

Victorguard Care plc

Laurel Bank Care Home

Inspection report

Main Street
Wilsden
Bradford
West Yorkshire
BD15 0JR

Tel: 01535274774

Website: www.victorguardcare.co.uk

Date of inspection visit:

17 December 2019

23 December 2019

Date of publication:

24 January 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Laurel Bank is a purpose-built residential home situated in the Wilsden area of Bradford. The home provides accommodation and personal care for up to 63 people, including people living with dementia. Accommodation is provided over three floors. The Elizabeth Wing specialises in supporting people who are living with dementia. On the first day of the inspection there were 45 people living at the home. On the second day of the inspection there were 43 people living at the home.

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

Audits and quality monitoring were in place to monitor the quality of the service. Recent checks had highlighted some gaps in documentation. The management team had developed a comprehensive action plan to address the shortfalls. There had recently been a change of manager who was applying to register with CQC. They were passionate about making continued improvements to the service.

People's care needs were assessed, and they received good quality person centred care from staff who understood their needs well. The service was caring and safe. People were relaxed and comfortable and they were treated in a warm and respectful manner. Some people's care records required updating. There was a clear action plan in place to correct this.

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. Improvements were needed to fully evidence compliance with the Mental Capacity Act (MCA). We have made a recommendation about updating documentation to reflect people's involvement.

The building was designed to meet people's needs. It was spacious, well maintained and homely. There was a choice of communal and activity areas and a safe outdoor space. The home was well organised and there was a large team of ancillary staff to support the care team. The atmosphere was relaxed and inclusive throughout. One health care professional described Laurel Bank as being "Welcoming and friendly and there is happy feel to the home."

Staff had the skills and experience to support people appropriately. They were knowledgeable about people and the topics we asked them about. They received a wide range of training and supervision. This was reviewed regularly to ensure staff had the knowledge and skills to meet people's needs.

Medication was managed safely. The service was responsive to people's health and social care needs. There were close links with health and social care professionals and other agencies to ensure people's needs were met and changes responded to promptly. A diverse range of meaningful activities were available to support people's social needs.

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 requires improvement (published 27 December 2018). The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement 

Laurel Bank Care 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.

Inspection team

The first day of the inspection was carried out by one inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who use this type of care service. The second day of the inspection was carried out by one inspector.

Service and service type

Laurel Bank is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. There had been recent changes in management. The new manager planned to register with CQC. The nominated individual was working closely with the new management team. The nominated individual is responsible for supervising the management of the service on behalf of the provider

Notice of inspection

This inspection was unannounced on both days.

What we did before the inspection

We reviewed the information we received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We asked for feedback from the local authority and commissioning teams. We spoke with one health care professional. We used all of this information to plan our inspection.

During the inspection

We spoke with four people and five relatives about their experience of the care provided. We spoke with the nominated individual and the manager. We spoke with 15 staff including the deputy manager, activity coordinator, cook and care workers. We spoke with two health care professionals. 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 six people's care records and multiple medication records. We looked at four 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

The manager sent us further documents after the inspection. This was considered as part of the inspection.

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 requires improvement . At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were managed safely.
- At the last inspection we found ointments and creams had not always been stored safely and recording was inconsistent. At this inspection we found dedicated treatment rooms had now been identified. People's creams were stored safely and there were records in place on how they should be applied. Records were completed clearly.
- Staff who supported people with their medicines received regular training. Competency checks were carried out in line with good practice.
- Protocols were in place for people who needed 'as required' medicines. They required more person-centred detail to ensure medicines were administered consistently. The provider had identified this and a meeting was scheduled with the local pharmacy.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed.
- Risk assessments were in place and included areas such as falls, pressure ulcers and nutrition. Some risk assessments required updating to ensure they reflected changes in peoples' needs. We discussed this with the manager and were assured this would be addressed.
- Staff told us they were aware of the risks to people they supported and were able to give examples of how they supported them.
- The premises were well maintained and suitable for its intended purpose. Comprehensive safety checks were in place and actions taken when issues arose. The service employed a team of maintenance workers which meant repairs were resolved promptly.

Staffing and recruitment

- Staffing levels were appropriate and regularly reviewed. Call bells were responded to promptly and we observed people received support in a relaxed manner. The home employed support staff including a housekeeping, laundry and administration team.
- People and relatives said there were enough staff. One relative said, "There is always plenty of staff."
- Robust recruitment procedures were in place to ensure only staff suitable were employed.

