Colleycare Limited

St Lauras

Inspection report

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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

About the service
St Lauras is a residential care home providing personal and nursing care to 45 people aged 65 and over at the time of the inspection. The service can support up to 64 people.

St Lauras is a purpose-built residential home offering accommodation to people over three floors. The fourth floor being used for facilities like kitchen, laundry, staff room and a cinema room used by people living in St Lauras.

People's experience of using this service and what we found
People felt safe and praised staff for being caring and respectful. People and relatives told us they wished for more staff so they could spend time in their company, however if they requested help this was done promptly. People's medicines were managed safely.

People were involved in planning their care and they felt staff listened to them. Relatives were happy about the measures in place to protect people from COVID-19 and complimented the high level of cleanliness in the home. Staff followed Infection Prevention and Control (IPC) guidance and wore appropriate Personal Protective Equipment (PPE) when working.

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

Safeguarding procedures were in place and staff followed these to ensure people were protected from the risk of abuse. Risks to people's health and well-being were assessed and mitigated to keep people safe.

Staff were supported and motivated by the management team in the home to attend training and develop their skills and knowledge to further their career. Staff praised the registered manager for leading from the front, being supportive and hands on helping with daily tasks.

There were numerous improvements made by the registered manager in the few months they have been in post. These included developing an effective, skilled staff team, improving risk management and care records. There were still areas the registered manager was improving. These included the personalisation of care records, staffing, falls analysis and monitoring of daily charts.

The providers governance systems helped the registered manager identify the areas in need of improvements. The regular audits done by the registered manager and the provider led to a service improvement plan with actions taken to address all shortfalls within the home.

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

Rating at last inspection
This service was registered with us on 28 November 2019 and this is the first comprehensive inspection. We carried out a targeted inspection on 12 March 2021, however the service was not rated.

Why we inspected
This was a planned inspection based on the previous rating.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

St Lauras

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
Two inspectors carried out the inspection 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.

Service and service type
St Lauras 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. 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 six people and five relatives about their experience about the care they received.
We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with eight members of staff including the registered manager and the provider's head of governance and operation manager.

We reviewed a range of records. This included four 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.

Good

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they were safe in the home. One person told us, "I do feel very safe." Relatives told us people were safe and well looked after in the home.
- Staff knew signs and symptoms of abuse and told us they reported their concerns to the registered manager. Their concerns were investigated by the registered manager and raised with the local safeguarding authority.
- Lessons were learnt when incidents occurred, and this improved outcomes for people. For example, a person had been involved in several incidents which put them and others in danger. The registered manager involved the local safeguarding authority and staff in reviewing these incidents with the aim to find a better way to support the person. To avoid the use of medicines which could have had a negative impact on the person they suggested a move to a different unit. This made the person feel a lot calmer, they engaged better with people and the incidents stopped.

Assessing risk, safety monitoring and management

- Risk to people's health and safety were identified, assessed and plans were in place to mitigate these.
- Risk assessments included mobility, falls, diabetes, nutrition and skin integrity. For some people additional risk assessments were in place like continence and behaviour support.
- Risks were regularly reviewed and where needed external health professional support was requested. For example, where a person had had more than one fall, or were at risk of malnutrition their risk assessments reflected health professionals advice in how to mitigate the risks.

Staffing and recruitment

- People and relatives told us at times they felt more staff were needed, however they always received the support they requested. One person said, "It's sad not seeing so many staff around, I think if there's a real emergency, I would get plenty of help." A relative told us, "[Person] has a pressure mat in their room. I trod on it by mistake one day and they come in a short space of time to see if there was an issue."
- The registered manager used a dependency tool to help ensure there were enough staff to meet people's needs. They told us and staff confirmed that numbers of staff increased when occupancy increased in the home.
- Staff had been recruited safely with pre-employment checks completed including references as well as criminal record checks to help ensure they were suitable to work in in the home.

Using medicines safely

- Staff administered people's medicines following best practice guidelines. One person told us, "They are

very good at that. They're on time, for instance I've got one [medicine] that I have to have about six in the morning and one late in the evening, they turn up and the ones in between."

