staff were always receptive to advice given and worked closely with them.

People who lived at the home and their visitors told us they enjoyed a variety of activities which were organised for their entertainment.

The service had a complaints procedure which was on display in the reception area of the home. People we spoke with told us they knew how to make a complaint if unhappy.

The provider had systems in place to monitor the quality of service provided but they were ineffective at identifying and addressing the areas of concern we noted during the inspection visit.

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

Staffing levels were insufficient to meet the needs of people who lived at the home. People did not always receive the support they required when needed.

People were not always supported safely when being provided with personal care support. The service had not reported accidents caused during the delivery of personal care to the local authority for investigation through their safeguarding procedures.

The service needs to review medicines procedures to ensure they comply with national guidelines.

Recruitment procedures the service had in place were safe with appropriate checks completed before new staff commenced their employment.

Assessments were undertaken of risks to people who lived at the home and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents.

Is the service effective?

Good 

The service was effective.

People were supported by staff who were sufficiently skilled and experienced to support them to have a good quality of life.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

The service was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). They had knowledge of the process to follow.

Is the service caring?

Good 

The service was caring.

People were able to make decisions for themselves and be involved in planning their own care.

We observed people were supported by caring and attentive staff who showed patience and compassion to the people in their care.

Staff undertaking their daily duties were observed respecting people's privacy and dignity.

Is the service responsive?

The service was responsive.

People did not always receive the support they required when needed and were not always supported safely.

People participated in a range of activities which kept them entertained.

People's care plans had been developed with them to identify what support they required and how they would like this to be provided.

People told us they knew their comments and complaints would be listened to and acted on effectively.

Requires Improvement ●

Is the service well-led?

The provider had systems in place to monitor the quality of service provided but they were ineffective at identifying and addressing the areas of concern we noted during the inspection visit.

Requires Improvement ●

St Wilfrid's Hall Nursing Home

Detailed findings

Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

This inspection visit took place on 15 August 2017 and was unannounced.

The inspection team consisted of two adult social care inspectors, a specialist advisor and an expert-by-experience. The specialist advisor looked at the services care planning arrangements and medicines procedures. The expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had a background supporting older people.

We spoke with a range of people about the service. They included six people who lived at the home, six relatives, the regional manager, peripatetic manager and nine staff members. Prior to our inspection visit we contacted the commissioning department at Lancashire council, Lancashire Clinical Commissioning Group (CCG) and Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champions for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at care records of five people, staff training and supervision records of four staff and arrangements for meal provision. We also looked at records relating to the management of the home and

the medication records of four people. We reviewed the services recruitment procedures and checked staffing levels. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

We looked at the services duty rota, observed care practices, spoke with people supported with their care and their visitors. We found staffing levels were insufficient to meet the needs of people safely. We saw a number of people who lived in the home had high dependency needs and required two staff members to support them with their personal care. This meant staff were often not visible for long periods of time and vulnerable people who required supervision did not always receive the support they needed. During the afternoon Inspectors found it difficult to find staff to speak with. Staff we did manage to speak with told us they did their best but sometimes had to make difficult decisions about who to respond to when answering call bells.

We saw call bells often went unanswered for long periods; the longest we noted was nine minutes. Whilst walking around the building we spoke with a number people being cared for in bed and people who chose to remain in their rooms. They told us staff were excellent and very caring people; there just wasn't enough of them. Comments received included, "Can sometimes take 15 to 20 minutes before they get there but do their best to get to everyone". And, "To be fair, sometimes they come straightaway, but I often have to wait for long periods for assistance."

This was breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had failed to ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed to meet people's needs.

Records had been kept of incidents and accidents. Details of accidents looked at demonstrated people had not always been supported safely when being transferred with a sling hoist. On three occasions people had received minor injuries whilst being manually handled with a sling hoist. On one occasion the sling caught the person's eye, another person received a cut to the nose when a picture frame was knocked by the hoist and fell on to them and a third person received a cut to their right arm by the strap on the sling.

This was breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had failed to ensure care and treatment had been provided in a safe way for people who lived at the home.

We spoke with people who lived at the home and they told us they had confidence in the staff who supported them and felt safe when they received their care. One person visiting the home said, "[Relative] has lived here for 13 years and I think the service provided is very good. People are looked after here and I know [relative] is safe."

We observed staff assisting people with mobility problems. We saw people were assisted safely and appropriate moving and handling techniques were used. The techniques we saw helped staff to prevent or minimise the risk of injury to themselves and the person they supported.

