The Laurels Nursing Home (Hastings) Limited

The Laurels Nursing Home

Inspection report

71 Old London Road
Hastings
East Sussex
TN35 5NB

Tel: 01424714258
Website: www.thelaurelsnursinghome.com

Date of inspection visit:
09 August 2018
10 August 2018

Date of publication:
18 September 2018

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 Nursing Home is a residential care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Laurels Nursing home cares for up to 52 older people, who have nursing needs, including poor mobility, strokes, Parkinson's disease, diabetes, and people who were receiving end of life care. They also provide emergency respite for people who have live-in care at home. There were 44 people living in the home during our inspection. Accommodation was provided over two floors with communal areas on each floor.

Our last inspection on 10 February 2017 was a focused inspection to check the service was meeting the legal requirements following a breach from the previous comprehensive inspection on 25 and 26 November 2015. The breach was in relation to medicines not being managed safely. At the focused inspection we found improvements had been made and the provider had met the legal requirements with regards to the management of medicines; and we rated the service as good.

At this inspection we found that the service continued to support the rating of good overall and was rated good in each of the five questions we ask. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

People felt safe. There were policies and systems in place to safeguard people, assess risks and manage them, and to manage people's medicines safely. There were enough suitably recruited and trained staff to meet people's needs. People were protected by the prevention and control of infection. Accident and incident records were closely monitored and actions were taken to ensure lessons were learnt.

People 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. Staff supported people to be as independent as possible. People's needs were met, including support with eating and drinking and accessing healthcare. The provider ensured there were systems in place to ensure staff had the right training, qualifications, support and supervision to do their job.

The management team consisted of the 'Matron' (registered manager) and the nurses. They promoted a caring and positive culture. Staff protected people's privacy and dignity and people were consulted, informed and involved with their care. People, relatives and staff were engaged in the service and visitors were welcomed. People could raise concerns and the provider managed complaints and feedback received from people and their relatives. People received person centred care which met their needs, were supported to engage in activities they liked and were supported well at the end of their life.

The provider had systems in place to promote continuous learning. The registered manager had good oversight of the quality and safety of the service and risks. Regulatory requirements were understood and managed.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

The Laurels Nursing Home

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.

We conducted an unannounced comprehensive inspection on 9 August and 10 August 2018.

The inspection was undertaken by two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the service including two previous inspection reports. We looked at notifications which had been submitted to inform our inspection. A notification is information about important events which the provider is required to tell us about by law. We looked at the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give us some key information about the service, what the service did well and improvements they planned to make. We looked at reviews on external websites. We took this into account when we inspected the service and made the judgements in this report.

During the inspection we met people who lived at The Laurels Nursing Home and observed their care within communal areas. We looked at the interactions between staff and people. We inspected the environment, including the kitchen, bathrooms and people's bedrooms. We spoke to eight people, seven relatives, five care staff, two nurses, the matron (registered manager), the chef, the kitchen assistant, the maintenance man and the activity co-ordinator. We displayed posters in the communal areas inviting feedback from people, relatives and staff. Following this inspection, we received feedback from two relatives.

We reviewed four people's care records. We looked at medicines records. We reviewed four staff recruitment files, staff induction, training and supervision records and a variety of records relating to the management of the service including staff rotas and quality audits.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe. One person said, "Yes I feel safe. Everyone comes to see me, it is so good here." A relative said about their loved one, "They are absolutely safe, the staff know what is going on, they have the knowledge to look at any changes, they listen and take time."

Safeguarding and whistleblowing policies were in place and worked in line with Local Authority safeguarding procedures. The provider had notified us of any concerns. Staff had received training and were able to tell us what they would do in the event of a safeguarding concern.

Risks to people were assessed and the information was available in their care records. We observed staff moving people with hoists and wheelchairs appropriately. Appropriate systems were in place which ensured information held about people was secure. One lockable cupboard was broken, however this had been reported to the maintenance person.

There were sufficient staff available to meet people's needs. This was evidenced by rotas and feedback from people, relatives and staff. A robust recruitment and selection process was in place and all staff had been subject to criminal record checks before starting work. These checks were done by the Disclosure and Barring Service (DBS) and supported employers to make safer recruitment decisions and prevent unsuitable staff being employed. Likewise, all nurses PIN numbers were checked annually. Nurses are registered with the Nursing and Midwifery Council (NMC) and given a PIN number. Providers are required to check their PIN numbers with NMC.

