

Mr & Mrs D Caley

Laurieston Care Home for the Elderly

Inspection report

Laurieston Care Home
Albion Terrance
Saltburn By The Sea
Cleveland
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Tel: 01287623890

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19 March 2016

22 March 2016

23 March 2016

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 19, 22 and 23 March 2016 and was unannounced. This meant that the provider did not know we would be visiting. The service had not previously been inspected.

Laurieston Care Home is a residential care home located in Saltburn by the Sea. It is conveniently situated for easy access to all local amenities and public transport including the railway station. Accommodation is provided in ten single and three double bedrooms. Two rooms have en-suite facilities and the others have a wash hand basin. There is a large lounge with two separate seating areas and a dining room. To the rear of the property is a court yard and to the front of the property is an accessible garden with seating arrangements.

There was a registered manager in place and they are also the registered provider. A registered manager is a person who has registered with the Care Quality Commission 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 told us that staff worked hard and supported them to continue to lead fulfilling lifestyles. We found that a range of stimulating and engaging activities were provided at the home.

People we spoke with told us they felt safe in the home and that staff made sure they were kept safe. We saw there were systems and processes in place to protect people from the risk of harm.

People who used the service and the staff we spoke with told us that there were enough staff on duty to meet people's needs. The registered provider had closely considered people's needs and ensured that one senior and two to three care staff were on duty during the day for the 16 people using the service and a senior carer and a care staff member on duty overnight. The registered provider lived at the back of the home and staff told us they could contact them at any point to assist them whether this was night or day.

We reviewed the systems for the management of medicines and found that people received their medicines safely.

Effective recruitment and selection procedures were in place and we saw that appropriate checks had been undertaken before staff began work. The checks included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Staff received a wide range of training, which covered mandatory courses such as fire safety as well as condition specific training such as dementia care.

The majority of people had the capacity to make decisions but where people experienced difficulties we saw

that staff gently worked with them to work out what they felt was best. Staff understood the requirements of the Mental Capacity Act 2005 and, when appropriate, had requested Deprivation of Liberty Safeguard (DoLS) authorisations. Staff had ensured capacity assessments were completed in line with the Mental Capacity Act 2005 code of practice.

We observed that staff had developed very positive relationships with the people who used the service. The interactions between people and staff were jovial and supportive. Staff were kind and respectful; we saw that they were aware of how to respect people's privacy and dignity. Staff also sensitively supported people to deal with their personal care needs.

People told us they were offered plenty to eat and we observed staff to assist individuals to have sufficient healthy food and drinks to ensure that their nutritional needs were met. We saw that each individual's preference was catered for and people were supported to manage their weight and nutritional needs.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff or relatives to hospital appointments.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The care plans contained detailed information about how each person should be supported. We found that risk assessments were detailed. They contained person specific actions to reduce or prevent the highlighted risk.

We saw that the registered provider had a system in place for dealing with people's concerns and complaints. The manager had ensured people were supported to access independent advocate. People and relatives we spoke with told us that they knew how to complain and felt confident that staff would respond and take action to support them. People we spoke with did not raise any complaints or concerns about the service.

We found that the building was very clean and well-maintained. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. We found that all relevant infection control procedures were followed by the staff at the home and saw that audits of infection control practices were completed.

The registered provider had a range of systems to monitor and improve the quality of the service provided. We saw that the registered provider was enhancing these systems with the introduction of a computerised quality assurance system. The manager had systems in place to oversee the performance of the home and to identify any areas that needed to be developed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff were knowledgeable in recognising signs of potential abuse and reported any concerns regarding the safety of people to senior staff.

There were sufficient skilled and experienced staff on duty to meet people's needs.

Appropriate checks were undertaken before staff started work.

Appropriate systems were in place for the management and administration of medicines.

Appropriate checks of the building and maintenance systems were undertaken.

Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training. Staff followed the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty.

People were provided with a choice of nutritious food. People were supported to maintain good health and had access to healthcare professionals and services.

Is the service caring?

Good ●

This service was caring.

People told us that they liked living at the home. We saw that the staff were very caring and discreetly supported people to deal with all aspects of their daily lives.

We saw that staff constantly engaged people in conversations and these were tailored to ensure each individual's communication needs were taken into consideration.

People were treated with respect and their independence, privacy and dignity were promoted. The staff were knowledgeable about people's support needs.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care plans were produced, which identified how to meet each person's needs. These plans were tailored to meet each person's individual requirements and reviewed on a regular basis.

