

# The Laurels Nursing Home (Hastings) Limited

# The Laurels Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

# Summary of findings

## Overall summary

We inspected The Laurels on the 10 February 2017. The Laurels provides accommodation and nursing care for up to 52 older people, who require personal support and for those that have nursing needs, including poor mobility, strokes, Parkinson's disease, diabetes, and people who were receiving end of life care. The maximum people to be accommodated was 48 as some rooms were doubles and would be used only for couples or for those who want to share. There were 47 people living in the home during our inspection.

The original building has recently been added to with a purpose built extension to provide a safe comfortable environment for people living there. Bathrooms were specially designed and doors were wide enough so people who were in wheelchairs could move freely around the building. Accommodation was provided over two floors with communal areas on each floor.

The Laurels Nursing Home is owned by The Laurels Nursing Home (Hastings) Ltd and the organisation has one other care home in the South East.

At the last inspection in November 2015 we found the 'safe' question required improvement. The management of people's medicines needed to be improved to ensure that people received their prescribed medicines and care plans needed to reflect people's changing needs. We received an action plan from the provider that told us how they were to meet the breach of regulation by January 2016.

This unannounced focused inspection on the 10 February 2017 was to look specifically at the 'safe' question and we found that that they had now met the breach of regulation previously found.

A registered manager was in post. 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 and associated Regulations about how the service is run.

The registered manager was nominated in 2016 for the Great British Care Awards and was shortlisted for the regional Registered Care Home Manager Award.

People told us they felt safe living at the Laurels Nursing Home. Comments included, "Very safe and cared for," and "Always plenty of staff to help us." Staff told us, "We have really good staffing levels so we don't rush and can provide safe care and treatment."

This inspection found that people were protected against the risks of unsafe medicine management. The staff were following current and relevant medicines guidance. We found that previous issues with how medicines were managed and recorded had been monitored and significantly improved.

Care plans and risk assessments were organised and had identified the care and support people required.

We found they were informative about care people had received. They had been kept under review and updated when necessary to reflect people's changing needs. This had ensured that people received safe care and treatment.

The registered manager had systems in place to record safeguarding concerns, accidents and incidents and take appropriate action when required. Staff had received safeguarding adults training and understood their responsibilities to report any unsafe care. Recruitment checks were carried out to ensure suitable staff were employed to work at the home and there were sufficient staff to meet people's needs. This was confirmed by talking with staff members and looking at records of staff recruitment.

We found sufficient staffing levels were in place to provide support people required. This included staff supporting people with one to one support and to attend hospital appointments. We saw staff members could undertake tasks without feeling rushed when supporting people. Staff also told us they had time to spend with people and that was promoted by the registered manager.

The home was clean and well presented. Risks associated with the cleanliness of the environment and equipment had been identified and managed effectively.

## 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 Laurels Nursing Home was safe.

Risks to people's safety had been assessed and actions taken to reduce the risks of them experiencing harm.

Systems were in place to protect people from the risk of abuse.

There were sufficient staff to meet people's needs and to keep them safe.

Medicines were stored and administered safely and people received their medicines as prescribed.

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

We visited the home on the 10 February 2017. This was an unannounced inspection undertaken by one inspector.

During the inspection, we spoke with 7 people who lived at the home, one relative, five care staff, two registered nurses, the finance director, deputy manager and the registered manager.

Before our inspection we reviewed the information we held about the home. We considered information which had been shared with us by the local authority, looked at safeguarding concerns that had been raised and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We also contacted the local authority to obtain their views about the care provided in the home. We looked at the action plan supplied by the provider and the provider information return (PIR) that was returned to CQC within the timescales set.

During the inspection we reviewed the records of the home. These included staff training records and procedures, audits, two staff files along with information in regards to the upkeep of the premises. We also looked at medicine administration records, five care plans and risk assessments along with other relevant documentation to support our findings. We also 'pathway tracked' people living at The Laurels Nursing Home. This is when we looked at their care documentation in depth and obtained their views on how they found living at The Laurels Nursing Home. It is an important part of our inspection, as it allowed us to capture information about a selected group of people receiving care.

# Is the service safe?

## Our findings

At our inspection in October and November 2015, we found that the management of medicines had not ensured people's health and safety and risk assessments and care plans had not always reflected people's needs.

An action plan was submitted by the provider which detailed how they would meet the legal requirements by January 2016. We found that improvements had been made, the provider was meeting the requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt very safe at The Laurels. They said, "They keep an eye on me, but don't stop me doing what I want to do," "I feel very safe", "All staff speak very nicely to me", "The staff take such good care of me, very nice here," and "The staff are always around to help you." Relatives all said they were, "Happy their loved ones were at The Laurels and "Were not concerned about their safety when they were not there."

Since the last inspection we saw the organisation had put systems in place to ensure the proper and safe management of medicines. Medicines were stored, administered, recorded and disposed of safely. Storage facilities throughout the service were appropriate and well managed. For example, medicine rooms were locked and the drug trolley was secured to the wall when not in use. The temperature of areas where medicines were stored were monitored to ensure medicines were not harmed before use. Staff were vigilant in locking the trolley when they were talking or giving medicines to people. We observed medicines being given at lunchtime and staff followed best practice guidelines. For example, medicines were administered individually using pots to dispense, staff waited for the medicine to be taken and then recorded on the Medicine Administration Record (MAR) chart. All medicines were administered by staff who had completed training and had undergone regular competency assessments. MAR charts were clear and completed in full. Where medicines were not given, the reason for non-administration was recorded and the GP informed.

