

Vaghjiani Limited

# The Laurels Nursing Home

## 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?	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 Nursing Home is a care home. It is registered to provide residential care for up to 30 older adults who have needs associated with dementia and a broad range of medical conditions. At the time of our inspection, ten people were receiving support at the service.

People's experience of using this service:

- Improvements were needed to ensure people received their medicines as required.
- The arrangements for monitoring the safety of the environment needed to be further strengthened.
- Although staff were kind and caring this was based upon the approach of individual staff and not fully promoted by the culture of the organisation.
- People did not always receive services which were responsive to their needs as they had not always been supported to have access to person centred, meaningful activities.
- People felt safe and there were systems and processes in place to minimise the risk of abuse. Accidents and incidents were reviewed and analysed to try to prevent future incidents. Safe recruitment practices were followed.
- Staff received training and had the skills knowledge needed to perform their roles effectively.
- People were enabled to have choice and control of their lives and staff supported people in the least restrictive way possible. People had access to advocacy services if they required these.
- People and their relatives were involved in reviewing their care and making any necessary changes.
- A process was in place which ensured complaints could be raised and there were systems in place to respond to complaints.
- Following our last inspection, the acting manager and operations manager had been proactive in identifying areas for improvement at the service. Improvements were underway to strengthen auditing systems and work had started to better involve people who used the service and staff in the running of the service.

Rating at last inspection:

The Laurels Nursing Home was last inspected on 24, 25 and 30 July 2018 (report published 4 October 2018) and was rated as inadequate overall.

Why we inspected:

This was a planned inspection based on previous rating. At this inspection the service met the characteristics of requires improvement in all of the areas we inspected. More information is in the detailed findings below.

#### Enforcement:

We found one breach of the Care Quality Commission (Registration) Regulations 2009. This was because the provider had failed to notify us of issues relating to the safety and welfare of people living in the home.

We have taken action against the registered provider to ensure that they make the necessary improvements to become compliant with legal requirements. You can see what action we have taken at the end of the full version of this report.

We found other areas in which further improvement was required to ensure people received the safe, effective, caring and responsive service they were entitled to expect.

#### Follow up:

We have asked the registered provider to send us an action plan telling us what steps they are taking to make the improvements identified as needed. We will continue to monitor information and intelligence we receive about the service to ensure good quality care is provided to people. We will return to re-inspect in line with our inspection timescales for Requires Improvement services.

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

## 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 Nursing 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Service and service type:

The Laurels Nursing Home is registered as a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had an acting manager in place. At the time of this inspection, the acting manager had submitted an application to be registered with the CQC. Registered managers and registered providers are legally responsible for how the service is run and for the quality and safety of the care provided.

Inspection team:

This inspection was carried out by one inspector and an inspection manager.

Notice of inspection:

The inspection was unannounced.

What we did:

Prior to the inspection we reviewed information we held about the service. This included an action plan the registered provider submitted following our last inspection and notifications of incidents that the registered provider had sent us since our last inspection. These are events that happened in the service that the

registered persons are required to tell us about.

The registered provider had also completed a Provider Information Return (PIR). This is information we require registered providers to send us at least once annually 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.

During the inspection we spoke with three people who lived at the service, two relatives, two members of care staff, the cook, a member of the domestic staff team, the acting manager and the registered providers operations manager.

We also looked at specific parts of the care records of five people and records that related to how the service was managed including staffing, training, medicines and quality assurance.

After the inspection visit we received a range of information from the registered provider to tell us about the actions they were taking in response to our inspection and we spoke with local authority commissioners who contracted with the service.

# Is the service safe?

## Our findings

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

RI: 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. Regulations may or may not have been met.