● Staff were trained and had their competency observed before they could administer people's medicines on their own.

● Regular medicine audits were carried out by senior staff and the registered manager to ensure where errors occurred these were rectified in a timely manner.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections. One relative said, "I take [person] out every Sunday. I have to gown up, if I do then others do too so I know my family are protected in there and it keeps my [relative] safe."

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. People and relatives praised staff for the high standard of cleanliness they maintained in the home. One person said, "They're quite good at that [keeping areas clean], they are very conscientious about cleaning."

● 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 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 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.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Pre-admission assessments were carried out before people moved in the home. This ensured people's needs could be met. One relative told us they found the pre-assessment being thorough, however there were some delays getting some equipment in place for people who moved in the home for a short period of time. The registered manager told us they understood how important it was for the equipment to be in place prior of people moving in.
- Pre-admission assessments helped staff gain knowledge about the person and develop appropriate care plans.

Staff support: induction, training, skills and experience

- Staff told us they received training and support from the registered manager, this helped them understand their roles and responsibilities, as well as motivate them and increase the teams morale. One staff member told us, "All mandatory trainings done, and observations of competency is happening. I am supported to understand and develop in my role."
- The registered manager identified where there was a lack of appropriate skills the staff team had. They addressed this by identifying training needs for each staff member and an action plan was in place to monitor the progress of the training provided including observation of staffs' competencies.

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

- People told us they had plenty of choices for meals. One person said, "There is always a choice." One relative said, "Very happy with the food. No complaints."
- Staff monitored how much people were eating and drinking. This was to make sure if anyone had less than the expected amount actions could be taken to protect people from malnutrition and dehydration. One relative told us, "I've been told [person] sometimes has seconds. [Person] put on weight. They are clearly monitoring [Persons] weight."
- Mealtimes were social events people enjoyed. We observed people chatting and laughing whilst having their meals in the dining rooms.
- The registered manager was working to further improve mealtime experience for people by creating a dining experience with nicely laid tables, with condiments and sauces readily available.

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

- People and relatives told us they were happy how staff supported people to maintain a good health.
- There were regular meetings with health professionals and a pharmacist to review any health concerns.

Staff acted on health professionals advise to maximise people's health and well-being.
● People were referred to dietician if needed, speech and language therapist or district nurses' teams.

Adapting service, design, decoration to meet people's needs
● The environment people lived in was nicely decorated with wide corridors and adapted communal bathrooms and shower rooms for people to use safely.
● People enjoyed the winter season decorations in the home. People's bedrooms were organised to their liking and personalised with their belongings.
● The lounges were comfortable and spacious enough for people to spend the day together, however there were also smaller sitting rooms for people who preferred quiet areas.

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.

● People and relatives told us staff listened to them and asked for their consent before supporting them. One person said, "They are very obliging. They listen." One relative told us, "I've signed a waiver to give permission for them to give medication. [Person] had an infection, they asked me if they could give antibiotics. I said yes."
● Staff carried out assessments when needed to establish if a person may have lacked capacity to make certain decisions. Best interest decisions were in place for these people. Best interest decisions had involvement from family members where appropriate and health or social care professionals.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff respected people and treated them with kindness and compassion. People and relatives praised staff for always making time for them and making them feel valued.
- One person told us, "The staff are just so kind to me, nothing is too much trouble for them, and they take their time. When you get to my age, I don't want to be rushed and they don't. I didn't ever want to go to a care home, it was my idea of purgatory, but now I am here it is okay, in fact with the friends I have made and with the lovely girls caring for me I feel like a duchess sometimes." A relative told us, "[Because the way staff talks] it feels like [relative] is a human being which is lovely."

