Methodist Homes

Lauriston

Inspection report

40 The Green ,
St Leonards On Sea,
TN38 0SY
Tel: 00 000 000
Website: www.example.com

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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?	Good
Is the service well-led?	Requires improvement

Overall summary

We carried out an unannounced comprehensive inspection at Lauriston on the18 and 20 February 2015. Breaches of Regulation were found. Details of previous breaches will be found under each of the five question headings. As a result we undertook an inspection on 30 June and 01 July 2015 to follow up on whether the required actions had been taken to address the previous breaches identified. We found improvements had been made and these will need to be embedded to ensure they are consistently met.

You can read a summary of our findings from both inspections below.

Comprehensive Inspection of 18 and 20 February 2015.

We inspected Lauriston on the18 and 20 February 2015. Lauriston provides nursing and personal care for up to 60 people, some of whom lived with dementia. The home had been divided in to three units over two floors. The first floor unit provided nursing care and support for 25 people with a range of illnesses, such as Parkinson's disease, Multiple Sclerosis and strokes, some of whom were also receiving end of life care. The ground floor residential units were divided by a locked door and

Summary of findings

provided personal care and support for 15 people living with dementia and six people who were physically frail. Lauriston also provides short stay care known as respite care.

People spoke positively of the home and commented they felt safe at the home. Our own observations and the records we looked at did not always reflect the positive comments some people had made.

There was not a registered manager in post. 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.

People's safety was being compromised in a number of areas. Staffing levels were insufficient to meet people's individual care and social needs. Staff were under pressure to deliver care in a timely fashion and was seen to be more task orientated than person specific.

The delivery of care suited staff routine rather than individual choice. Care plans lacked sufficient information on people's likes, dislikes, what time they wanted to get up in the morning or go to bed. Information was not readily available on people's preferences. End of life care lacked the holistic and inclusive approach.

Staff did not fully understand the principles of consent and therefore had not always respected people's right to refuse consent. Not all staff working had received training on the Mental Capacity Act 2005 (MCA) and mental capacity assessments were not consistently recorded in line with legal requirements. Deprivation of Liberty Safeguards (DoLS) had not been submitted for all that required them.

People we spoke with were very complimentary about the caring nature of the staff. People told us care staff were kind and compassionate. Staff interactions demonstrated staff had built rapport with people and people responded to staff with smiles. However we also saw that many people were supported with little verbal interaction and many people spent time isolated in their room.

Activities though provided for an hour to two hours daily did not reflect people's hobbies and interests. The dementia unit lacked the visual stimulation and dementia signage that enabled people who lived with dementia to remain independent.

Although a quality assurance framework was in place, it was ineffective. This was because it did not provide adequate oversight of the operation of the service.

Staff told us the home was not well managed at present, staff morale was low and many staff spoken with became tearful.

Training schedules confirmed staff members had received training in safeguarding adults at risk. Staff knew how to identify if people were at risk of abuse or harm and knew what to do to ensure they were protected.

Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

People's medicines were stored safely and in line with legal regulations. People received their medicines on time and from appropriately trained senior care staff or a registered nurse.

Feedback was regularly sought from people, relatives and healthcare professionals.

Comprehensive Inspection on 30 June and 01 July 2015.

After our inspection of 18 and 20 February 2015, the provider wrote to us to say what they would do to meet legal requirements in relation to care and welfare, assessing and monitoring the quality of service provision, respecting and involving people and meeting people's nutritional needs.

We undertook this unannounced inspection to check that they had followed their plan and to confirm that they now met legal requirements. We found significant improvements had been made and they had met the breaches in the regulations.

A manager was in post and has submitted their application to CQC to be registered. Senior managers of the organisation support the manager and have time on each unit observing care delivery and fed back to the manager and staff. Staff felt that this was really positive

Summary of findings

and welcomed the feedback. One staff member said, "It means we are important to the organisation, I feel valued." Staff confirmed there was always someone to approach with any concerns or worries.