Using medicines safely:

- At our previous inspection in July 2018 we found medicines were not always managed safely.
- Following our inspection, the registered provider sent us an action plan to tell us about the actions they had taken and planned to address our concern.
- At this inspection we found some improvements had been made but that further work was needed regarding the arrangements in place for supporting people to take their medicines safely.
- During our inspection we reviewed the arrangements for the storage and administration of medicines together with the staff member who took the lead role in this area.
- There were a number of people supported using medicines that were administered as and when they were required. However, in one case there was no specific guidance available to help staff identify when the medicine should be administered.
- We also noted some medicines people required had been crushed before being given. Although there had been confirmation from local GPs, there was no written guidance or information from the local pharmacy to support the decision to administer the medicine in this way.
- Although there was no evidence that people had come to any harm, these shortfalls in the management of medicines records increased the risk to people's safety. We discussed our concerns with the acting manager and operations manager who readily acknowledged the issues we had identified and told us they would take action to ensure improvements were made as a matter of priority.

Assessing risk, safety monitoring and management:

- At our previous inspection in July 2018 we found risks related to people's safety had not always been assessed. The risks associated with falls had not been monitored and measures were not in place to reduce falls.
- Following our inspection, the registered provider sent us an action plan to tell us about the actions they had taken and planned to address our concerns.
- At this inspection we found the necessary improvements had been made.
- Care records contained individual risk assessments which were completed for areas of particular risk such as the risk of falls and skin care. Risk assessments were also in place where equipment was used to help people to be safe when they were in bed such as bed rails.

Staffing and recruitment:

- At our previous inspection in July 2018 we found there was a lack of staff to meet people's needs.
- Following our inspection, the registered provider sent us an action plan to tell us about the actions they had taken and planned to address our concern.
- At this inspection we found the necessary improvements had been made.
- The acting manager had planned staff rota information in advance to ensure there was a combination of experienced and new staff available over each shift.
- The registered provider followed safe systems to recruit new staff. Staff we spoke with confirmed that a range of checks had been carried out before they were offered employment. These included checks on potential staff member's identity and work history.
- Disclosure and Barring Service (DBS) checks had also been carried out to ensure staff would be suitable to work directly with the people who lived at the home. Previous employment references had also been obtained.

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

- Staff understood the action they would need to take to ensure people were protected from abuse and knew the procedure in place to report any concerns they identified. Staff also knew how to escalate concerns to external organisations. This included the local authority safeguarding team, the police and the CQC.

Preventing and controlling infection:

- When we looked around the service we saw it was clean and that there were no odours present.
- We saw arrangements for the collection of clinical waste were in place and that these were being managed appropriately.
- We observed staff using gloves and aprons when they delivered personal care to people and that there was access to hand gel for people, visitors and staff to access to minimise the risks associated with cross infection.
- Domestic staff followed the cleaning schedules in place and one of the domestic staff we spoke with showed us how these were being maintained.

Learning lessons when things go wrong:

- Records showed that arrangements were in place to record accidents and near misses, and to analyse these so that they could establish how and why they had occurred. Learning from any incidents or events was then shared with staff through staff meetings so they could work together to minimise risk.



# 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

RI: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law. Ensuring consent to care and treatment in line with law and guidance:

- At our previous inspection in July 2018 we found people's were not always supported in line with The Mental Capacity Act 2005 (MCA).
- The MCA provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- Following our inspection, the registered provider sent us an action plan to tell us about the actions they had taken and planned to address our concern.
- At this inspection we found the necessary improvements had been made.
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff had received training about the MCA and demonstrated their understanding of how to apply this when they supported people with their decision making.
- People's consent was sought before care staff gave care or carried out any other day to day tasks to support people.
- People's care records set out what support if any, people needed to make decisions about key areas of their lives.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- At the time of this inspection nine of the people living at the service were subject to a DoLS authorisation and one further application had been made to the local authority by the registered provider.
- However, we had not been formally notified of the outcome of any of the DoLS applications made. Notifications are events which happen in the home which the provider is required by law to tell us about. The acting manager and operations manager told us that they were unaware they needed to submit notifications related to DoLS to the CQC. They recognised the need to take immediate action and submitted all of the notifications immediately.

