

Mrs J Jobbins

Laurieston House

Inspection report

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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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Laurieston House is a residential care home providing personal care to seven people aged 65 and over at the time of the inspection. The service accommodated five people in one adapted building and a further two people in bungalows on the site. The service can support up to 12 people at one time.

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

During this inspection we found one breach of regulation regarding the need for consent. People were not always supported to have maximum choice and control of their lives and staff did not support always them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

There were systems in place to safeguard people from abuse and staff received training in safeguarding. Risks to people were assessed, this included individual risks and environmental risks, however environmental risks were not always managed safely.

Accidents and incidents were recorded and reviewed by the manager, however actions taken as a result of the incident were not always clear. Due to the small size of the service there was no over-arching analysis of accidents and incidents however trends were identified and recorded in people's care notes. Medicines were administered safely.

The manager had some quality assurance processes in place, however these had not identified concerns regarding environmental risks or mental capacity.

People had care plans that were personalised to them. Staff worked effectively with other health care professionals in order to meet peoples care needs. People were supported with their nutrition and hydration.

Staff provided care with kindness and in a way that promoted dignity and independence. People and their relatives told us they were happy with the care they received. People were supported to maintain social networks with their relatives and local community.

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 (published 22 January 2019). There were breaches in regulation relating to need for consent and good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection enough improvement had not been made and the provider was still in breach of

regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to the need for consent.

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 caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Laurieston House

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

This inspection was carried out by one inspector

Service and service type

Laurieston House 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before this inspection, we reviewed the information we already held about the service. This included notifications sent to us by the provider. Notifications are information about specific incidents the service is required to tell us about. 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. This information helps support our inspections.

During the inspection

We spoke three people and two family members. We also observed care to help us understand the experience of people that could not talk to us. We spoke with four members of staff including care staff and the manager. We reviewed a range of records. This included three staff files, three care plans and a range of other records relating to the management of the service.



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 that people could be harmed.

Learning lessons when things go wrong

- Accidents and Incidents were recorded and reviewed by the manager. However, it was not always clear what actions had been taken as a result of this review. For example, we saw one person had tripped on a paving slab, but it was not clearly documented what had been done to reduce the risk of this happening again. Another person had trapped their fingers in a door that automatically closes. There were no actions identified for staff to follow, to reduce the risk of this happening in future.
- Since our inspection, the registered manager provided us with evidence that loose paving slabs had been repaired.

Assessing risk, safety monitoring and management

- There were a number of checks in place to assess and manage environmental risks. However, where risks had been identified, these were not always acted on.
- We saw water temperatures of some people's hand basins were regularly recorded to be above the health and safety guidelines of 44 degrees centigrade. This put people at increased risk of scalds and burns. When we discussed this with the manager, they told us they would address this with their plumber immediately.
- There were some areas of the home that could be hazards for people's mobility. For example, we saw a dropped floorboard under carpet that could be a tripping hazard. When we discussed this with the provider, they told us this was an ongoing issue and they had repaired this a number of times already. They told us someone would be called to fix this immediately.
- People had individual risk assessments and management plans in their care plans. Risks assessed included malnutrition, pressure injury and mobility.
- Assistive equipment such as hoists, pressure relieving mattresses and wheelchairs were regularly checked for safety and serviced in line with manufacturer guidance.

Systems and processes to safeguard people from the risk of abuse

- The service had systems in place to protect people from abuse. We saw evidence the service had reported safeguarding concerns appropriately.
- Staff received regular safeguarding training and knew how recognise and report signs of abuse.
- There was clear whistleblowing policy in place and staff knew how to access this. Whistleblowing is when a member of staff passes on information concerning a wrongdoing at work.

Staffing and recruitment

- There were enough staff to assist people safely, one staff told us, "there are always enough staff on duty. If somebody was poorly or end of life, we all come in and help out."

- Staff were recruited safely. Pre-employment checks were completed for all staff. Pre-employment checks included references and a DBS check. DBS (Disclosure and Barring Service) checks help employers make safer recruitment decisions and prevent unsuitable people working with vulnerable adults.

