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Lockermarsh Residential Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This comprehensive inspection took place on 5 June 2018 and was unannounced. At the last comprehensive inspection in March 2017, the service was rated Requires Improvement and we found a breach of regulation. People did not receive person centred care that met their needs. We asked the registered provider to complete an action plan to show what they would do and by when to improve the areas identified to at least Good. At this inspection we found the service had improved and we have rated it as Good. 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

Lockermarsh is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service can accommodate up to 24 people in a converted and extended property.

The service had a registered manager in post at the time of our inspection. 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.

People who used the service told us they felt safe. Staff understood their roles and responsibilities to safeguard people from the risk of harm and risks to people were assessed and monitored.

There were good systems in place to monitor incidents and accidents. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service.

Staffing levels were maintained to ensure that people's care and support needs continued to be met safely and there were safe recruitment processes in place.

People received their medicines as prescribed. Although, we found some documentation could be improved, this was addressed immediately by the registered manager.

The service was clean and maintained. The registered manager had a maintenance and renewal plan in place and the registered manager had identified areas that could be improved further.

A nutritious, varied and balanced diet was provided and people's dietary needs and choices were met. Although we found documentation could be improved.

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

received appropriate healthcare support.

We observed people had good relationships with the staff. Without exception all people we spoke with told us the staff were kind, considerate and caring. Staff respected people's privacy and dignity and promoted their independence. People were also supported in decisions regarding their end of life wishes.

There was a varied and appropriate activity programme; we saw people enjoying activities and activities were arranged so people could have access to the community.

There were policies in place that ensured people would be listened to and treated fairly if they complained about the service.

The service was promoting an open and inclusive culture to encourage communication and learning. People, relatives and staff were encouraged to provide feedback about the service and it was used to drive improvement.

We saw that the operations manager and the registered manager had improved systems to maintain effective monitoring and auditing to ensure the quality and safety of the service was continued to be improved and that systems were embedded into practice.

We saw that people who used the service and their relatives were involved in the development of the home and could contribute ideas.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were effective systems in place to reduce the risk of abuse and to assess and monitor potential risks to people.

Recruitment processes were safe and there were sufficient staff on duty to meet people's needs.

Systems were in place to make sure people received their medication safely. The home was maintained and clean.

Is the service effective?

Good ●

The service was effective.

Staff had access to a structured programme of essential training and felt supported. However, formal staff supervision had not taken place in line with the registered provider's expectations.

The requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) legislation were met.

Suitable arrangements were in place to ensure people received good nutrition and hydration.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and understanding by staff who were caring and considerate. They spoke to people in an inclusive way, while respecting their privacy and dignity.

Staff had a good knowledge of people's needs and preferences. They knew the best way to support them, whilst maintaining their independence.

Is the service responsive?

Good ●

The service was responsive

People received care that met their needs. People had access to an in-house activities programme which provided variety and stimulation.

People were aware of how to make a complaint and knew how it would be managed. Where concerns had been raised action had been taken to address them.

Is the service well-led?

The service was well led

Systems were in place which continuously assessed and monitored the quality of the service, including obtaining feedback from people who used the service and outside agencies.

Good ●

Lockermarsh Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection. This inspection took place on 5 June 2018 and was unannounced. The membership of the inspection team was one adult social care inspector 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. The expert by experience had experience of supporting and caring for older people including people living with dementia.

At the time of our inspection there were 16 people using the service.

Before the inspection, we asked the registered provider to complete a Provider Information Return (PIR). We used information the provider sent us in the Provider Information Return. This is information we require registered providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke eight people who used the service, three relatives and three health care professionals. We spent time in communal areas observing interactions between staff and people they supported. We undertook general observations throughout our visit and used the Short Observational Framework for Inspection (SOFI) during the morning. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, the team leader, two support workers, the activities coordinator, the cook and the operations manager.

We looked at documentation relating to people who used the service, staff and the management of the service. This included three people's care and support records, including the assessments and plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Is the service safe?

Our findings

People who used the service told us they felt safe. One person said, "I feel safe and no one has ever been nasty to me." Another person said, "Yes, yes, yes, I'm feeling very safe." Relatives and health care professionals we spoke with all told us they felt people who lived at Lockermarsh were safe. A relative told us, "Safe? Definitely. I feel such relief. I know if I don't come [my relative's] happy well fed, comfortable and safe."

We saw that the systems, processes and practices in the service safeguarded people from abuse. People we spoke with told us they felt confident to raise any concerns that they might have about their safety. One person told us, "If I had any concerns I would raise them with the staff."