People spoke positively of the home and commented they felt safe. Our own observations and the records we looked reflected the positive comments people made.

People were safe. Care plans reflected people's assessed level of care needs and care delivery was person specific and holistic. Staff had received training in end of life care supported by the organisations pastoral team. The delivery of care was based on people's preferences.

Care plans contained sufficient information on people's likes, dislikes, what time they wanted to get up in the morning or go to bed. Information was available on people's preferences.

Staff we spoke with understood the principles of consent and therefore respected people's right to refuse consent. All staff working had received training on the Mental Capacity Act 2005 (MCA) and mental capacity assessments were consistently recorded in line with legal requirements. Deprivation of Liberty Safeguards (DoLS) had been submitted and there was a rolling plan of referrals in place as requested by the DoLS team.

Everyone we spoke with was happy with the food provided and people were supported to eat and drink enough to meet their nutritional and hydration needs. People received a varied and nutritious diet. The provider had reviewed meals and nutritional provision with people, the chef and kitchen and care team. The dining experience was a social and enjoyable experience for people on all units.

People we spoke with were very complimentary about the caring nature of the staff. People told us care staff were kind and compassionate. Staff interactions demonstrated staff had built rapport with people and they responded to staff with smiles. People previously isolated in their room were seen in communal lounges for activities, meetings and meal times and were seen to enjoy the atmosphere and stimulation.

People we spoke with were very complimentary about the caring nature of the staff. People told us care staff were kind and compassionate. Staff interactions demonstrated staff had built rapport with people and they responded to staff with smiles. People responded to staff with smiles.

Activity provision was provided throughout the whole day and was in line with people's preferences and interests. Staff had worked together to provide a dementia unit that was colourful, comfortable and safe. There was visual and interactive stimulation available in corridors and communal areas that people engaged with supported by attentive staff. The dementia unit now had visual signage that enabled people who lived with dementia to remain independent

Feedback had been sought from people, relatives and staff. Residents and staff meetings were held on a regular basis which provided a forum for people to raise concerns and discuss ideas. Incidents and accidents were recorded, and consistently investigated. Staff told us the home was well managed and robust communication systems were in place. These included handover sessions between each shift, regular supervision and appraisals, staff meetings, and plenty of opportunity to request advice, support, or express views or concerns. Their comments included "Really improved, I had left but now have returned, its great here now, senior staff work with us, we work as a team, really supportive manager." Another staff member said, "Things are going well."

Summary of findings

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

Lauriston provided safe care and was meeting the legal

requirements that were previously in breach. Based on the evidence seen we have revised the rating for this key question to requires improvement as practices need time to be embedded.

People told us they felt safe at the home and with the staff who supported them.

Risks to people's safety where identified by the staff and the registered manager and measures were put in place to reduce these risks as far as possible.

Staff had received training in how to safeguard people from abuse and were clear about how to respond to allegations of abuse.

Is the service effective?

Good

Lauriston provided effective care and was meeting the legal requirements that were previously in breach. Based on the evidence seen we have revised the rating for this key question to 'Good'.

People's nutritional needs were met and people could choose what to eat and drink on a daily basis. The meal times were enjoyed by people and were a sociable occasion supported by staff in an appropriate way.

People spoke positively of care staff, and told us that communication had improved with staff.

Staff received ongoing professional development through regular supervisions, and training that was specific to the needs of people was available and put in to practice on a daily basis.

Staff we spoke with understood the principles of consent and therefore respected people's right to refuse consent.

All staff working had received training on the Mental Capacity Act 2005 (MCA) and mental capacity assessments were consistently recorded in line with legal requirements.

Deprivation of Liberty Safeguards (DoLS) had been submitted and there was a rolling plan of referrals in place as requested by the DoLS team.

Is the service caring?

Good

Lauriston was caring and was meeting the legal requirements that were previously in breach. Based on the evidence seen we have revised the rating for this key question to 'Good'.

Summary of findings

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

Staff spoke with people and supported them in a very caring, respectful and friendly manner.

