The Laurels Care Centre Limited

Laurels Care Centre Limited

Inspection report

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Ratings

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

Overall summary

This inspection took place on 11 and 19 January 2016 and was unannounced.

Laurels Care Centre provides nursing care for up to 63 people. The home has three units two of which care for people who have dementia. The third unit provides care for people with general nursing needs. 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 60 people were using the service.

The service has a 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.

We last inspected the home in April 2014 and all of the regulations we looked at were met.

At this inspection, we found two breaches of regulations. They related to safe care and treatment and the need for the provider to monitor the home's safety. We have made a recommendation about staff being provided with advice and guidance about how to assist people properly at mealtimes.

Summary of findings

Two staff did not all know the evacuation routes to use in an emergency and this could have put people at risk. Mattresses to prevent people from developing pressure ulcers were not used correctly and cushions were in a poor condition.

Refurbishment and redecoration was planned to make improvements to the home but at our visit, there were areas that had an unpleasant odour and were unhygienic. Some information confidential to two people living at the home was on a notice board in a communal area although it should have been kept confidential.

People told us there were enough staff to meet their needs and an increase in night time staffing was agreed after our visit. People and staff got on well and we saw that they enjoyed each other's company.

People received their medicines as prescribed and they saw health care professionals when they needed specialist advice. Staff knew how to report concerns about people's safety.

The manager and staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The manager made applications to protect people under DoLS when this was judged appropriate. Assessments of people's capacity to consent were made and 'best interests' meetings held when necessary.

People were involved in care plans and they showed how they liked to be cared for. Staff knew people's needs and preferences and they assisted them to join in activities they enjoyed. Staff were supported and trained for their work. People got on well with staff, who were caring and protected people's privacy and dignity.

People, their relatives and staff had opportunities to give their views about the home through completing surveys. Action was taken to make changes highlighted by people's views. People knew how to complain and complaints were investigated and action taken to correct shortfalls.

You can see what action we told the provider to take at the back of the full version of the report.

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?

Inadequate

The service was not safe. Some staff were not familiar with the operation of a fire exit door and this could have put people at risk in an emergency.

There were parts of the building that had an unpleasant odour, were unhygienic, and could have put people at risk of infection.

Risk assessments were not always up to date or followed by staff to manage risks. Staff did not always follow people's management plans to reduce risks to their health.

Staff were knowledgeable about abuse and knew the action to take if they were concerned about people's safety.

Staff were recruited safely and appropriate checks were carried out.

People received their medicines as prescribed and they were managed safely.

Is the service effective?

Requires improvement

The service was not always effective. Staff assisted people with meals and generally this was helpful. We observed situations when staff did not support people appropriately.

Staff were supported and trained to do their jobs well.

People were referred to health professionals so their specialist needs could be addressed.

The manager and staff supported people in line with the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). People who were able to gave their consent to care and support.

Is the service caring?

Requires improvement

One aspect of the service was not caring. People's personal information was not always kept confidentially.

People were cared for by staff who were compassionate and respectful. They protected people's privacy and dignity.

Staff provided good care for people nearing the end of their lives.

People were involved in making decisions and planning their own care.

Is the service responsive?

Good

The service was responsive. Whenever possible people contributed to the assessment, planning and review of their care and further involvement of relatives in reviews of people's care was planned.

Summary of findings

People, relatives, and staff had opportunities to give their views about the home and they were acted on.

People and their relatives knew how to complain. When they did so the manager investigated their concerns and made changes when necessary.

People enjoyed activities provided at the home.

Is the service well-led?

The service was not well led. The Care Quality Commission had not been informed about management changes at the home.

Although audits were conducted to check a range of issues they did not identify the risks to people's safety about which we were concerned.

Requires improvement

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 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 was carried out by two inspectors and a specialist advisor. The specialist advisor was a nurse who had expertise in tissue viability issues.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at notifications sent to CQC. A notification is information about important events which the service is required to send us by law. We had contact with the commissioning department of the local authority.

While we were at the home we undertook general observations in communal areas and during two meal times. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 10 people living in the home and with three relatives. We spoke with 11 staff members including the registered manager, the deputy manager, an activity co-ordinator, nurses and care staff. After the inspection we spoke with the operations manager for the home.

