

## Care UK Community Partnerships Ltd

# Laurel Dene

### Inspection report

117 Hampton Road  
Hampton Hill  
Hampton  
Middlesex  
TW12 1JQ

Tel: 02089771553

Website: [www.laureldenehampton.co.uk](http://www.laureldenehampton.co.uk)

Date of inspection visit:  
20 September 2022

Date of publication:  
07 October 2022

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Laurel Dene is a residential care home providing personal and nursing care to up to 99 people in one adapted building. The service provides support to older people, including those with dementia. At the time of our inspection there were 86 people using the service.

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

People living at the home felt safe and well cared for.

We heard mixed reviews about the quality of the food, however the home sought feedback from people and acted on this regularly.

There were enough staff to meet people's needs and they were safely recruited. Medicines were administered when people needed them. Risk management plans were detailed in guiding staff as to how to support people.

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

Prompt action was taken to support people with their healthcare needs. Staff received relevant training and supervision to ensure they were encouraged to develop in their roles.

People felt they were treated with dignity and respect by staff that cared for them. Staff respected people's privacy and supported them to be as independent as they were able to be.

Care records were personalised and reflected individual preferences in people's day to day care. People were supported to express their end of life wishes where they wished to do so.

The registered manager was well thought of and approachable. Systems were in place to ensure quality was reviewed and improvements made where needed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 16 January 2020).

### Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Laurel Dene on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 safe.

Details are in our 'safe' findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our 'effective' findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our 'caring' findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our 'responsive' findings below,

Good ●

### Is the service well-led?

The service was well-led.

Details are in our 'well-led' findings below.

Good ●

# Laurel Dene

## 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 Health and Social Care Act 2008.

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

This inspection was carried out by two inspectors, a nurse specialist advisor and two Experts 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.

#### Service and service type

Laurel Dene is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Laurel Dene is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We looked at information we had received such as statutory notifications and feedback from the public and other professionals.

### During the inspection

We spoke with the registered manager, the regional director, the clinical lead and ten members of staff. This included care workers, registered nurses, housekeeping, kitchen staff, maintenance and administrative staff. Feedback was received from two visiting healthcare professionals. We also spoke with nine people living at the home. An ExE contacted four relatives. We reviewed nine people's care records, six staff files and a range of documents in relation to the running of the home.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people were safe and protected from avoidable harm.

### Using medicines safely

- People's medicines were managed safely. At the time of inspection, we identified that some people's Parkinson's medications were not administered as they should be. We raised this with the registered manager who took immediate action to address this with the relevant healthcare professionals.
- Upon further investigation this was a recording error on the providers paper system, with correct information on the electronic system. The registered manager took action to address this through staff supervision.
- People's records were updated accordingly so that staff were clear on how to administer the medicines safely. We were assured by the providers prompt response.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. Comments included, "Yes I feel that I am safe", "Yes I feel safe living here- most of my needs are catered for" and "I do feel safe, I feel protected."
- People were protected from the potential risk of abuse. Staff were clear on their responsibilities to escalate concerns telling us, "I would go through all the managers, or CQC, or the local authority. 100% I would report."
- We reviewed the home's safeguarding records and found that where potential abuse had been identified prompt actions had been taken to ensure concerns were escalated.

### Assessing risk, safety monitoring and management

- Risk assessments ensured that people's safety was managed to reduce the likelihood of risk occurrence. Records were clear in guiding staff as to the steps they needed to take to support people safely.
- Assessed risks included areas such as falls, which then detailed for staff how they needed to help people to mobilise safely as well as any specialist equipment which was required.
- There was clear management of risks to ensure people's safety. Pressure care management was efficient in ensuring that staff monitored changes in any wounds and raised this with the nursing team.
- Staff were clear on how to monitor potential risks with a staff member telling us, "I would report, lots of residents and their abilities can change very quickly. Always to protect the resident."

### Staffing and recruitment

- Staff were safely recruited. This included checking full employment history, satisfactory references, proof of identity and Disclosure and Barring Service (DBS) checks before commencing employment. The DBS check provides information including details about convictions and cautions held on the Police National

Computer. The information helps employers make safer recruitment decisions.

