

Defiant Enterprises Limited

The Laurels Care Home

Inspection report

The Laurels
West Carr Road
Attleborough
Norfolk
NR17 1AA

Tel: 01953455427

Website: www.thelaurelscarehome.co.uk

Date of inspection visit:

18 November 2021

07 December 2021

Date of publication:

15 February 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

The Laurels care home is a residential care home which provides nursing and personal care for up to 52 people aged 65 and over. At the time of the inspection, there were 38 people living in the home. The home is a purpose built one storey building.

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

Improvements were being made to the service and a new registered manager was in post. While the registered manager was working to improve the governance of the service, concerns raised at the previous inspection had still not been fully met. For example, it was identified during the last inspection that there were gaps in the recording on people's repositioning charts. We made the registered manager aware of this on the first day of our inspection, but actions had not been taken to improve these records. Not all audits had action plans in place. This means that the service has failed to achieve a good rating for the previous 10 inspections and is still rated requires improvement overall.

People were positive about the staff but also told us that staff were too busy to spend time with them. People also told us and staff confirmed that they sometimes had to wait long periods for assistance.

Staff were wearing personal protective equipment (PPE) in accordance with government guidelines more consistently. Cleaning schedules had been enhanced to ensure appropriate cleaning of frequently touched areas. No plans were in place for zoning of areas of the home in the case of infections, however this was put in place immediately.

Improvements had been made to the recruitment process to ensure staff were recruited safely. Staff followed the correct procedures to ensure that medicines were administered as prescribed and in a safe manner.

Care plans would benefit from being more person centred. The personal care sections had improved and were more detailed so that staff had the information they required.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (report published August 2021) and there were multiple breaches of regulation. The service remains rated requires improvement. This service has been rated requires improvement for the last ten consecutive inspections.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection although some improvements had been made the provider was still in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service in January and February 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and governance of the service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Laurels Care Home on our website at www.cqc.org.uk

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to staffing levels and governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider and request an action plan following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Special Measures:

The overall rating for this service is 'Requires improvement'. However, we are placing the service in 'special measures'. We do this when services have been rated as 'Inadequate' in any Key Question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within six months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 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 well-led.

Details are in our well-led findings below.

Inadequate ●

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

The Laurels Care Home is a '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 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 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. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections.

During the inspection

We spoke with seven people who used the service and one relative about their experience of the care provided. We spoke with eight members of staff including the registered manager, deputy managers, senior care workers, care workers and domestic staff. We also spoke to the providers nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 now 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.

Staffing and recruitment

- Staffing levels were not always sufficient to ensure that people received care in a person centred way.
- People told us that they sometimes had to wait for long periods for help with personal care. One person told us, "I have a call bell and I use it several times. I need help with going to the toilet, staff are very busy and I can wait maybe an hour." Another person told us, "I like talking to people staff take time to talk but they don't always have time to talk they get very busy."
- Staff told us that they didn't always have time to respond to people's call bells and had to tell people they would help them as soon as possible. One member of staff told us, "All staff intentions are good but we need more staff." Another member of staff told us, "Staffing numbers are not high enough. Staff struggle at busy times." Another member of staff told us, "I don't feel there is adequate staffing levels. People don't always get the care they need. People need repositioning and the more independent ones don't get the attention."
- Although the registered manager told us what the minimum levels for staffing the rotas showed that these were not always achieved.

The provider had failed to ensure that there were sufficient numbers of staff deployed to meet people's assessed needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection the provider had failed to ensure that staff were recruited safely. This was a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made.

- Staff were recruited safely. Appropriate checks had been made to ensure staff were safe to work with people.

Using medicines safely

At our last inspection the provider had failed to ensure that medicines were administered safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We observed part of a medicines administration round and found that the necessary improvement had been made. This meant that medicines were administered in a safe manner.
- We checked six people medicines administration records accurately reflected the amount of medicines in

stock. Five people's records were accurate however, one person had three different medicines that the stock did not reflect the records. This had not been identified.

- Staff had received the necessary training and assessments to ensure they were competent to administer medicines safely.

Preventing and controlling infection

At our last inspection the provider had failed to ensure that there was action had been taken to prevent and control infections. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were somewhat assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse

- People were protected from avoidable harm and abuse.
- Staff demonstrated a clear understanding of their responsibilities for safeguarding people and knew how to recognise signs of abuse.
- People told us that they felt safe living at The Laurels Care Home. One person told us, "I feel safe and looked after here if I had any problems I would talk with the staff."
- Records showed that any safeguarding concerns had been reported appropriately in line with local safeguarding procedures.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks were identified and assessed.
- The registered manager monitored and analysed accidents, incidents and safeguarding concerns to aid learning and reduce the risk of them happening again.
- The environment and equipment were safely maintained. Emergency plans were in place to ensure people were protected in the event of a fire.
- Staff training on health and safety had been completed. Fire drills were taking place at different times to ensure that all staff had taken part.