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

- At our previous inspection in July 2018 we found some areas of the service were not decorated or adapted to a consistent standard to meet people's needs.
- Following our inspection, the registered provider sent us an action plan to tell us about the actions they had taken and planned to address our concern.
- At this inspection we found some improvements had been made but that further work was needed in regard to the safety of the environment.
- At the time of this inspection all of the people who lived at the service were being supported in their own rooms on the lower floor.
- People had access to their own private rooms and we saw these had been set out in the way each person preferred. One person told us how they liked to be in their room and a relative of the person commented, "It [The service] is improving. It is clean and from what I can see the standards are high."
- The operations manager confirmed they had recruited a new maintenance staff member who was about to start in their role and that they would be responsible for following up on any day to day maintenance issues.
- However, when we looked around the service we noted a number of environmental risks which had not been addressed by the registered provider. These related to; the lack of radiator covers for some heating devices which were hot for long periods.
- We also saw an empty gas cylinder located in the garden area had not been stored safely in the registered providers designated area.
- There was also unsafe entry into two unoccupied rooms on the ground floor of the service and the lack of an extractor fan in one of the services refurbished bathrooms.
- The acting manager and operations manager told us about the actions they would take to address these issues and the arrangements they had immediately put in place to mitigate any risk while the work was being completed.
- They also told us they would seek further guidance from the suppliers of the gas canister's and the local fire officer to ensure they were following appropriate guidelines for safe storage and use of the gas cylinders.
- The operations manager also showed us they had implemented an action plan following a visit from the local food hygiene environmental health services.

#### Staff support: induction, training, skills and experience:

- At our previous inspection in July 2018 we found staff had not been supported with up to date training for their roles.
  - Following our inspection, the registered provider sent us an action plan to tell us about the actions they had taken and planned to address our concern.
  - At this inspection we found the necessary improvements had been made.
  - New members of staff received an induction and staff we spoke with said induction and training which included them shadowing more experienced staff had helped them be more confident in their ability to meet people's individual needs.
  - New staff recruited were also supported to undertake the new national Care Certificate which sets out common induction standards for social care staff.
  - The acting manager showed us records to confirm they had planned a training programme which was based on the needs of the people who lived at the service and the learning needs of staff.
  - Staff we spoke with told us that on-going training ensured their skills and knowledge were kept up to date and they were able to develop new skills where required.
- Staff also told us, and records showed arrangements were in place to provide staff with supervision and we also saw that appraisals had been scheduled with some completed for staff so that they could review any learning and development needs and plan their future training together with the acting manager.

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

- At our previous inspection in July 2018 we found people's nutritional needs were not always met.
- Following our inspection, the registered provider sent us an action plan to tell us about the actions they had taken and planned to address our concern.
- At this inspection we found the necessary improvements had been made.
- People we spoke with told us they were satisfied with the arrangements in place to support their nutrition and hydration. This view was supported by the relatives we spoke with. People and relatives told us that they had a choice of what to eat for their main meal, and that this was selected on the previous day and that the menus were planned in advance through discussions with staff.
- The cook confirmed they and staff had information available for reference, so they knew who needed additional support, for example if they were at risk of being malnourished, getting dehydrated or choking. When this was the case people's food was prepared in ways so that they could eat their meals safely.

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

- At our previous inspection in July 2018 we found when people moved between services information about their care needs was not always shared.
- Following our inspection, the registered provider sent us an action plan to tell us about the actions they had taken and planned to address our concern.
- At this inspection we found the necessary improvements had been made.
- People's care records showed that needs were monitored and supported through the involvement of a range of relevant visiting health and social care professionals. Relatives said that their family members had access to local health services and that community health professionals often visited the home to provide any additional support needed. They also said that any action taken, for example by a GP would be communicated to them.

