

The Laurels Care Centre Limited

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## Inspection report

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## 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

The Laurels Care Centre provides nursing care for up to 63 people, some of whom have dementia. The home is accessible to people who use wheelchairs, built over three floors and is based in the London Borough of Lambeth. At the time of the inspection there were 40 people using the service.

At the last inspection, the service was rated Good. At this inspection we found the service remained good.

People were protected against the risk of harm and abuse as staff received on-going training in safeguarding. Staff were able to identify, report and escalate any suspected abuse and told us they would whistleblow should their concerns not be acted on. The service had developed risk management plans that gave staff the guidance on how to safely respond to identified risks. Risk management plans were reviewed regularly.

People were protected against an unsafe environment. The service had systems and processes in place that monitored the environment and issues identified were acted on in a timely manner.

The service employed sufficient numbers of suitably vetted staff to keep people safe. Staff were supported to reflect on their working practices through supervisions and appraisals.

People received their medicines in line with good practice and as prescribed. Records confirmed the storage, administration, recording and disposal of medicines was managed in a way that kept people safe.

Staff received training to effectively meet people's needs. Staff confirmed training received enabled them to carry out their roles and responsibilities in line with the providers policies.

People had their consent to care and treatment sought prior to it being delivered. People were encouraged and supported to make decisions about their care, by staff that gave them information in a way they understood. People's decisions were respected.

People were supported to access food and drink that met their dietary needs and requirements. The service employed two chefs that were aware of people's dietary needs and ensured people's specific requirements were catered to.

People received care and support from staff who were compassionate and treated them with dignity and respect. People's cultural and religious needs were supported, encouraged and respected.

People's care and support was person centred and tailored to their individual needs and wishes. Care plans were comprehensive and gave staff clear guidance on how to meet people's needs. Care plans were regularly reviewed and where possible people and their relatives were encouraged to participate in the

development of their care plan.

People were supported to access activities that met their needs and preferences. The service employed an activities coordinator and encouraged people to engage with activities.

The service had a system in place to monitor and respond to concerns and complaints raised, in a timely manner. People and their relatives we spoke with knew how to raise a complaint and felt confident action would be taken to address their concerns.

The service carried out regular audits to monitor and improve the service provision. Issues identified during the audits were actioned and lessons learnt to minimise repeat incidents. Quality assurance questionnaires were sent to people, their relative and staff to gather their views.

The registered manager encouraged and sought partnership working from other healthcare professionals. Records confirmed where guidance and support was given through partnership working, this was then implemented in to the service delivery.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# The Laurels Care Centre Limited

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 18 and 19 October 2017 and was unannounced.

The inspection was carried out by one inspector, an expert-by-experience and a nurse specialist advisor on the first day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day of the inspection was carried out by one inspector.

Prior to the inspection we reviewed information we held about the service. For example, information shared with us by members of the public, health care professionals, statutory notifications and the Provider Information Return. Statutory notifications are information about important events which the service is required to tell us about by law. A PIR is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection.

During the inspection we spoke to eight people, two relatives, the chef, four care workers, one nurse, a healthcare professional, the deputy manager, the registered manager and the operations manager. We looked at eight care plans, five staff files, 17 medicine records, the complaints file and maintenance file. We also looked at other records relating to the management of the service.

# Is the service safe?

## Our findings

People told us they felt safe living at the service. One person said, "Yes I feel very safe because I know there is always somebody out there." Another person said, "Yes I feel very safe because the staff look after me and see to all my needs. Yes they [staff] support me with my medication and give me it in time." A relative told us, "I think [relative's] safe."

People continued to be protected against abuse and avoidable harm. Staff confirmed they received on-going training in safeguarding people. This enabled them to identify the different types of abuse, how to respond, report and escalate suspected abuse. Staff also told us they would feel confident in whistleblowing should their concerns not be acted on appropriately. Records confirmed what staff told us.

People continued to be protected against identified risks as the provider had undertaken comprehensive risk management plans. These gave staff clear guidance on how to respond to identified risks and how to minimise the impact on people. Risk management plans covered, for example, mobility, falls, social isolation, medicines and nutrition. Risk management plans were reviewed regularly and staff confirmed they were informed of any changes, ensuring they delivered up-to-date care and support.

