

Mr & Mrs A Jebodh

Saint Lawrence Residential Care Home

Inspection report

102-104 Oswald Road,
Scunthorpe,
DN15 7PA
Tel: 00 000 000
Website: www.example.com

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 28 May and 2 June 2015 and was unannounced. The service was last inspected on 28 August 2013 when the service was found to be compliant with the regulations inspected.

Saint Lawrence Residential Care Home is registered to provide care for up to 23 older people, some of whom may be living with dementia related conditions. The home is situated near the town centre of Scunthorpe and is close to local amenities. The building consists of a large

residential house with a purpose built extension, providing care over two floors, which are accessible by a lift. There is a large communal lounge with a dining area and a conservatory and small garden. At the time of this inspection there were 15 people using the service.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

Whilst people who used the service told us they felt safe and trusted the staff, we found potential risks to their safety had not always been appropriately managed in a timely manner. We saw maintenance checks of the building were not regularly taking place, which meant the registered provider was not complying with regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked the registered provider to take at the end of this report.

Staff demonstrated an appropriate understanding of how to keep people safe from harm and we saw they had been employed following checks as part of their recruitment process, to ensure they did not pose a risk to people who used the service.

Whilst staff received a range of training opportunities, further work on this was required to ensure they had the right skills to carry out their roles. Staff confirmed they were listened to and supported by the registered manager, to enable them to meet people's needs.

People told us staff were caring and kind and they were happy with the support they were provided. Whilst we

saw there were limited opportunities for people to be involved in meaningful social activities due to current staff shortages, we saw evidence two staff were due to start work in the near future, subject to satisfactory checks for them being completed.

People told us they enjoyed their meals and we saw their dietary needs had been assessed to ensure they received appropriate nourishment and hydration.

Assessments of people's health and social care needs had been carried out and individual plans of support developed from these, to enable staff to deliver care and ensure people's wishes and feelings were respected. Health and community professionals were involved with people who used the service to ensure changes in their needs were acted on and followed up.

People who used the service were consulted about their wishes to help improve the service and were able to raise their concerns. Whilst the registered manager monitored the quality of the service provided, the system for this needed further development, as we saw that checks were not always followed up to enable the service to learn and improve. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked the registered provider to take at the end of this report.

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Summary of findings

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. Appropriate checks of the building and environment had not always been carried out or followed up when required.

Staff were recruited safely and understood how to identify and report potential abuse, however current staff shortages meant there were not always enough of them available to meet people's needs.

People said they felt safe and known risks to them were updated and reviewed on an on-going basis.

Requires improvement



Is the service effective?

The service was not always effective. Staff training and development was not fully up to date.

People told us they enjoyed their meals and felt the staff had the right skills to support them effectively.

Much of the building was in need of a general upgrade and decoration to ensure people were provided with an environment that helped them feel comfortable and in control of their lives.

Requires improvement



Is the service caring?

The service was caring. Staff demonstrated kindness and compassion and people enjoyed positive relationships with them.

People's dignity was respected and staff respected their wishes for privacy when required.

Good



Is the service responsive?

The service was not always responsive to people's needs and meaningful activities were not regularly provided.

People's care plans contained information about their wishes and needs and potential risks to them were assessed and kept up to date.

Information was available about how raise a concern and people knew how to make a complaint.

Requires improvement



Is the service well-led?

The service was not always well led. People who used the service were consulted and able to contribute their views on the service.

Whilst the quality of the service was monitored, the system for this needed further development, as checks were not always followed up when required to enable the service to learn and improve.

Requires improvement



Saint Lawrence Residential Care 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 registered 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 was carried out by an adult social care inspector over two days and took place on 28 May and 2 June 2015 and was unannounced.

We looked at the information we hold about the registered provider and spoke with the local authority safeguarding and quality performance teams as part of the inspection process, in order to obtain their views about the service. The local authority safeguarding team told us the service worked with them to resolve issues when needed.

During our inspection visit we observed how staff interacted with people who used the service and their

relatives. We used the Short Observational Framework for Inspection (SOFI) in the communal areas of the home. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with four people who used the service, six of their visiting relatives, two members of care staff, three senior care staff, an activity worker and a member of ancillary staff, together with the registered manager and the registered provider. We also spoke with a member of staff from the fire service and staff in the local authority commissioning team.

