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# Lockermarsh Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service 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

This inspection took place on 26 April 2016 and was unannounced. This was the third rated inspection for this service and at the last inspection in November 2015 the service had been rated Inadequate. You can read the report from our last inspections, by selecting the 'all reports' link for 'Lockermarsh' on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Lockermarsh Residential Home is a care home providing accommodation for older people who require personal care including people living with dementia. The home can accommodate up to 24 people over two floors which are accessed by a passenger lift. The service is situated in Thorne north of Doncaster.

The home had a registered manager. They had been in post since October 2015 and registered in March 2016. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider.

During this inspection we looked to see if improvements had been made since our last inspection in November 2015. We found substantial improvements had been made across all aspects of the service and it was evident further improvements are in the process or are planned to be implemented.

We found that people had care and support plans in place and care records reflected the care they required. The plans had been reviewed and updated when people's needs had changed. People's risk assessments had also been reviewed to ensure their safety.

People were protected against the risk of abuse. Staff we spoke with were aware of procedures to follow and understood whistleblowing procedures.

People were supported with their dietary requirements. We found a varied, nutritious diet was provided. People we spoke with told us they enjoyed the food. However the meal time experience could be further improved to fully meet the needs of people living with dementia. The registered manager had identified this through the home's monitoring systems and areas for improvement were planned in this area.

People were kept safe at the home. We found that staff had a good understanding of the legal requirements as required under the Mental Capacity Act (2005) Code of Practice. The Mental Capacity Act 2005 sets out how to act to support people who do not have the capacity to make a specific decision.

Appropriate arrangements were in place for the recording, safe keeping and safe administration of medicines. However, we identified some errors that meant these were not always followed.

There were robust recruitment procedures in place; staff had received formal supervision and an annual appraisal. Staff received training to be able to fulfil their roles and responsibilities.

Staff told us they felt supported and valued by the registered manager. They said they felt confident that they could raise any concerns with them and felt that they were listened to. Relatives told us they were happy to raise any concerns directly with the registered manager and told us they could see the improvements they had made since they had been in post.

There were systems in place to monitor the quality of the service provided. We saw these were completed and were effective. Improvements to the service continue to be identified and planned; these will need to be closely monitored by the Registered Manager and provider so that these become fully embedded into practice and ensure they are sustained.

## 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

Appropriate arrangements were in place for the recording, safe keeping and safe administration of medicines. However, these were not always followed in practice.

Staff could tell us how to recognise and respond to abuse.

There was enough staff to provide people with individual support required to meet their needs.

### Is the service effective?

**Good** 

The service was effective.

People were kept safe at the home. We found that staff had a good understanding of the legal requirements as required under the Mental Capacity Act (2005) Code of Practice.

People's nutritional needs were met. The food we saw, provided variety and choice and ensured a well-balanced diet for people living in the home.

Each member of staff had a programme of training and all had received mandatory training to care and support people who used the service.

### Is the service caring?

**Good** 

The service was caring

People we spoke with told us the staff were always patient and kind. We saw people were treated with respect, kindness and compassion.

People's dignity and privacy was respected. Staff knew the people they cared for well and were passionate about helping them achieve a good quality of life.

People were supported at the end of life to have a comfortable, dignified and pain free death.

### Is the service responsive?

The service was not always responsive

We saw people had health, care and support plans. These were regularly reviewed and updated and reflected people's changing needs. However some documentation could be more detailed.

We found care plans reflected people's choices, wishes and decisions and showed involvement of the person. It was clear from observations that staff gave people choices and gave them time to make decisions.

There was a complaints system in place, and when people had complained their complaints were thoroughly investigated by the provider.

**Requires Improvement** ●

### Is the service well-led?

The service was well-led but systems needed to be embedded into practice.

There were new and effective quality assurance systems that needed to be embedded into practice to ensure improvements were sustained.

Staff told us they were well supported and motivated to do their jobs well. The culture in the home had much improved and was open.

