

# Mr Desmond Shiels and Mrs Jacqueline Shiels

# The Laurels

## Inspection report

45 High Street  
Market Deeping  
Peterborough  
Lincolnshire  
PE6 8ED

Tel: 01778344414

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

The Laurels is a residential care home for people living with dementia. The accommodation is spread over two floors with the main communal areas situated on the ground floor. The home is registered to support up to 23 people. At the time of our inspection there were 17 people living in the home.

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

The design and decoration of the home did not meet the needs of people in the home living with dementia. Radiators in communal rooms were too hot; measures were put in place immediately to address this as a priority.

Systems and processes had not identified where there were concerns with the safety of the home environment or people's equipment. Risks were not always identified or managed. Some accidents and incident reports had not been reviewed to identify learning.

Managers and staff were unclear about some aspects of their roles as some regulatory requirements were not being met, which could pose a risk to people living at the home.

Consent to care and treatment and best interests decisions had not been obtained in line with legislation and guidance, including the Mental Capacity Act 2005, and the Deprivation of Liberty safeguards. Staff did not understand these requirements. Decision specific mental capacity assessments and best interest decisions had not been undertaken. However, we found people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People were supported by staff who were kind and caring and treated them as if they were a member of their family. People living at the service told us they were happy, and they felt safe.

People told us they were happy with the food available and were able to choose what they wanted to eat and drink. People were supported where necessary to eat and drink enough.

There had been no complaints. People and relatives knew how to complain and told us they felt confident action would be taken should they complain. Relatives and staff told us they felt people were safe at the home, and staff were aware of how to raise concerns.

The registered manager knew people well. Staff felt well supported and understood the registered managers vision for the service to be like home from home.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 15 September 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led key question sections of this full report.

### Enforcement

We have identified breaches in relation to people safety, consent and quality assurance systems and processes.

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

### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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.

## 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 not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring 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 always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# The Laurels

## 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

The inspection was carried out by one inspector.

#### Service and service type

The Laurels 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 and took place on 26 February 2020. There was an announced follow-up day on 27 February 2020.

#### 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 reviewed a report from the fire service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the provider, registered manager, senior care workers, and care workers. We reviewed records. This included three people's care records and five medication records. We looked at three staff files in relation to recruitment and staff supervision.

Several 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 support our findings. We also spoke to local health professionals.

# 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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk people could be harmed.

Assessing risk, safety monitoring and management

- Risk assessments were reviewed regularly, however, not all risks had been assessed. For example, one person had experienced six falls in one month. There was no risk assessment in place to instruct staff how to support them to reduce their risk of falls. There were no accompanying suggestions as how to mitigate the risks of falls, such as properly fitting shoes, occupational therapy assessments, or motion sensors. This meant staff lacked guidance as to how to reduce risks to this person.
- Safety monitoring systems were poor. People told us staff were not always able to observe those who could be at risk of falling and were not available to support those who required assistance walking.
- The laundry room, which was used to store substances assessed as being hazardous to people's health, was observed to be unlocked on both days of inspection. This meant people were not adequately protected from the risk of accessing hazardous substances.
- People were at risk of being scalded from radiators in communal rooms. The temperature of these exceeded recommended safe limits. We also saw radiators in people's bedrooms were uncovered, although their temperatures were within safe limits.
- No daily walk round took place to check for any ongoing health and safety issues. One person's room on the ground floor had no window catch, this meant they could have fallen out of the window leaning out. When this was identified this was attended to.

Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager and the nominated individual took prompt action immediately during and after the inspection by ordering radiator covers for communal rooms. Following our inspection, the provider commissioned a heating engineer to assess bedroom radiators with a view to replacing them with cool touch models.

We will assess the impact of these improvements at our next inspection.

- People had personal emergency evacuation plans in place to instruct staff in how to assist them to evacuate the building in an emergency. A recent fire brigade report had made recommendations which had all been actioned.

Learning lessons when things go wrong

- Accidents and incidents were not analysed, this meant staff did not have the guidance and information

required to take action required to prevent further risk. This also meant opportunities to learn from these accidents had been missed.

- The registered manager, registered provider and team were quick to respond to the concerns we raised.

#### Staffing and recruitment

- Staffing levels did not take into consideration the layout of the building. Staff were not always effectively deployed, so at different times during our inspection in the main communal lounge, and at lunchtime in the dining room there were no staff members present even when people were eating. None of those eating had an identified choke risk, but several were living with dementia and or were frail. This presented a possible risk to people's safety.
- People and relatives told us staff, particularly in the main communal areas, were not always available when people needed help.
- Many of the staff team had been employed at the service for a long time. This meant people were looked after by a consistent staff team. Employment records were not kept in an easily accessible manner, so it was difficult to see if checks and audits had been carried out.
- Safe recruitment procedures were followed when taking on new staff to ensure they were suitable. Pre-employment checks included written references from previous employers and a Disclosure and Barring Service (DBS) check. A DBS check allowed employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people.

