

## Laurieston House

# Laurieston House

### 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 

#### Overall summary

This unannounced inspection took place on 3 December 2015. The service was last inspected on 5 February 2014 and met all regulations inspected.

Laurieston House provides accommodation and support with personal care for five people with learning disabilities. At the time of the inspection there were three people using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

registered providers, they are “registered persons”. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People’s needs were assessed and their care plans provided staff with clear guidance about how they wanted their individual needs met. Care plans were

# Summary of findings

person centred and contained appropriate risk assessments. They were regularly reviewed and amended as necessary to ensure they reflected people's changing support needs.

People were happy, comfortable and relaxed with staff and said they felt safe. They received care and support from staff who were appropriately trained and confident to meet their individual needs and they were able to access health, social and medical care, as required. There were opportunities for additional staff training specific to the needs of the service. Staff received one-to-one supervision meetings with their manager. Formal personal development plans, such as annual appraisals, were in place.

There were policies and procedures in place to keep people safe and there were sufficient staff on duty to meet people's needs. Staff told us they had completed training in safe working practices. We saw people were supported with patience, consideration and kindness and their privacy and dignity was respected.

Safe recruitment procedures were followed and appropriate pre-employment checks had been made including evidence of identity and satisfactory written references. Appropriate checks were also undertaken to ensure new staff were safe to work within the care sector.

Medicines were managed safely in accordance with current regulations and guidance by staff who had received appropriate training to help ensure safe practice. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were being supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were assessed and records were accurately maintained to ensure people were protected from risks associated with eating and drinking. Where risks to people had been identified, these had been appropriately monitored and referrals made to relevant professionals, where necessary.

There was a formal complaints process in place. People were encouraged and supported to express their views about their care and staff were responsive to their comments. Satisfaction questionnaires were used to obtain the views of people who lived in the home, their relatives and other stakeholders.

# Summary of findings

## 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 safe.

People were protected by robust recruitment practices, which helped ensure their safety. Staffing numbers were sufficient to ensure people received a safe level of care.

Medicines were stored and administered safely and accurate records were maintained.

Comprehensive systems were in place to regularly monitor the quality of the service. Concerns and risks were identified and acted upon.

Good



### Is the service effective?

The service was effective.

People received effective care from staff who had the knowledge and skills to carry out their roles and responsibilities.

Staff had training in relation to the Mental Capacity Act (MCA) and had an understanding of Deprivation of Liberty Safeguards (DoLS). Capacity assessments were completed for people, as needed, to ensure their rights were protected.

People were able to access external health and social care services, as required.

Good



### Is the service caring?

The service was caring.

People and their relatives spoke positively about the kind, understanding and compassionate attitude of the registered manager and care staff.

Staff spent time with people, communicated patiently and effectively and treated them with kindness, dignity and respect.

People were involved in making decisions about their care. They were regularly asked about their choices and individual preferences and these were reflected in the personalised care and support they received.

Good



### Is the service responsive?

The service was responsive.

Staff had a good understanding of people's identified care and support needs.

There was a range of stimulating and personalised activities available for people to participate in, that reflected their individual interests and preferences

A complaints procedure was in place and people told us that they felt able to raise any issues or concerns.

Good



# Summary of findings

## Is the service well-led?

The service was well led.

Staff said they felt valued and supported by the established and very experienced manager, who they described as approachable and very supportive. They were aware of their responsibilities and felt confident in their individual roles.

There was a positive, open and inclusive culture throughout the service and staff shared and demonstrated values that included honesty, compassion, safety and respect.

People were encouraged to share their views about the service and improvements were made, where necessary. There was an effective quality monitoring system to help ensure the care provided reflected people's needs.

Good



# Laurieston House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 December 2015 and was unannounced. The inspection was conducted by one inspector, one expert by experience and their supporter. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we reviewed the information we held about the service. This included the provider information return (PIR) and the notifications that the provider had sent us. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR also provides data about the organisation and service.

During the inspection we observed care practice, spoke with two people using the service, one relative, two staff and the registered manager. We looked at documentation, including two people's care and support plans, their health records, risk assessments and daily notes. We also looked at three staff files and records relating to the management of the service. They included audits such as medicine administration and maintenance of the environment, staff rotas, training records and policies and procedures.