We spoke with five health and social care professionals who were visiting the home during our inspection. We viewed personal care and support records for seven people, viewed recruitment records for three staff and training and supervision records for the staff team. We looked at records relating to the management and monitoring of the service, including complaints records and audit reports. We requested and received information after our visit, including copies of the operations manager's audits of the home and the environmental action plan.

Inadequate

Is the service safe?

Our findings

The home was not safe. Although a fire risk assessment was in place and each person had a 'personal emergency evacuation plan' which described the assistance they would need to leave the building in an emergency, people were at risk in the event of a fire. Staff were not familiar with the operation of a fire exit door and this may have delayed the safe evacuation of people. There were fire exit signs directing people to a fire exit door as an emergency evacuation point, but two staff members did not know how the fire exit door operated. One staff member said 'that [fire] door is never used" and said they would use one of the alternative exits. The manager explained that the door was closed with a magnetic device, which opened when the fire alarms activated. The manager confirmed that on the day after our visit they had taken action to ensure staff were all familiar with the operation of the fire exits and conducted a fire drill. However, at the time of our inspection, although staff had taken part in fire drills and received fire instruction it had not been identified that staff were unfamiliar with the operation of fire exits. We were concerned that staff were not knowledgeable about emergency arrangements at the time of our visit and this could have led to risk to people in the event of a fire.

This was a breach of Regulation 12(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People were not protected from this risks associated with an unhygienic and untidy environment. We saw areas of the home which were visibly dirty. For example, a toilet had stained walls and dirty floor. A professional visiting the home told us they had seen a bathroom which was dirty and needed cleaning.

There was an unpleasant odour of stale urine in communal areas on the first and second floors. Domestic staff cleaned the carpets frequently but nevertheless the odour persisted. We also saw in communal areas on these floors chairs which were stained and in a dirty condition. A senior manager informed us that refurbishment and replacement of flooring throughout the home was going to take place by the end of March 2016.

We found a soiled and used wound dressing on the floor next to the kitchen on an upper floor and a care worker disposed of it at our request. We noticed that a pedal bin was broken and as the pedal did not work the lid had to be lifted. This increased the risk of infection.

This was a breach of Regulation 12(1)(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staff assessed risks to people which arose from their health condition but there were inconsistencies between the risk assessments and what we observed. For example, a person was assessed of being at risk of falls and their care record said they should wear "correct properly fitting shoes at all times". Nevertheless, on our two visits we saw the person wearing slippers, which were ill fitting and looked too large. This increased the risk of the person tripping and falling. We have been informed by the deputy manager of the home that this risk has now been addressed.

Risk assessments for pressure ulcers were not always kept up to date. For example, one person had been assessed as being at very high risk of pressure ulcers. However, the last monthly update had been documented in September 2015. We asked a nurse about this. They could not explain why staff had not documented monthly updates and there was no tracking or auditing tool to check this had taken place. This meant the person was at increased risk of pressure ulcers because staff had not maintained adequate risk assessments.

People did not benefit from equipment to manage their risk of developing pressure ulcers because some items were not used properly and others were in poor condition. Two pressure relieving mattresses were on settings that were not appropriate for the people using them. The settings were meant to be set to reflect the weight of the person using the bed and this was not the case. We saw four pressure relieving cushions that were not fit for purpose as they had become thin so did not provide protection and were ineffective. The manager replaced the cushions and introduced systems to ensure mattresses were being used correctly and cushions remained fit for purpose but we were concerned this had not been done before our visit.

We identified on our inspection that some pressure ulcers had been wrongly graded. As a result of this notifications to

Inadequate

Is the service safe?

CQC and the local authority safeguarding department had not been made as required. Further training had been provided since our visits to the home and the manager had made notifications about the ulcers that had missed.

