

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 well-led?	Good ●

Summary of findings

Overall summary

The Laurels Care Centre Limited is registered to provide nursing care for up to 63 people. The home is accessible to people who use wheelchairs and parking is available. A lift allows access to all floors of the building.

When we visited 43 people were living at the home, some of whom had dementia. The home is split into three units, at the time of our visit two of these were in use and one was closed.

The home has a manager who was appointed in July 2016. He has applied to the Care Quality Commission to become the registered manager. 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.

A comprehensive inspection of the home took place in January 2016 when we found two breaches of regulations. A focused inspection was held on 8 June 2016 to follow up these breaches. We found some improvements had been made however the provider continued to fail to meet all the standards of the regulations. We found one continued breach and three new breaches of regulations. The home was rated as 'requires improvement'. You can read the reports from our last inspections, by selecting the 'all reports' link for The Laurels Care Centre on our website at www.cqc.org.uk.

At this inspection on 30 November 2016 we looked at the areas of concern identified at the last inspections. We found improvements had been made in all of the areas in which we previously had concerns and we did not find any breaches of regulation.

Communal areas on the first floor were clean and hygienic because furniture and flooring had been replaced. This meant people spent time in a pleasant environment which was clean and fresh. People were treated by staff in a way that maintained their dignity and privacy. Staff had received relevant training and we had no concerns in this area. Staff had also received training in dementia awareness. The interaction we saw between people and staff was respectful, kind and warm. The home's CQC rating was displayed as required at the home and on their website.

The new manager had identified areas for improvement in the home and was addressing them. People and staff were positive about the home and felt changes were being made to improve the quality of care.

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 was safe. New furniture and flooring had improved the standards of cleanliness at the home. People spent time in an environment that was clean and hygienic.

Is the service effective?

Good ●

The service was effective. People who needed their food and drink to be monitored were supported by staff keeping accurate and complete records. Staff could use the records to assess if action was needed to improve a person's health and well-being.

Is the service caring?

Good ●

The service was caring. People's dignity and privacy were protected. Staff interaction with people was warm and respectful.

Is the service well-led?

Good ●

The service was well led. The requirements of the home's registration were met. The home's CQC rating was displayed as required at the home and on their website. Notifications were made as required and action was taken to monitor and improve the quality of the service.

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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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 30 November 2016 and was unannounced. One inspector carried out the inspection.

Prior to the inspection we reviewed the information we held about the service including records of notifications sent to us. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with five people and with three relatives. We spoke with five staff including the manager, the deputy manager, a nurse and two care assistants. We looked at records of people's care and management checks of the service. After the inspection we spoke with a health and social care professional.

Is the service safe?

Our findings

At our previous inspections in January 2016 and June 2016 we found that communal areas on the first floor were unsafe because they were unhygienic. We issued a requirement notice after the January 2016 inspection. We found in June 2016, when we returned that insufficient progress had been made. There was an unpleasant odour of stale urine in communal areas of the first floor. We saw chairs and a sofa that were stained. We also saw a chair was damaged and some of the seat base was hanging down. The unclean, damaged furniture put people at risk of infection and had a negative impact on their quality of life because they had to spend time in rooms that had an unpleasant odour. This was a breach of Regulation 12(2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. After our June inspection we issued a warning notice to the provider.

At this inspection in November 2016 we found improvements had been made. All of the armchairs and sofas in the communal areas on the first floor were new and the carpets had been replaced with laminate washable flooring. Other items of new furniture included small dining tables and chairs and room dividers so the living and dining areas of the room were separated. The area looked and smelled much fresher and was more hygienic than at our previous visits. This meant that the requirements of the warning notice served on the provider following our June 2016 inspection had been fully complied with.

One person told us they liked the new dining furniture which meant they could sit at tables for four people rather than at one long oblong table where several people sat together. The new arrangement facilitated communication between people at mealtimes. We saw a person who had previously eaten their meal in an armchair in the living room being assisted with their meal at a dining table. This meant the person was seated in a more suitable position as they were sitting upright and the member of staff assisting them was in a better position to assist and communicate with them.

