Stephen Oldale and Susan Leigh

Lockermarsh Residential Home

Inspection report

36 Ellison Street
Thorne
Doncaster
South Yorkshire
DN8 5LH

Tel: 01405740777

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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

The inspection took place on 14 March 2017 and was unannounced. The last comprehensive inspection at the home took place in May 2016, when a breach of legal requirements was identified. The service was rated overall requires improvements. The provider sent us an action plan outlining how they would meet the breach. You can read the report from our last inspections, by selecting the 'all reports' link for 'Lockermarsh Residential Home' on our website at www.cqc.org.uk.

Lockermarsh Residential Home is situated close to Thorne town centre, within easy reach of local amenities. The home provides accommodation and personal care for up to 24 people. It is a detached, listed building. Accommodation is on two floors and there is a passenger lift. The communal areas are located on the ground floor, including lounges and dining room. The gardens are easily accessible for people who use the service.

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.

Risks associated with people's care had been identified but instructions on how to minimise risks occurring were not always included in care records.

Staff were not always aware of infection control procedures within the home.

The provider had a safe and effective system in place for employing new staff. Staff confirmed that they had received an induction when they commenced employment.

Medicines were managed in a safe way. We found that medicines were stored correctly and that medication records had been completed accurately. On the day of our inspection we observed medicines being administered and we raised some concerns with the registered manager regarding this. The registered manager dealt with this immediately.

We observed staff interacting with people and we found that people's needs were met in a timely manner. However, staff appeared task orientated at times.

Training was provided to staff to ensure they were kept up to date with their knowledge. Staff we spoke with felt supported by the registered manager and told us they received supervision n a regular basis. Supervision was one to one sessions with their line manager.

The service was meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager fully understood her responsibilities in meeting these

requirements.

People were supported to eat and drink sufficient to maintain a healthy, balanced diet. During our inspection we observed snacks and drinks being served in addition to the meals provided.

People were supported to maintain good health and have access to healthcare services. We looked at care plans and found that people were referred to health services when their needs changed, but this was not always followed up.

Staff interacted well with people who used the service and respected their privacy. People's choices and preferences were respected and people were treated with dignity. Staff engaged well with people's family members and welcomed them when they visited the home.

We looked at care plans and found that they did not always reflect people's current needs. Evaluations had been completed monthly but the care plans were not always updated to reflect any changes.

There was a lack of social stimulation in the home. There was no dedicated activity co-ordinator which meant that individual hobbies and interests were not taken into account and activities to meet people's specific social needs did not take place.

The provider had a complaints procedure in place and we saw a record of concerns which captured issues that people had raised. We saw that the registered manager had taken appropriate actions to resolve concerns in a timely manner.

Audits were in place and had been developed by the registered manager. However, these needed further improvement and implementation to ensure they were effective as they had not highlighted the issues we found. The registered manager had asked some relatives for feedback about the service.

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.

Risks associated with people's care had been identified but guidance for staff on how to deliver care to minimise risks occurring were not always included in care records.

Staff were not always following infection control procedures within the home.

The provider had an safe and effective system in place for employing new staff.

Medicines were managed in a safe way.

We observed staff interacting with people and we found that people's needs were met in a timely manner.

Is the service effective?

Good

The service was effective.

Training was provided to staff to ensure they were kept up to date with their knowledge.

The service was meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

People received a nutritious and balanced diet which met their needs and maintained their preferences.

People had access to healthcare professionals when required.

Is the service caring?

Good

The service was caring.

Staff interacted well with people who used the service and respected their privacy.

People's choices and preferences were respected and people were treated with dignity.

Staff engaged well with people's family members and welcomed them when they visited the home.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People did not always receive personal care which was appropriate and met their needs.

Activities were not planned in line with people's preferences. There was very little social stimulation.

The service had a complaints procedure and people were confident that any concerns raised would be dealt with effectively.

Is the service well-led?

Requires Improvement

The service was not always well led.

Audits were in place and had been developed by the registered manager. However, these needed further improvement and implementation to ensure they were effective and covered all aspects of the service provision as they had not identified the concerns we found.

The registered manager had asked some relatives for feedback about the service.

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.

The inspection took place on the 14 March, 2017 and was unannounced. The inspection was carried out by an adult social care inspection 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.

Before our inspection, we reviewed all the information we held about the home. We spoke with the local authority to gain further information about the service.