- We reviewed the rota's across the home and found that enough staff were allocated to meet people's care needs. Any shortfalls were covered by other staff or bank workers with minimal use of agency staff wherever possible.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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 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.

Visitors were safely supported to enter the home with temperature checks, face masks and the option of a lateral flow test if required.

#### Learning lessons when things go wrong

- Incidents and accidents were investigated to ensure that lessons were learned where things went wrong. For example, risk assessments were updated when incidents resulted in a change in needs.
- The provider ensured that incidents were fully reviewed to check for additional learning that could be taken. Where actions were taken these were clearly recorded to ensure that outcomes were shared with staff and learnt from.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received sufficient support to help them carry out their roles. We identified that some staff had not had one to one supervision as frequently as the provider's policy determined. However, staff told us they felt they were equipped to do their jobs.
- We raised the above with the registered manager who promptly scheduled all staff to receive a one to one supervision the week following our inspection. They also evidenced to us a full planned schedule of supervisions for the year; we were satisfied with their prompt response.
- Staff received regular training to ensure they were supported to care for people. Staff told us, "There's always training available and we have e-learning courses to do". We reviewed the staff training matrix and saw that training was regularly refreshed to ensure that staff were up to date.

We recommend the provider review their staff supervision arrangements.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff were trained in the principles of the MCA. Some of the staff we spoke with not fully clear on the principles of the MCA. We raised this with the registered manager who arranged a themed supervision for the following day to ensure staff knowledge was refreshed. We were satisfied with their prompt response.
- Where people were subject to DoLS there was a copy of any conditions on their file; and these were being

met. People that needed support to make decisions in their best interest were supported to do so, and these meetings were clearly documented.

We recommend the provider ensure support is in place to refresh staff understanding of the MCA.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were clearly assessed in line with best practice guidance. This included the Waterlow score to assess skin integrity. Where people had nutritional needs the MUST (Malnutrition Universal Screening Tool) scoring system was used.
- Prior to admission to Laurel Dene, people's presenting needs were reviewed to ensure that the home were able to meet their needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People were well supported with their nutritional needs. Care records clearly detailed their preferences in eating and drinking, including where they preferred to consume their meals.
- We received some mixed comments in relation to people's satisfaction with the food. People told us, "Cold and unappetizing", "The food is not good, little choice", "The food here isn't wonderful but it is ok"; but also, "I find that the food is quite good here" and "Generally speaking it is of an excellent standard". We raised this with the registered manager who told us this would be addressed with the kitchen. We reviewed previous resident meeting minutes which assured us the mealtime experience was regularly reviewed.
- Where people were susceptible to risk such as choking or diabetes, for example, there was clear guidance for staff so that they could meet people's needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The home worked alongside other healthcare professionals to ensure timely care was sought to address changes in needs.
- This included referrals to Speech and Language Therapy (SALT) where changes in people's dietary needs had been identified. Where guidance was then put in place this was clear within care files and the kitchen staff were knowledgeable in people's risks and requirements.
- People and relatives felt the home responded well to healthcare needs. One relative said, "I'm amazed by the way in which they [provider] treated his sore." Healthcare professionals were positive about the ways in which the home communicated with them to ensure people's healthcare needs were met.

Adapting service, design, decoration to meet people's needs

- The home was spacious, and people had sizeable rooms. We saw that people's rooms were decorated with their personalised belongings to create a homely feel.
- Communal areas were well decorated, with people having the choice as to whether to use them for activities. Some areas of the home were undergoing refurbishment and this was managed well.
- People's rooms had signage and information on their doors to provide an overview of their key preferences and needs.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well supported by a caring staff team. Comments from relatives about the care received included, "All the nurses are lovely, they go out of their way", "I'm happy with it [the care], they all seem very helpful and "I have nothing but praise, they talk to stimulate him [family member] and they're very fond of him." One person said, "I have a fun relationship with my carers, some of them are regulars and we know each other well."
- Where people had any needs in relation to protected characteristics, they were supported. These could be in relation to age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation. Care records detailed whether people had any religious preferences. Staff said, "Sometimes people will say they want to pray, two residents are visited by a minister. We have church services here."
- We observed staff using appropriate, tactile interaction to reassure people. Staff were passionate about their roles and expressed to us that they knew people's needs well.