Using medicines safely

- Medicines were managed safely and in line with best practice guidance. There were safe protocols in place for receipt, storage and disposal of medicines.
- Medicines systems were organised, people consistently received their medicines when they should.
- Where people had medication prescribed 'as required', there were clear protocols in place to support staff to know when to offer this medication and how to escalate concerns if required.

Preventing and controlling infection

- There were effective infection control processes in place.
- The home was clean, tidy and free from bad odours.
- Staff were trained in infection control and used personal protective equipment such as gloves and aprons appropriately.

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 requires improvement. At this inspection this key question has remained the same. 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.

At our last inspection, the service did not have robust systems in place to assess capacity and gain consent in line with MCA. This constituted a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found not enough improvement had been made, and the provider was still in breach of regulation 11.

- Some people had restrictive interventions in place without evidence their capacity had been assessed to consent to these restrictions, or to show if the intervention was the least restrictive option. For example, the falls risk management plan for one person stated their walking frame should not be left within reach, to avoid them from getting up unaided. There was no clear documentation stating whether the person had consented to this restriction. The same person's care plan stated they should eat meals in their room or be taken home from trips out if their language became explicit. There was no documentation in place to evidence a mental capacity assessment around this decision or if this was the least restrictive option.
- The provider told us that restrictions around the persons mobility were no longer in place as this had improved. They told us they would complete a mental capacity assessment for other restrictive interventions in place.
- Staff received training in the Mental Capacity Act and were able to explain its key principles. We observed staff consistently asked people consent before assisting them.
- Where required, the service had applied for DoLS appropriately.

There was not a robust system to ensure that interventions restricting people's freedom were done so in their best interest and in line with the Mental Capacity Act. This was a continued breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were assessed prior to moving to Laurieston House, this meant the service was able to meet people's needs from their arrival.
- Nationally recognised assessment tools were used to inform people's care planning. People's assessments were completed in line with best practice guidelines.
- People's oral health was assessed and used to inform care planning for daily oral hygiene support.

Staff support: induction, training, skills and experience

- Staff received regular training that was relevant to their role, this included moving and handling, first aid and medications management.
- Staff told us they received regular supervision and were able to access support from the management team at any time.

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

- People were supported to maintain a balanced diet. People told us they enjoyed the food and they were offered alternatives if there was something they disliked.
- Where people were at risk of malnutrition and dehydration, this was documented in their care plan and monitored appropriately. Referrals were made to health specialists, if further support was required.

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

- The service worked well with other health and social care professionals. People had access to a range of health services in order to meet their needs.
- The service utilised training from community healthcare professionals to ensure staff were able to support people day-to-day with specialised health needs.
- People were supported to access community provisions in order to promote wellbeing. This included day centres and luncheon clubs.

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

- People's rooms were personal to them. We saw people had brought in objects meaningful to them and these were used to decorate their bedrooms as well as the rest of the home.

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 remained the same. 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

- People were well treated and received kind care and support.
- We found the service did not always consider equality and diversity regarding the service décor. We saw the service had a doll on display that is widely considered racially insensitive. When we discussed this with the provider, they told us they would remove the doll from the communal area.
- People told us they liked the staff and were happy with the care they received. One person told us, "all the staff are very good, we get on well."
- Family members told us that staff were kind and were happy with the care their relatives received. One relative told us, "they are very caring, always very welcoming, very friendly. [person] is looked after well."

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

- People, and at times, their family members, were invited to be part of the care planning process.
- People were supported to access advocacy service when required. An advocate is someone who can speak up independently for someone if they need them to.

Respecting and promoting people's privacy, dignity and independence

- Staff worked to maintain people's privacy and dignity whilst supporting them with day to day needs. One staff member told us, "First thing you do when you enter is knock, explain what you are going to do and ask them if it's alright. Always keep [people] covered, not in a room with another person, give [people] choices of what they want to wear, if they want jewellery on, perfume on. And always ask if they want a cup of tea!"
- Confidential information was stored securely. Staff ensured they did not share information about people without their consent.