The provider asked people, their relatives and other professionals what they thought of the service.

**Requires Improvement** ●

# 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 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 took place on 26 April 2016 and was unannounced. Which meant that the home's management, staff and people using the service did not know the inspection was going to take place. The inspection team consisted of two adult social care inspectors. At the time of the inspection there were 14 people using the service.

Before our inspection we reviewed all the information we held about the service. We spoke with the local authority, commissioners, safeguarding teams and Doncaster Clinical Commissioning Group.

We used the Short Observation Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spent some time observing care in the dining room to help us understand the experience of people who used the service. We looked at all other areas of the home including some people's bedrooms, communal bathrooms and lounge areas. We looked at documents and records that related to people's care. We looked at three people's support plans. We spoke with ten people who used the service and three relatives.

During our inspection we also spoke with six members of staff, including care staff, senior care staff, the cook, the registered manager and the regional manager. We also looked at records relating to staff, medicines management and the management of the service.

# Is the service safe?

## Our findings

At our previous inspection in November 2015 the service was in breach of regulation 13 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found people were not protected as the provider had not followed procedures to safeguard people and there were not always enough staff on night duty to meet people's needs.

At this inspection we found all staff had attended update training in safeguarding of vulnerable adults and safeguarding policies and procedures were in place to guide practice. Staff we spoke with knew how to recognise and report abuse if required. They told us that any abuse would be reported immediately to the registered manager and they felt confident that she would address this without delay. Staff also told us that they knew the contact number to report abuse to the local council themselves and would do this if needed. Staff had also had sight of the whistle blowing policy and would feel comfortable to report any incident of poor practice to the management team, the local authority or the Care Quality Commission.

We identified lessons had been learned since our previous inspection; the providers safeguarding procedures had been amended to ensure updates from the local authority were obtained and appropriate action taken by the registered manager. Feedback we received from the local authority was that the service was responding appropriately to any safeguarding concerns to protect people.

The provider had introduced a dependency tool to identify people needs and the staff required to be able to meet those needs. We found staffing numbers had been increased at night and from speaking with staff and people who used the service we found this met people's needs. People told us they did not have to wait long for assistance if they called staff and that there were always staff about to help. We saw during our observations that staff were always present in the communal areas and any assistance required was responded to in a timely way.

We spoke with relatives of people who used the service who felt their relative was safe living at the home. One relative said, "My relative is safe here, the staff are nice and I can see (my relative) is happy in the company of staff."

We looked at three people's care and support plans. Each plan we looked at had an assessment of care needs and a plan of care, which included risk assessments. Risk assessments included nutrition, tissue viability and falls. The assessments we looked at were clear and gave good detail of how to meet people's needs. This meant people were protected against the risk of harm because the provider had suitable arrangements in place.

We found the new registered manager had introduced new, robust recruitment procedures which were followed. Application forms had been completed, two written references had been obtained and formal interviews arranged. We saw all pre-employment checks had been carried out prior to staff commencing work. The registered manager told us that staff were not allowed to commence employment until a Disclosure and Barring Service (DBS) check had been received. The Disclosure and Barring Service carry out

a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Staff we spoke with told us that they had an induction when they commenced employment at the home. This included mandatory training and shadowing experienced care workers.

We looked at the systems in place for managing medicines in the home. This included the storage, handling and stock of medicines and medication administration records (MARs) for four people.

Medicines were stored safely, at the right temperatures. However, the thermometer in the medication room was not a maximum and minimum thermometer, so did not record any fluctuating temperature during the day. We saw records were kept for medicines received, administered and returned. However, we found records were not always fully completed as they should be, following procedures. We found carried over medication from the previous month's supply was not always recorded on the MAR. For example, one person was prescribed Paracetamol and the MAR showed 100 tablets received, with no amount recorded as carried over. However, we found 40 tablets had been dispensed and 130 were in stock. This indicated that some stock had been carried over and not recorded. This made it difficult to determine how many medicines were in stock, to determine if medication had been given as prescribed.