# Is the service safe?

## Our findings

People told us they knew how to keep safe in the home and when going out and described how they were supported to take responsible risks. The three people living at Laurieston House had been there for many years, having moved in at the same time. They told us it was very comfortable and homely and said they were “very happy” and felt “totally safe” living there. One person told us the staff at the home looked after them very well and said “I like it here, I’m safe and don’t have to worry about anything. The staff are very kind and they help us to cook our meals and support us to do our washing and ironing.” Another person told us, “Staff give us our medicine when we need it. We have our own space and can go to our bedrooms for privacy and so we can watch our own television in our room if we want to.”

A relative told us, “I have complete peace of mind knowing (family member) is safe and well cared for. The manager and staff are just fantastic and I’m very grateful for everything they do.” Staff we spoke with told us everyone in the home got on very well together and “They look out for one another.” They described the environment as “One big family” and told us that one-to-one support was provided for people, when needed, to ensure any risks were effectively managed.

People were protected from avoidable harm as staff had received relevant training relating to safeguarding. They had a good understanding of what constituted abuse and were aware of their responsibilities in relation to reporting such abuse. Staff told us they knew the people well and would be confident in addressing potential abuse or harm. They said that because of their training they were far more aware of the different forms of abuse and were able to describe them to us. Records showed that all staff had completed training in safeguarding adults and received regular update training. Staff also told us they would not hesitate to report any concerns they had about care practice and were confident any such concerns would be taken seriously and acted upon. We asked one member of staff whether they would report any suspected abuse. They told us, “Absolutely – no question.”

People and their relatives told us there was enough staff at the home. One person said staff were always there when they needed them. A relative told us, “There are enough staff around to support people and keep them safe. If they need to bring other staff in, so someone can be taken out

for a doctor’s appointment or something, they do.” This was supported by the duty rota we were shown and confirmed by a member staff who told us there was sufficient staff to provide the care and support people needed.

Medicines were managed safely and consistently. We found evidence that staff involved in administering medicines had received appropriate training. A list of staff authorised to undertake this was kept with the medicines folder. We spoke with the manager regarding the policies and procedures for the storage, administration and disposal of medicines. We also observed medicines being administered. We saw the medicine administration records (MAR) for people who used the service had been correctly completed by staff when they gave people their medicines. We also saw the MAR charts had been appropriately completed to show the date and time that people had received ‘when required’ medicines. .

The provider operated a safe and thorough recruitment procedure and we looked at a sample of three staff files, including recruitment records. We found appropriate procedures had been followed, including application forms with full employment history, relevant experience information, eligibility to work and reference checks. Before staff were employed, the provider requested criminal records checks through the Government’s Disclosure and Barring Service (DBS) as part of the recruitment process. The DBS helps employers ensure that people they recruit are suitable to work with vulnerable people who use care and support services.

Individual care plans incorporated personal and environmental risk assessments which identified potential risks and how these could be managed. The risk assessments were person specific reflecting people’s individual assessed needs and were regularly reviewed. Staff we spoke with confirmed that they were clear about the risks and guidance in place to ensure that the risks to people were managed.

The registered manager showed us the home’s emergency folder which was readily accessible and located near the front door. This folder contained a photograph of each person and information regarding their support and medicines. There were also contact details for local emergency services and utilities providers. Each person

## Is the service safe?

had an individualised evacuation plan along with details about their social and medical history and their likes and dislikes. This helped ensure the safety and welfare of people in the event of an emergency.

During our inspection, we saw that all parts of the home were clean, well maintained and free from any avoidable

hazards. A relative told us they found the home clean whenever they visited. Staff told us they had received infection control training and this was recorded in training records we were shown.

# Is the service effective?

## Our findings

The service ensured the care and support needs of people were met by competent staff who were sufficiently trained and experienced to meet their needs effectively. People and relatives spoke positively about the service and told us they had no concerns about the care and support provided and thought staff were “just wonderful” and “so dedicated.” One relative described Laurieston House as, “Home from home” and told us, “The staff are just fantastic. They go ‘above and beyond’ and nothing is too much trouble for them.”