All staff we spoke with understood the importance of safeguarding adult procedures. They knew how to recognise and report abuse and were aware of the correct procedures to follow. The registered provider had a policy in place to protect people from abuse. Staff had completed safeguarding of vulnerable adults training.

Risk management plans remained effective in keeping people safe. Staff carried out assessments to people's safety and had sufficient guidance on how to minimise the identified risks. Assessments included people's mobility, nutrition and continence. Regular reviews of risk assessments ensured staff continued to provide safe care in line with people's needs. Care plans were updated to reflect the person's needs and the support they required. Staff were aware of risks to people and understood how to support them in a safe manner without restricting their freedom unnecessarily.

We saw that referrals were made for professional assessment in a timely way. Healthcare professionals told us there was a good staff team, they told us the staff understood people's needs and managed risks very well. One professional told us, "staff pick up changes and ensure we are notified so we can review and make any changes to care as required." They also added, "Staff are very friendly and approachable."

The provider had systems in place to ensure the environment was safe and did not pose unnecessary risks to people. Any issues identified through regular checks were immediately dealt with. Environmental risk assessments had also been completed, so any hazards were identified and the risk to people removed or reduced. Checks on equipment and services were routinely completed. Maintenance was carried out promptly when required.

We found there was sufficient staff to meet people's needs. Staff we spoke with said there was adequate staff on duty. People and their relatives whom we spoke with told us there always seemed to be enough staff on duty. People told us they did not wait long for assistance. We observed that staff worked well together as a team and people's needs were met in a timely way.

The registered provider continued to follow safe recruitment system. The registered manager told us pre-employment checks were obtained prior to staff commencing employment. These included two references,

and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help in preventing unsuitable people from working with vulnerable people. The two files we checked confirmed this.

Medicines policies and procedures were followed and medicines were managed safely. Staff had been trained in the safe handling, storage, administration and disposal of medicines. All staff who gave medicines to people had received training and their competency assessed. Medicines were stored securely in locked cabinets. Arrangements were in place for medicines that required cool storage. Temperatures of the medicine cupboard and fridge were monitored and recorded and were within safe levels. However, we found some minor issues that required action.

We found the room temperature was not monitored over a 24 hour period the registered manager told us this would be rectified by purchasing a minimum/maximum thermometer. From talking with people and staff we found people had their creams applied. However, the topical medication was not always signed for by staff when applied. The registered manager told us they had introduced new recording systems and these charts were in people's rooms for care staff to sign when they had applied the creams. The lack of documentation had already been identified by the registered manager and was being addressed.

We also found the controlled drugs were stored correctly but were kept in two places in the home. The operations manager ordered a larger controlled drug storage cupboard during our inspection and told us this would be installed as soon as it arrived so all controlled drugs could be kept together.

Accidents and incidents were monitored and evaluated so the service could learn lessons from past events and make improvements where necessary. We saw the evaluation of all incidents was very robust and thorough. This ensured that any themes or triggers were identified and managed to prevent further incidents.

The control and prevention of infection was managed well. We saw evidence that staff had been trained in infection control. There was a champion identified in infection control whose role was to ensure best practice guidance was available and followed by staff ensuring staff knowledge was up to date. This person was new to the role and the registered manager had booked them on a link champion training course. This is run by a specialist infection, prevention control nurse practitioner to increase knowledge of this area in care homes..

Is the service effective?

Our findings

People received care that was effective. All people we spoke with were very positive about living at the service. One person said, "Well, to be quite honest, I can't praise them enough."

Staff worked collaboratively with other services to understand and meet people's needs. Information was sought from health and social care professions to enable the service to plan effectively the care of the person. Health and social care professionals' feedback was extremely positive. One said, "They're all friendly here, it's nothing like an institution, they make you feel welcome and everyone is so friendly."

Staff were formally supervised and appraised and confirmed to us that they were happy with the supervision and appraisal process. Staff supervisions ensured that staff received regular support and guidance, and appraisals enabled staff to discuss any personal and professional development needs. One staff member said, "I love working here I am well supported, it is a great team."

People were cared for by staff who had received training to be able to meet people's needs. Staff told us the training was very good and they attended regular training and records we saw confirmed this.

We saw that people were offered a nutritious and balanced diet, which met their individual needs and preferences. Where people were at risk of poor nutritional intake and had a food chart in place to record what they ate so it could be reviewed. However, we found these were not always effectively completed. We discussed this with the registered manager and the operations manager. They confirmed since our inspection they have reviewed the forms to ensure they are completed accurately by staff and effectively reviewed.