This was a breach of Regulation 12 (1)(2) (a)(b)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People told us there were sufficient staff available to respond to their requests for assistance and to meet their needs. A person who lived on the ground floor said they "get care when I need it". However, staff felt that an increase in staffing numbers would assist them to meet people's needs more promptly. One member of staff described the care staff team as "too stretched". Staff felt the staffing (two nurses and four carers) at night was inadequate. Information we received from a professional involved with home described the night time staffing numbers as appearing to be "not sufficient". We discussed the staffing levels with the operations director who agreed to review it. At the end of January we were informed that another carer had been allocated to the night time staff team. This level of staffing at night time was more appropriate for the numbers and needs of the people at the home.

People received their medicines safely and as prescribed by the GP. Nursing staff were knowledgeable about the management of medicines, they knew about the purpose of the medicines and of the possible side effects, people might experience. The medicine administration records (MAR) were in good order. Medicines were stored in locked medicines trolleys in locked rooms and this kept people safe.

People told us they felt safe living at the home. One person said "I feel safe here, yes, we are all safe here." Visitors and relatives told us they were confident their relatives were safe. One visitor said the person they were seeing was "happy" and felt that showed they were safe and settled.

Staff were knowledgeable about the abuse that people could be vulnerable to and expressed their commitment to protecting people. Staff said they felt confident reporting concerns either to the nurse in charge of the unit where they worked or to the manager of the home. They were also familiar with the systems to report abuse to safeguarding authorities and through the home's whistleblowing policy. Posters in the home gave contact details for reporting concerns to the local authority safeguarding team.

Staff had access to personal protective equipment (such as aprons and gloves) and we saw them in use during our visits.

Recruitment processes were safe. We found appropriate checks and references were taken up before staff began work at the home. These included two references, one from their previous employer, a check was conducted by the Disclosure and Barring Service (DBS), to show they were not barred from working with people who needed care and support and proof of the person's identity and right to work in the UK.

The local authority awarded Laurels Care Centre the highest food hygiene rating of five shortly after our inspection. This meant that the food preparation arrangements in the home were safe and had been judged as meeting the highest standard.

Requires improvement

Is the service effective?

Our findings

People did not always receive support at mealtimes from staff who understood how to meet their needs. We saw some people who had not been given items of equipment to assist them to eat their meal. We observed that these people ate sufficient amounts to meet their needs but also saw that none of the plates had a guard fitted to them. This item can help people to eat without spilling food from their plates. We saw two people spill food from their plates onto the floor and tables. At the end of the meal staff cleaned the spillages. The manager told us later that there were plate guards available for use and he could not explain why they had not been fitted by staff.

People did not always benefit from support at mealtimes provided by staff who understood how to meet their needs and gave them opportunities to communicate. A person was helped to have their meal by being fed by a member of staff using a spoon. The way the staff assisted them did not meet the person's needs. The staff member was assisting the person while standing behind them. The person could not easily communicate their wishes. The staff member could not gain eye contact with the person to allow them to see non-verbal signs of whether the person was enjoying the meal, if the pace of their assistance was appropriate, or to make conversation.

People were offered choices of meals by staff who showed them the options available, people's opportunities for making choices independently were limited as a large print or visual menu was not available. The manager told us after the inspection that work had begin to produce a pictorial menu. The noticeboard in one of the dining rooms displayed a menu from December 24th 2015 which had not been removed, this could have been confusing for people.

Staff were aware of the need to protect people from the risk of malnutrition. We saw that staff used the Malnutrition Universal Screening Tool (MUST) for people at risk. The amount of food people ate was monitored and if they did not eat their meal this information was passed on to other staff so they could offer extra snacks. Referrals were made to the GP and when necessary to a dietician for support with their nutritional needs. Staff were observant and took note if people responded to any nutritional treatment prescribed. For example staff had noticed a person did not like the supplement prescribed. This was reported to the GP and an alternative was offered for them to try.

People were cared for by staff who were supported to carry out their roles. Staff told us they received support by meeting with a senior member of staff for supervision. This allowed them to discuss their work and their training and development needs. Staff said they could approach senior staff for assistance between formal sessions and at team meetings. Although there was a system for annual appraisals in place they had not been completed for all of the staff team. The manager had an action plan in place for the completion of the appraisals.