We observed a staff member transferring one person from their wheelchair to an armchair using a standing

aid after lunch. Standing aids are designed to provide support and assistance to those having difficulty getting up into a standing position. We saw the staff member explained what they were doing and provided the person with reassurance they were safe. The person looked comfortable with the procedure and was chatting with the staff member who was kind and patient with them.

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and people in their care. The risk assessments we saw provided instructions for staff members when delivering their support. However these had not been reviewed regularly to ensure the information was up to date and relevant to the support people required. For example one person's assessment to identify risks associated when eating and drinking had not been reviewed for five months. The service was aware the assessments were out of date and were in the process of addressing this when we undertook our inspection visit. A representative of the registered provider was reviewing care plan records and updating assessments to ensure they were relevant to the care and support people required.

We looked around the building and found it was clean, tidy and maintained. We observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons. Hand sanitising gel and hand washing facilities were available around the building. These were observed being used by staff undertaking their duties. We saw cleaning schedules had been completed and audited by the registered manager to ensure hygiene standards at the home were maintained.

We found windows were restricted to ensure the safety of people who lived at the home. We checked a sample of water temperatures and found these delivered water at a safe temperature in line with health and safety guidelines. People who had chosen to remain in their rooms had their call bell close to hand so they could summon help when they needed to. We spoke with a member of the services maintenance team and checked records completed. This confirmed equipment including wheelchairs and moving and handling equipment (hoist and slings) were safe for use. We observed they were clean and stored appropriately, not blocking corridors or being a trip/fall hazard. The fire alarm and fire doors had been regularly checked to confirm they were working.

Records were available confirming gas appliances and electrical equipment complied with statutory requirements and were safe for use. Legionella checks had been carried out.

We looked at the recruitment of four recently appointed staff members including one registered nurse. We found appropriate checks had been undertaken before they had commenced their employment. These included Disclosure and Barring Service checks (DBS), and references. These checks were required to reduce the risk of employing unsuitable staff to work with vulnerable people. References had been requested from previous employers to provide satisfactory evidence about their conduct in previous employment.

The service had checked when recruiting nurses that they were registered with the nursing and midwifery council (NMC). These checks had been repeated regularly to ensure nursing staff were still registered with the NMC and therefore able to practice as a registered nurse.

Records seen confirmed staff had received safeguarding vulnerable adults training. The staff members we spoke with understood what types of abuse and examples of poor care people might experience. They understood their responsibility to report any concerns they may observe and knew what procedures needed to be followed. People visiting the home told us they had never witnessed poor care or mistreatment of people who lived at the home.

We looked at how medicines were prepared and administered. We found people's medicine administration

records were maintained with no unexplained omissions in recording. The service had safe systems in place for ordering, receiving, storing and disposing of medicines.

We looked at the medicine store room and found an organised and clean environment. Room temperatures were checked daily and showed medicines were stored at a safe temperature. The medicine room was secure and senior staff on duty held the keys. Fridge items were found to be dated when opened and stored in a secure fridge. Fridge temperatures were recorded daily and within safe limits.

We looked at how the service managed controlled medicines and found that safe storage, administration and recording was maintained. We looked at one person's medicine records that showed they were prescribed end of life medicines. We found these medicines had been recorded and stored in accordance with national guidelines. One person prescribed controlled medicines to help reduce periods of increased distress and agitation had administration records fully completed and a clear record of remaining stock was available.

We looked at how the service recorded as and when needed medicines. We found that people prescribed as and when required medications had protocols in place to aid the safe and effective administration of their medicines.

When we arrived for our inspection visit we observed one person's medicines had been prepared for administration and left unattended in a communal area. Although this was only for a short period the medicines were accessible to anyone walking past.

We recommend the registered provider reviews the services medication procedures to ensure they comply with national guidelines.

Is the service effective?

Our findings

People who lived at the home told us they received effective care because the staff supporting them had a good understanding of their needs. Our observations confirmed staff although busy were attentive and tried to ensure people's needs were met. We saw staff interacting with one person entering the lounge in a caring manner and making sure the person was comfortable. One person sat in the lounge was heard to comment about the staff, 'You are all so good to me here. You all work so hard.'

We spoke with staff members and looked at the service's training matrix. This confirmed staff training covered safeguarding, moving and handling, fire safety, first aid, Mental Capacity Act and health and safety. Staff had received dementia care training and were knowledgeable about how to support people who lived with dementia. Most staff had achieved or were working towards national care qualifications. This ensured people were supported by staff who had the right competencies, knowledge, qualifications and skills.