Some people were prescribed Controlled drugs (CDs), which are medicines controlled under the Misuse of Drugs legislation. We found some CD's had been signed as given on the MAR, but the controlled drug register had not been completed. One person had been prescribed a CD as pain relief, to be given twice a day. This was recorded on the MAR as given as prescribed. The CD book had not been completed on 24 April 2016. When we counted the number dispensed, minus the number administered, there should have been 46 tablets left. However, there were 47 tablets remaining and 48 were recorded as remaining in the CD register. This indicated that one CD had been signed for on the MAR and not administered. It also meant staff were not following procedures with regard to CDs, as if procedures had been followed it would have been identified that the numbers were not correct and the error identified by staff.

This was a breach of Regulation 12 (g) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed the shortfalls with the registered manager who assured us a full audit would be undertaken and any errors identified would be fully investigated, along with the issues we had identified. Following our inspection the registered manager has confirmed in writing that she has completed a full audit and has discussed this with staff in supervision sessions and completed competency assessments for all staff who administer medications. They also confirmed that audits would be completed weekly to monitor and ensure medications were given as prescribed.



# Is the service effective?

## Our findings

At our previous inspection in November 2015 the service was in breach of Regulations 11, 14 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found staff were not always knowledgeable about mental capacity and how this impacted on the people they supported. People's hydration and nutritional needs were not always met and staff training was out of date.

The registered manager told us staff had received Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training since our last inspection. Staff we spoke with confirmed that they had received the training. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

The MCA includes decisions about depriving people of their liberty, so that if a person lacks capacity they get the care and treatment they need where there is no less restrictive way of achieving this. The application procedures for this in care homes 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. DoLS applications had been made to the local authority as appropriate. Staff we spoke with were also aware of the legal requirements and how this applied in practice. We saw in care files people's capacity had been considered and where required best interest decisions had been made. These had involved the relevant staff, family and professionals. We also saw consultation and involvement of the person who used the service.

Staff we spoke with told us they completed mandatory training which included moving and handling, safeguarding, food hygiene and the Mental Capacity Act. Staff told us that training opportunities had increased since the new registered manager had been in post and they felt confident to carry out their role well.

Staff told us they felt supported by the registered manager and confirmed they received regular supervision sessions. Supervision sessions were individual meetings with their line manager. Staff felt they were able to contribute to their supervision session and felt valued. One care worker said, "There used to be a bad atmosphere and no team spirit, but since the new manager has been here she has made us feel valued and there is now a nice atmosphere and I am happy to come to work."

We spoke with the cook who was knowledgeable about people's dietary needs and preferences. The cook told us they were involved in a meeting which took place each morning and any changes in a person's diet would be discussed. The cook told us that fresh fruit and vegetables were offered daily.

People were offered a nutritious and healthy diet which was based on their preferences and dietary requirements. We saw snacks and drinks were available throughout the day which included a choice of hot and cold drinks and snacks such as crisps, homemade cakes and a selection of biscuits. We asked people if they enjoyed their food and they all commented positively. One person, who had just finished their lunch

said, "I really enjoyed that." Relatives we spoke with told us the food was always nice and well presented.

We observed lunch and found staff offered choice and respected the person's decision. People were assisted with their meal where appropriate and this was done in a kind and caring manner. For example, care workers sat with people who required assistance. One person was trying to make themselves a 'chip butty' but required some help. A care worker noticed this and gently guided them, promoting their independence, respecting their choice and ensuring they received adequate nutrition. People were offered choice of food and drink and staff ensured that people's choices were respected.

We saw staff were responsive when someone had not eaten breakfast. The person was at risk of weight loss and staff offered a milk shake or a meal replacement drink to compensate. This showed staff were responsive to the person's need.

