

Defiant Enterprises Limited

The Laurels Care Home

Inspection report

The Laurels
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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Laurels Care Home is a residential care home that was providing accommodation and personal care for 40 older people at the time of this inspection. The service can support up to 52 people in one adapted building over one floor.

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

There were quality assurance procedures in place, however they were in the process of being developed. They had not identified where improvements were required.

Care plans were in the process of being reviewed. They did not contain full information about the support that people required. the information staff.

Staff were safely recruited. A system was in place to determine the numbers of staff on duty. However, people told us that at times they had to wait for staff assistance. Staff felt well trained and supported in their roles. One member of staff said, "We are a good team here and we are well supported by the registered manager."

Potential risks to people had been assessed and measures put in place to reduce these. When accidents or incidents occurred staff took action to reduce the risk of them happening again. The registered manager shared learning with the staff team. Staff supported people to maintain good health and timely referrals were made to health care professionals.

People were supported to eat and drink enough to maintain a balanced diet.

People had access to a wide range of activities in both the community and within the service, that reflected their specific needs and interests.

The registered manager had a good understanding of their responsibilities to notify the CQC of important events that happened within the service.

The registered manager acted on concerns raised to make improvements to people's care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People said the staff were very caring and kind and treated them well. They told us staff maintained their privacy and provided the care they wanted.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 18 August 2018). The service remains rated requires improvement. This service has been rated requires improvement or inadequate for the last four consecutive comprehensive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Laurels Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

Three inspectors, and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Laurels Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with nine people who used the service and two relatives about their experience of the care provided. We spoke with ten members of staff including the registered manager, the regional director, senior

care staff, care staff, the activities coordinator, cleaning staff and a member of the kitchen team. We also spoke with one healthcare professional who was visiting the service. We looked at three people's care records, as well as other records relating to the management of the service. These included staff meeting minutes, medicine records and audits.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- Some communal areas of the service were not clean. In a toilet used as the hairdressers room, we found that the flooring was damaged and there was a build-up of cut hair in the corners.
- Some furniture and flooring in the lounges was in need of a deep clean as it was quite heavily stained.
- Cleaning staff told us that they did not always have time to complete all of their cleaning tasks due to dealing with immediate accidents and spills.
- People's rooms were clean. One person said, "The cleaners are very good. They come in every day and keep my room clean." Another person told us, "The cleaners come in daily and Hoover and dust." A third person said, "The cleaners do a good job and they move the furniture to clean properly."
- Staff wore appropriate personal protective equipment, such as plastic aprons and gloves, when carrying out personal care tasks.

Using medicines safely

- People received their medicines from trained staff.
- Suitable systems were in place to ensure that medicines were securely stored, ordered and disposed of correctly and safely.
- Audits identified when the records of medicines administered were not accurate. However, action taken when issues were identified were not in line with current guidance.
- People confirmed that they received their medicines. One person told us, "I have got [medical condition] now so I have to take a lot of tablets. Staff wait with me while I take them."
- Clear protocols guided staff to when to administer medicines prescribed to be given when required.

Staffing and recruitment

- There were enough staff on duty. The PIR stated 'We complete dependency scores and equate this to staff hours, we also take into consideration the number of and complexity of our clients and the layout of the building.' We saw staffing rotas reflected this. However, the layout of the building sometimes meant that staff were not always available to meet people's needs in a timely way.
- We received mixed comments about staffing levels. One person said, "I need help and I have sat for 45 minutes sometimes". Another person told us that they sometimes needed to wait over 20 minutes for staff to meet their personal care needs. A third person said, "I think the quality of care varies depending on staff numbers. If they are short you have to wait otherwise it is good."
- Other people told us that their needs were met in a timely way. One person told us, "The staff check on me quite regularly." Another person said, "Staff are always here if you need anything." A relative told us that staff responded quickly when they have had to call for help.

- The provider's recruitment policy ensured as far as possible that new staff were suitable to work in the service. Checks were undertaken on applicant's identity, character, and work history. Staff employment was subject to satisfactory disclosure and barring service (DBS) clearance.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at The Laurels. One person said, "I do feel safe with the staff. I have never heard of any abuse or bad behaviour by the staff." Another person told us, "I feel quite safe when they move me."
- People's facial expressions and body language told us that they felt safe and comfortable with the staff. A relative said, "It has been a godsend [family member] being here. They are safe and well looked after."
- Systems remained in place to protect people from abuse and avoidable harm. Staff had received training about safeguarding and there was information displayed around the service. Staff knew who they should report any concerns to.