We observed people choosing what they wanted for lunch at 11am, when lunch was served at 12.30. Because there was not a long time in between, this meant people remembered what they had chosen. The cook said, "I find it better asking people close to lunch as we used to do it the evening before and they never remembered so this is much better." They added, "There is always plenty so they [people who used the service] can have what they want."

We saw the lunch time menu was displayed outside the dining room, although this was small and not in a prominent place. The cook said they were looking at having menus on the tables, which would make it easier for people to see what was for lunch and make an informed decision.

The cook was knowledgeable on special diets and told us they discussed new admissions with the registered manager to ensure they were aware of their dietary needs and preferences. The cook said, "I also introduce myself to new residents and discuss meals with them and their families when they come into the home."

Relatives we spoke with also told us the food was very good. One told us, "The food is beautiful and plenty of choice, I've been here and seen it." Another said, "Compliments to the cook, [my relative] loves the food."

The adaptation and design of the service met people's needs. The environment had been considered in respect of people living with dementia. The registered manager also explained they were in the process of improving the garden. They were developing a sensory area and a new patio to make it and accessible areas for all people who used the service.

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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found applications for DoLS had been made for people who required this. This was because people required staff to support them when out in the community and provide constant supervision when in the home to ensure their safety.

The registered manager and staff were aware of their responsibilities in respect of gaining people's consent and involving people as much as possible in day-to-day decisions. Staff were also aware that where people lacked capacity to make a specific decision then their best interests would be considered.

Is the service caring?

Our findings

Without exception everyone we spoke with told us the staff were kind and caring. Our observations confirmed this we saw staff showed people kindness and compassion and understood people very well. People who used the service confirmed the staff treated them very well and were considerate and kind. We observed one person become upset during an activity, the member of staff gave them a cuddle and said 'It is alright to cry, I am here if you need me.' The person was living with dementia, they did not know why they were crying and how the member of staff dealt with it calmed them very quickly. This showed the staff member understood people and knew the person wanted reassurance and comfort rather than being questioned what was wrong.

Another person we spoke with told us how kind and caring staff were they explained on one occasion how they had required support, they said, "Oh, I had an accident. A carer came, I'm glad it was her. She's lovely and so kind." The person explained how they attended to their needs very discretely and made them feel comfortable.

We spent some time in the communal areas during the inspection. We saw that staff were consistently reassuring and showed kindness towards people when they were providing support, and in day to day conversations and activities.

From conversations we heard between people and staff it was clear staff understood people's needs; they knew how to approach people and also recognised when people wanted to be on their own. Staff we spoke with knew people well, and described people's preferences and how they wished to be addressed or supported.

People told us staff respected their privacy and treated them with dignity. Staff were respectful when they talked about people and their needs. We observed staff knocked on people's doors before entering and asked for consent before providing support. Staff kept bathroom and bedroom doors closed when providing personal care to people to promote their dignity and privacy. People's information was kept confidential in locked cabinets and offices to maintain their privacy.

The registered manager and the operations manager were passionate about ensuring people received care that was kind and met their needs. This was reflected in how the staff team performed. They led by example and promoted the positive inclusive ethos of the home. They explained to us that they thought if the staff team were positive and supported people appropriately, this had a positive effect on the people they supported and meant they were happy and achieved a positive state of well-being.

People were supported to maintain relationships with others. People told us their friends and family members could visit at any time and there were no restrictions when they visited and they were always made to feel welcome. Staff told us that people's friends and family were welcome at all times. Relatives told us they were regularly offered a drink when they visited and were made to feel welcome.

Is the service responsive?

Our findings

At our previous comprehensive inspection in March 2017 we found people did not always receive person-centred care which was appropriate and met their needs. At this inspection we found that the registered manager and the operations manager had taken appropriate steps to improve this.

We observed that people who used the service received care that was personalised. Care plans were detailed and regularly updated. For example, one person's care plan we looked at, the person had over the last 24 hours deteriorated and their needs had changed. The registered manager had identified this and the plan was updated to reflect the changes in a very timely way. The plans provided staff with clear information on the support each person needed and how to provide this safely and well. Staff knew people's daily care needs and preferences and how to meet them.

Care plans covered all aspects of a person's individual care and support needs, focussing on the care and support to be delivered by staff, what was important to them and their personal preferences. This included information relating to people's social care needs. Information available showed that people's care plans were reviewed and updated to reflect where their needs had changed. This ensured staff had the most up to-date and accurate information available.