We saw people were encouraged and supported to take part in activities a wide range of activities.

The people we spoke with were aware of how to make a complaint or raise a concern. They told us they had no concerns but if they did knew these would be looked into and reviewed in a timely way.

Is the service well-led?

Good ●

The service was well led.

We found that the registered provider critically reviewed all aspects of the service then took timely action to make any necessary changes.

Staff told us they found that the registered provider was supportive and felt able to have open and transparent discussions with them.

Systems in place to monitor and improve the quality of the service provided.

Laurieston Care Home for the Elderly

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.

An adult social care inspector complete this inspection took place on 19, 22 and 23 March 2016 and was unannounced. This meant that the provider did not know we would be visiting.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The registered provider completed a provider information return [PIR]. This 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.

During the visit we spoke with nine people who used the service, a volunteer and two relatives. We also spoke with the senior carer, four care assistants and the cook.

We spent time with people in the communal areas and observed how staff interacted and supported individuals. We observed how staff engaged with people during activities. We looked at three people's care records, two recruitment records and the staff training records, as well as records relating to the management of the service. We looked around the home and went into the communal areas.

Is the service safe?

Our findings

We asked people who used the service what they thought about the home and staff. People told us that they found staff were very kind. They told us that they thought the staff provided care that met people's needs and kept individuals safe.

People said, "We find that the staff are excellent and really go the extra mile." And, "They are great and nothing is too much for them to do." And, "I am very happy here and can't fault them."

People who were identified to be at risk had appropriate plans of care in place such as plans for ensuring action was taken to manage pressure area care and safely assist people to eat. Charts were used for example to document food and hydration were clearly and accurately maintained. This meant people were protected against the risk of harm because the registered provider had suitable arrangements in place. The risk assessments and care plans we looked at had been reviewed and updated on a monthly basis.

Staff were able to clearly outline the steps they would take if they felt they witnessed abuse and we found these were in line with expected practice. We asked staff to tell us about their understanding of the safeguarding process. Staff gave us appropriate responses and told us they would report any incident to registered provider and they knew how to take it further if need be. Staff we spoke with were able to describe how they ensured the welfare of vulnerable people was protected through the organisation's whistle blowing and safeguarding procedures.

We found information about people's needs had been used to determine that this number of staff could meet people's needs. Through our observations, discussions with people and staff members and review of the rotas, we found that there were enough staff with the right experience and training to meet the needs of the people who used the service. A senior carer staff and at least two care staff were on duty during the day and a senior care and care staff member were on duty overnight. In addition to this the registered provider worked during the week and provided on call cover overnight. Also additional support staff were on duty during the day such as catering, domestic and laundry staff. A volunteer activity coordinator also worked most days at the home.

The home had a very stable staff group with most staff having worked at the home for at least two years. We looked at staff records and found recruitment practices were safe. We saw that the relevant checks had been completed before staff had worked unsupervised at the home. We saw evidence to show they had attended interview, obtained information from referees. A Disclosure and Barring Service (DBS) check had been completed before they started work in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with vulnerable adults.

We saw that staff had received a range of training designed to equip them with the skills to deal with all types of incidents including medical emergencies. The staff we spoke with during the inspection confirmed

that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. A qualified first aider was on duty throughout the 24 hour period.

Accidents and incidents were managed appropriately. The senior carer discussed how the registered provider analysed incidents to determine trends. They outlined how the staff group had used this to assist them to look at staff deployment and ensure people who used the service, when appropriate, were referred to the local falls team. We saw that where accidents had occurred they had been fully recorded and appropriate remedial action taken.

All areas we observed were very clean and had a pleasant odour. Staff were observed to wash their hands at appropriate times and with an effective technique that followed national guidelines.

We saw that personal protective equipment (PPE) was available around the home. Staff told us they were able to get all the equipment they needed. We saw they had access to all the necessary control of hazardous substances to health (COSHH) information. COSHH details what is contained in cleaning products and how to use them safely.

We saw evidence of Personal Emergency Evacuation Plans (PEEP) for all of the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. We also found that fire drills were completed every six months for day staff and every three months for night staff and refresher training was undertaken annually. This frequency was in line with that required in the fire regulations.

We saw records to confirm that regular checks of the fire alarm were carried out to ensure that it was in safe working order. We confirmed that checks of the building and equipment were carried out to ensure people's health and safety was protected. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, fire extinguishers and the portable appliance testing (PAT) tests. This showed that the registered provider had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises.