Is the service responsive?

Good

Is the service well-led?

Requires improvement

Lauriston was well-led and was meeting the legal requirements that were previously in breach. Based on the evidence seen we have revised the rating for this key question to requires improvement as practices need time to be embedded.

Feedback was sought from people, and staff and residents meetings were now held on a regular basis.

A manager has been employed since our last inspection and submitted their application to CQC to be registered as manager. There was a strong management team in place.

Staff spoke positively of the culture and vision of the home.

A robust quality assurance framework was now in place and communication

within the home had significantly improved.

Lauriston

Detailed findings

Background to this inspection

This inspection report includes the findings of the inspection. We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspections checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

We carried out a comprehensive inspection of all aspects of the home on the 18 and 20 February 2015. This comprehensive inspection identified numerous breaches of regulations. We undertook an unannounced inspection of Lauriston on 30 June and 01 July 2015. This inspection was to check that improvements to meet legal requirements planned by the provider after our inspection in February 2015 had been made.

The inspection team consisted of two inspectors. During the inspection we spoke with 10 people who lived at the home, four visiting relatives, one registered nurse, six care staff members and the manager, the area manager and the activity co-ordinator.

We looked at all areas of the building, including people's bedrooms, bathrooms, the lounge areas and the dining areas. Some people had complex ways of communicating and several had limited verbal communication. We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed the records of the home, which included quality assurance audits. We looked at ten care plans and the risk assessments included within these, along with other relevant documentation to support our findings. We also 'pathway tracked' people living at the home. This is when we followed the care and support a person's receives and obtained their views. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Requires improvement

Is the service safe?

Our findings

At the last inspection in February 2015, the provider was in breach of Regulation 9 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which now correspond to Regulations 12 and 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risk assessments did not always include sufficient guidance for care staff to provide safe care. Others risk assessments were not being followed. Care records failed to demonstrate that staff were monitoring the condition of people's skin to prevent pressure sores. Equipment to maintain people's skin integrity was not being used properly. Incidents and accidents were not being investigated and safeguarding alerts were not being made following a person experiencing abuse or harm. People were at risk of not receiving 'as required' (PRN) medicines and pain assessments were not completed.

Due to the concerns found at the last inspection, we determined people were at significant risk of not receiving safe care and the delivery of care was inadequate. An action plan was submitted by the provider that detailed how they would meet the legal requirements by 30 June 2015. At this inspection we found significant improvements were made and the provider is now meeting the requirements of Regulations 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However these improvements were not, as yet, fully embedded in practice and need further time to be fully established in to everyday care delivery.

People told us they felt safe living at Lauriston. One person told us, I feel very secure living here." Another person said, "I have no concerns, I'm happy and safe here." Staff expressed a strong commitment to providing care in a safe and secure environment.

Individual risk assessments had been reviewed and updated to provide sufficient guidance and support for staff to provide safe care. Risk assessments for health related needs were in place, such as skin integrity, nutrition, falls and dependency levels. Care plans demonstrated how people's health and well-being was being protected and promoted. We saw detailed plans that told staff how to meet people's individual needs. For example, one person had contracted limbs and needed specific safe moving and pressure care. The care plan told staff how to move the person safely and how to support the limbs to prevent pressure damage. Another care plan told staff how to meet their behaviours that challenge in a way that ensured their safety and well-being.

The staff used a risk assessment tool to monitor people's skin integrity against changes in their health, such as weight loss. We found that staff weighed people. Weight loss and gain for people within the past four months (since our last inspection in February 2015) had been identified, monitored and appropriate action taken. The risk assessment had been updated to reflect the weight loss and therefore precautions and guidance was followed. Good skin care involves good management of incontinence and regular change of position. There was guidance for staff to follow to ensure people in bed to receive two hourly position changes and the use of a pressure relieving mattress. We also saw detailed guidance for people sitting in chairs and wheelchairs. During the inspection, we observed people sitting in the communal lounges. Staff regularly offered people a change of position and provided continence care.