The menu for the day was displayed on a board on the door as you entered the dining area. This did not appear to be used and we spoke with the registered manager about presenting this in a more meaningful way.

People were involved in choices about the décor of the home and each person's bedroom was very individual to them, reflecting their personality and preferences. We saw the registered manager and staff had considered the environment in regard to people living with dementia. We saw this had been improved to enhance the well-being of people who used the service. The lounge and dining room had been decorated in suitable colours showing definition between areas and good signage had been used to identify toilets and bathrooms. Relatives we spoke with all commented on the improvements to the environment, confirming that it had much improved. The provider was also in the process of completing a wet room. This was as a result of feedback from people who used the service who preferred a shower to a bath.

# Is the service caring?

## Our findings

At our previous inspection in November 2015 the service was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found people did not always receive care that was person centred.

At this inspection we observed care and support that was very person centred and met individual needs in a kind caring way.

We spoke with relatives of people who used the service and they told us the staff were kind and caring. One relative said, "The staff have always been lovely. I visit at various times and the staff are always very pleasant.

We spoke with staff and found they knew people well. They explained how they would maintain people's privacy and dignity by closing doors and curtains when attending to personal care. One care worker said, "It's important to explain to the person what you are doing so they feel involved in their care."

We spent time observing staff interacting with people who used the service. Staff were supportive and caring in nature. Staff consistently offered choices to people and ensured people were happy with the option selected. We observed one person being assisted to use a stand aid, which is a piece of equipment designed to help the person stand. We saw care workers explaining what they were about to do, and checking out that the person was happy and comfortable when seated in the chair.

We saw staff knelt down to speak with people at their level and gave eye contact. We saw people responded well to staff and appeared comfortable and happy in their presence. This showed staff were knowledgeable about people and how best to support them. One care worker was speaking with a person when they saw that they may require a tissue. The care worker had a packet of tissues in their pocket and offered the person one of them, saying, "Would you like a tissue." The person nodded, took the tissue from the care worker and used it. We also saw staff knew what to say to spark off a conversation with someone. One care worker spoke with someone about local public houses and the person engaged.

Staff we spoke with told us the home operated a key worker system. This meant that each person living at the home had a named care worker. This person was responsible for ensuring the person had everything they needed, ensured their rooms were presented in the way the person wanted and liaised with family members.

At the time of our inspection one person was receiving end of life care. We saw their care plan had been reviewed appropriately. This had been with input from the persons relatives and clearly showed the person's choices and decisions had been considered. Staff we spoke with were aware of how to care for people at the end of their life. Records we saw showed the person's needs were being met, ensuring they were comfortable, pain free and that their dignity was maintained. Staff we spoke with were passionate about ensuring people were respected and cared for appropriately. One member of staff told us, "I care for them as

if they were my relative, it should be no different."

## Is the service responsive?

### Our findings

At our previous inspection in November 2015 the service was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found risks had not been appropriately assessed to ensure they mitigated such risks.

At this inspection we found care records we looked at were informative and included plans of care appropriate to the person's current needs. We saw care was provided in line with plans of care. For example, people who required moving and handling equipment were provided with the support to use it in line with what the care plan stated. People who required assistance with eating and drinking were provided with the diet required. For example, one person required a fork mashable diet and we saw this was provided. We saw risks had been identified and assessed. We saw that the care plans and risk assessments had been reviewed and updated if any changes had occurred in the person's needs.

One person's care plan had identified a person was at risk of presenting with behaviour that at times challenged. The assessment instructed staff to record behaviours which may challenge others, on an ABC chart. This is a chart used to identify what triggered the behaviour and what happened during and after. Staff had been recording any incidents but was not detailed enough to be able to determine any triggers or themes. Therefore, it was difficult to know how to support the person and what to avoid. We spoke with the registered manager about this. They agreed more detail was required and they told us they would look at how this could be recorded better. They also said this would be done immediately following our inspection.