#### Using medicines safely

- The service did not follow safe medicines storage practices. The registered manager made the required improvements during our visit. Storage arrangements meant medicines could be stored at temperatures higher than recommended. This increased the risk of medicines becoming ineffective.
- People's photograph's were not on medicines administration records (MARs) which could pose a risk if unfamiliar staff were on duty.
- Protocols were not in place to instruct staff when to give people 'as required' medicines which meant people's pain or other medical issues might not be managed effectively.

#### Preventing and controlling infection

- Staff knew how to prevent, and control infections and staff had access to personal protective equipment (PPE) such as gloves and aprons and they told us they used this.
- Care staff were responsible for maintaining the cleanliness of the home. There was a cleaning schedule in place. We found the home to be clean and tidy, people were supported to take care of their own rooms where they were able.
- Infection control measures were in place. The registered manager worked with other professionals/agencies to ensure they kept up to date with good practice guidance. The registered manager attended countywide health and social care professionals' meetings to ensure their knowledge of good practice was current.

#### Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to protect people from abuse. Staff were confident in the actions they should take and were able to describe this well.

# 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 now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- Consent to care and treatment and best interests decisions had not been obtained in line with legislation and guidance, including the Mental Capacity Act 2005 and the Deprivation of Liberty safeguards. Staff did not understand these.
- Staff were not always proactively supporting people. For example, one person living at The Laurels was regularly refusing support for oral care. There was a lack of guidance for staff on the action they could take if a person refused support with their personal care.
- Decision specific mental capacity assessments and best interest decisions had not been completed and people's capacity to make decisions had not been assessed. No one had had Deprivation of Liberty safeguards in place.

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

- The registered manager told us people's needs were assessed before moving to the service but information relating to their personal history, culture, religion, likes, dislikes and preferences was not always included in their care plans. However, most people living at the service had lived there many years and staff knew them well.
- Care plans did not always reflect people's current needs. In some cases, they were lacking risk assessments and mitigations, particularly around falls risks.
- There was no specialist or adaptive equipment available to people and this compromised people's safety, dignity and treatment. The registered manager told us they would not consider the use of equipment which

would reduce risk to people such as pressure mats alerting staff when people at risk of falls mobilised. This put people at an increased risk of falls. Also, as no occupational therapy assessments had been carried out, person specific equipment was not available, this again increased risks to people.

Supporting people to live healthier lives, access healthcare services and support

- Staff monitored people's health, care and support needs, but did not consistently act on issues identified. We found no evidence that people with a high number of falls had been referred for specialist support, for example to an occupational therapist. People at end of life had not always been referred to specialist services.
- The service did not always make referrals to make sure people's health and wellbeing was maintained or improved.

Staff support: induction, training, skills and experience

- Staff told us they were supported with an induction and appropriate training required to meet people's needs.
- We could not be assured training was up to date, because training records had not been updated, and staff told us annual training was out of date. Some staff were unsure of the Mental Capacity Act and its implications for people living at the home.
- Staff did not always have regular supervision in line with the provider's policy. However, staff told us they felt well supported by the management team and their development needs were considered and acted upon.

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

- People were supported where necessary to eat and drink.
- Meals were mainly limited to one option. People were seen to enjoy their meals and were observed to eat well. One person said if they didn't like the meal option that day an alternative would be provided and there was plenty to eat.

Staff working with other agencies to provide consistent, effective, timely care

- Staff had a good relationship with their local GPs, but the registered manager was not aware of other health professionals who people could be referred to, for example, community and end of life nurses, or occupational therapists.
- This meant the service did not always make referrals to the right professionals to make sure people's health and wellbeing was maintained or improved. People may not have the best possible health outcomes and there was a risk their health could deteriorate.

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

- The design and decoration of the home did not meet the needs of people living with dementia. For example, there was no signage on bathrooms, toilets or people's doors. We brought this to the attention of the nominated individual and registered manager who said they would review the premises and make improvements where necessary.
- Many rooms did not appear homely and had not been personalised.

# 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 now deteriorated to Requires Improvement. This meant people were not always well-supported, cared for or treated with dignity and respect.