We observed safe transfers (people being supported to move from a wheelchair to armchair with the support of appropriate equipment). The transfers we observed showed that staff mindful of the person's safety and well-being whilst being moved. Staff offered support and reassurance to the person being moved. People told us they felt safe whilst being moved by staff. One person said, "I trust them totally to keep me safe, being moved is not pleasant but they do it nicely." However we did see one person moved in bed by one staff member that was not undertaken with skill and expertise. This was addressed during the inspection and would be taken up by the manager in supervision sessions. This was confirmed by the manager.

Staff supported people who lived with behaviours that challenged others in a competent and safe manner. Management strategies for staff to use to manage people's behaviour safely had been introduced and further training was being provided.

Accident and incident records were well completed and had an action plan in place to prevent a reoccurrence.

At this inspection we found that there were sufficient numbers of suitably trained staff to keep people safe and meet their individual needs. Lauriston was divided into

Requires improvement

Is the service safe?

three units over two floors and there were two staff teams to cover 24 hour care. The staffing levels had been assessed against the dependency levels of the people who lived there. There had also been an increase in volunteers who provided companionship and one to one for people. We saw that the present staffing levels enabled staff to sit and talk to people and take time to meet their wishes and care needs. We saw that people who had previously spent long periods of time in bed were now up and socialising in the communal areas as the staffing levels allowed staff the time to do this.

The incident and accident records were being monitored and the manager had introduced regular falls meetings with staff to discuss ways of preventing repeated falls whilst still encouraging independence. Staff on the dementia unit talked enthusiastically about falls prevention and ways of preventing unwitnessed falls. One staff member said the introduction of objects for people to interact and engage with in the corridors and communal areas had stopped people from getting bored and agitated and decreased the number of falls.

Since the last inspection in February 2015, the number of people admitted to or living on the nursing floor had been capped at 15 people until recent improvements were embedded and the nurses recruited have started work. People were cared for in a timely manner and call bells answered promptly. We saw that people received person care at the time they wished it.

We were told by visitors that staffing levels were sufficient. One visitor said, “My mother seems content and I think that the staffing levels have improved.” This had impacted positively on this person’s health and mental well-being. The person was clearly enjoying the company of other people in the communal lounge and told us, “I am joining in the morning meetings nearly every day, and it’s lovely to be involved.”

People had personal emergency evacuation plans (PEEPs) which detailed their needs should there be a need to evacuate in an emergency. However we were not assured that staffing levels at present especially at night were suitable for safe evacuation procedures. We brought these to the attention of the manager and they were updated by the next day.

Safeguarding policies and procedures were up to date and appropriate for this type of home in that they corresponded with the Local Authority and national guidance. There were notices on staff notice boards to guide staff in whom to contact if they were concerned about anything and detailed the whistle blowing policy. ‘Whistleblowing’ is when a worker reports suspected wrongdoing at work. Officially this is called ‘making a disclosure in the public interest.’ Staff told us what they would do if they suspected that abuse was occurring at the home. Staff confirmed they had received safeguarding training. They were able to tell us who they would report safeguarding concerns to outside of the home, such as the Local Authority or the Care Quality Commission.

People were cared for in an environment that was safe. There were procedures in place for regular maintenance checks of equipment such as the lift, firefighting equipment, lifting and moving and handling equipment (hoists). Hot water outlets were regularly checked to ensure temperatures remained within safe limits. Health and safety checks had been undertaken to ensure safe management of food hygiene, hazardous substances, staff safety and welfare. Staff had received regular fire training which included using fire extinguishers and evacuation training.

Good

Is the service effective?

Our findings

At the last inspection in February 2015, the provider was in breach of Regulation 9, 18 and 14 of the Health and Social Care Act 2008, (Regulated Activities) Regulations 2010, which now correspond to Regulations 9, 11 and 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because care delivery was not always effective and consistent, there was a lack of mental capacity assessments and DoLS referrals and mealtimes were not an enjoyable experience. We could not be assured that people's nutritional needs were met.