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 remained the same. This meant people's needs were met through good organisation and delivery.

End of life care and support

- People did not always have end of life care plans in place. When we asked the provider about this, they told us this was because people were not ready to discuss the end of their life.
- We saw feedback that suggested people had received good end of life care. Feedback comments included, 'Our guardian angel prompted me to telephone you to seek advice which turned into a massive help by you and your wonderful staff.' And 'I think we were so blessed that mum came to you for her last journey, the care you gave her and us was exemplary.'
- Staff received grief training and told us they were closely supported by management when providing end of life care.
- Staff told us the training they received help them provide effective end of life care. One staff member told us, "We are doing another course on grieving soon, everyone grieves differently. We did one a while ago where they explained the different way people grieve, it made you feel like I'm normal, it's normal for people to grieve differently."

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

- Staff knew people well and provided personalised care.
- People's care plans were specific and set out how people would like their needs to be met, these were updated as people's needs, or preferences changed.
- People told us how staff supported people to commemorate days that were important to them. One person told us how staff had supported them to commemorate their late husbands' birthday. They told us, "His favourite cake was carrot cake, so we had carrot cake at lunch time. It's little things like that make the difference."

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.

- People's accessible information needs were met and the service complied with the AIS.
- People had personalised communication care plans, these were shared with other health care professionals when required.
- The provider told us they were able to source documents in other formats and languages if required.

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

- Staff supported people to maintain community links and to attend community events that were important to them. Some people were supported to attend churches of which they had been long term members of the parish, others were supported to attend choirs and clubs.
- Relatives told us how their family members were supported to go out as much as possible, one family member said "they take [person] out on trips, [manager] took her out on a trip somewhere the other day, they take [people] out shopping or for a cup of coffee and for a change of scenery. I think that's a really nice touch."

Improving care quality in response to complaints or concerns

- The service had a clear complaints policy in place for relatives and people that use the service. A copy of the complaint's procedure was given to people at the start of their time at Laurieston house, this was also explained verbally by the manager.
- The service had not received any complaints since their last inspection.

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 requires improvement. At this inspection this key question has remained the same. 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

At our last inspection the provider did not have effective quality assurance or up to date policies and procedures in place. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- There were some quality assurance systems in place, however these had not picked up on concerns we identified regarding environmental risk, accidents and incidents, consent or offensive memorabilia.
- The provider did not make enough improvements since their last inspection; the service remains in breach of regulation 11 (need for consent).
- The service is now requires improvement in three domains. This indicates a further deterioration in the quality of this service.
- The service did not have their rating clearly displayed for the public to see. When we asked the provider about this, they showed us this was on a noticeboard in the corridor however this had been covered by other documents. The service is required by law to clearly display ratings to the public.
- There was a clear management structure in place, staff were always able to access managerial support.

This was a continued breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Working in partnership with others

- The provider was not part of any local industry associations. They told us they kept up to date with legislation and best practice by using CQC and other industry websites.
- The service had good links with local health and social care professionals, there were systems in place to ensure people received the support that they needed in a prompt manner.

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

- People told us the manager was hands on and supported them day to day. One person told us, "[manager] is very good, anything I want, she gets for me'.

- Staff told us they felt supported by the manager and were happy with the way the service was managed. One staff member told us, "[manager], she makes sure that her staff are ok, she does ask how things in the house are. Are things good? Are there issues? Even if it's a personal problem and you aren't at work, [manager] is always a phone call away."
- The provider was aware of their responsibility to be open and honest with people if something went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The service completed regular feedback surveys with staff, professionals, family and people who used the service. This was reviewed and feedback was used to improve the service where required.
- Feedback we reviewed from the most recent surveys was positive, there were no areas for improvement identified.

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 11 HSCA RA Regulations 2014 Need for consent There was not a robust system to ensure that interventions that restricted people's freedom were done so in their best interest and in line with the mental capacity act.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance systems were not always effective