We looked at the care files belonging to three people who used the service, six staff records and a selection of documentation relating to the management and running of the service. This included

staff training files and information, staff rotas, meeting minutes, maintenance records, recruitment information and quality assurance audits. We also undertook a tour of the building.

Is the service safe?

Our findings

Whilst people who used the service told us they felt safe and trusted the staff, we found that potential risks to their safety had not always managed in an appropriate and timely manner.

One person said that staff were, “Very patient and good.” They also told us, “The staff will do anything we ask, I can do what I like and go out when I like.” They went on to say “I was in another home for two days and could not get out fast enough, you want to be able to trust people, I can trust them here and am always well looked after.” A visiting relative told us their mother had originally moved into the home for a period of respite care. They said that after their second visit, their mother had chosen not to return to their home and received, “Good care” and that she was “Definitely safe in the home.”

As part of our inspection process, we found an enforcement notice had been served by the fire department. This was because action had not been taken by the registered provider in a timely way to meet their requirements and ensure people were kept safe from harm. A fire safety officer accompanied us on the second day of our inspection visit and we found an appropriate fire detection system had not yet been fitted in the loft space, despite the fire department having been previously told this was being addressed. The fire officer informed us they would be contacting the registered provider following their visit and taking legal advice in relation to what subsequent action they would take. We spoke to a member of staff about checks in relation to ensuring the home’s environment was well maintained and safe for people to use. They told us there was no member of maintenance staff currently employed and that environmental checks of the building had previously been carried out by themselves. They told us however these checks had not been completed by them recently, due to them being given responsibility for other aspects of the home. This represents a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The action we have asked the registered provider to take can be found at the back of this report.

The local authority performance team told us they had recently visited the home and found evidence some procedures in relation to recruitment and safeguarding people from harm had not been maintained in an

appropriate manner. We saw evidence the registered manager had subsequently implemented and followed an action plan to rectify these issues. We saw evidence in the files of six members of staff that many of them had worked in the home for a considerable number of years and that the registered manager had made arrangements to ensure their files were now kept up to date. There was evidence to document an appropriate recruitment procedure had been followed, with a range of completed checks to demonstrate staff did not pose a risk to people living in the home. People who used the service told us they had been involved in the selection and recruitment of a particular member of staff which is good practice.

We found the registered provider had policies and procedures about the protection of vulnerable adults that were aligned with the local authority’s guidance for reporting concerns or possible abuse. This enabled staff to be guided when reporting potential safeguarding concerns if required. We saw evidence that staff had completed safeguarding training to ensure they knew how to recognise and report potential signs of abuse. An external trainer who was visiting told us they had no concerns about the staff in this respect. They said they had confidence staff would take appropriate action to follow up issues and communicated and “Talked to each other well”. The external trainer confirmed that training on this element of practice had been recently completed with them and that staff certificates for this, were currently awaited from the external verifying company. Care staff demonstrated a positive understanding of the different forms of abuse and confirmed they were aware of their duty to report potential concerns and ‘blow the whistle’ if this was needed. One member of staff told us, “I would be the first one to put my hand up if I felt something was wrong.” Care staff told us they were confident that management would take appropriate action to follow up issues and concerns when required. We spoke with the local authority safeguarding team, who told us they had no concerns about the service and that the service worked with them to resolve issues when needed.

Care staff were enthusiastic about their work but told us they wished there was more staff available and more time to do their work. They told us, “There is supposed to be one staff available on the floor at all times” and “We are having to cover for holidays and people leaving.” We spoke to the registered manager about this and saw they were currently waiting for two new staff to start work, subject to

Is the service safe?

satisfactory recruitment checks being completed. The registered manager told us they had not implemented use of a staffing tool to determine the correct levels of staff that were needed, in relation to the individual dependency needs of people who used the service; however we saw they subsequently took action to follow this up. **We recommend advice and guidance is sought from an appropriate source about safe staffing levels in the home and that staffing levels are reviewed to ensure they are sufficient to meet all of the needs of the people living in the home.**

We saw evidence in people's personal files of completed assessments about known risks to them, together with guidance for staff on how these were managed to enable people to be supported and their wellbeing to be safely promoted. We saw that people's risk assessments were updated and reviewed on an on-going basis to ensure accidents and incidents were managed and action taken to minimise future occurrences.