# 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

RI: People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Respecting and promoting people's privacy, dignity and independence. Ensuring people are well treated and supported; respecting equality and diversity:

- At our previous inspection in July 2018 we found people's views and choices on their care was not always considered. Although staff knew how to support people to maintain their dignity and privacy, staff did not have enough time to ensure this was always maintained.
- Following our inspection, the registered provider sent us an action plan to tell us about the actions they had taken and planned to address our concern.
- At this inspection people and relatives, we spoke with told us they felt staff were caring and we found some improvements had been made. However, further work was needed in regard to the ensuring people were supported to maintain their privacy and dignity.
- The acting manager and care staff told us about the importance of respecting personal information that people shared with them. People's personal records were stored securely, including those on computer systems and passwords were used to protect this information.
- However, when care staff supported people we noted their privacy and dignity were not always fully respected.
- During our inspection we noted sections from two peoples care records had been temporarily left outside the people's rooms whilst the care staff member was attending to another task.
- We raised this with the acting manager who recognised the need for immediate action and put the records back in the rooms.
- In addition, one person needed support to have gel administered to their leg to promote healing. This was undertaken in front of people and the staff member involved was observed discussing the treatment with other people.
- We also observed a staff member took a plate of food away while one person had not finished eating their main meal and gave the person their dessert.
- We raised this with the acting manager and operations manager. They told us they had identified a need to do more to develop a caring culture at the service and although training had recently been provided in relation to dignity and respect and a staff member had also been identified as a dignity champion, they would do more to source additional staff training. The operations manager also confirmed they and the acting manager would undertake more observation of staff practices and reflective individual and group supervision meetings with staff to help embed and sustain a person-centred approach.

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

- People and relatives said they had been involved in care reviews and relatives told us they had access to staff and the management team, so they could check on and raise any questions they had about care provision when they visited.
- The acting manager understood the role lay and professional advocates undertook and that they knew how to access the information people may need in order to make contact with these services. Lay advocates are people who are independent of the service and who support people to make their own decisions and communicate their wishes. We noted information was readily available for people about these services, so they could access them independently if they wanted to.

## Is the service responsive?

### Our findings

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

RI: People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- At our previous inspection in July 2018 we found people did not receive individualised, person-centred care. In addition, people's end of life wishes were not always discussed with them and complaints made to the service had not always been acted upon. There was also a lack of activities to stimulate people.
- Following our inspection, the registered provider sent us an action plan to tell us about the actions they had taken and planned to address our concerns.
- At this inspection we found some improvements had been made but that further work was needed regarding the development of meaningful activities for people to access.
- The operations manager told us they did not currently employ a staff member to specifically support people with activities. Instead, they and staff we spoke with described how they undertook individual and group activities based on their knowledge of the people they cared for.
- Examples of activities included, one to one discussions with staff, visits from relatives, memory games and people being given assistance to read a book. People were also supported to maintain any religious beliefs they had.
- However, there was limited evidence that there was a varied enough range of meaningful, person-centred activities for people to take part in, particularly for those people who lived with dementia.
- In addition, we also saw that although there was an activity board listing a range of activities there was no specific structure in place to ensure these activities were actually being delivered.
- We discussed this with the acting manager and operations manager who confirmed they would review how all activities were being planned and that the registered provider intended to employ a staff member to focus on using 16 hours a week which would be dedicated to providing activities.
- Following our inspection, the operations manager told us the registered provider had allocated the 16 hours to the existing staffing establishment so that the time could be used to provide activities in advance of the new post being recruited to.
- People and relatives, we spoke with told us they knew staff used care records to record their care needs and how they should be met. Care records included some information regarding people's background, life history and interests or any hobbies they had.
- Records were in place for needs such as comfort and mobility, communication and nutrition. People told us they were consulted about any changes to their care needs and how they would be met, and two visiting relatives said they were involved in this process.

Improving care quality in response to complaints or concerns:

- People and relatives told us they knew how to raise any concerns they had and felt comfortable raising any issues they had direct with the acting manager and operations manager if they were unhappy about any

aspect of their care or the services provided. There was a complaints procedure available for people and any visitors to the service which provided information about how to do this. The acting manager and operations manager confirmed they had received one formal complaint since our last inspection and that they had fully responded to this in line with their policy and procedure for complaints.