Assessing risk, safety monitoring and management

- Risk assessments provided clear guidance on how to manage risks to people.
- Staff supported people to take risks in a safe way to maximise their independence, choice and control. Risks included those for people with poor mobility, choking and using bed rails.
- Equipment was maintained and serviced so that it was safe for people to use. This included regular checks of the fire safety equipment to ensure it would be effective in the event of a fire.
- Staff knew how to support people whose behaviour sometimes challenged themselves and others, to make sure everyone was safe.

Learning lessons when things go wrong

- The registered manager was able to explain the action they would take following an accident or incident to reduce the risk of these reoccurring.
- The registered manager shared any learning with the staff team to prevent a further occurrence.
- Staff understood the procedure for reporting accidents and incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- There was signage to assist people to orientate themselves around the service.
- There was a building plan in place to address areas for improvement. This also included re-decoration of the premises and replacement of the flooring in areas identified.
- The service had sufficient amenities such as bathrooms and there were a number of communal lounges and dining areas to ensure people were supported well and had a choice of where to sit.
- Technology and equipment, such as call bells and sensor mats, were used effectively to meet people's care

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

- People's needs were assessed before being offered a place at the service. The registered manager said this was to make sure not only that the staff team could meet the person's needs, but also that the person would be as compatible as possible with people already living at the service.
- The registered manager ensured that staff delivered care in line with good practice and that equipment was available that would enhance people's care and promote their independence. The registered manager had recently undertaken a fit person interview for CQC and demonstrated a good understanding of legislation and good practice guidance.

Staff support: induction, training, skills and experience

- Staff received an induction when starting at the service. Regular training specific to their role was provided and updated when required. One member of staff said, "We get lots of training".
- Staff told us they were supported by the registered manager and received one to one supervision sessions. They told us that team meetings were held, and they were able to raise issues.

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

- People were supported to eat and drink and were offered choices.
- People were complimentary about the food. One person said, "The food is very good. We get two roasts a week. I made some suggestions about having tastier meals like curry or chilli con carne. Your taste tends to go as you get older. They have taken it on board, which is good." Another person told us, "I like plain food and they will give me what I want, today I am having a baked potato. I like small meals and they always give me my food on a small plate." A relative told us, "The food always looks nice and [family member] seems to enjoy it."
- A variety of drinks and snacks were available. One person told us, "They are always coming round with drinks."

- Advice was sought from appropriate health professionals in relation to nutrition. Peoples dietary needs and weight changes were shared with the kitchen staff so that appropriate foods were available. Staff were aware of people who were at risk of choking.

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

People were supported to see healthcare professionals such as dentists and doctors. One person told us, "The doctor will come out if you need them". Another person said, "The doctors come and a chiropodist, which is good."

- People were referred to healthcare professionals and supported to access healthcare appointments. Relatives confirmed they were kept informed of people's changing health conditions.
- When people were transferred to hospital written transfer information was made available to healthcare professionals to ensure continuity of care.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.
- Information was provided in formats that suited people's needs, with family, friends and advocates involved where appropriate.
- DoLS applications were made appropriately to ensure that peoples' rights were protected.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were complimentary about the care and patience of the staff. One person told us, "The carers are very kind and patient, they are always telling you to take your time." Another person said, "I think the carers are wonderful, they go above and beyond what I expect. They will do anything to help me."
- Staff knew people and understood their needs well. One person said, "Everything is fantastic here. The staff are great. They will help you get washed and dressed, but I try to do it myself."
- There were positive interactions between staff and the people they supported. Interactions were natural, and respectful. One person was showing signs of confusion about their surroundings. The staff talked to the person in a calm way, they stroked their arm and were very gentle with them. The person said they couldn't understand why they were there. The staff member responded, "You have looked after people all your life and now you need a bit of extra help with things. We like you being here, and we can help to look after you now." The person became relaxed and sat chatting with staff.