We found that there were appropriate arrangements in place for obtaining medicines, checking these on receipt into the home and storing them. We looked through the medication administration records (MAR's) and it was clear all medicines had been administered and recorded correctly. A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered.

Adequate stocks of medicines were securely maintained to allow continuity of treatment. We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly. Information was available in both the medicine folder and people's care records, which informed staff about each person's protocols for their 'as required' medicine. All staff who administered medicines had been trained and completed regular competency checks to ensure they were able to safely handle medicines.

Is the service effective?

Our findings

The people told us they thought the staff knew how to support them and the registered provider ensured the service met their needs. People told us they had confidence in the staff's abilities to provide good care.

People said, "I never have to wait long, as the girls are always here like a shot. " And "It is a very good home and I'm content living here."

The staff told us that they had attended training in the Mental Capacity Act (MCA) 2005. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS) authorisations.

The majority of people had the capacity to make decisions.

We found these assessments were only completed when evidence suggested a person might lack capacity, which is in line with the MCA code of practice.

We reviewed the care records for one person who lacked capacity and found this contained assessments of the person's capacity to make decisions. There were records to confirm that discussions about decisions had taken place with the person's family, external health and social work professionals and senior members of staff. This showed any decisions made on the person's behalf were done after consideration of what would be in their best interests. Best interest decisions were recorded in relation to care and support and finance amongst others.

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards (DoLS). DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. One DoLS authorisation was in place and we saw that this was in line with the assessment of people's needs.

All the staff we spoke with told us that they were supported in accessing a variety of training and learning opportunities. All the staff we spoke with were able to list a variety of training that they had received over the last year such as moving and handling, infection control, meeting people's nutritional needs and safeguarding. Staff told us they felt able to approach the registered provider if they felt they had additional training needs and were confident that the manager would facilitate this additional training. We confirmed from our review of staff records and discussions that the staff were suitably qualified and experienced to fulfil the requirements of their posts. We confirmed that all of the staff had also completed refresher training.

We found that the registered provider had obtained the Care Certificate induction. The Care Certificate sets out learning outcomes, competences and standards of care that are expected. The senior carer told us it was their intention to complete this certificate with any new staff.

Staff we spoke with during the inspection told us they had regularly received supervision sessions and had an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We were told that an annual appraisal was carried out with all staff. We saw records to confirm that supervision and appraisal had taken place. We saw that the manager was completing competency checks for nurses and care staff.

The written records of the people using the service reflected that the staff had a good knowledge and understanding of people's care and nursing needs. We saw assessments were completed for people and these provided a range of information about their needs.

We saw that MUST tools, which are used to monitor whether people's weight were within healthy ranges and were being accurately completed. People were seen when concerns arose and attended regular appointments. We saw records to confirm that people had regular health checks and were accompanied by staff to hospital appointments. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

We observed that people received appropriate assistance to eat and were treated with gentleness, respect and were given opportunity to eat at their own pace. People were offered choices in the meal and staff knew people's personal likes and dislikes. The cook discussed the menus with us and explained they had a good budget, which allowed them to make home-made food and cater to each peoples' likes and dislikes. We found that all the staff kept a close eye on people's weight and when it was noted that someone was losing weight the cook provided fortified meals and staff proactively encouraged the person take additional nutrition as well as to refer them to the local dietician.

Is the service caring?

Our findings

The people we spoke with said they were happy with the care provided at the home. Relatives told us that they thought the care being received was very good.

People said, "We come here often and always find the staff are kind and caring to everyone." And, "This is a very happy home and we all get on really well." And, "I find the girls are attentive and always very happy."

Every member of staff that we observed used a caring and compassionate approach when working with the people who used the service. Staff we spoke with described with passion a desire to provide a high quality service and were extremely empathetic. We found the staff were warm and friendly.

Staff showed good skills in communicating both verbally and through body language. One person who was being assisted to attend to their personal care and experienced difficulty grasping what was being asked. We saw that staff gently worked with them to assist them to stand and go with them. Staff constantly talked to the person and watched their face for signs that they understood what was being asked.

The staff that we spoke with showed genuine concern for people's wellbeing. It was evident from discussion that all staff knew people very well, including their personal history preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs.

The staff we spoke with explained how they maintained the privacy and dignity of the people that they care for and told us that this was a fundamental part of their role. One care staff member said, 'We are one big family and treat everyone like we would like to be treated ourselves.'