We spoke with six people who used the service, and four relatives. We also 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 spoke with two care workers, the deputy manager and the registered manager. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at three people's care and support records, including the 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.

Requires Improvement

Is the service safe?

Our findings

At our previous comprehensive inspection in May 2016, we found people were not protected against the risks associated with unsafe use and management of medicines. This was a breach of Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the provider had taken appropriate steps to ensure medicines were managed in a safe way. We looked at Medication Administration Records (MAR's) and found these were accurate and up to date. They gave a clear indication of the medicines prescribed, the doses and the times for taking them. We looked at the medication administration records and found they were completed accurately.

Medicines were stored safety. Temperatures were taken of the room where medicines were kept and of the fridge used to keep medicines at a cool temperature. Some people were prescribed controlled drugs (CD's), which are medicines controlled under the Misuse of Drugs legislation. We checked the number of controlled drugs, against the controlled drugs register and found this to be accurate.

The provider had a system in place to ensure medicines prescribed on an 'as and when' basis, (PRN) were given in line with the person's individual needs. Protocols were in place to support this process. However, there was no record of the effect the medicine had or the reason why it was given. We spoke with the registered manager about this who told us they would immediately start to record these details.

Staff we spoke with who were responsible for administering medicines in the home, told us they had received appropriate training to complete this task safely. They also told us that they had annual checks to ensure they were competent. We saw records of this which were held in staff files.

During our inspection we observed that a senior care worker left a bottle of medicine unattended on the medicine cabinet, in the main lounge. When they returned we told the senior care worker that they had done this. They told us that they had to go and fetch a spoon. We spoke with the registered manager about this who addressed this immediately.

The provider had a procedure in place to safeguard people from abuse. Staff we spoke with were able to explain the types of abuse and what they would do if they suspected abuse was happening. One care worker said, "If I saw any abuse I would report it immediately." Another care worker said, "We have training in safeguarding so that we know what to look out for and what action to take."

We spoke with people who used the service and they told us they felt safe living at the home. One person said, "Nobody has ever been nasty to me, nobody has treated me badly." Relatives we spoke with felt comfortable leaving their family member at the home. One relative said, "I feel [my relative] is safe and well looked after." Another relative said, "I feel like a weight has been lifted off my shoulders since [my relative] has been in here."

We looked at care plans and found that risks associated with people's care had been identified. However, information was not always clear and informative. For example, one person had been assessed as being a high risk of falls. The risk assessment stated that the person required time to process their thoughts and for staff to offer guidance and prompts. This did not clearly explain how the risk could be minimised. This meant that people were not always protected against the risk of harm.

We completed a tour of the service with the registered manager and found the home to be clean. However, we saw a linen cupboard which had items stored on the floor. This made it difficult to clean the room. During our observations we saw that the senior care worker administering medicines, did not wash their hands between each person. One person requested that the senior care worker placed the tablets in their mouth, which they did, but did not wash their hands after this. We also saw that one person was assisted to the bathroom, but nobody saw that their chair required cleaning. This person was sat back in the chair. This meant that staff were not always following infection control procedures within the home.

During our inspection we observed staff interacting with people and we found that people's needs were met in a timely manner. People did not have to wait long for assistance. People we spoke with told us that staff were readily on hand to assist them and they were never kept waiting if they required support. One person said, "I feel there is enough staff and I like [staff name] especially because they spend time with me." A relative said, There always seems to be plenty of staff around and also young people come in to help."

We looked at three recruitment files and found the provider had a safe and effective system in place for employing new staff. The three files we looked at contained pre-employment checks which were obtained prior to new staff commencing employment. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable people.

Staff we spoke with confirmed that these checks had taken place and that they had completed an induction when they commenced employment. Staff told us that their induction had included training and the opportunity to shadow experienced staff.

Good

Is the service effective?

Our findings

We spoke with people who used the service and they told us they were happy with the way they were being looked after. Relatives we spoke with told us they were happy that staff were looking after people well. One relative said, "My relative has a skin condition where they scratch their legs a lot. I check this each time I visit and know that they are doing their job because [person's name] legs are usually clear."

We spoke with staff about how they supported people and we found that they knew people well. Staff told us they received training appropriate to their role. One care worker said, "We receive training all the time. I am currently doing a distance learning course in dementia care." Another care worker said, "I have done all the mandatory training and some additional training to broaden my knowledge."