Discussion with staff and observation of records confirmed they received regular supervision. These are one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and their thoughts on improving the service. They told us they were also given feedback about their performance. They said they felt supported by the management team who encouraged them to discuss their training needs and be open about anything that may be causing them concern.

On the day of our inspection visit we saw breakfast was served to meet the individual preferences for each person. There was no set time and people were given breakfast as they got up or served in their rooms. Snacks and drinks were offered to people between meals including tea and milky drinks with biscuits. People in lounges and bedrooms had jugs of juice within easy reach to have a drink when required.

The service operated a four week menu. Choices provided on the day of our inspection visit included meat loaf or fish pie, mashed potatoes or chips, carrots, swede and broccoli. A variety of alternative meals were available and people with special dietary needs had these met. These included four people having their diabetes controlled through their diet.

Lunch was served in two sittings to enable staff to support people who required assistance with their meals. We observed this was well managed and staff supported people in a dignified and timely manner. Staff were patient and offered verbal and physical prompts to people who were not eating to motivate them to eat their meal. Staff were attentive but did not rush people allowing them sufficient time to eat and enjoy their meal. Drinks were provided and offers of additional drinks and meals were made where appropriate. The support staff provided people with their meals was organised and well managed.

We spoke with the cook who demonstrated she understood nutritional needs of the people who lived at the home. The cook was able to fortify foods as required. Portion sizes were different reflecting people's choice and capacity to eat. The cook told us she was informed about people's dietary needs when they moved into the home and if any changes occurred.

People spoken with after lunch told us the meals were very good. Comments received included, "The food is fine. I am on a healthy diet and they keep me to that quite strictly." And, "The meals are not bad. You can have fresh fruit salad and portion sizes of your choice. The cook is quite good".

The Food Standards Agency had awarded St. Wilfrid's a rating of five following their last inspection. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff working in this service made sure that people had choice and control of their lives and support them in the least restrictive way possible; the policies and systems in the service support this practice.

The manager understood the requirements of the Mental Capacity Act (2005). This meant they were working within the law to support people who may lack capacity to make their own decisions. When we undertook this inspection the manager had completed a number of applications to request the local authority to undertake (DoLS) assessments for people who lived at the home. This was because they had been assessed as being at risk and their liberty was being deprived for their safety. For example one person required a lap strap when seated to prevent falls. The service had completed and documented a best interest decision and had records in place to highlight that their liberty was being deprived for their safety.

People's healthcare needs were carefully monitored and discussed with the person as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. This confirmed good communication protocols were in place for people to receive continuity with their healthcare needs. One person visiting the home told us their relative's healthcare needs were really well managed. The person said, "[Relative] has diabetes and has suffered a stroke. They monitor and manage the diabetes really well." A visiting healthcare professional told us staff were always receptive to advice given and worked closely with them.

Is the service caring?

Our findings

People we spoke with told us they were treated with kindness and staff were caring towards them. Comments received included, "The staff are really caring and will do anything I ask them to do". And, "Carers are pretty good."

We saw people cared for in bed had been provided with mattresses suitable for the relief of pressure and prevention of pressure sores. They looked comfortable and well cared for. Records completed by staff members described the daily support they had provided. We spoke with one person cared for in bed. They said, "The staff are all very respectful and do things my way. They take their time when supporting me and tell me what's happening."

We saw staff were caring and treated people with dignity. Positive interactions were observed between staff and the people they supported. We noted people appeared relaxed and comfortable in the company of staff. People we spoke with during our inspection told us they were happy.

Staff spoken with had an appreciation of people's individual needs around privacy and dignity. We saw staff spoke with people in a respectful way, giving them time to understand and reply. We observed staff demonstrated compassion towards people in their care and treated them with respect.

Staff demonstrated a kind and caring therapeutic relationship with people who lived at the home. We observed people responded positively to staff engagement and found staff had a good knowledge of people's needs. For example, we saw one person who experienced frequent periods of distress received effective and personal centred care from staff to reduce these episodes from occurring.

During this inspection we looked at care records of five people. We saw evidence they or a family member had been involved with and were at the centre of developing their care plans. The plans contained information about people's current needs as well as their wishes and preferences. Daily records completed were up to date and maintained. These described the support people received and the activities they had undertaken. When we undertook our inspection visit a representative of the registered provider was reviewing care plan records to make them person centred and easier for staff to follow.