People were seen to be given opportunities to make decisions and choices during the day, for example, what activities to join and we saw that one person routinely went out and about as and when they pleased. The care plans also included information about personal choices such as whether someone preferred a shower or bath. The care staff told us they accessed the care plans to find information about each individual and always ensured that they took the time to read the care plans of new people.

The environment was designed to support people's privacy and dignity. People's bedrooms had personal items within them. All the bedrooms we went into contained personal items that belonged to the person such as photographs, pictures (both wall mounted and displayed on surfaces), furniture, lamps. People told us about the ornaments and items they had brought from their own home and how this had helped them settle into the new environment.

Is the service responsive?

Our findings

We saw that people were engaged in a variety of activities. From our discussion with the staff and volunteer activity coordinator we found that the activities were tailored to each person. People told us about the wide range of activities that were on each day in the home and how staff would go with them to the shops and park.

People said, "We are never bored as there is always something on like quizzes, crossword and games."

We found people were engaged in meaningful occupation and the staff had tailored the programme of activity to stimulate each person and entertain individuals'. The staff and volunteer activities coordinator were very enthusiastic and discussed how they were constantly looking for something new to do. All the people we spoke with were very enthused by the activities that were on offer.

We saw that staff promptly responded to any indications that people were experiencing problems or their care needs had changed. The staff discussed how they had worked with people who used the service to make sure the placement remained suitable. They discussed the action the team took when people's needs changed to make sure they did everything they could to make the home a supportive environment and ensure wherever possible the placement still met people's needs.

We found the care records were well-written. They clearly detailed each person's needs and were very informative. As people's needs changed their assessments were updated, as were the support plans and risk assessments. During the inspection we spoke with staff who were extremely knowledgeable about the support that people received. They could readily outline what support plans were in place and the goals of each plan. The people we spoke with told us they found that the staff made sure the home worked to meet their individual needs and to reach their goals.

Staff were able to explain what to do if they received a complaint but commented that they rarely received complaints. They were also able to show us the complaints policy which was in the office on all floors. We looked at the complaint procedure and saw it informed people how and who to make a complaint to and gave people timescales for action.

We spoke with relatives and people who used the service who told us that if they were unhappy they would not hesitate in speaking with the registered provider and the staff. They told us although they had not needed to make a formal complaint that any little niggles they had were addressed straight away and this gave them confidence that any problems would be resolved. We saw that when complaints had been made the registered provider had thoroughly investigated and resolved them and used the information as learning and a means to improve the service.

Is the service well-led?

Our findings

The people spoke highly of the service, the staff and the provider. They told us that they thought the home was well run and met people's needs. People told us that they were very happy at the home.

We found that the registered provider understood the principles of good quality assurance and used these principles to critically review the service. We found that the registered provider and staff actively monitored the service and used the information they gathered to make improvements. For example they had looked at how to improve the nutritional intake for people prone to losing weight and introduced fortified meals.

The registered provider undertook monthly reviews of care plans and medicines and kept a log of where actions were required and when they had been completed. The senior care staff also undertook checks of the environment, beds, staffing levels and general tidiness.

We saw that the registered provider and staff held regular discussions with the people who used the service, relatives and staff, which provided a forum for people to share their views. Questionnaires were sent out to people and their relatives every six months, and resident and relative meetings were held. Records confirmed that a wide range of topics were discussed at these, for example food and activities, and that where people or their relatives made specific requests actions were taken to such as organising trips out or redecorating people's bedrooms.

The staff we spoke with had a pride in the home that they worked in. Staff said, "I love working here." All the staff members we spoke with described that they felt part of a big team and found the registered provider was very supportive.

The staff we spoke with described how the registered provider wanted to provide an excellent service and really cared about the people at the home. They told us that the registered provider constantly looked to improve the service. Staff said they felt supported by the registered provider felt confident to raise any issues they had or to request more support. Staff told us they attended staff meetings throughout the year and the meeting minutes and action plans were reviewed. This confirmed that staff consistently reflected on their practices and how these could be improved. Additional meetings were arranged for the convenience of night staff.

Staff told us there was good communication within the team and they worked well together. They felt the staff morale was very good and this led to them ensuring the home was well-run. The people who used the service confirmed that the registered manager was very visible and seemed to run the home for their benefit rather than as a job. The people who used the service felt the registered provider's attitude had led to everyone being content and happy.