People told us they received their medicines on time. One person told us, "I have my pills when I need them, always on time." Medicine records showed that each person had an individualised medicine administration sheet (MAR), which included a photograph of the person with a list of their known allergies. MAR charts are a document to record when people received their medicines. Records confirmed medicines were received, disposed of, and administered correctly. There was clear advice on how to support people to take their medicines including 'as required' (PRN) medicines, such as paracetamol. People's medicines were securely stored in a clinical room and they were administered by nurses who had received appropriate training and competencies. We observed two separate medicine administration times and saw medicines were administered safely and staff signed the MAR charts after administration. There was a clear audit trail that defined what action was taken following errors, such as medicines retraining and competency tests. When necessary, medicine errors had been reported to the local authority and the registered manager had followed the guidance for the professional duty of candour.

Staff understood how to prevent and control infection and people confirmed that staff followed procedures, for example wearing gloves and aprons. Annual and monthly infection control audits were completed with measures for improvement. The home was well maintained and cleaned to a high standard. All the necessary health and safety checks and audits were completed, for example around fire safety, equipment checks, window restrictors, call bells and legionella. The management team analysed accidents and incidents, learnt from this analysis and made improvements as a result. For instance, where one person had

an accident with their mobility scooter, their risk assessment had been reviewed as a result.

Good

Is the service effective?

Our findings

People told us that their needs were met by staff that knew them. One person said, "The staff know what to do, we all get on well, we feel at home here…I love it here."

People's needs had been assessed before they moved into the home, to ensure the service could provide the support and care needed to meet their needs. The information from the assessment was used as the basis of the care plans. Care plans had been reviewed regularly and updated when people's needs changed. Effective outcomes were achieved, for example at the time of the inspection there was no one with a chest infection, pressure wound, leg ulcer or urine infection as they received good care. The registered manager described how one person's skin breakdown had healed within five days; and how the care they provided to another person, who came from hospital with a catheter, enabled the person to regain their continence and the catheter to be removed.

The provider ensured nurses and care staff had the right induction, training and on-going support to do their job. Staff recruitment files and training records confirmed this. All staff had gold standard framework training. This is a national evidence based approach to improving the quality of care for people nearing the end of life. Nursing and care staff received periodic supervision and appraisals and this was evidenced in staff files.

People were supported to eat and drink enough to maintain a balanced diet. People were given a choice of menus daily. People and relatives told us they enjoyed the food on offer. One person said, "Food is excellent, it is well presented and a good selection, more than enough to eat and drinks are always available." We observed the lunchtime meal in one of the dining rooms and saw that the food was nutritious and home cooked. People were offered sherry alongside soft drinks. People were given assistance with eating where needed. The kitchen staff were well trained and the home had a 'five stars' food hygiene rating.

People were supported to access healthcare. The registered manager ensured there was always an additional 'floating' member of staff to enable staff to go to hospital with a person if required. The provider worked with partner organisations to ensure people received the care they needed, for example a chiropodist visited the home and they worked closely with the hospice service.

People's needs were met by the homes facilities which were accessible for everyone. Where needed people had specialised equipment, for example a portable suction machine. The provider had paid attention to ensure the home was 'dementia friendly', there were memory boxes outside people's bedrooms to help them find their room, and there were reminiscence shelves containing various objects to remind people of their past.

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 Mental Capacity Act (MCA)."The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service was working within the principles of the MCA.

Good

Is the service caring?

Our findings

All the people we spoke to told us they were treated in a kind, caring and patient way. One person said, "… The young girls amaze me, they are so willing and seem to really love their job which comes out in their personalities, totally committed to what they are doing." Relatives told us the staff were caring, one relative said, "We are always welcomed and feel at home, tea, coffee and cake is always offered."

The management team were committed to ensuring there was a culture which promoted treating people with kindness, respect and compassion. We observed staff being attentive to people and that everyone was clean and well dressed. The service had received positive reviews. For example, one relative had written "Delightful surroundings complemented by courtesy of staff to visitors/residents. Staff try to relate to residents in a caring, compassionate way, mindful of confidentiality and professional in care."

People were involved in developing their care, support and treatment plans as much as they wished to. One person said, "Yes I have a care plan because staff have told me and my family." Another person said, "Staff sit and discuss what is happening, they make sure I see a doctor immediately when I feel poorly." A senior staff member said, "We try to involve people all the time in how they want their care delivered, sometimes though we ask families as not everyone can tell us."

People told us that staff protected their privacy and dignity. One person said, "The staff always knock and respect my privacy." Staff told us how they respected people's privacy and dignity. For example, closing doors and curtains when providing personal care. People were encouraged to be as independent as possible. For example, one person regularly went out in their electric wheelchair to the shops, others went out with their families for trips and meals and one person was planning a holiday to Butlins.

People's rights to a family life were respected. Visitors were made welcome at any time and were able to have meals with their loved ones. Lounge areas were welcoming and we saw people enjoyed spending time with their visitors in these areas. Newspapers and books were available and there were items of interest from the provider, such as their vision and values, newsletters, events which had happened, weekly activity programmes and health information booklets.