Systems and processes to safeguard people from the risk of abuse

- People and relatives said they felt safe and secure.
- Staff received safeguarding training. They had a good understanding about when to raise concerns.
- Safeguarding referrals had been made appropriately and actions put in place to ensure the safety of

people.

Learning lessons when things go wrong; Preventing and controlling infection

- Accidents and incidents were recorded and analysed to identify any themes and trends. The provider had recently conducted a detailed analysis of falls. They had identified an area where several falls had occurred. They introduced several measures to try and reduce this including reviewing the environment and increasing staffing levels.
- Staff completed training in infection control. We saw they had access to gloves and aprons when supporting people with personal care or serving food.
- The home employed a housekeeping team and it was clean and tidy.

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 the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 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, and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Appropriate DoLS applications had been made in a timely manner by the service. However, we saw the conditions applied in the DoLS had not been monitored in line with the authorisation. For example, one person was receiving their medication covertly and the authorisation stated this should be reviewed by a health professional three monthly. Whilst there was no evidence of harm this had not been monitored at the required frequency. However, the provider had identified this and a full health review had taken place. There was a process in place to prevent a reoccurrence.
- Clearer and more detailed records were required when people lacked capacity to make decisions for themselves. Best interest assessments were in place, but these were not decision specific. Individual decisions also needed to be recorded to demonstrate the involvement of people and their representatives. We discussed this on the first day of the inspection. On the second day of the inspection the provider showed us examples of how they had completed this. This needed to be embedded across the whole service.
- We observed staff routinely asking for consent from people before they provided care and support. We observed interactions which were friendly and discrete. We recommend the service seek advice and guidance from a reputable source, about working within the principles of MCA.

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

- People's needs were assessed before being offered a service. The information gathered during the assessment was used to develop care plans and risk assessments. They described the support required and contained person centred information.

- Some care plans contained unclear information. For example, a review of one person's care plan referred to the introduction of a use of a crash mat at the side of the bed. This information had not been transferred to the relevant care plan. The crash mat was in place for the person.
- We found some care plans were confusing because of the volume of additional information. The provider was in the process of updating the format and structure of care plan files. Care files that had been reviewed were clear and structured. We saw the provider had a clear action plan including timescales to update all people's documentation.

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

- The building was adapted to meet people's needs. The environment was spacious and homely. There was a choice of communal areas. This included smaller lounges, an activity area, hair salon and cinema room.
- Pictorial signs helped people find their way around the building. People's bedroom doors were painted different colours and bathroom doors painted blue. This supported people to orientate themselves
- People's bedrooms had en-suite facilities and their rooms were spacious and personalised.
- There was a safe accessible outdoor space with a seating area and raised flower beds.

Staff support: induction, training, skills and experience

- Staff spoke positively about the training they received. A range of in-house training was provided on a weekly basis.
- Staff received regular supervision and appraisal.
- New staff said they felt well supported. They received an induction, training and the opportunity to shadow experienced staff.

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

- People's nutritional needs and nutritional preferences were met. The home had recently conducted a survey about meals and had responded to suggestions people had made.
- The mealtime experience was relaxed and sociable. Where people needed help with their meals this was done sensitively and was not rushed.
- People's nutritional needs were assessed and met by the service. People's weights and details of food and fluids intake were monitored when this was part of their care plan.

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

- People's healthcare needs were met. The District Nurse Team visited daily and the GP weekly.
- Care plans contained clear information about people's health needs and records showed they had access to a wide range of health and social care professionals. The service was developing specific oral health assessments and care plans. Training was planned to support staff.
- The service was part of the Telemedicine initiative. This meant staff and people were able to access remote video consultations with health professionals using a lap top in the service. Records showed staff used the service regularly to seek advice and support.
- Feedback from external health professionals was positive. They said the staff responded promptly to advice.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 looked relaxed and comfortable around staff. Staff and people shared stories and laughed together. One person said, "We all get along. We are a family."
- We observed all groups of staff interacted warmly with people. Staff knew people's communication needs well and were able to communicate effectively with them.
- Staff were aware of people's diverse needs and could give examples. A staff member told us about a person who liked to be supported to wear make-up and jewellery daily. They explained they enjoyed being complimented on their appearance.
- There were a high number of visitors to the home and they were made to feel welcome. The ambience in the home was warm and inclusive. One relative said, "I'm very pleased with this home. [Person] has been in at least six others so I know this is the best." Another person described the home as "A wonderful caring community."

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us they were supported in a respectful and dignified manner.
- Staff were conscious of maintaining people's privacy and dignity. The home had recently introduced two dignity champions.
- We saw people's independence was promoted. One staff member told us about supporting a person who lived in the home to mobilise without the use of a wheelchair. They told us it took a long time for the person to walk but the benefits were very positive for their health and self-esteem.