- The acting manager and operations manager told us although not currently needed, documentation describing what the service provided, could if needed be produced in picture and symbol format, large print or braille. We also noted some information, for example, menus were available using some symbols, so people would recognise and be able to choose the meal they wanted themselves.

- This meant that people's needs around accessing information had been considered in line with the Accessible Information Standard (AIS). The standard sets out a specific approach to identifying and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

#### End of life care and support:

- Records indicated people had been asked about any wishes they would want to be carried out at the end of their lives.

- At the time of this inspection the registered provider was not providing any specific end of life care, but the staff team were equipped to respond to this level of need and knew which external agencies they may need to communicate with when this was needed.

# 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

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- At our previous inspection in July 2018 we found the systems in place to monitor and improve the quality and safety of the service were not effective.
- The service provision was not robustly monitored, and effective action was not being taken when any issues were identified. There was also a lack of oversight from the registered provider which had resulted in people experiencing poor care.
- Following our inspection, the registered provider sent us an action plan to tell us about the actions they had taken and planned to address our concerns.
- At this inspection we found some improvements had been made but that further work was needed regarding the monitoring and oversight of service provision by the registered provider.
- As highlighted in the 'effective' section of this report, at the time of this inspection nine of the people living at the service were subject to a DoLS authorisation.
- We had not received any of the statutory notifications to confirm the outcome of any of the DoLS applications. Notifications are events and incidents which had happened within the service and which the registered provider is required to tell us about by law. This was a breach of the legal regulations.
- The acting manager and operations manager were receptive to feedback throughout the inspection and responded quickly to submit the appropriate notifications to us and to begin to address the other areas of concern we had raised in other sections of this report.
- However, although a series of audits and management self-audits had been introduced, evidence of effective and sustained systems for management and oversight of the service needed to be further embedded and sustained. We will review this at our next inspection.
- We knew that there had been a change in manager at the service following our last inspection. The acting manager had applied to register with CQC and was being supported by the registered providers operations manager to manage the service as a whole.
- A cover rota was in place to ensure a manager was always available for people and staff to access and we saw the acting manager had an open door and was accessible.
- We saw our latest CQC inspection report, summary and rating was on display available for people to access. The display of the rating is a legal requirement, to inform people who use the service and those seeking



information about the service of our judgments.

- The failure to submit notifications of events which the provider is required by law to tell us about was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 Part 4.

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

- Residents, relatives and separate staff meetings had been held to share information about developments at the service and staff changes. Records of the meetings were maintained so that those unable to attend could access the information discussed and any actions planned or taken from the previous meeting.
- A suggestion box was located in one of the reception areas of the service and relatives said they could feedback their views at any time.
- Between October 2018 and December 2018, the registered provider carried out a survey with people and their relatives. They used the feedback received to take a number of actions to keep improving the arrangements in place for caring for people.
- These included increasing staff recruitment, adjusting the timings for some meals, and reviewing the arrangements for the way activities were being provided.
- We observed the acting manager led the service in ways which ensured staff were supported in their day to day roles.
- Staff we spoke with said they were well supported and were clear about their responsibilities in maintaining the quality of care they provided.

Continuous learning and improving care:

- The acting manager and operations manager told us how they had used the feedback from our previous inspection and worked to an action plan they had set out to make the improvements needed.
- People and staff, we spoke with told us their views were considered as part of the on-going process of developing the services provided.
- People told us this was achieved through the day to day discussions the acting manager and operations manager had with people and staff.

Working in partnership with others:

- The registered providers action in employing an operations director as a consultant to provide support and advice on the development of the service and to support the acting manager in their role had helped the service to improve.
  - This had enabled opportunities for the acting manager and staff to update themselves in developing their skills and to access professional guidance.
- The registered provider had also liaised with the local authority to ensure they had been kept updated with improvements they were making to the service. An action plan had been developed and we saw some actions had been completed. This was being monitored on a regular basis.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The registered provider had failed to submit notifications of events which the provider is required by law to tell us about.

### **The enforcement action we took:**

Consider either fixed penalty notice or breach/requirement via discussion with IM