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; 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

- People did not always receive personalised care.
- Some people told us the staff were kind and caring but had little time to spend with them. Our observations confirmed that staff were busy and had little time to spend with people. Some people told us they were bored and didn't have enough to do to keep them occupied. One person told us, "I'm bored, I have nothing to do, every day is the same." Another person said, "There is no entertainment." A third person told us, "I'm not really happy here because there is nothing to do we've all got our own rooms and lounge to share but we just sit there."
- Although parts of care plans were more detailed, further improvement was still needed to ensure they were person centred. For example, some care plans did not include information about likes, dislikes, life history and hobbies and interests. The Nominated Individual confirmed that they had concentrated on ensuring the personal care section was detailed and improvements to the other areas of the care plans were being worked on.
- Care plans did not always reflect current needs. For example, one person's care plan stated that they should only be repositioned onto their right side or back only due to a wound on their left side. There repositioning records showed that they were also being repositioned onto their left side. The registered manager stated that the wound had healed but the care plan had not been updated.
- A visiting healthcare professional told us that one person's health had deteriorated and that this meant that they would need regular repositioning to prevent any skin problems developing. They told us that the person would need assistance with repositioning again at 2pm and that they had shared this information with the staff. However, when we checked the person had not been repositioned and the staff told us that they had not had time to update their care plan as they had been busy all day.

People did not always receive person centred care. This is a breach of Regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

- The provider made information for people available in formats they could understand.

Improving care quality in response to complaints or concerns

- There was mixed feedback from relatives about complaints being dealt with satisfactorily.
- When we asked to see the records of complaints we had been made aware of, the registered manager stated that they remembered the complaint but they had not made a record of it, or what their response had been. The nominated individual told us at the feedback that there had been a complaints procedure in place but this had not been followed.
- Records of how complaints had been dealt with were in place for more recent complaints and they had been dealt with appropriately.

End of life care and support

- Staff liaised with healthcare professionals to ensure people had the right medicines and equipment in place to help maintain their comfort and dignity.
- Staff understood the importance of providing good end of life care. The registered manager stated that they were passionate about ensuring that staff had the right training to care for people at the end of their life.

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 inadequate. At this inspection this key question has remained the same. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure that there was effective quality assurance systems in place to identify areas for improvement and take the necessary action. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Although some improvements had been made there were still areas of concern.

- This inspection was the tenth consecutive inspection where it had failed to achieve an overall rating of good. Although some quality assurance processes had improved, they had not identified issues we found during the inspection, nor had appropriate actions been taken.
- On the first day of the inspection we identified that there were multiple gaps in the repositioning electronic charts for three people. Neither the management team nor staff had identified the problems with the repositioning charts. Action had not been taken to ensure people were being repositioned in accordance with their risk assessments. The registered manager responded by placing paper charts in people's bedrooms before we left so that staff could make the record immediately. The registered manager was aware that we would be returning the following week to conclude the inspection. However, when we returned the paper records could not be found and there were still many gaps in the electronic records. The registered manager was not aware of where the paper charts were and had not ensured that people were being repositioned as necessary to prevent a breakdown of their skin.
- Although a monthly analysis of incidents and accidents had been completed this contained minimal information. For example, there had been what was described as an "altercation" between a person living in the home and staff. There was no information about what action had been taken to prevent a reoccurrence and how any learning was shared with staff.
- Audits and surveys did not always include information on what action would be taken to any issues identified. For example, a call bell audit was being carried out monthly. The registered manager explained that this checked all call bells were working and that they had started random checks of call bells. This was to record how long it took staff to respond. However, there was no record of any action that had been taken in response to the findings of the call bell checks.
- Contingency plans did not always include all relevant information for staff. For example, it had been identified that a PPE shortage was a risk. There was no record of what action staff should take if this was to happen. However, when we spoke to one member of staff they told us that there was a stock stored away from the home in case there was a shortage.

This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- All staff spoke positively about the registered manager. They stated that they found her approachable and supportive.

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; Working in partnership with others

- The registered manager understood their responsibilities with regard to the duty of candour and other legal requirements.
- Staff worked proactively with other agencies and had developed positive working relationships.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Survey questionnaires had been sent to people living in the home, relatives and staff. The result had been collated into charts. However, there was no action plan in response to the findings of the survey. For example, not all relatives were aware of how to make a complaint or thought they had received a service user guide when their relative moved into the home. There was no information to say how the home had responded to these answers.
- Positive feedback was received from a relative. They stated, "I think they are really good here. They will contact me if any problems."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People did not always receive person-centred care that meet their needs.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were not always enough staff to ensure people's needs were met in a timely manner.