Supporting people to express their views and be involved in making decisions about their care

- People's views were reflected within their care records. This included, how they liked to spend their day and the ways in which they preferred to receive their personal care. Records confirmed that these were reviewed regularly.
- One person said, "Yes I do know that I have a Care Plan" and another said, "They [staff] encourage me to leave my room, and are right to do so."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. We saw staff knock and seek permission before entering people's rooms. One person said, "I would say that the carers do treat me with care and dignity." Staff told us, "We close the curtains. We use a towel to cover each half, check in and show them their clothing choices."
- We observed care staff encouraging independence of residents, encouraging those who could walk to do so. Care records clearly detailed the tasks people were able to carry out by themselves, and areas they required some additional support.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care records were personalised to meet people's needs and preferences. There was very clear guidance as to how many staff people needed and how they had to be supported for each stage of care.
- It was clear to see how people's preferences had been met. For example, some people had preferred their beds in a particular position, others had mealtime or activity preferences. These were clearly set out in people's care plans.
- Care records were regularly reviewed to address any change in people's needs. Family members were consulted in the review of people's care needs where necessary.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider had a suitable policy in place to meet people's communications needs. Care records detailed whether people had any sensory impairments.
- Information was available to people in ways that were relevant to them. This included the use of large print and pictorial images to help people understand information that was given to them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were stimulated through a range of activities. This included those outside of the home, which were being re-introduced following the impact of the pandemic.
- People told us, "I do go to some activities, the arts and crafts and music are best and they have just started letting entertainers back in" and "A local opera group was in recently, I enjoyed that and tomorrow I believe there is a concert planned."
- Activities available included moving exercises, bingo, nail care and massages. Staff would approach people in their rooms daily to encourage one to one conversation where they didn't wish to engage in group activities. A recent family event has been held to celebrate the Queen's Jubilee.

Improving care quality in response to complaints or concerns

- Complaints were appropriately responded to. The provider had a complaints policy in place which

ensured people received responses in a timely manner. Responses to complaints were clearly recorded as well as any actions to drive improvements.

#### End of life care and support

- People were supported to express their end of life wishes. Care plans were clear in detailing how people wished to spend their final days, and the home supported them with any special arrangements.
- A staff member said, "We work closely with the district nurses and they guide us in what to do. Everyone is different, each resident has an end of life care plan. One person said she wanted a priest to read her last rights and we arranged that to meet her wishes."

# 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 our last inspection we rated this key question good. The rating for this key question has remained good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The home environment was positive and focused on person centred care. Feedback from people and relatives was complementary. They told us, "I know the manager. [Registered manager] is amazing, incredible" and "They are very friendly and very helpful too."
- Staff felt well supported by management telling us, "One of the best managers I've had, very supportive and helps us to do better", "I wouldn't be where I am today without [registered manager's] support" and "Very good place to work, there is good morale. I've recommended this home."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was clear on their responsibilities and understood quality performance. Where feedback was received on the day of inspection, they were prompt to make necessary improvements. We were assured that they were responsive in developing and learning as they managed the service.
- Records showed that the home had been subject to internal quality audits. We reviewed the last two audits, which showed the registered manager had ensured the personalisation of care plans was improved.
- Regular quality assurance checks were carried out by senior staff to ensure compliance with medicines, records, risk assessments, equipment and maintenance checks.

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

- The registered manager understood their responsibility to address issues under the duty of candour. They told us, "We have good communication with relatives. We send duty of candour letters, as a letter of apology."
- Records showed that incidents, accidents and complaints were suitably reviewed and that apologies were given in a timely manner.

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

- People were consulted on their views through regular meetings. Minutes of these meetings clearly recorded comments made by people, with clear actions and sign off by management. Records showed that people had a say in the day to day development of the home.

- Staff told us, "I would say I can make suggestions" and "We can go to [registered manager] if something's not working out, for example, where people's care needs change."

#### Working in partnership with others

- The provider worked alongside other agencies to meet the needs of people living at the home. This included regular liaison with the visiting GP, care support team with guidance from district nurses and the local hospice to address end of life needs.
- Where people's care needs changed or required review care records showed that appropriate healthcare professionals and placing local authorities were consulted.