We spoke with relatives of people who used the service and they told us they felt involved in their relatives care. Staff we spoke with told us they were involved in writing care plans and ensuring reviews took place with families.

We saw staff offered social stimulation to people by providing a range of activities. We saw people enjoyed having their finger nails painted, music which they could sing along to, and a game of bingo. People engaged well and staff spent time chatting with people. There was a calm atmosphere and people appeared happy.

Staff we spoke with told us that activities were part of their job and they enjoyed spending quality time with people. They also told us that a volunteer visited regularly and provided knitting and painting. They also told us that they have a garden party in the summer.

We saw the complaints procedure was displayed in the entrance area of the home. Relatives we spoke with felt comfortable to raise concerns with staff if they needed to and felt confident that their concern would be addressed without delay.

Relatives were encouraged and supported to make their views known about the care provided by the service. There were regular meetings giving opportunity for people to contribute to the running of the home. The provider also sent out quality questionnaires to seek people's views. These were sent to people who

used the service, their relatives and health care professionals. We saw a number of completed questionnaires these all gave positive feedback. Some comments included, 'always a smile and hello.'

## Is the service well-led?

### Our findings

At the time of our inspection the service had a new registered manager. They had commenced in post in October 2015 and had submitted an application to be registered with CQC when they started. The manager completed the registration process and was successfully registered in March 2016. The registered manager was very person centred in their approach and very well organised. They spoke positively about providing a high standard of service for people and sustaining the improvements made.

At our previous inspection in November 2015 the service was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as we found lack of effective governance.

At this inspection we found the quality monitoring of the service had improved considerably. The new systems now require to be carefully monitored by the registered manager and provider so that they are embedded into practice to ensure improvements are sustained.

Relatives we spoke with felt the new registered manager was approachable and had improved the service since she had been in post. One relative said, "Things have improved since the new manager has been here. She is always about and is very friendly. I could talk to her about anything." Another relative said, "There has been lots of changes for the better since the new manager came. I had concerns previously about cleanliness, but I can't fault it now."

Staff we spoke with felt the registered manager involved them in the home and they felt valued. One care worker said, "There has been a massive improvement since she came. The whole home has a better atmosphere and the staff morale is much better. She is very fair and a good leader." Another staff member said the new manager was, "brilliant."

The provider had acknowledged the service needed to improve, they had provided a detailed action plan on how they intended to improve. We found at this inspection that the plan had been followed and new systems introduced. The systems were very new, but staff were aware of the improvements required. Staff told us they had been kept informed by the provider what was happening and what was required they felt they had pulled together as a team. All staff we spoke with were very positive, and committed to ensuring the improvements continued and were embedded into practice.

There was also the regional manager who monitored the quality and had reviewed all the monitoring to provide consistency across all the providers care homes. This was to ensure lessons were learnt by sharing experiences to improve all the services. We found the systems in place had been completely changed and improved. There were clear records kept following audits and any actions identified were documented with date to be actioned and by whom, these were followed up each week and any issues not resolved would be alerted to the provider.

The regional manager told me they meet weekly with the registered manager and the provider to ensure good communication. They told us it was, "The lack of communication and quality monitoring which let us

down before." The regional manager told us, "We don't intend for this to happen again, we are all on board to ensure we sustain the improvements."

We saw audits completed these included, care plans, environment, infection control, mattress checks, kitchen audits and health and safety.

Relatives we spoke with told us they had been invited to meetings and when they had attended they had found them beneficial. One relative said, "The relatives meetings are worthwhile. I feel listened to and our voice counts." We also saw the registered manager produced a monthly newsletter for people who used the service and their relatives this gave information on improvements and changes in the service keeping people informed of what was happening in the service.

There were regular residents' meetings and we saw the minutes of these they were open and honest. They kept people informed of what they intended to do to ensure the service improved and sought their views on how they could further improve the service.



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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People were not always protected by safe management of medicines, as procedures were not always followed to ensure medicines were administered as prescribed.</p>