People told us that they were either supported with their religions or that they didn't have any cultural or spiritual needs, but that they felt they would be addressed if necessary. One person said, "The catholic priest comes here or I could go there, I can have communion." The provider considered peoples individual protected characteristics under the Equality Act 2010. This means people are protected from unfair treatment in relation to nine identified personal characteristics. The registered manager told us they had a checklist which includes this and they discussed people's needs with their families if they were unsure.

Good

Is the service responsive?

Our findings

People told us they had their needs met and got to do what they wanted to do. One person said, "I have all sorts to do in my room…very happy…all the carers are good, I can go to bed and get up when I like, I have a wash every day, they look after me well, I am more than lucky."

People received personalised care which was responsive to their needs. Overall care documentation was of a consistent standard, however we found some care plans needed more detail and the provider took immediate action to rectify these. However, all staff clearly knew people well and good care was provided. The provider already had development plans in place to use a new electronic care plan system from September to improve the quality of people's care plans.

The staff team had a basic understanding of the Accessible Information Standard (AIS) and discussed ways that they provided information to people. AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. Providers of health and social care services are required to follow the standard. There were visual aids around the home that included menus and activity boards.

People were encouraged to take part in activities they liked and told us they were given a choice of what to do. The activity co-ordinator told us, "I know all the residents and their families…I offer manicures and hand massage to residents who choose to stay in their rooms, I spend time in the garden, cream teas are popular. I have a nice budget to work with so I can bring in outside entertainers. The activity board can be changed, we offer arts, crafts, games, bingo, chair exercises, quizzes and we have film afternoons in our cinema here which are popular." During our inspection we witnessed music playing in the lounge where six people were sat with the activity co-ordinator. We saw people playing games and we observed kind and positive interaction with people and people continued to join in the planned activity.

People and relatives could raise any concerns or complaints they had. One person told us, "I would go to Matron (registered manager) if I had any concerns, she is good and forthright." One relative said, "We would go to Matron with any complaints, have not had to yet, Matron is very attentive." Another relative told us how they had made a complaint, received an apology and the issue was resolved. We saw that the provider actively sought feedback from people and their relatives. Complaints were recorded, monitored and managed appropriately. We saw there was consistent feedback from some people that the televisions were not working well in their bedrooms and that the provider was in the process of finding solutions for this.

End of life care plans were in place for people, which meant staff had the information they needed to ensure people's final wishes were respected. Where people had chosen not to engage in these conversations, with the persons permission, discussions had been held with their family and those closest to them. One nurse told us, "End of life needs to be more person centred but we are working on this. The new care plan system will enable a much more person centred approach than our current system." Managers and staff worked with other healthcare professionals to ensure people could remain at the home at the end of their life and receive appropriate care and treatment. This included having 'anticipatory medicines' available, so people

remained comfortable and pain free. There was no one receiving anticipatory medicines or end of life care at the time of our inspection.

Good

Is the service well-led?

Our findings

There was a 'registered manager' in post, known in the service as the 'Matron'. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they thought the service was well managed. One person said, "I know who the Matron is, she is easy to approach…she has resident's meetings three to four times a year and I go to them, you can air experiences there." Another person said, "I know the manager, she comes to visit me, no concerns at all." Staff told us they felt supported by the manager. One member of (care) staff told us they had felt the most supported at the Laurels out of all the places they had worked and said, "Matron is very supportive, if we are short she comes on the floor, does the medicines and makes sure everything is ok. If you had a problem, you could talk to them."

The management team promoted a positive person centred and professional culture and the registered manager had good oversight of the quality and safety of the service, and risks were clearly understood and managed. Internal audits and surveys were completed, reviewed and discussed during meetings and action taken. Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries, deprivation of liberty safeguards (DoLS) authorisations and deaths. The registered manager was aware of their regulatory responsibilities, had notified CQC about important events such as deaths that had occurred and had met all their regulatory requirements.

Regular management meetings and team meetings took place and there was a handover with all staff each morning. During our inspection we found the staff and registered manager open and receptive to feedback. People and relatives were engaged in the service. One relative told us, "Feedback I have given concerning my mother's needs has resulted in change. The staff and the systems are responsive." The managers and staff worked in partnership with other services, for example community pharmacists, podiatry and Speech and Language Therapy to ensure people's needs were met.

The registered manager promoted continuous learning by reviewing audits, feedback and analysis of accidents and incidents and making changes as a result. Duty of candour was shown in the way the registered manager informed people and relatives of incidents and relatives told us they received an apology when things went wrong.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed a copy of their inspection report and ratings in the reception area and it was on the providers website.