People were supported to have sufficient to eat and drink and maintain a balanced and nutritious diet. A weekly menu was displayed on the wall in the dining room and reflected a good balanced and nutritious choice of food. The fridges and freezers were well stocked and we saw that all opened food was clearly labelled. People said they really enjoyed the food that they were supported to prepare and said they had “plenty to eat.” They told us they were encouraged to make choices and, during the house meeting, staff asked them what they wanted to eat, when they planned the weekly menu. One person told us they enjoyed fish and chips and went out to the local chip shop on a Saturday evening. People also told us how much they enjoyed their Sunday roast dinner. They said the staff cook this for them and they can choose the meat and vegetables. During our inspection we observed plenty of fresh fruit available in the kitchen and people told us they could have drinks or snacks throughout the day.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found that the manager was aware of the process and fully understood when an application should be made and how to submit one. Where people lacked the mental capacity to make decisions the service was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person’s best interests. The registered manager told us that to ensure the service acted in people’s best interests, they maintained regular contact with social workers, health professionals, relatives and advocates.

The MCA is legislation that protects people who are not able to consent to their care and treatment. It also ensures people are not unlawfully restricted of their freedom or liberty. We noted that the home had a policy and

procedure about the MCA and staff had completed training related to DoLS. These are legal safeguards that ensure people’s liberty is only deprived when absolutely necessary. During the inspection we were informed that no person was currently subjected to DoLS.

Staff sought people’s consent in providing care. People told us they made their own decisions about how to be supported, for example, when and where to go, what to eat and when to go to bed. We reviewed the care plans for two people who lived at the home and found they each contained consent forms which the individual or their advocates had signed detailing their consent to come to live at the home. We also found consent forms relating to various aspects of people’s care, such as consent to agree that the home should manage their medications. We also saw individual consent forms relating to people consenting to contribute to the cost of trips and outings. This showed that people’s rights to make their own decisions were recognised and included in their care plans. A member of staff told us they encouraged and supported people to make decisions about all aspects of daily living.

People were supported to maintain good health and told us they were happy regarding the availability of health professionals, whenever necessary. Care records confirmed that people had regular access to healthcare professionals, such as GPs, opticians and dentists. We saw, where appropriate, people were supported to attend some health appointments in the community. Individual care plans contained records of all such appointments as well as any visits from healthcare professionals. People told us they visited their GP whenever they needed to and had regular health checks. One person told us they also visited the opticians to have their regular eye check. Another person confirmed that if they weren’t feeling well they would always, “Tell the staff, so they can make me an appointment to see the GP.”

The registered manager told us staff training was based on the needs of people. The training matrix showed staff had attended a range of courses relevant to their roles. These included, safeguarding, first aid, dignity and respect, person centred care, equality and diversity, safe handling of medicines and infection control. Staff we spoke with and the staff files we checked confirmed that staff had attended these training sessions. Staff told us they received supervision and support from the registered manager. This

## Is the service effective?

was confirmed in personnel files we were shown and helped ensure staff had the appropriate guidance and necessary support to undertake their duties and fulfil their roles.

The registered manager told us new staff completed induction when they started work at the service. This was

confirmed by staff we spoke with and there was evidence in the files that staff had completed an induction programme when they started work. This helped ensure that new staff were confident and competent to provide the care and support necessary to meet people's needs.

# Is the service caring?

## Our findings

We received very positive feedback from people and their relatives regarding the caring environment and the kind and compassionate nature of the manager and staff. Relatives told us they were "Very grateful for everything they do." They also confirmed they had been given the opportunity to be involved in their individual care planning and said that staff treated them with kindness, dignity and respect.

People we spoke with genuinely liked the care staff and talked enthusiastically about their kindness and compassion. One person told us, "Staff are very kind to us and treat us with respect." Relatives we spoke with described the registered manager and staff as, "Caring, kind and respectful. People were keen to tell us how well they were cared for and also how well they got on with all the staff. One person told us, "Staff do give us our private time so that we can spend some time in our own bedrooms watch television and our favourite programmes." They also said how much they enjoyed singing in their bedroom on their karaoke machine.