People told us they received their medication when this was prescribed. One person told us, "I get my medication four times a day; the staff bring water and watch me take it and then take the water away after I have swallowed my tablets." We observed staff talking patiently with people whilst carrying out medication rounds. We saw people were provided with explanations about their medication

and were not hurried when taking their medicines. Staff responsible for providing medication to people had completed training on this element of their role and we observed an external trainer providing support to enable them to complete a refresher course on this. We observed that medication in the home was stored securely in a locked medication trolley that was kept in a secure room. We saw that accurate and up to date records were maintained of medication that had been received and provided to people who used the service and that good practice information in relation to people's specialist medical needs was available.

We saw that checks of equipment and facilities were carried out of hot water and that up to date certificates were available for the servicing of the lift, portable hoists and utilities such as gas and electricity. We found the portable appliance tests of electrical equipment had not been undertaken in April 2015 as had been planned. We spoke to the registered manager about this and gained their assurance this would be prioritised for action. We saw copies of individual evacuation plans were contained within people's personal care files and were told that a contingency plan was available for use in emergency situations and that fire training and fire drills were carried out as required.

Is the service effective?

Our findings

Whilst people and their relatives were very complimentary of the staff we found some further improvements were needed to ensure people's needs were effectively promoted. One Person told us, "Staff go that little bit extra for you". Whilst a visiting relative said, "I would recommend the staff, nothing is too much trouble." The relative told us they choose the home because their mother's sister had lived there before. They said, "Anything she wants, she can have, she only has to push the button and they are there like a shot." Another relative told us, "Staff always explain to people what they are going to do before they do it, they let people make a decision about it."

People and visiting relatives told us were involved in reviews of support that was provided. One relative told us, "We agreed to the care plans, I have a copy of it at home." People and visiting relatives told us that staff had a positive approach and communicated with them well. One person told us about a time when they had fallen out of bed and had to call for staff. They told us, "Staff came quickly and lifted me up and put me to bed with an explanation of what they were doing, they were there for you; you get that care."

Staff were very clear about the need for obtaining consent from people who used the service and demonstrated an understanding of the principles of the Mental Capacity Act 2005 [MCA] whilst confirming their attendance on a course about this that was planned. The local authority told us they had recently had a concern about the staff understanding of the use of DoLS in the service, following an important legal ruling about this. The registered manager showed us an action plan that had been developed for this. We saw evidence of good progress made to action and implement most of this, but were told staff had yet to complete training on this to ensure they were aware of their responsibilities to promote and uphold people's human rights.

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards [DoLS]. DoLS are applied for when people who use the service lack capacity to make informed decisions about the care and support they require to keep them safe amounts to continuous supervision and control. DoLS ensure where someone is deprived of their liberty, it is done in the least restrictive way and in their best interests.

We saw evidence in people's personal care files about support with making anticipatory decisions about the end of their lives when appropriate. We saw some people had consented to Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) and information about this was clearly documented. There was evidence in one person's personal care file of the involvement of the Court of Protection and appointment of a member of their family to take responsibility over the control of their finances, together with confirmation from a GP about their lack of mental capacity in this regard.

Relatives told us that staff kept them informed about changes in people's conditions. They told us that staff involved medical staff such as district nurses and doctors when required. One relative told us, "They got the doctor out quickly the other day, there is no problem there." They went on to say, "Staff tell me everything that is going on." Care staff we spoke with were very positive about their work and training support they received. A senior member of care staff told us, "I love my job and the residents; we're like a big family and get a lot of training." Care staff we spoke with demonstrated appropriate knowledge concerning the needs for people who used the service and told us the registered manager listened and provided them with good support. On the day of our inspection visit an external trainer was visiting. They told us they had been booked to provide a variety of training to enable staff to update their skills. We saw evidence in staff files of recent professional supervision sessions they had received, together with evidence of meetings to ensure they were clear about their roles and responsibilities. The registered manager told us they had not yet time to implement a programme of appraisals, to enable individual staff performance to be monitored and their careers to be developed. They told us however they were currently developing this.

People who used the service told us they enjoyed their meals and that the quality of the food was good. One person said, "The meals are very good; I can't complain about the food, they always have something different." We observed a variety of nourishing home cooked meals were provided and that people were asked about their wishes and choices about these, with an alternative offered if people did not want what was served. One visiting relative told us their member of family, "Always says the food is lovely, they always get plenty to eat." Another relative commented their mother, "Always eats a good meal."