We looked at training records and found that the service had a training matrix which was a record of training completed and required. We saw that training identified by the provider as being required such as safeguarding, moving and handling and infection control had been completed, but some staff required updates. The registered manager was actively seeking training places for staff who needed to update their training.

Staff we spoke with felt supported by the registered manager and felt they were very approachable. The staff we spoke with told us they received regular supervision sessions. Supervision sessions were individual meetings with their line manager to discuss their work and aspects of training etc. We saw that supervision was scheduled and records were in place to support this. Staff also received an annual appraisal to discuss their progress and to identify targets for the coming year.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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 the service was meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had a satisfactory understanding and knowledge of this, and had received training in these subjects. People who used the service had been assessed to determine if a DoLS application was required. The registered manager could evidence that they had completed this. At the time of our inspection there were two people who had a DoLS in place. These had no conditions

attached to them. The registered manager was aware of the importance of meeting conditions if this was highlighted in the future.

People were supported to eat and drink sufficient to maintain a healthy, balanced diet. During our inspection we observed snacks and drinks being served in addition to the meals provided. During the morning we saw the cook using a pictorial menu to ask individuals their preferences for the lunchtime meal. The cook also offered alternatives to the menu.

We observed lunch being served during our inspection. We used our 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 found the meal time experience was a pleasant experience. There was a calm atmosphere and appropriate music playing in the background. The meal was served in a timely manner and staff were attentive to people's needs throughout the meal.

The meal looked appetising and adequate portions were served. We also heard staff asking people if they wanted a second portion and they checked out if people had enjoyed their meal.

People we spoke with all said that they enjoyed their meals. One person said, "The food is adequate. We eat well." Another person said, "I feel I can ask for anything. I am content with what I get and I like the meals I am given."

People were supported to maintain good health and have access to healthcare services. We looked at care plans and found that people were referred to health care services when their needs changed, but this was not always followed up. For example, one person had been referred to the falls team in November 2016, but the falls team had not visited the person. This person had another fall in March 2017, and the staff chased up the referral. The falls team told the home that no referral had been received. This showed a delay in accessing health care professionals. In the interim period the registered manager had taken steps to minimise the risk occurring by using a sensor mat.

Since our last inspection of May 2016, the registered manager had assisted staff in fund raising to improve the environment and make it more dementia friendly. We saw that a shop and bar had been built and that tactile pictures were displayed throughout the home.

Good

Is the service caring?

Our findings

We spoke with people who used the service and they all felt the staff were caring, compassionate and patient. One person said, "It is a good home, they [the staff] are good to everyone, they don't treat anyone differently from anyone else." Another person said, "Everyone is so kind and understanding to me. The staff are very compassionate and caring. They do everything they can to make you happy." Another person said, "The staff are always kind and good to me."

People we spoke with told us they made decisions about their everyday wishes such as when they wished to retire to bed and when they wanted to rise and have breakfast. One person said, "You can do what you like; the staff respect what you want to do." Another person said, "They [the staff] always ask me if I want to go to bed and I tell them no, they leave me until I decide to go up."

Relatives we spoke with told us that staff were caring and kind to their family members. One relative said, "The staff treat people really good." Another relative said, "The staff are lovely, they are very caring and patient. We visit at different times so we know it's not put on."

Family members told us they were able to visit whenever they wanted and that staff always made them feel welcome.

During the inspection we observed staff interacting with people and saw that staff knew and understood each person, their likes and dislikes and their day to day needs were being met. We saw one person became unwell and staff quickly sought the advice of the registered manager. The registered manager dealt with the situation in a professional, caring and compassionate manner and immediately called for an ambulance. Other people were asked to move from the immediate area to respect the person's dignity.

We looked at care plans and found they included people's likes and dislikes. They also included people's life histories. This included details of family and friends, childhood, schools and occupations and significant dates such as family weddings and birthdays. This meant staff could get to know people better and support them in maintaining their relationships.

Staff we spoke with knew people well. We asked them how they would maintain people's privacy and dignity. Staff were able to explain that they would close bedroom, bathroom and toilet doors when providing personal care. One care worker said, "When providing personal care it is important to explain what you are doing. This is a way of involving people in their care and helping them to understand what you are doing."

The service had a key worker system in place where staff had responsibilities to ensure all the person's needs were met. They also had a responsibility to liaise with family members and to ensure all personal shopping was completed.

