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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 well-led?	Good ●

Summary of findings

Overall summary

About the service

Lockermarsh is a residential care home providing personal care to seven people at the time of the inspection. The service can support up to 24 people.

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

People were safeguarded from the risk of abuse. Staff confirmed they received training in this area and knew what actions to take if they suspected abuse.

Risks associated with people's care had been identified and plans were in place to minimise risks occurring. The manager had a system in place to monitor incidents and completed an analysis to identify trends and patterns. The provider had systems in place to ensure people received their medicines as prescribed.

Staff were recruited safely, and pre-employment checks were carried out prior to them commencing work at the service. From our observations and speaking with staff we found there were enough staff available to assist people to meet their needs.

The home was clean and there were Personal Protective Equipment (PPE) stations situated at several points throughout the home. The provider had managed the current pandemic well and implemented effective procedures. We noted some minor issues on inspection but were assured these were previously known to the provider and were in the process of being resolved.

The provider had systems in place to monitor the quality of the service. This process helped identify issues and gave clear actions to rectify them in a timely way.

People we spoke with felt involved in the service and relatives felt they were communicated with well.

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

Rating at last inspection

The last rating for this service was good (published 20 June 2018).

Why we inspected

The inspection was prompted in part due to concerns received about infection control and incident monitoring. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has remained 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.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Lockermarsh Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

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

The service did not have a manager registered with the Care Quality Commission. This means the provider was legally responsible for how the service is run and for the quality and safety of the care provided. However, a manager was in post and they were in the process of registering with CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with five members of staff including the manager, deputy manager and care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had a system in place to safeguard people from the risk of abuse.
- Staff had received training in safeguarding and knew how to recognise and report abuse.
- Relatives we spoke with felt their family members were safe and well cared for at the home. One relative said, "It's a problem visiting due to COVID-19 at the moment, but I am confident [relative] is well looked after and is safe. We are very happy with the care [relative] receives."

Assessing risk, safety monitoring and management

- Risks associated with people's care had been identified and measures had been put in place to help minimise risks occurring.
- Staff we spoke with knew people well and knew how to manage risks such as weight loss, choking and falls.

Staffing and recruitment

- Staff were recruited safely and received an induction when they commenced work at the home. This included shadowing experienced staff.
- Through our observations and talking with staff, we found there were enough staff available to meet people's needs in a timely way.

Using medicines safely

- Medicines were managed safely to ensure people received them as prescribed.
- Staff who administered medicines had received appropriate training to do so. Staff also had their competencies checked on an annual basis.

Preventing and controlling infection

- Following discussion with the manager and considering actions taken following our inspection, we were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The manager completed an accident and incident analysis to identify trends and patterns. This helped identify what went wrong and lessons were learned to prevent reoccurrences.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- At the time of our inspection the provider had recently recruited a new manager. The new manager had received a handover from the previous registered manager and had applied to be registered with the Care Quality Commission.
- The manager was supported by a deputy manager and a team of senior care workers. The manager also felt supported by the provider.
- The provider understood the requirements of the regulations to make notifications and to comply with duty of candour responsibilities.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People's needs were identified, and information was in place to guide staff in promoting person centred care.
- Although care plans were informative, they lacked an overview and life history about the person.
- Staff spoke about people in a caring way and were knowledgeable about people's preferences.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff felt able to raise issues with the management team and felt their contributions were listened to.
- Relatives were complementary about the management team. One relative said, "They [provider] have a new manager who introduced himself via email, but I have had telephone contact with him as well."

Continuous learning and improving care

- A range of audits took place to ensure the service was monitored and the quality maintained.
- The manager had oversight of quality audits and knew what actions were required as a result of them.

Working in partnership with others

- The service worked closely with other health and social care professionals to ensure people received consistent and timely care. This included family members, social workers, nurses and GPs.