We spoke with people and their relatives about their involvement in care planning. They told us they were involved in reviewing their care plans and one told person said, "I've got my white file, I look at, that's kept in the living room." People told us if there were any changes to their support needs they would tell the staff and "Staff will sit with us and change it in the care plan. One person told us, "Staff give us our own letters and we open them ourselves. If we do not understand anything we will tell staff and they will always read the letter to us." A relative told us, "I feel very involved and they keep me informed every step of the way."

The registered manager and staff demonstrated a strong commitment to providing compassionate care. The manager told us people were treated as individuals and supported and enabled to be as independent as they wanted to be. We saw and heard staff speak with and respond to people in a calm, considerate and respectful manner. A member of staff described how people were

encouraged and supported to take decisions and make choices about all aspects of daily living and these choices were respected. Communication between staff and the people they supported was sensitive and respectful and we saw people being gently encouraged to express their views. We observed that staff involved people, as far as practicable, in making decisions about their personal care and support. Relatives confirmed that, where appropriate, they were involved in their care planning and had the opportunity to attend reviews. They said they were kept well-informed and were made welcome whenever they visited.

Staff had clearly developed positive relationships with people. Each person had a key worker who was responsible for overseeing the planning of reviews and monitoring needs were being met. We were told, where practicable, keyworkers communicated with people's families and updated care plans. We saw care plans were written in first person which showed that people discussed their needs and identified how they wanted to be supported. Care files showed people and their relatives attended the review meetings.

The registered manager told us the home used permanent or bank staff to cover any absences through sickness or annual leave, which helped ensure continuity of care. We were informed that all staff knew people's care plans and how to provide support that reflected their needs and preferences. The staff we spoke with were knowledgeable about people's needs including preferences and people's individual routines. They told us they promoted people's independence by "supervising, prompting and giving them help" to do things for themselves. Staff explained how they sometimes communicated with people by using various 'non-verbal' means such as gestures and pictures.

Staff confirmed they had received training on equality and diversity and we saw the provider had a policy and procedure that advised staff of their responsibilities and expectations. Staff told us they had read the provider's policies and procedures and were aware of their responsibilities to treat each person as an individual without discrimination.

# Is the service responsive?

## Our findings

Staff were responsive to people's needs. People told us they felt listened to and directly involved in how their personalised care and support was provided. They spoke of staff knowing them well and being aware of their preferences and how they liked things to be done. We observed staff carried out their duties in a calm, unhurried manner and they spent time with people on a one-to-one basis. Most of the staff were very experienced and had been working at Laurieston House for a long time; they were committed to the people living there and genuinely enthusiastic about their work. They demonstrated a sound understanding and awareness of people's individual needs and were consistent and very responsive to their wishes.

Relatives spoke positively about the communication with the service and their involvement in their family member's care. One relative told us "I'm always kept informed of everything." They also said how responsive the service was to their own particular needs. They are always very accommodating. For instance, I work in a school and when they arrange a review, they always try and make sure it takes place out of term time, which I really appreciate."

People said that staff spent time with them and they received opportunities to pursue their hobbies and interests. People told us they did lots of activities and said they liked to go to discos and dance or listen to music. One person told us they enjoyed going to the local miners' welfare club on a Saturday night. People also told us they go to different clubs throughout the week. They said they look forward to the weekend as they go out for a meal at lunch time and have a drink. They also told us they enjoyed going on their holidays – especially to Blackpool. They told us they had been away twice this year and "really enjoyed it." Relatives told us staff responded to people's needs, routinely offered them choices and were aware of their individual likes and dislikes.

One person told us, "We like to go to bed at 9pm as we have a busy week going out to the day centre but we can choose when we go to bed. At weekends we do like to stay up a bit longer." Staff we spoke with confirmed that people had various activities to choose from and participate in. They also told us people attended different day centres to reflect their individual interests and preferences. One member of staff told us. "It's not one size fits all here. The residents are all individuals and they like to do different

things. Going to different day centres also means that when they all get back in the evening, they are genuinely pleased to see one another and interested to hear about how other people's days have been."