Is the service effective?

However, a third relative told us they wished a greater variety of meals could be provided. We spoke with a member of staff who was working in the kitchen about the choices of food that was served. They said this was determined in advance and that a two weekly menu was available to work from but that this was not always adhered to, as it was dependent on stock. We spoke with the registered manager about this who told us they would look to making improvements in the arrangements for this. We observed individual support was provided to people who needed assistance with eating their meals and drinks. We saw this was carried out at people's own pace, with staff providing support and encouragement in friendly and respectful way, to ensure their personal dignity was upheld. We saw evidence in people's personal care files of

nutritional assessments of their needs together with regular monitoring and recording of their weight and involvement from community professional's, such as dieticians when needed.

We observed much of the building was in need of a general upgrade and decoration to ensure people were provided with an environment that enabled them to feel comfortable in control of their lives. We spoke to the registered provider about this and were showed evidence of plans and correspondence they had had with their bank about this.

We recommend the registered provider takes advice from an appropriate source, such as the Social Care Institute of Excellence about the provision of dementia friendly environments.

Is the service caring?

Our findings

People who used the service and their relatives told us they were treated with kindness and compassion by staff. One person told us they were very nervous when they first moved into the home. They went on to say how staff listened and helped provide the reassurance they needed. They told us, "Staff always knock on the door, If I want I can lock the door from the inside, I'm very happy here, I've no complaints." A visiting relative confirmed the staff approach and stated, "Staff always knock on the door before they enter, even if it is open" they also said, "Everything is her decision, she enjoys having her hair done, it makes her feel special, she is always changed into fresh clothes."

People told us care staff showed consideration and kindness and listened to them. We saw that staff demonstrated compassion for people's individual needs and engaged sensitively with them to ensure their privacy and personal dignity was respected. We saw that staff involved people in choices about their lives and day to day decisions, to ensure their wishes and feelings were respected. We observed people who used the service looked clean and well cared for. Care staff told us about their key worker responsibilities with individual people in order to ensure their wellbeing was meaningfully promoted. They told us however that due to a number of staff recently leaving and needing to cover for holidays that this wasn't happening much at the moment.

Information in people's personal care files contained details about a range of their needs. We saw this included information about their personal life histories, individual likes and dislikes; this information helped staff promote people's wishes and aspirations. We observed care staff engaging with people in a friendly and supportive way and it was clear they had developed close relationships with people who used the service and knew their individual wishes and preferences.

People who used the service told us they were able to express their views and that they or their relatives were involved in planning their support. People and their relatives told us they were invited to reviews of support to ensure their wishes and feelings for this were met. We observed staff demonstrated a professional manner and showing consideration for the maintenance of people's confidentiality and wishes for privacy when this was required. People told us staff respected their wishes in this regard and we observed they were free to choose to spend time in their rooms when they wished. People told us they were able to bring items of furniture and favourite possessions with them to help them to personalise their rooms and feel at home. Visiting relatives told us they were encouraged to visit and take part in the life of the home. One relative told us they visited twice a week but were free to visit at any time.

Is the service responsive?

Our findings

Whilst people who used the service and their relatives told us that overall they were happy with the service provided. We found improvements were needed to ensure the service was better organised to meet people's individual needs more responsively.

People who used the service and their visiting relatives told us they knew how to make a complaint and had confidence that action would be taken to resolve issues when this was required. One visiting relative told us they had no concerns, whilst another told us, "I don't think there's any chance of me making a complaint, they're always looking after xxxx." People told us that overall they were happy with the service provided. One person said, "If I was unhappy, I would talk to [Registered Manager's name] I'm sure they would do something."

People's personal care files contained evidence of their participation and involvement in reviews and decisions about their support, to ensure their wishes and feelings about this were upheld. We saw this included assessments about known risks to people that were monitored and reviewed on an on-going basis. This enabled staff to have accurate information about how to keep people safe from potential harm. We saw evidence of liaison with community health professionals when required to ensure their involvement and input with changes in people's needs. One relative told us their member of family had developed a urine infection and that staff contacted them straight away and taken action to resolve this appropriately.

We found staff had key worker responsibilities for meeting individual people's needs and helping ensure their independence and wishes were positively promoted. However, they told us, "We should have more staff, we don't have time to spend on one to one with people at the moment."