People received support from staff who were trained to meet their needs. The training records showed staff completed a range of courses including health and safety courses such as safe moving and handling, fire safety, first aid and food safety. Training related to the needs of people living at the home included catheter care and end of life care. Additional training was planned in late January and February 2016 in dementia awareness, dignity in care and pressure area care. The majority of care staff had achieved the national vocational qualification (NVQ) in health and social care at levels two or three.

The Mental Capacity Act 2005 (MCA) provides protection for people who may not have the capacity or ability to make some decisions for themselves. The Deprivation of Liberty Safeguards (DoLS) gives protection to people from unlawful restriction of their freedom without the authorisation to do so. The manager was aware the requirements of the legislation and had made applications as required. Staff had received training in MCA and DoLS, were familiar with their purpose and how to maintain people's rights. The issues were discussed in team meetings.

Mental capacity assessments had taken place and if people were unable to make decisions independently best interests' meetings were held. People gave consent where they were able to and they were given opportunities to do so throughout the day, for example to receive care and support and to be assisted with meals.

People benefitted from staff seeking advice from health professionals to inform their care. People's health needs were met through contact with a range of health care professionals. People could see the GP when they visited the home twice a week, or in between if urgent issues arose that needed medical attention. The home also had regular contact with a tissue viability nurse, a dietician, and members of a multi-disciplinary Care Homes Support Team. We spoke with professionals during our visits to the

Requires improvement

Is the service effective?

home and they told us that the staff at the home sought and implemented health specialist advice appropriately to benefit people living at the home. We saw in people's care records that referrals were made to specialists to ensure staff had access to advice to appropriately meet people's needs. One professional commented that "people do reasonably well here". Another professional described the staff as "on the ball" meaning that they were observant and aware when people's health was deteriorating and further specialist attention was required.

We recommend that the service provides advice and guidance from a reputable source, for staff, about supporting people effectively with meals.

Requires improvement

Is the service caring?

Our findings

There was an aspect of the home that was not caring. We saw that people's confidentiality was not protected because information was on display in communal areas of the home. A noticeboard in a dining room displayed the speech and language therapy assessments for two people in the home, this was not an appropriate place to display these documents as they contained personal information that should have been kept privately. Since the inspection we have been informed that these documents have been removed and stored with regard for people's confidentiality.

People and relatives told us the staff who worked at the home were caring. A person living at the home said, "I would rate it [the home] as good." Another person said the care they received was "very good". A visitor told us that their relative had settled into life at the home and felt they were "a changed person since being here." A person said they were "happy" living at the home.

People were cared for by staff who were compassionate and polite. We saw staff and people talking with each other in a calm, relaxed, and respectful way. We observed that staff knew people well and had a kind, caring manner when speaking with them. For example, one person became upset when they spilled food on their scarf at lunch. A member of staff noticed this immediately and took the person to change. We saw this reassured and calmed the person.

We met people whose behaviour when distressed sometimes challenged the service and we observed an incident of this kind. Staff managed it by quickly distracting the people involved in the episode and they gently and skilfully calmed the situation.

Staff were concerned to maintain people's dignity and privacy. Personal care tasks were completed in privacy. We saw guidelines in care records which emphasised the importance of staff supporting people to be dressed appropriately and taking action if they were not. We saw a member of staff quickly assisting a person when their clothes needed adjusting to maintain their dignity.

People were supported by staff who knew their likes and dislikes. Staff were familiar with people's needs and could describe them to us. A document called 'this is me' was available for some people whose relatives had assisted with its completion. The person's social history was recorded on the document and this helped staff to understand their background and achievements.

People's views were listened to and staff were able to understand their methods of communication if their disability limited their ability to express their views. People told us they could choose how they were cared for, how they spent their day, what time they got up from and went to bed and what they ate.

People were supported at the end of their lives by staff who received specialist training and support in this area of care. This helped staff to develop confidence and expertise in the principles of palliative care and symptom control. People who wished to had made advanced directives detailing their preferences for the end of their lives and these were observed with joint working with the GP.

The home had been accredited under the Gold Standards Framework (GSF) which assessed the quality of care for people nearing the end of their lives. Staff had access to specialist support from a hospice who advised, supported and trained them to provide good care for people and their relatives.

Good

Is the service responsive?