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

- Care and support plans were not reviewed with people, and residents and relatives' meetings had not been undertaken for some time. This meant opportunities for people to express their views and make decisions about their care had been missed.
- Staff involved people in decisions about their day-to-day care. Care tasks were explained so people could feel part of their care.

Respecting and promoting people's privacy, dignity and independence

- Records were not securely stored.
- People's dignity and privacy was respected. Independence was promoted and encouraged.
- We saw staff respecting people's dignity by knocking on toilet and bedroom doors before entering.
- Staff were knowledgeable about people's preferences and supported them according to their wishes.

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

- We observed staff interacting with people in a kind and caring manner.
- People we spoke with told us they were happy with the care they received. One person said, "Yes, they're [the staff] kind. They do everything for me, they help me too."

# 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 Good. At this inspection this key question has now deteriorated to requires improvement. 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

- Care records were not well organised, information was difficult to locate and care plans and risk assessments did not always contain the information staff required to support people safely.
- When we inspected no-one working at the home was able to tell us how many people there were living with dementia, although this information was given to us the following week. This meant staff might not be have been aware of people's needs.
- Care plans had not been reviewed with the people themselves or, where applicable, their relatives or advocates. This meant there was a risk peoples that people's developing needs were not being met.

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 registered manager was not familiar with the AIS standard. However, we did see staff use pictorial cards to assist some people with their communication.

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

- A care worker provided 45 minutes of activities in the morning and afternoon which people enjoyed. although one relative said their [person] rarely had the opportunity to do anything they particularly found interesting.
- Staff were unable to tell us what activities they provided for someone cared for in bed.
- We observed people had long periods of time unoccupied.
- On day one of our inspection a local nursery school group visited the home to play and sing songs with people. This raised many smiles.

Improving care quality in response to complaints or concerns

- Relatives told us concerns were immediately addressed. There had been no formal complaints. The registered manager told us there was a formal complaints process for people to use if they wished, and they were also willing to deal with issues as they presented.

End of life care and support

- End of life support was provided, although more use could be made of the facilities offered by District

Nurses, Marie Curie and MacMillan.

- There were no pre-emptive End of Life care plans., although some people had signed Recommended Summary Plan for Emergency Treatment and Care (ReSPECT) forms. These allowed people to indicate the extent to which they want to decide whether to sustain their life or prioritise being comfortable and pain-free. Other people had do not attempt cardio pulmonary resuscitation. (DNACPRS) forms.
- When people reached the end of their lives specialist healthcare professionals were not always consulted. This could impact on someone not having as dignified a death as possible.

# 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 Good.

At this inspection this key question has now deteriorated to Requires Improvement.

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

- Managers and staff were not always clear about their roles. The registered manager did not fully understand their regulatory requirements. We found some regulatory requirements had not been met such as submitting legally required notifications of serious falls to CQC.
- Managers did not maintain robust records, we found difficulties finding relevant information required to show effective oversight of the service for instance there was no systematic recording within staff files, which made them difficult to comprehend. No audits had been undertaken. We spoke with the registered manager and were told this would be addressed, and staff files would be made clearer.
- The provider's audits processes were not comprehensive enough to ensure good quality, safe care. They did not include a formal system to ensure checks of the building and equipment safety were completed. This meant not all safety issues had been identified or addressed.

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

- The provider was aware of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. However, one person had suffered a fall resulting in a fracture which was not reported to us and showed that the principles of the duty of candour had not always been followed.

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

- The registered manager did not actively seek the views of people using the service, their relatives or staff in order to drive improvements. For example, there was no evidence of formal residents or staff meetings.

These matters were a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they felt well supported by the management team. One staff member said, "The [registered manager] is lovely. [Name] goes out of their way for everyone, even the staff, [Name] is a very kind person. I could ring if I had a problem and it would be sorted."

- The management team were responsive to concerns raised. CQC's rating of performance was not displayed at the location but this was remedied following our inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, relatives and staff spoke positively about the registered manager and felt able to raise concerns and were confident these would be addressed.
- Staff and relatives told us the registered manager was passionate about delivering person centred care and cared about people and the staff.

Continuous learning and improving care

- The management team were responsive to concerns raised during the inspection. They arranged a lock for the laundry door, made safer storage for medicines, and told us they would re-organise documentation following the inspection.

Working in partnership with others

- Staff worked closely with a limited number of health professionals such as GPs and community nurses but could utilise more professionals in the wider health community to learn lessons, and take advantage of additional services available for people.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Systems were either not in place or robust enough to demonstrate safety was effectively managed. Risk was not always identified or managed and this placed people at risk of harm.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes did not sufficiently assess, monitor or mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p>