The manager informed us that new curtains were going to be provided for the first floor communal areas, and a small lounge known as the library was going to be redecorated.

Is the service effective?

Our findings

At our inspection in June 2016 we found the service was not effective. Records of food and fluid intake were inconsistent, incomplete and did not contribute to supporting people to eat and drink enough. This was a breach of Regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the inspection in November 2016 we found improvements had been made. We saw records of people's food and fluid intake. Previously some of the records were stored haphazardly, unfiled in a drawer and records for some days were missing. Several people's records were completed too long after the person had eaten and drunk to be accurate. The records we saw in November 2016 were kept neatly in a well ordered file and were completed at the time the meals and drinks were taken. The records demonstrated understanding of the purpose of maintaining them. For example the amount of fluid people had received was totalled each day so nursing staff could assess if this was sufficient. A nurse on duty was able to inform us the approximate amount of fluid a person should receive during a day to ensure their health and well-being.

People were offered choices of drinks and they all had drinks available. People were encouraged to eat their lunch and were offered choices. The chef was present in the dining area we saw him having relaxed conversations with people. The chef knew people and asked them about what they liked to eat at mealtimes so he could tailor meals to suit their preferences.

Is the service caring?

Our findings

At our last inspection in June 2016 we found the service was not caring. People's privacy and dignity was not protected. We observed an instance where staff showed a lack of compassion in their interaction with a person. These matters were a breach of Regulation 10(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the inspection in November 2016 we found improvements had been made. Staff made sure people's privacy and dignity were protected. For example when a person's clothing needed rearranging a senior member of staff took action to do so discreetly and with respect. Bedroom doors were closed unless people had requested that it be left open.

People had warm and caring interactions with staff. We saw staff crouching down when speaking with people who were sitting so they could have eye contact and this helped their communication. There were warm smiles exchanged between people and staff, they looked relaxed with each other and they were used to chatting together. People said they got on well with the staff and liked them.

Visitors told us they were happy with the care their relative received. Two relatives told us, "If [our relative] is happy then we are happy and [they] say they are happy, so we are happy." They said they liked the home when they visited and they remained happy with the care their relative received.

The manager and deputy manager had held discussions in November about how to protect people's dignity and privacy. They also discussed how to respond to people in a caring and compassionate way. We observed that the discussion led to improvements as people's privacy was protected when we visited the home.

Is the service well-led?

Our findings

At the inspection in January 2016 the provider had not met all the regulations inspected. In particular basic standards of hygiene and cleanliness had not been met. We found in June 2016 that insufficient action had been taken to address these matters and the home was not well led. The provider had not displayed the CQC rating of the service at the home or on their website as required by regulation. This was a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection in November 2016 we found improvements had been made. The home's CQC rating was displayed on their website since September 2016. When we visited in November 2016 a poster in the hallway of the home showed the CQC rating as required.

The manager had taken action to address the failings identified in previous inspections. Training had been provided for staff in key areas such as dementia awareness and promoting dignity and privacy. Staff were committed to making improvements in the home so that people were provided with good quality care.

The previous registered manager of the home left in March 2016. The current manager was appointed in July 2016 and he had applied for registration with the CQC. The assessment process was underway at the time of our inspection. Since he had been in post the manager made notifications to CQC as required.

People told us they knew the new manager and liked him. One person said the manager had invited them to take part in health and safety meetings. The person said they found this "interesting" and they were able to draw on their experience from their employment. Another person told us they felt the manager was "a lovely man" and saw them frequently.

Staff said they felt positive about the new manager. One staff member described the manager as "approachable and helpful" and said "I can go to him with problems." They also told us "we have staff meetings and we talk about how things must be improved." Another staff member said "he [manager] is trying to make things better."

The manager understood the importance of monitoring the service to ensure its quality and identify areas for improvement. He had visited the home between 1am and 2am on the day of our inspection. The manager said he wanted to check everything was working well at night time. They said they had found no areas of concern during their visit. A regional manager visited the home regularly and wrote monthly reports of their visits. The reports highlighted areas that needed to be addressed and action was taken to make the improvements.