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People's looked happy, with nicely done hair and nails as well as wearing make-up if they chose to. Staff were attentive to protect people's dignity if they noticed they needed the toilet or a change of clothing.
- People and relatives told us staff protected their dignity and privacy. One person said, "[Staff] are pretty good at that. If you are on the loo, they wouldn't fling the door open. They always knock the door." A relative said, "They [staff] close the curtains if they change [person]."
- People told us they were involved in their care. Relatives with legal authority granted to take decisions on behalf of people said they were actively involved in decisions and care plans as well as reviews.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

● People told us staff knew what they liked and how they wanted their support. We observed staff chatting with people and the way responded it was obvious they knew them well. One relative told us, "They're just friendly, they do always ask [person] wants to stay in his wheelchair or does he want to go into a chair. [Person] is very quiet but [staff] understand [Person] well, they just speak to him in a friendly manner."

● Staff gave us detailed information about people, not just their needs but also their likes, dislikes and the little things they were doing to make people happy. However, we could not find all this personalised information in people's care plans. The registered manager told us, they discussed this with the staff team to find a way to capture all the information in people's care records.

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.

● Staff knew people's communication needs and this was also included in people's care plan. We observed staff adapting their communication to each person depending on individual abilities. For example, Person was unable to hear clearly what staff were saying and asked for staff to look at their hearing aid. Staff took away the aid to rectify it. When done, the staff member and the person had a very pleasant chat.

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 told us there were activities organised in the home which they could join if they wished. One person said, they're very busy to keep us occupied. We have a sherry and get together before lunch, they do try." A relative told us, "There's plenty going on."

● On the day of the inspection people were excited about the evening entertainment as well as they told us they expected a choir over the weekend. People who liked to spend their time in their bedroom told us they wish staff would have more time to spend with them but understood this was not always possible as staff were busy.

Improving care quality in response to complaints or concerns

● People and relatives told us they knew how to raise concerns and when they did, they felt the registered manager listened and tried hard to resolve their issues. One relative told us they had some concerns which they discussed with the registered manager and it was resolved. Another relative said, "No complaints. If I

had to, normally I would go to [provider], the care home then to CQC. We haven't needed to, but I know the procedure if needed."

● The providers complaints procedure was visibly displayed around the home for people and relatives to know how and to whom they could raise concerns with if needed.

End of life care and support

● People or their relatives were asked to provide information about their wishes when nearing the end of their life.

● Staff were supported by the GP, local palliative care specialist and district nurses team to ensure people were comfortable and pain free. One staff member told us, "We need to start those discussions as early as we can. It is our chance to get it right for them, to give them lasting dignity and to help the family come to terms with their loss."

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives praised the registered manager for the way they led the home. One person said, "Total confidence in [registered manager]. [Registered manager] is very good at their job, very approachable. If anything happens, they are on to it." A relative told us, "[Registered manager] is certainly available. There has been a couple of times if they can't do it that day [meeting], they will email to say please make an appointment for the next day. [Registered manager] seems to be managing their workflow well."
- The registered manager and staff promoted a positive culture at the service. People were supported to express their wishes and preferences to enable care to be person-centred.
- Processes in place like staff, people and relative meetings ensured the right information was shared and everyone could contribute to the running of the home.
- People and relatives told us they were asked to provide feedback about the care they received. One relative said, "We do get asked periodically with a feedback form."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 management team in St Lauras were newly formed with staff still learning and developing in their key roles. They had a good understanding of what was expected of them and their development and performance was closely monitored by the registered manager and the provider.
- The registered manager was supported by the provider's operation managers. There were plans in place for further development and support for the registered manager around using more effectively the providers electronic care planning and management system.
- The registered managers and the provider carried out regular audits and assessments to assess the quality of the service provided to people. Where needed actions were taken to improve the service.
- The provider understood and worked in accordance with their responsibilities under the Duty of Candour. Concerns, incidents and accidents were reviewed, and the provider was open and transparent with people, relatives and professionals when things went wrong.

Continuous learning and improving care; Working in partnership with others

- The registered manager was keen to ensure there was continuous learning and improvement within the service. They made significant improvements since their employment in identifying concerns and taking

swift actions to improve. For example, updating all care plans, developing and up-skilling staff to ensure people received personalised care and support in line with current best practice guidance.

- The registered manager had developed an action plan to include all aspects of the service in need of improvement. This was regularly reviewed and updated.
- People received care and support from staff who worked in partnership with health and social care professionals to promote people's well-being.