Healthcare professionals we spoke with gave positive feedback about the responsiveness of the staff. For instance, one told us, "Staff are knowledgeable and understand people's needs."

We found all people who used the service were supported to pursue activities that they enjoyed, that were meaningful to them and promoted their wellbeing. People were supported to maintain their hobbies and interests. Activities people took part in were socially and culturally relevant and were appropriate. Activities included quizzes, crafts, games and shopping. All people we spoke with told us they activities were good and they enjoyed them. The activities coordinator was new in post and everyone we spoke with told us they were doing a great job and activities had greatly improved with a dedicated person organising them. We saw there were also outings organised and external entertainers. A trip to Cleethorpes was arranged and 12 people were going; people we spoke with were looking forward to the trip. There was also a summer fair organised to raise funds for future trips and outings.

We observed that staff understood the different ways that people communicated and supported them to make themselves understood. People's specific communication needs had been considered and support strategies implemented to help people express themselves and make choices about their lives. The registered manager was following the Accessible Information standard (AI). The Accessible Information Standard is a framework put in place in August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss are given information they can understand, and the communication support they need. People's assessments included specific details of their communication needs, this included information regarding hearing aid and spectacles. Care records demonstrated that people had access to an optician.

People were supported at the end of their lives to have a comfortable, dignified and pain free death. The service had arranged for medicines to be held at the service to be used if necessary to keep people comfortable. Where appropriate people had an end of life care plan which outlined their preferences and choices. The registered manager told us that they consulted with the person and, where appropriate, their representatives about the development and review of this care plan. At the time of our visit there was one person receiving end of life care. The registered manager said there were good links with GP's and the district nursing service to ensure people received suitable medical care during this period of their lives. One relative we spoke with told us, "The staff are superb, can't fault the place at all. [my relative] was here, they died here. The staff were fab with them and with us." We also saw thank you cards from relatives of people who had passed away, they were all praising the staff for their dedication and support. One commented, "[Staff] showed much compassion and gave care and love." Another commented, "kindness and dignity shown at end of life."

The service had a complaints procedure in place for people to use if they had a concern or were not happy with the service. Staff knew how to respond to people's concerns and complaints should the need arise. People told us they would either speak to a family member or member of staff if they had any worries or concerns. People indicated they were confident their complaints or concerns would be listened to, taken seriously and acted upon. One person told us, "if I had a complaint I would see the manager, I am confident they would deal with it." Another relative told us, "I raised an issue and it was dealt with immediately, I couldn't have asked them to respond any quicker, they are doing a brilliant job."

Staff told us they were confident that any concerns raised would be dealt with appropriately and in a timely manner. There was a clear procedure for staff to follow should a concern be raised.

Is the service well-led?

Our findings

The service had a registered manager in post at the time of our inspection. The registered manager demonstrated clear leadership throughout the home and staff were aware of their role and responsibilities. Staff we spoke with felt they worked very well as a team. One staff member told us, "We are an excellent team."

The service had a positive culture that was open and friendly. All staff were approachable and keen to talk about their work. There was a management structure in the service which provided clear lines of responsibility and accountability. Staff told us they enjoyed working at the service. All staff were positive about the inspection process, valued the feedback given and saw it as an opportunity to develop the service.

The registered manager and operations manager had further improved the quality assurance system since our last inspection and they had been embedded into practice. We also found issues we had identified with medication had been picked up by the audit systems and were being resolved.

Accident and Incident forms were completed. These were checked by senior staff who analysed them for trends and patterns. Regular safety checks were carried out including those for the fire alarms, fire extinguishers, water temperatures and portable electric appliances.

The provider worked openly with key organisations. For instance, the registered manager updated the local authority regarding any incidents and any significant developments relating to people's care. The registered manager also worked closely with healthcare professionals involved in people's care and we received positive feedback from healthcare professionals about the service in general.

There was a clear vision and strategy to deliver high-quality care and support, and promote a positive culture that was person-centred, open, inclusive and empowering. Staff told us that they had staff meetings and felt able to raise issues and suggest ideas that could potentially improve the service.

People were empowered to contribute to improve the service. People and their relatives had opportunities to feedback their views about the service and quality of the care they received. Feedback surveys were given out to people's relatives and staff. The registered manager collated the responses, summarising people's comments and identified any areas for action. People's comments were positive.

From looking at the accident and incident reports, we found the registered managers were reporting to us appropriately. The provider has a legal duty to report certain events that affected the wellbeing of a person or affected the whole service. There was evidence that learning was taking place to prevent further occurrence, which included looking to see if there were any themes.