The concerns identified at the last inspection found breaches of regulation and the delivery of care was not effective. An action plan was submitted by the provider detailing how they would meet their legal requirements by 30 June 2015. Improvements were made and the provider was now meeting the requirements of Regulation 9, 11 and 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection, we found lunchtime to be a lonely experience for some people and the communal dining experience was not made available to people. Staff lacked oversight of people's food and fluid intake and people were at risk of dehydration.

This inspection showed us improvements had been made. People were complimentary about the food and drink, and everyone we spoke to told us, they had enough to eat and drink. Positive feedback included, "Tasty and I think the right amount." We were also told by staff that menus and food times were being discussed regularly to ensure people were eating what they wanted at a time that they wanted.

There was a choice of meals offered. Staff offered people living with dementia a visual choice of what was on offer by showing them the food plated up, so they could choose. People on other units were asked their preferences by staff in the morning and there were menus stating meal choices on tables to remind people of the choices. The chef served the meals on the units supported by care staff. This meant they had a good overview of what was enjoyed and who was not eating. If people changed their mind or did not eat very much we were told an alternative would be offered. We saw that this occurred on all the units.

Staff told us they monitored people's food and fluid intake and watched for any signs of weight loss and malnourishment. We saw that records were complete and well documented. We saw that people were encouraged to drink plenty of fluids. We identified that some people's fluids were twice the recommended input for their weight and activity level. We discussed this with the nurse and manager. This was to be reviewed and discussed with the GP and dieticians in case of underlying health problems such as heart and renal failure.

Dining tables were set up in the dining areas with table clothes and condiments to hand. People were offered the choice of eating in the dining room, their bedroom or the communal lounge. People could choose where they wished to eat and this decision was respected by staff.

Refreshments were available and the atmosphere was quiet but relaxed with music playing softly in the background. People were given time to enjoy their food, with staff ensuring that they were happy with their meals. Staff knew who required assistance and provided this at a pace which suited the person. People who required support were assisted in a dignified manner with care staff interacting and supporting the person.

We observed that the dining experience was now a more enjoyable experience and that people previously isolated were supported to join others in the dining areas.

Staff we spoke with understood the principles of consent and therefore respected people's right to refuse consent. All staff working had received training on the Mental Capacity Act 2005 (MCA) and mental capacity assessments were consistently recorded in line with legal requirements. Deprivation of Liberty Safeguards (DoLS) had been submitted and there was a rolling plan of referrals in place as requested by the DoLS team. We have received regular updates from the manager informing us of DoLS applications. The care plans contained mental capacity assessments and DoLS applications that have been completed.

Staff had received essential training in looking after people, for example in safeguarding, food hygiene, fire evacuation, health and safety, equality and diversity. Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were found competent to work unsupervised. Two members of staff shared their induction experience with us, "It was pretty good and I felt prepared to start working," another said, "Interesting and helpful." We saw that training for staff

Good

Is the service effective?

included specific training for supporting people who lived with dementia, managing behaviour that challenged, specialist feeding equipment. Staff also told us that they received teaching sessions about different illnesses such as Parkinson's disease, diabetes and strokes. They told us they had learnt many things to enhance their care delivery. For example managing different people's behaviours and trying different methods to ensure people's needs were met in the best possible way. Staff had received training on end of life care and pain relief management and medication.

Records showed that people had regular access to healthcare professionals, such as GPs, chiropodists, opticians and dentists and had attended regular appointments about their health needs. People we spoke with confirmed this. One person said, "I have regular chiropody and eye tests."

Staff received on-going support and professional development. Supervision schedules and staff confirmed they received regular supervision (every two months) and appreciated the opportunity to discuss their concerns.

Nursing staff also confirmed they had received clinical training and support. Staff told us that they felt supported, empowered and enthusiastic. This had improved the care delivery to the people living in Lauriston.

At our inspection in February 2015 we found care plans lacked detail on how to manage and provide specific care for people's individual needs. For example, in the areas of diabetes and continence management. This inspection found that people's individual needs had been re-assessed and specific management strategies put in place.