Requires Improvement

Is the service responsive?

Our findings

We looked at care plans and found that they did not always reflect people's current needs. Evaluations had been completed monthly but the care plans were not updated to reflect any changes. For example, one person's care plan regarding falls management and mobility, dated November 2016, stated they were at a low risk of falls, but the evaluation completed at the beginning of March 2017 stated that they were at high falls risk and the person needed to be referred to the falls team. The care plan had not been updated and therefore was misleading.

This person also had a care plan in place regarding food and nutrition. This stated that the person required a fortified diet as they were prone to lose weight due to a tendency to stop eating. The care plan also stated that the person should have 2000mls of fluid a day. We spoke with the registered manager about this and asked if the person had any food and fluid charts to ensure the care plan was being followed. The registered manager confirmed that the person was not on a food and fluid chart and that everyone in the home was on a fortified diet. There was no evaluation regarding the amount of intake the person had received. This showed a lack of person centred care.

Another person had requested (at their review in November 2016) that they would like to be involved in more activities outside and to go outside. The action from this review was to involve the person in gardening when the weather improved. We saw no record that this had taken place or that any outside activities had taken place in the interim. We spoke with the staff who told us they did not have time to support people with social activities.

There was a lack of social stimulation and at times staff were task focused. There was no dedicated activity co-ordinator and no activities planned. One care worker came in to the home to provide activities on an ad-hoc basis, but this was around their availability and not the needs of the people living at the service. The lack of an activity co-ordinator meant that individual hobbies and interests could not be pursued.

The television was on throughout our inspection but no-one seemed to be watching it and some people were sat in a position where they could not see the screen even if they wished to.

We asked people what they did to occupy themselves during the day. Everyone told us they sat and watched what was going on. One person said, "I like to do exercise and listen to music." Another person said, "I just sit and watch what is going on."

One relative said, "I think it would be nice to have more activities, it would be good as residents would be more stimulated and not asleep all day." Another relative told us that staff got involved in events such as Christmas parties.

This was a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People did not always receive person-centred care which was appropriate and met their needs.

The service had a complaints procedure in place and we saw that concerns raised had been appropriately dealt with. However, none of the people we spoke with could tell us what they would do if they were unhappy. We saw a record of complaints which included concerns raised by people who used the service and their relatives.

One relative told us that they had been given information about how to raise a concern. Another relative said, "I have raised a few concerns with the manager and I feel these have been addressed appropriately."

Requires Improvement

Is the service well-led?

Our findings

We spoke with people who used the service and their relatives and they told us the registered manager was approachable. One relative said, "The manager is lovely, we have had our ups and downs but she has always listened to us." People we spoke with also knew that the registered manager and the deputy managers also undertook care duties.

The management team consisted of a registered manager and two deputy managers. The service also had senior care workers. Staff told us they felt supported by the management team. One care worker said, "Since the current manager came things have improved. She has been like a breath of fresh air." Another care worker said, "The manager walks round and makes sure everything is alright. She makes time for people and I feel I can confide in her."

We saw that leadership within the service could be confusing. On the day of our inspection the deputy manager was covering a care shift and a senior care worker was in charge. The reason for this was that a member of staff had not come in to work and the senior care worker took over the running of the shift. This person's care shift was covered by the deputy manager. This did not show clear leadership.

We saw that the registered manager was working to improve their responsibilities of quality monitoring and had improved some audits. For example, the infection control lead from the local authority had completed an infection control audit and identified some issues which had not been raised as part of the homes audit tool. The registered manager worked with the infection control lead to improve this. Other audits in place included checks on mealtimes, health and safety, medication, and fire equipment.

The provider also completed compliance checks which were completed about every three months. We saw that the provider had not identified or invested in providing a dedicated activity co-ordinator and people were not receiving much social stimulation.

Actions identified from all audits were placed on one action plan and dealt with in order of priority. The registered manager showed us a copy of this and we could see that some actions had been addressed. However, none of the audits identified the issues we had raised during this inspection such as care planning and staff practices in relation to infection control. This meant that audits required further improvement to make them fully effective.

People who used the service that we spoke with, could not recall if they had attended any residents meetings. However relatives told us they had met with the registered manager, who had asked them for feedback about the service. One relative said, "The manager asked us for feedback and gave us a survey to complete. We get a seasonal newsletter and she told us how we could complain."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People did not always receive person-centred care which was appropriate and met their needs.