The service employed sufficient numbers of staff on duty at any time to ensure people were kept safe. We reviewed the rota for the previous and coming week and found there were adequate staff on duty. Although staff stated they would like additional staff to ease the workload, they confirmed where there were staff absences, the provider either offered staff overtime to cover the shifts or used familiar agency staff. Staff files demonstrated the provider had assessed staff's suitability to work at the service. Staff files contained, photo identification, proof of address, application forms, two references and Disclosure and Barring Services (DBS) records. A DBS is a criminal records check employers can undertake to make safer recruitment decisions. Where nurses were employed their Nursing and Midwifery Council (NMC) Pins were in date. The NMC Pins enable nurses to practice within the U.K.

People's medicines were managed in line with good practice. People received their medicines safely and as prescribed. During the inspection we reviewed the medicines administration records (MAR) and found all were completed correctly ensuring no errors or omissions. Medicines were securely locked in the trolley and keys were kept with the person in charge. Records and our observations showed people received the right medicines at the right time.

Care workers were trained to administer medicines and during discussions with staff, they demonstrated to be competence in performing the task. The service had medicine protocols in place to support staff to prevent errors and to ensure good practice. For example, a second staff member would review medicines administered and sign to confirm everything was correct. Unused medicine and medicine for destruction were recorded and sent back to the pharmacy.

The service employed ancillary staff to minimise the risk of infection. Records confirmed and staff told us there were sufficient numbers of ancillary staff on duty throughout the week. We found the service to be

clean and free from odour. Staff were observed wearing personal protective equipment (PPE) to ensure the risk of cross contamination was minimised as much as possible.

## Is the service effective?

### Our findings

People, their relatives and a healthcare professional told us staff were well trained in delivering effective care. One relative told us, "I think they've [the provider] got it right." A health care professional said, "The training [staff receive] is reflected in the care delivered."

The service had an embedded culture of ensuring staff received training that enabled them to effectively meet people's needs. Staff told us the training was invaluable in carrying out their roles and responsibilities. They also confirmed if they wanted, they could request additional training and that this would be provided. We reviewed staff records relating to training and found staff received training the provider deemed as mandatory, for example, safeguarding, first aid, fire prevention and Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People received care and support from staff that reflected on their working practices and enhanced their skills and knowledge, through regular supervisions and annual appraisals. Staff confirmed they found supervisions helpful in reflecting on what they did well and any areas they needed to improve on. Records confirmed supervisions and appraisals enabled staff to set goals to achieve in the near future and discussions around additional training needs were held.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider's policy supported this practice.

People's consent to care and treatment was sought prior to it being delivered. Throughout the inspection we observed staff seeking consent and respecting their decisions. For example, staff asked people if they would like support with mobilising, eating their meals or if they could enter their bedrooms. Staff were aware of their roles and responsibilities in line with the MCA and DoLS. At the time of the inspection there were 24 people subjected to a DoLS authorisation and records confirmed the registered manager had followed the local authority guidance on submitting DoLS authorisation requests.

People continued to be supported to access sufficient amounts to eat and drink that met their dietary needs and requirements. Records confirmed people's preferences with meals were documented and when speaking with the Chef, they had a clear understanding of people who required specific foods, which were catered for. During the inspection we observed that people were offered a choice of food and could pick alternatives which weren't displayed on the menu. The food looked appetising and was well presented.

The service encouraged people to access healthcare professional services to ensure their health and well-being was monitored and maintained. Records confirmed people had access to the dentist, G.P, optician and district nurses. A relative confirmed their relative had recently been seen by the optician, G.P and audiologist when needed. A healthcare professional told us, "They [the service] may take a little bit of time to implement suggestions. They do flag up any problems."



## Is the service caring?

### Our findings

People confirmed they were supported to maintain relationships that were important to them. The service encouraged visitors to the service, with minimal restrictions on visiting times. One person told us, "Yes they [staff members] respect my privacy. When they come into my room they see that I am not fully dressed and they call my attention to it and I [get dressed]. Another person said, "Yes they [staff members] respect my privacy, sometimes they ask if they can come in and sit with me and we talk and have a laugh and they make jokes." A healthcare professional told us, "I think they [staff members] interact quite well with people. They have a kind manner and seem to know people pretty well. They always want what's best for people."