People's continence needs were managed effectively. Care plans identified when a person was incontinent, and there was guidance for staff in promoting continence such as taking the individual to the toilet on waking and of prompting to use the bathroom throughout the day. Continence assessments had been completed. Mobility care plans contained guidance for staff to maintain what mobility people had and encouraged people to retain their mobility. For example, they offered people the opportunity to move. We saw that staff approached people throughout our inspection asking if they would like to move to a different chair or go for a walk. People who lived with dementia were supported to move around the communal areas.

Good

Is the service caring?

Our findings

At the last inspection in November 2014, the provider was in breach of Regulations 9 and 17 of the Health and Social Care Act 2008, (Regulated Activities) Regulations2010 which now correspond to Regulations 9 and 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff had not always listened to and involved people in their care delivery or lifestyle choices and this had had a negative effect on people's individual needs and wellbeing. People had not always been treated with respect and had their dignity protected.

The concerns identified at the last inspection found Lauriston was not consistently caring. An action plan had been submitted by the provider detailing how they would meet the legal requirements by 30 June 2015. Improvements had been made and the provider was now meeting the requirements of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People spoke highly of the care received. One person told us, "The staff are caring." A visiting relative told us, "I'm happy with how care is provided." Staff demonstrated commitment to listening to people and delivering kind and supportive care to people.

The atmosphere in the home was calm and relaxing. When we arrived, people were spending time in their bedrooms or the communal lounges. Staff were regularly checking on people ensuring they were comfortable, had drinks to hand and items of importance. One person told us, "They always make sure I've got my paper to hand, they're very good at that." Throughout the inspection, we saw staff sitting and interacting with people and checking on their well-being.

At our last inspection we had concerns about care and the management of continuous pain

relief medicine for people who were receiving end of life care. End of life care is when people had been seen by a doctor who agreed to withdraw active treatment and according to their care plan, were to receive 'tender loving care' (TLC). TLC is used in care to describe considerate and solicitous care. At this inspection we found documentation to support this decision was in place and followed NICE guidance. NICE guidelines are evidence-based recommendations for health and care in England. This meant that this care pathway had been discussed, documented and agreed by families and health professionals involved in their care. We also saw that care plans for end of life care delivery included personal care, mouth care and detailed pain control management. Staff had received training in end of life care and the management of pain medicines. Staff we spoke with discussed the training and the equipment oi place to administer continuous pain relief, they also discussed with empathy the importance of time to just sit and offer companionship. One staff member said, "Staffing levels now allow us to sit and chat with people who are unable to leave their room." We found staff had a good understanding of how to monitor and manage pain relief at this stage of people's life.

This inspection found that people's dignity was promoted. People's preferences for personal care were recorded and followed. We looked at a sample of notes, which included documentation on when people received oral hygiene, bath and showers. Documentation showed that people received personal care in the way they wished. People we spoke with confirmed that they had regular baths and showers offered and received care in a way that they wanted. One person said, "I like my shower and hair washed and staff help me." Care plans detailed how staff were to manage continence. This included providing assistance taking people to the toilet on waking or prompting to use the bathroom throughout the day. Throughout our inspection we observed that people were prompted and offered the opportunity to visit the bathroom. People who were not independently mobile were taken regularly to bathrooms or to have their incontinence pads checked/changed. One visitor told us, "Definite improvement of care."

This inspection demonstrated that staff promoted people's dignity and privacy. For example, staff ensured that screens were used to protect people's dignity whilst supporting them to move. When moving people from a wheelchair to an armchair, staff pulled a screen around the person to promote their privacy. We also saw that people's personal care was of a good standard. Relationships between staff and people receiving support consistently demonstrated dignity and respect. Staff understood the principles of privacy and dignity. Throughout the inspection, people were called by their preferred name. We observed staff knocking on people's doors and waiting before entering. We observed one person calling staff as they wanted to go to the toilet. This was attended to immediately, with

Good

Is the service caring?

appropriate equipment used by two staff and good interactions between the person and staff. On the dementia unit staff were patient and responsive to people's mood changes and dealt with situations well by using diversional tactics.