People said they all had their own keyworker, who they felt very comfortable with and who they could go to anytime if they needed to. However, they also told us they hadn't had a keyworker meeting for a long time. One person told us, "We have regular house meetings to talk about things. We also plan our menus in these meetings, so they are important to us." One person said they liked to stay at their sister's house for "a sleep-over" and described how staff supported them with this. They told us, "They always make sure this happens for me." They told us staff had also supported them to plan for Christmas and when they would be going to spend Christmas day with their family.

The provider had a complaints procedure in place. During our visit we reviewed the provider's arrangements for managing complaints. An easy to understand pictorial complaints procedure was in place which set out how people could complain and who they should talk to if they were worried or unhappy about anything. The policy set out clear timescales for when people could expect a response to their complaint and detailed what they could do if they were unhappy with how their complaint was dealt with.

A copy of the pictorial version of the complaints policy was displayed in people's bedrooms. We asked to see the complaints files. We found that whilst the home had not received any formal complaints, people had expressed their views and a number of issues and also requested that certain trips and outings be arranged. Our review of records found that the provider had implemented people's suggestions. The complaints procedure was presented in a written and pictorial format and people told us they knew how to make a complaint. People told us, if they were feeling worried or unhappy about their care or had any other concerns, they would "Tell the staff." They also felt confident they would be listened to and their concerns would be acted upon. One person said of the staff, "They'll sort it out." A relative said they were aware of the provider's complaints procedure. However, they told us they had no reason to complain as they were "very satisfied" with the care provided and described staff at the home as, "Absolutely fantastic."

# Is the service well-led?

## Our findings

People and their relatives spoke highly about the service provided and felt the home was very well managed. They also spoke positively about the dedication and commitment of the manager and the confidence they had in them. One relative told us, “The manager is excellent, dedicated to the residents, very supportive of the staff and very helpful to me. She does a marvellous job and I have every confidence in her.” People we spoke with said they really liked the manager, who was very approachable and “very nice.” One person told us, “I can go and speak to her anytime, if I need to.”

Staff were aware of their roles and responsibilities to the people they supported. They spoke to us about the very open and inclusive culture within the service, and said they would have no hesitation in reporting any concerns. They were also confident that any issues raised would be listened to and acted upon, by the registered manager, who they described as “approachable” and “very supportive.” We saw documentary evidence of staff having received regular formal supervision and annual appraisals.

Effective quality assurance systems were in place to monitor and review the quality of the service. The manager carried out regular audits of all aspects of the service including care planning, infection control, medicines and health and safety to make sure that any shortfalls were identified and improvements were made when needed. People who used the service and their relatives had been asked for their opinion on the quality of the service each year. We looked at recent survey results which had been collated and saw that any comments were addressed and acted upon. The registered manager showed us where any issues raised – for example holiday destinations - had been discussed at staff meetings, appropriate action taken and any changes or improvements made, as necessary.

We also found that people who lived at the home had the opportunity to attend house meetings. We reviewed the records of these meetings and found that one person had acted as chairperson for the meetings and had helped others to understand and to take part. People had discussed outings they would like to go on and what meals they would like to have. The provider had acted upon these comments and arranged for people to take part in the outings requested and menus had been amended to reflect people’s wishes. This demonstrated that people’s views were listened to and acted upon.

There were systems in place to identify, minimise and manage risks to people’s safety and welfare in the environment. The registered manager described how specialist external contractors were used to monitor the safety of equipment and installations such as gas and electrical systems, to help ensure people were protected from harm.

The registered manager had taken appropriate and timely action to protect people and had ensured they received necessary care, support or treatment. We saw appropriate records and documentation in place to monitor and review any accidents and incidents. This helped identify any emerging trends or patterns and ensured any necessary action was taken to minimise the risk of reoccurrence. The registered manager had notified the Care Quality Commission (CQC) of any significant events, as they are legally required to do.

We reviewed the provider’s accident and incident reporting policy. This policy contained information on how accidents and incidents should be reported and investigated. However the registered manager told us there had not been any accidents or incidents, since the previous inspection, which had required reporting to the CQC.