We spoke with the acting manager about access to advocacy services should people require their guidance and support. The service had information details that could be provided to people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Before our Inspection visit we received information from external agencies about the service. They included the commissioning department at the local authority and Clinical Commissioning Group (CCG). A number of safeguarding referrals had been received by the local authority and had been investigated by their safeguarding team. The service had cooperated with the safeguarding team during their investigations and had worked with the local authority and CCG to make improvements to their services.

Is the service responsive?

Our findings

Although we identified problems with staffing levels during our inspection visit we did receive positive feedback about staff and the care they provided. People who were able spoke fondly of the staff and the care and support they provided.

We spoke with six people visiting the home who told us they were generally satisfied with the service provided. One person said, "The staff are very kind, very gentle and very appropriate. They respond to individuals and everything I see is done well."

We observed staff members undertaking their duties and although busy they did engage people they supported in conversation. We saw they demonstrated a good understanding of people's needs and did their best to ensure these were met. Staff spoken with accepted staffing levels at the home affected the quality of service they could provide for people. One staff member said, "We try our best but some days we are really stretched. We could do with staffing levels being reviewed. It's difficult when call bells are going off at the same time and you have to decide which one to answer first." Another staff member told us they felt guilty taking their break because they knew that reduced the number of staff available to respond to requests for help and put their colleagues under pressure.

The service employed two activities co-ordinators who organised a wide range of activities to keep people entertained. The activities were structured, varied and thoughtful. We saw during the morning people enjoying a quiz. We also saw the activities coordinator sitting and spending one to one time with people. One person visiting the home said, "The activities coordinators do very well and cover seven days a week. They are always organising something. They also sit with the residents and write letters on their behalf."

The service had a complaints/compliments procedure which was on display in the reception area of the home. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations.

We looked at the complaints log and saw the service had recorded and responded to complaints received. We saw one person who lived at the home had complained staff responding to their request for help had told them they would return in ten minutes. This often hadn't happened or they returned much later. The service had substantiated the complaint, sent a memo to all staff and held a meeting with the person and family members. We noted the person said things had improved.

We also looked at a number of compliments received by the service. One person had recorded, 'During my visits to St. Wilfrid's over these two years I have only experienced staff giving excellent care. The professional care and incredible devotion by all team members is exceptionally outstanding.'

Is the service well-led?

Our findings

When we undertook our inspection visit the services manager who had applied to be registered with the Care Quality Commission had left the service. 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 services peripatetic manager told us several candidates had recently been interviewed and one person had been offered the position of manager. The peripatetic manager was acting as interim manager until a new manager was appointed. This ensured suitable management arrangements were in place until a permanent manager had been appointed.

Comments received from staff and people visiting their relatives were positive about the management of the home. Despite the issues over staffing levels staff told us they enjoyed working at the home and felt well supported. One staff member said, "The regional manager and manager are both very helpful. The manager supports us with personal care delivery if we are struggling."

Staff spoken with demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with stated they felt the manager worked with them and showed leadership. Staff told us they felt the service was well led and they got along well as a staff team and supported each other. People visiting the home told us they were made welcome by friendly and polite staff when they visited.

The provider had systems in place to monitor the quality of service provided but they were ineffective at identifying and addressing the areas of concern we noted during the inspection visit. Although the service had completed a dependency tool to calculate the number of staff required to meet people's needs, it was evident throughout the inspection staff struggled to respond to requests for assistance in a timely manner. This requires a further review to ensure staff can meet people's needs. We found the service had failed to ensure that equipment used by staff supporting people with manual handling was used in a safe way.

Staff and relative meetings had been held to discuss the service provided. We looked at minutes of the most recent staff meeting and saw topics relevant to the running of the service had been discussed. These included staff training, staffing levels and safeguarding. We saw it had been agreed during the meeting staffing levels would be reviewed.

We found the provider had sought the views of people about their care and the service provided by a variety of methods. These included resident and relative surveys, staff surveys and stakeholder surveys. Comments received from relatives included, 'The caring attitude and friendliness of all staff to [relative] is very much appreciated.' And, 'We are very happy with the level of care and attention [relative] receives.' Comments from stakeholders included, 'I have observed very good practice at the home. The nurses are happy for advice from our service.' And, 'Staff are always friendly and make time to communicate and assist with the patient we are visiting.' And, 'Excellent staff and management.'

The service had on display in the reception area of their premises and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.

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
Treatment of disease, disorder or injury	People had not always been supported safely when being transferred with a sling hoist

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	Staffing levels the service had in place were not sufficient to provide support people required.