Our findings

People had the opportunity to contribute to their care plans which reflected their preferences for how they were cared for. Reviews of care plans took place but rarely included the person or their relatives. The manager informed us that there was a plan to include people more frequently and this had been identified in the most recent relatives' survey as an area to be improved.

Care records showed staff understood how people liked to be cared for. For example, we saw a detailed and personalised sleeping and resting assessment. This included the person's choice to have a hot drink before bedtime, their preferred room temperature and frequency of night checks by staff. Another record gave detailed information about a person's religious and cultural needs so they were respected.

Care records included personalised information relating to people's life history. One person's care plan indicated their favourite radio station, their hobbies and interests, previous occupations and what they liked to do to relax. We saw the person had previously enjoyed a visit from an animal education organisation and handling animals had relaxed them.

Each person was designated as 'person of the day' once each month and were offered relaxation treatments such as a hand massage and music therapy. Staff had documented that using the information about a person's past could often reduce their anxiety if they were upset or confused. For example, staff had noted one person always became happy when they talked about their home country. People had been noted to become much more relaxed if staff spoke to them in their first language.

People enjoyed the opportunities available to take part in activities. Two activity co-ordinators worked at the home and provided activities throughout the week. There were two rooms which were equipped for a variety of activities including reminiscence. An activities room on the first floor had a collection of books and music recordings that helped people to remember and talk about their childhood. A nail and skincare trolley was in the activities room and people told us it was used regularly. One person showed us their nails after they had been manicured and painted by an activities coordinator and said they were very pleased with them. They said, "There's loads to do here. I have got so much time and respect for [the activities coordinators]. They're a lovely pair and I love spending time with them."

Where a person did not like group activities, the activities coordinators offered them individual support with activities they liked, such as reading newspapers and bible reading.

People knew how to complain and felt confident to do so when necessary. One person told us if they had a complaint "I would talk to Social Services, or with the management here." They added "I'm happy here, I have no complaints." Complaints were investigated and letters of the outcome sent to complainants. Changes were made in response to complaints to prevent recurrence.

People and their relatives had opportunities to give their views about the running of the home. Survey questionnaires were distributed to people living in the home, their relatives and staff. The registered manager analysed the responses and when necessary changes were made. The most recent surveys were conducted in October 2015. In response to the surveys the manager had created action plans to address the areas that needed attention. This included providing further opportunities for relatives to be involved in their family members' care planning and for improvements to be made to the premises.

Requires improvement

Is the service well-led?

Our findings

People received a service that was not well-led. Although the manager and operations manager carried out a series of quality and safety audits, which included health and safety and the environment we were concerned that the issues we found regarding risks to people's safety had not been identified during the internal audits. Managers were aware of the improvements needed to the environment and had a plan in place to address matters through redecoration and refurbishment. Nevertheless basic standards of hygiene and safety were not maintained until the work was complete.

This is a breach of Regulation 17(1)(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The currently registered nominated individual had left their post and CQC has not received a formal notification of this. The provider had not sent an application for a new nominated individual to be registered. We discussed this matter with the operations manager after the inspection. The provider submitted an application for the registration of nominated individual to the CQC when they received the draft report of this inspection.

The manager had been in post and registered with CQC since August 2014 and had previously worked at the home as deputy manager. A deputy manager assisted him and each unit had a nurse in charge. People and their relatives understood the management structure and who to talk to about any concerns they had.

There was a culture in the home which was open and staff demonstrated they were interested in providing good care for the people who lived there. People, relatives and staff were familiar with the manager and found him "approachable and helpful." We saw relatives visiting the home had informal discussions with the manager and staff and there was easy communication between them. A staff member described the manager as "knowledgeable" and this gave them confidence in the management of the home.

The home provided information about a website on which reviews of care homes could be recorded. In 2015 there were eight reviews of the Laurels Care Centre left by relatives, all of which were positive, praising the care and the facilities in the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The registered person did not ensure care and treatment was provided in a safe way for service users, as they did not adequately assess risks or take action to mitigate against risks.** Regulation12 (1)(2) (a)(b)(c)(e)(h)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The registered provider had not established and operated systems which enabled them to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.** Regulation 17 (1)(2)(b)