Staff members demonstrated they had a good understanding of the people they were supporting and they were able to meet their various needs. One staff member told us, "We're like a family here and we've got to know each person, their likes and dislikes." Staff were clear on their roles and responsibilities and the importance of promoting people to maintain their independence as long as possible. One staff member told us, "We always try and enable people to be independent. For example, we'll always try and support people to wash themselves or do as much for themselves as possible."

At the last inspection we found that people were not always offered choices of where and how they spent their time. This inspection found people were offered choices and enabled to make use of all communal areas of the home including safe and secure garden areas suitable for those living with dementia. Where people had remained in bed or in their room they were now offered opportunities of visiting communal areas, joining activities and of visiting other units to meet people. One visitor said, "It's lovely that mum now leaves her room and meets other people." Another visitor said, "Everything is so much more positive, staff are happier, residents are happier and I go home knowing my relative is receiving kind and respectful care."

Care plans showed that family and person involvement had been sought where possible, and personal preferences had been recorded on admission to the home. These set out people's preferences within an activity plan based on the activities of their life before arriving in the home and when they reached the end of their life. We saw that people's food choices reflected their culture and religion choices. People's personal preferences for lifestyle choices, such as food and drink, activities and interests were being updated to reflect changes to their health and well-being.

The manager told us that an advocate would be found if required to assist people in making decisions. They also told us they had information to give to people and families about how they could find one if it became necessary. This ensured people were aware of advocacy services which were available to them.

Visitors were welcomed throughout our visit. Relatives told us they could visit at any time and they were always made to feel welcome. The manager told us, "There are no restrictions on visitors". A visitor said, "I come in each day and the staff always welcome me."

Good

Is the service responsive?

Our findings

At the last inspection in February 2015, the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which now corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was an acceptance by people living at Lauriston they had to comply with how care staff wanted to do things, such as task orientated care. There was also a lack of meaningful activities for people.

The concerns identified at the last inspection found significant failings and the delivery of care was not responsive to people's individual needs. An action plan had been submitted by the provider detailing how they would be meeting the legal requirements by 30 June 2015. Improvements had been made and the provider is now meeting the requirements of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The opportunity to take part in activities that help to maintain or improve health and mental wellbeing can be integral to the promotion of wellbeing for older people. At the last inspection, we found concerns with the lack of opportunities for social engagement and activities for people.

At this inspection we saw that a new activity co-ordinator and volunteers had joined the staff team. This had improved the provision of activities, one to one sessions and social events for people. There was good interaction seen from staff as they supported people with activities throughout the home. We received positive comments from staff and visitors about activities and the one to one sessions being undertaken for people who preferred or needed to remain on bed rest or in their room. One staff member said, "It is so much better." A visitor said, "It's amazing to see my relative so bright and looking forward to the day."

The dementia unit had changed considerably since the last inspection. Tables in the corridors displayed items to engage people as they went past, such as bright colour tubing as visual stimulant. Magazines that reflected people's specific interests and past hobbies had been brought in and were left open to capture people's attention. We observed people picking up magazines and looking at them and one person brought us a magazine to show and discuss with us. We saw people actively engage with items and rummage boxes throughout our inspection. People who had previously been restless and agitated were now calm and interacting positively with staff. Dementia signage was in place and the unit was welcoming, safe and comfortable. We looked at people's individual care plans to see if people's wishes were reflected and acted on all the units at Lauriston. The care plans reflected people's specific need for social interaction, and these were being acted on and staff said "We are seeing people becoming more social and brighter, It's lovely, very rewarding."

A complaints procedure was in place and displayed in the reception area of the home and in other communal areas. People told us they felt confident in raising any concerns or making a complaint. One person told us, "Yes I know how to moan and make a complaint." Another said, "I would tell one of the staff and I know it would be taken seriously." Complaints are recorded and responded to as per the organisational policy. A complaints log is kept and monitored by the head office of Methodist Homes.