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

- People told us staff listened to their views and gave examples of how care and support was provided to reflect their wishes.
- Staff had formed good relationships with people and engaged positively with people. We observed staff routinely offering people choices and listening to their response.
- Staff were attentive and affectionate. We saw one person became anxious and upset because they did not know when their family was visiting. Staff took time to gently reassure them and then went to find out exactly when the visit was happening to provide further comfort.
- The manager had recently introduced a Residents Committee. We saw examples of things that had changed because of people's suggestions.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Most people and relatives said person centred care was provided.
- People's care needs were assessed, and a range of care plans put in place. The care planning system was currently under review and we identified some plans had insufficient detail and lacked person-centred information. There was an action plan in place to address this.
- Care plans were reviewed monthly but there was not always clear information about how people had been involved in this. Care plans and reviews needed to better evidence the involvement of people and/or their relatives.
- Staff were knowledgeable about the people they were supporting. Mechanisms were in place to ensure the service was responsive. This included regular handover meetings.

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 supported to participate in a range of group and individual activities. Feedback from people was positive. One person told us about a recent barge trip which they had enjoyed.
- Two activity coordinators were employed, and a range of creative activities were provided for people and included what they enjoyed doing. Recent activities included an outing to the local pub, a trip to a garden centre and a craft session. We observed a performance from the local nursery. The atmosphere was vibrant and warm, and we saw people smiling and interacting with the children. Individual activities were available to people who did not want to participate in a group. The home was developing a sensory room to further enhance the range of options for people.
- People were supported to follow their faith. Regular multi-faith services were held within the home.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service identified people's needs by assessing them.
- There was pictorial menu, activity board and newsletter.
- Care plans included information about how to communicate with people. We observed one person using a pen and paper to communicate. Another person had flash cards to help them communicate how they were feeling.

End of life care and support

- People's end of life wishes was detailed in their care plans. The content of the plans were varied and some lacked person-centred information.
- The provider had recently introduced end of life champions and they were developing improved links with community health professionals and the local hospice. Plans were in place to develop end of life care plans.
- We saw a range of cards from relatives thanking Laurel Bank for their support. One card read, "I am very grateful for you helping to keep [person] out of hospital. [Person] passed away peacefully at home. The staff at Laurel bank have been wonderful to [person] and me."

Improving care quality in response to complaints or concerns

- The provider had a system to monitor complaints and concerns. This was displayed in the foyer. The information was used to understand how they could improve and what they were doing well.

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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was no registered manager at the home. The previous registered manager had left in September 2019. The new manager had worked at the home for several years and there were plans for them to apply to register with the CQC. The nominated individual had been working consistently at the home to support the team.
- Quality monitoring systems were in place, but they had not always been effective. We found care plans had not fully updated to reflect changes to people's care. However, the shortfalls had been identified by the nominated individual as part of their overview and a detailed action plan had been developed to address this. We saw several issues had already been addressed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 provider and manager were clear about their responsibility to be open and honest. Staff were clear about their roles. They received information through induction, training and supervision about what was expected of them.
- The manager and deputy manager were visible. They worked flexibly and were 'hands on' and had positive relationships with people and relatives.
- Staff said team work was good and they supported each other to ensure good outcomes for people.
- The provider had complied with the requirement to notify the CQC of various incidents to enable us to monitor events happening in the service.

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

- Meetings were held regularly for all groups of staff and included a range of topics.
- Most staff felt involved in the day to day running of the home. One staff member said, "The office door is always open, and you feel like you can pop in if you need to." However, some staff said they did not feel included and did not always feel confident to express their views.
- The manager had recently introduced an 'Employee of the Month' scheme. This recognised good practise and staff going above and beyond. They were committed to developing better teamwork. This included staff working in 'champion' roles which supported them to feel empowered and valued.

- The provider had conducted a survey with people and relatives to help identify areas to improve.

Continuous learning and improving care; Working in partnership with others

- The manager understood their legal responsibilities and were committed to learning and improving care. They were receptive to feedback throughout the inspection and responded quickly to issues we raised.
- Accidents and incidents were regularly reviewed and used to inform plans.
- The manager attended local authority provider forums. They had recently introduced a 'Friends of Laurel Bank' group and a Residents Committee.
- The home had established links with the local school, nursery and garden centre.
- Records showed staff engaged with a range of health and social care professionals and their feedback was positive. Regular meetings were held to ensure any learning was used to improve care. One health care professional said there was a very good rapport between their team and Laurel Bank.