People told us, "We get quizzes and exercises every two weeks, but have not been out on any trips recently." One relative told us that whilst they were generally satisfied with the service, they wished more activities were provided, as they were concerned their member of family did not always receive enough stimulation. Whilst we observed staff interacting positively with people, we observed times when they were not available and were involved elsewhere in the service. We saw a number of people go to their rooms soon after finishing their evening meal. We spoke to the relative of someone who had recently moved in about this, who said, "She's noticed others do, she does not want to bother staff." We were told an activity worker was employed to provide opportunities to people for social interaction. The activity worker told us however that due to current staff shortages, they were covering other duties, such as cleaning and cooking and didn't have time for this aspect of their work. We spoke to the registered manager about this who told us they were aware of this shortfall and were developing plans to ensure this was addressed. **We recommend advice is taken from a reputable source about the provision of appropriate social activities to enable and enhance the wellbeing of people living with dementia.**

There was a complaints policy and procedure was in place to ensure the concerns of people who used the service were listened to and followed up when required. We saw a copy of this was displayed in the home. People who used the service and their relatives told us they knew how to raise a complaint and were satisfied with the service provided and confident any concerns would be addressed and resolved wherever this was possible. We saw evidence in the complaints book there had been no formal complaints in the past year and that previous concerns had been appropriately followed up. The registered manager told us they welcomed feedback as an opportunity for learning and improving the service delivered.

Is the service well-led?

Our findings

Whilst people who used the service told us that overall they were happy with the service provided we found that improvements were needed to ensure action was taken to follow things up when this was required. People and visiting relatives were overall very positive about the service. One person told us, “As soon as [registered manager] tells them what to do, they do it, staff know what needs doing.”

The local authority told us they had recently raised some concerns about the management of business arrangements for the service. Whilst we saw evidence of substantial improvements to address these concerns, there was evidence further work was still required to ensure people living in the home were provided with a quality service that assured their wellbeing and safety. Whilst we saw evidence of meetings and individual professional supervision with staff to ensure they were aware of their professional roles, responsibilities and individual performance to be monitored, there was evidence that staff lines of accountability were somewhat blurred. We saw that staff were being delegated to cover for various roles, due to the resources currently available and staff vacancies in the home. We found the registered manager had not formally assessed the individual dependency levels of people who used the service, to ensure there were sufficient levels of staff available to meet their needs. We saw that checks of the building had not recently been carried out to ensure it was maintained in good working order and that people were provided with an environment that safely met their needs. This represents a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The action we have asked the registered provider to take can be found at the back of this report.

There was a registered manager in place with appropriate experience and knowledge of health and social care to manage the service. We found that since our last inspection visit the registered manager had experienced a

substantial period of ill health and been away from the service for a number of months. The registered manager told us they were currently being supported by a senior member of staff to help them manage the service, who had recently completed a level 3 management apprenticeship qualification. Notifications about incidents affecting the health and welfare of people had been submitted to the Care Quality Commission to enable the service to be monitored and action to be taken when required.

Staff were very clear of their responsibilities to keep people safe and told us they received feedback from the registered manager in a constructive way. Staff said the registered manager was very fair and listened to their ideas, to help improve the service. Relatives told us they were welcome to visit and take part in the home and were confident any concerns would be appropriately addressed.

We were told that formal meetings with people who used the service and their relatives were currently not taking place to enable them to be consulted about developments. People and their relatives and staff however told us that individual discussions were held to enable them to share their views. We saw a recent survey had been issued to them to enable their contribution of ideas and feelings concerning proposal's to improve the environment that was provided.

We found that systems were in place to support the running of the service and enable the quality of provision to be assessed. The registered manager told us they were currently in the process of implementing developments in this regard, to enable them to monitor the service and take action to resolve issues when needed. We saw evidence of audits of care plans, medicines management arrangements and accident and incidents that had taken place, together with action plans developed to address shortfalls that had been noted. There was evidence of arrangements with external contractors to enable the regular servicing of equipment to ensure people's health and welfare was safely promoted.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because checks of the environment had not been completed and acted on when required.

Regulation 15 (1) (c).(e)

Regulated activity

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The health, safety and welfare of people who use the service were potentially at risk because systems and processes such as regular audits to assess, monitor and improve the quality and safety of the service were not being effectively maintained.

Regulation 17 (2)