The service had an embedded culture of treating people with dignity and respect and empowering people to take control of their lives wherever possible. One person told us, "They [staff members] don't come in my room without asking. I keep the door open it stops me feeling isolated." Throughout the inspection we observed staff, knocking on people's bedroom doors and awaiting permission to enter. Staff were also observed talking to people with compassion and giving them encouragement to remain independent where safe to do so.

The service continued to promote people's equality and diversity. Staff told us and people confirmed they were treated as individuals. One staff member told us, "If you read people's care plans, you'll know their likes, dislikes and history. We have one person whose culture means they don't use cutlery. We support them with this, as this is their culture. We also have a [religious service] visit, they come here and sing to and with people."

People continued to be supported to make decisions about their lives. Staff ensured people were given sufficient information to make decisions wherever possible in a manner they understood. During the inspection we observed staff explaining to people what was happening and encouraged people to be involved in the plans for the day ahead. Staff spoke to people with compassion and afforded them the time to process the information and respond at their own pace.

The service had been awarded the Gold Standards Framework [GSF] platinum award for end of life care. The GSF is national training provided to staff members supporting people nearing the end of their life. A health care professional told us, "They [the service] know what they need to be doing in line with the GSF and end of life care. The activities coordinator is also involved. [The service] is embedding their care around end of life care."

## Is the service responsive?

### Our findings

People continued to be supported by staff who knew their needs well and delivered responsive care. One person told us, "I know what my care plan is and I have a keyworker." A relative told us, "I filled in the care plan form a little while ago."

People had person centred care plans in place that gave staff clear and up-to-date information on how to support people. Care plans detailed people's health, medical and social needs, history, preferences and level of support required to keep them safe. Staff confirmed they read the care plans regularly and were updated to any changes documented. Care plans were regularly reviewed by senior staff to reflect people's changing needs. Although not everyone we spoke with was aware they had a care plan, we found everyone had an up-to-date care plan in place.

Care plans also contained details of healthcare professional input and showed how guidance given from healthcare professionals was implemented into the care plan. During the inspection we reviewed the care plans and found the service carried out regular audits to ensure information was up-to-date and detailed the level of involvement from people and their relatives.

The service employed an activities coordinator, who provided a wide range of activities for people to participate in. People spoke positively about the activities provided and said they were encouraged to join in if they wished. One person told us, "I go out to the West end and I go to Hammersmith. I join in the obstacles, singing and dancing. I go to the barbecues in the courtyard." Activities provided were both in house and in the local community.

The service had a complaints policy in place which was placed in the entrance of the service. Although people were not fully aware of the complaints procedure they were aware of how to raise a complaint either verbally or in writing to senior staff and felt their complaint would be dealt with in a timely manner. We reviewed the complaints file and found this contained the nature of the complaint, summary of complaint and the action taken to address the concerns raised. We noted there had been four complaints received in the last 12 months, all of which had been investigated and where appropriate action taken and an apology letter issued.

## Is the service well-led?

### Our findings

People spoke positively about the management of the service and confirmed their views on the service were sought. One person told us, "[Registered manager] is very good. He always comes round to check how you are. We have all bonded here as a group. They do ask for our views. We have a residents meeting and [registered manager] does the meeting. When we meet it is really good we talk and we resolve things together." Another person said, "No I don't attend the resident meeting due to being in my bed but they [staff members] do ask my opinions before that meeting. The [registered] manager is alright he comes to see me every day. I can talk to him every morning. I appreciate him."

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.

The registered manager notified the Care Quality Commission of safeguarding and statutory notifications in a timely manner.

The service had an embedded culture of empowerment, person centred care and respect. Staff spoke highly of the registered manager and confirmed they could speak with him at any time as he was a visible presence within the service. Staff also confirmed that any concerns they raised with him would be taken on board and actioned in a timely manner. Throughout the inspection people and staff were observed speaking to the registered manager for guidance and support.

The service continued to undertake regular audits of the service to drive improvements. Records confirmed audits covered medicines, care plans, incidents and accidents, environment, health and safety and infection control. Where issues had been identified action was taken to address the concerns and lessons learned to minimise repeat incidents.

People benefited from a service that worked in partnership with other organisations. Records confirmed guidance and support sought by the service was implemented into the service delivery. For example the service worked in close partnership with the clinical nursing specialist in relation to the Gold Standards Framework.