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

- Staff supported people to make decisions about their care. Decisions were recorded in the care plans such as when people wanted to get up to go to bed, how they wanted to spend their day and what they wanted to eat.
- Staff signposted people and their relatives to sources of advice and support or advocacy; and provided advisors or advocates with information after getting permission from people.
- Staff knew people's communication needs well and people were able to make decisions about how they spent their day and what they had to eat.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. Staff knocked on doors and were discreet when supporting people.
- People were afforded choice and control in their day to day lives. Staff were keen to offer people opportunities to spend time as they chose. We observed staff waiting for people to respond when asked a question to ensure they knew the person's choice. One person said, "The staff are great here, so nice and always helpful." Another person told us, "The staff help me get undressed and then I get myself into bed, I like to be independent."
- People were supported to maintain and develop relationships with those close to them.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were aware that they had a care plan. One person said, "When I came here we discussed a care plan and the staff know what I need. Relatives where appropriate were also involved in developing the care plans."
- Not all care records had been completed in enough detail to show the care and support that people required and had received. For example, one person's care plan did not detail all the equipment that they required for moving and handling. When people needed to be repositioned records had not been completed. For another person whose behaviour can challenge themselves or others there was no information provided to how staff support them. The registered manager was in the process of updating all the care plans and took on board the need to ensure that the records were personalised and user friendly.
- People were able to make choices and have as much independence and control as possible. One person told us, "The staff help me get up and get washed and dressed. It is up to me whether I get up or have breakfast first." We saw that people were provided with choices such as what they wanted to eat and drink, what they wanted to wear and how they wished to spend their day. People were seen moving freely throughout the service.

Meeting people's communication needs

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

- People's communication and information needs were assessed prior to them moving into the service and were regularly reviewed.
- The registered manager told us of the different ways they supported people to have access to information including their care plans. This included the information being read to the person, and large print documents being available.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- An activity coordinator had been in post for six weeks and had started to put an programme of activities together. They were in the process of increasing the range of activities based on peoples' preferences.
- A French theme day was in place of the day of our inspection. People were being offered a variety of French food to taste. The activity co-ordinator also offered the food to people who had chosen to stay in their rooms.

- We received positive comments about activities. One person told us, "I like to see Elvis and have a sing along. I played Scrabble the other day, I think there is enough to do really." Another person said, "They do take us out on trips, we went to Banham Zoo which was really good." One person said that they chose not to be involved with activities, but staff always asked them if they wanted to take part.

Improving care quality in response to complaints or concerns

- The registered manager told us they operated an 'open door' policy so people and their relatives could provide their feedback at any time. They said their aim was to deal and resolve issues quickly and informally before they escalated. One person said, "I think [name of registered manager] will act if a problem does occur."
- The service had a complaints procedure and people were given clear information on how to raise a complaint.
- Record of concerns and complaints were maintained and showed that the provider responded to complaints in line with their complaint's procedure.
- We noted a number of compliments had been received. One family had written, "Thank you for your unfailing kindness, professionalism, good humour and willingness to share [family members] care with us was very much appreciated by us both. We shall always be grateful to you all for giving them the best quality of life that was possible during this time and additionally, always making us feel welcomed in to the home as part of what is in effect a very special family."

End of life care and support

- The provider had a policy in place for supporting people with end of life care.
- People had the opportunity to express how they wished to be cared for at the end of their life.
- The registered manager confirmed they would work in partnership with healthcare professionals to ensure people had a comfortable death.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

At this inspection we found elements of the service had improved, however, new governance processes were yet to be fully embedded.

- The registered manager has started to implement a wide range of audits to assist in identifying where improvements were needed. Audits were completed in areas such as medicines, weights, accidents and incidents. Audits had not been undertaken of care plans or infection control and the concerns we found in these areas had not been identified.
- The registered manager notified CQC and other agencies of any incidents which took place that affected people who used the service.
- The CQC inspection rating was displayed as required by the law.
- Staff were clear about their roles and responsibilities towards people living at the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff said they were listened to by the registered manager. They felt confident about raising any issues or concerns with the registered manager at staff meetings or during supervision.
- Staff understood the whistle blowing policy and how to escalate concerns if they needed to, via their management team, the local authority, or CQC.
- The previous CQC inspection rating was displayed so people and their visitors could refer to this if they wished to.
- People and their relatives knew the registered manager. One person told us, "The Manager has been round to see me and have a chat, she seems nice". Another person said, "I wouldn't want to move anywhere else I am happy here, I have everything I need". A relative told us, "I think the Manager is approachable. We were really pleased when she got the job. There were daily handovers for staff to ensure the registered manager had an overall view of what was happening at the service."
- A healthcare professional said, "[Name of registered manager] is very approachable and as a team we have found it better, she takes onboard the issues and feedback." They also said that the care for people had improved overall.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager and staff team gave examples of learning when something had gone wrong or had been a near miss. They told us how they had tried to learn from it to reduce the risk of recurrence.
- The registered manager was committed to ensuring that a high-quality service was provided and sought information from people using the service, their relatives and staff to bring about improvements. They commented that, "We have made good progress, we know there is more work to do and it's all hands-on deck. The service has got to be driven forward, the staff need to run with me."

Working in partnership with others

- The service worked in partnership with health and social care professionals who were involved in people's care. One visiting health professional told us the registered manager and staff were very good communicators and they are always looking to make improvements for people living at the service.