Some people had been prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example if they were experiencing pain. PRN guidelines for individual people were in place and included the reason of the pain such as hip pain. These were clear and provided guidance about why the person may require the medicine and when it should be given. There were also forms in place for staff to complete as to the effectiveness of the pain relief. Variable dose medicines were also administered appropriately. For example, some people had health needs which required varying doses of medicine related to specific blood test results. We found medicines were given in accordance with any changing requirements. No one at this time was receiving medicines covertly, but there was an organisational policy should this become a need.

Since our last inspection the care plan format had been reviewed and modified. Risks to people's health, safety and well-being had been identified and a clear management plan put into place. People had a care plan with accompanying health and environmental risk assessments completed. Risk assessments included the risk of falls, skin damage, nutritional risks and moving and handling had been completed. The care plans also highlighted people's health risks such as diabetes, memory loss and Parkinson's disease.

Risk assessments included sufficient guidance for care staff to provide safe care and care plans were being followed. For example, good skin care involves good management of incontinence and regular change of position. There was guidance for people who stayed in bed to receive two or four hourly position changes and the use of a pressure mattress. People sitting in chairs or wheelchairs in communal areas had regular changes of position and were offered toilet breaks. One person said, "I like to be in the communal areas, staff come and ask me if I wish to go to the bathroom so I can freshen up."

People at risk from developing pressure damage were monitored and repositioned regularly to reduce pressure and risk of skin damage. Pressure relieving mattresses were in place to help reduce the risk of developing a pressure ulcer. Mattress settings were checked daily by staff to ensure that they were on the correct setting and adjusted accordingly. Wound records and risk assessments were up to date and demonstrated clear management strategies. Changes to skin integrity were clearly documented and accompanied by a body map and if necessary photographs. One person told us, "I have a special mattress and staff ensure I move regularly."

Accidents and incidents had been documented. There was a clear follow up and actions taken as a result of accidents and incidents. For people who had unwitnessed falls a record of an investigation or a plan to prevent further falls had been completed. This meant that the provider had put preventative measures in place to prevent a re-occurrence and protect the person from harm. The provider therefore was able to demonstrate there was learning from accidents and incidents.

The provider had taken steps to ensure the safety of people from unsafe premises and in response to any emergency situation. Contingency and emergency procedures were available to staff and a member of the management team were available at any time for advice. First aid equipment was available and staff had undertaken appropriate training. Staff knew what to do in the event of a fire and appropriate checks and maintenance had been completed. Emergency information was readily available, for example a fire assessment folder was visible near the front entrance and contained information on the location of people along with evacuation plans.

The service was clean and well-maintained. Systems to report and deal with any maintenance or safety issue was effective and staff confirmed that any issues were dealt with promptly. One person talked about the cleanliness of the home and said, "Spic and span, never a smell." Other comments included, "It always smells fresh and clean," and "The cleaners are very good."

There were sufficient numbers of suitably trained staff to keep people safe and meet their individual needs. The staffing levels were eleven care staff and two registered nurses supported by the manager and deputy manager during the day. The levels were set at this level so as to be able to be responsive to people's changing needs. People told us there were enough staff to respond to their needs. We were told, "Always answer the bell quickly," "Terrific staff, always attentive and prompt." Staff told us, "We are lucky, our staffing levels are good." People received care in a timely manner. Staffing levels were sufficient to allow people to be assisted when they needed it. We saw staff giving people the time they needed throughout the day, for example when supporting people with personal care and ensuring that they were ready to attend appointments or their chosen social activity. Staff were unrushed and this allowed people to move at their own pace. There was additional staff in the home to respond to domestic, catering, entertainment, administration and receptionist duties. The registered manager confirmed staffing arrangements were flexible and extra staffing was available to respond to any changes in people's needs. For example, to sit with people who were approaching end of life or unwell and anxious. We found that the staffing arrangements ensured people had their individual needs attended to.

Staff received training on safeguarding adults and understood clearly their individual responsibilities. Staff and records confirmed that staff received regular training and recent safeguarding activity in the home had led to greater staff awareness and of good working partnerships. Staff had recently had a group supervision session on safeguarding people. Staff were able to give us examples of poor or potentially abusive care they may come across working with people at risk. They talked about the steps they would take to respond to allegations or suspicions of abuse. Staff were confident any abuse or poor care practice would be quickly identified and addressed immediately by the senior staff in the home. They knew where the home's policies and procedures were and the contact number for the local authority to report abuse or to gain any advice. The registered manager discussed how staff supervisions and staff meetings had dedicated time allocated to reflect on incidents or events that occurred to support the staff team through investigations.

People were protected, as far as possible, by a safe recruitment practice. Records included application forms, identification, references and a full employment history. Each member of staff had a disclosure and barring check (DBS), these checks identify if prospective staff had a criminal record or were barred from working with children or adults, completed by the provider. Interviews were undertaken and two staff completed these using an interview proforma. There were systems in place to ensure staff working as registered nurses had a current registration with nursing midwifery council (NMC) which confirms their right to practice as a registered nurse.