Staff undertook care in an unhurried and patient manner. The care delivery was person specific and in line with what people's preferences. The care plans detailed up to date preferences of people wishes in respect of their care. For example what they preferred to eat and drink, what time they got up and what time they returned to bed. For people unable to tell staff their preferences we saw that staff had spoken with families and friends. Staff told us, "People change and adapt their care accordingly."

Regular staff and resident/family meetings are now being held and we saw that times of meetings were displayed details of suggestions and discussion points were recorded and actioned. Meals were one area that was on-going as residents could not all agree on meal times.

Requires improvement

Is the service well-led?

Our findings

At the last inspection in February 2015, the provider was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which now corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were concerns identified within the quality assurance process, such as audits not being acted upon to drive improvement and identify shortfalls in care.

The concerns identified at the last inspection found Lauriston was not well-led. An action plan was submitted by the provider detailing how they would meet their legal requirements by 30 June 2015. Improvements had been made and the breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was met.

Systems were in place to obtain the views of staff. Staff meetings were held on a regular basis. Staff told us these were an opportunity to discuss any issues relating to individuals as well as general working practices and training requirements. Minutes of the previous staff meeting verified this. Staff commented they found the forum of staff meetings helpful and felt confident in raising any concerns. Systems were in place to obtain the views of people. Regular resident and visitor meetings had been held. These provided people with the forum to discuss any concerns, queries or make any suggestions. Feedback from staff told us that staff felt supported, that communication had improved and they felt listened to. Visitors told us, "Communication has improved, the nurse is always visible and we are welcomed by every member of staff."

A manager was in post and has submitted their application to CQC to be registered. Senior managers of the organisation support the manager and have time on each unit observing care delivery and fed back to the manager and staff. Staff felt that this was really positive and welcomed the feedback. One staff member said, "It means we are important to the organisation, I feel valued." Staff confirmed there was always someone to approach with any concerns or worries.

Quality assurance is about improving service standards and ensuring that services are delivered consistently and according to legislation. At the last inspection, we found the provider's audits were incorrect and did not follow up on concerns identified. For example, audits of care plans had not identified the discrepancies we found during the inspection. Improvements had been made and systems were in place to identify, assess and manage risks to the health, safety and welfare of the people. Care plan audits were now robust and identified issues which were promptly amended. For example, one audit identified a person's Waterlow score had not been updated and skin damage not identified in a timely manner. An action plan was implemented and a review of the person's care plan found the actions had been met. A nurse was now taking responsibility for the audits and the tracking of wound care.

In a positive culture, the ethos of care remains person-centred, relationship-centred, evidence-based and continually effective within a changing health and social care context. The provider and manager had spent time improving the culture of Lauriston. This was because the last inspection found the values and culture of the provider were not embedded into every day care practice. Staff had not consistently worked as a team and throughout that inspection we observed that staff morale was low. Staff commented on improvements that had been made and they felt they worked more as a team now. They commented on nurse support whilst delivering care and felt that care and communication had improved considerably. One care staff member said, "It's a pleasure to come to work because we all now contribute to the care, I feel supported and can be honest when things are not right, I really feel listened to."

The manager confirmed as an organisation they had been open and honest with staff and kept staff informed of the last inspection and the failings identified. Staff confirmed they been kept updated and involved in discussions on how improvements could be made. The staff felt they were important to the running of the home.

Throughout the inspection it was clear significant time had been spent making improvements and improving staff morale. Visiting relatives commented that they had seen improvements and felt they had no concerns with how care was being delivered. The manager and area manager were open and responsive to the concerns previously identified and had already identified the areas of practice that required improvement. It was clear the provider, registered manager and staff were committed to the continued

Requires improvement

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on-going improvement of the home. We discussed the importance of sustaining the improvements made and that whilst the improvements were obvious, they needed to be embedded in to practice by all staff.