

North London Care Services Limited

Laurel 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 ●

Summary of findings

Overall summary

This inspection took place on 20 June 2017 and was unannounced. At our last inspection in May 2015 the service was rated 'Good'. At this inspection we found the service remained 'Good'.

Laurel House is a care home for adults who have a learning disability. The maximum number of people the home can accommodate is five. On the day of the inspection there were five men residing at the home. They all have lived at Laurel House for a number of years and we had met them all at the last inspection.

There was a registered manager in post. 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 the staff were kind and they felt safe at the home. Staff understood their responsibilities to keep people safe from potential abuse.

Risks had been recorded in people's care plans and ways to reduce these risks had been explored with the person and were being followed appropriately.

We saw that people using the service were relaxed with staff and everyone told us they knew each other very well.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately. Relatives told us that the registered manager had worked in collaboration with people's doctors and psychiatrists to ensure people were not prescribed unnecessary medicines.

Staff were positive about working at the home and told us they appreciated the support and encouragement they received from the registered manager.

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

Staff understood the principles of the Mental Capacity Act (MCA 2005) and knew that they must offer as much choice to people as possible in making day to day decisions about their care.

People told us they enjoyed the food cooked by staff and that they were offered choices of what they wanted to eat.

People had regular access to healthcare professionals such as doctors, dentists, chiropodists and opticians.

Staff treated people as unique individuals who had different likes, dislikes, needs and preferences.

Everyone had an individual plan of care which they had input into and which was reviewed on a regular basis with their involvement.

People using the service and their relatives told us that the management and staff listened to them and acted on their suggestions and wishes.

Both people using the service and their relatives told us they were happy to raise any concerns they had with the registered manager.

People were included in monitoring the quality of the service and we saw that their suggestions for improvements and preferences about how they wanted to live their lives were respected and acted on.

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 continued to be safe.

Is the service effective?

Good ●

The service continued to be effective.

Is the service caring?

Good ●

The service continued to be caring.

Is the service responsive?

Good ●

The service continued to be responsive.

Is the service well-led?

Good ●

The service continued to be well-led.

Laurel 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 checked 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 unannounced inspection was undertaken on 20 June 2017 and was carried out by one inspector.

Before the inspection, we asked the provider to complete 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. We reviewed the completed PIR and previous inspection reports before the inspection.

We also reviewed information we had about the provider, including notifications of any safeguarding or other incidents affecting the safety and well-being of people using the service.

We met with all of the five people who use the service and spoke with three people to gain their views about what the home was like. We also observed interactions between staff and people using the service as we wanted to see if the way that staff communicated and supported people had a positive effect on their well-being. We spoke with five relatives of people using the service.

We spoke with three care staff and the registered manager.

We looked at three people's care plans and other documents relating to their care including risk assessments and medicines records. We looked at other records held at the home including meeting minutes, three staffing files as well as health and safety documents and quality audits.

Is the service safe?

Our findings

People told us that the staff were kind and they felt safe with them. One person told us, "It's my home." We observed supportive interactions between staff and people using the service. It was clear from these interactions that people enjoyed the company of staff and were comfortable with them. A relative commented, "Here, I know he's safe."

Staff understood that the people they supported were at risk of abuse because their circumstances made them more vulnerable. Staff knew how to recognise potential abuse and that they should always report any concerns they had to the registered manager. They told us they were confident that the registered manager would deal with any safeguarding issues properly but they also knew that could raise any concerns with other organisations including the police, the local authority and the CQC.

There had been one safeguarding issue at the home since our last inspection. This had been dealt with appropriately by the registered manager. Although this issue had been investigated and was unfounded, the registered manager had still taken the matter seriously and gave us examples of service improvements that had taken place as a result of learning from the whole process.

Staff understood the potential risks to people in relation to their everyday care and support. These matched the risks recorded in people's care plans. Care plans identified the potential risks to people in connection with their care. These risks included possible behaviours that might challenge the service and keeping safe outside the home.

Where possible people had been involved in these assessments and understood the risks they faced. They told us that staff had talked to them about these risks including making sure they were safe when they were outside the home.

Environmental risk assessments, including a fire risk assessment had been completed and were accessible to staff. Everyone had a personal evacuation plan which gave staff advice about the most appropriate and safe way individuals should be evacuated for the home. Records of fire drills showed that people were able to evacuate the home in good time.

Medicines records were satisfactory and accurate in relation to the receipt, storage, administration and disposal of medicines at the home. All the people we spoke with told us they were happy with the way their medicines were managed.

A relative told us how pleased they were that the registered manager had worked with the doctor to reduce and then remove all the previous medicines their relative used to take. They told us this had improved the person's health and well-being. The policy of reducing the use of drugs was a continuous goal of the service.

People using the service and their relatives did not have any concerns about staffing levels. There had been

no change to staffing levels since our last inspection. The registered manager confirmed that there had been no increase in people's level of dependency and this was monitored regularly. More staff were deployed when required, for example for social outings or hospital appointments. A relative told us, "There is always someone to take him out when he wants."

In the two years since our last inspection three new staff had been recruited at the home. These staff files showed the registered manager had followed safe recruitment procedures and made sure that only suitable staff were being employed. Staff files contained appropriate recruitment documentation including references, criminal record checks and information about the experience and skills of the individual.

Is the service effective?

Our findings

People who used the service and their relatives were positive about the staff and their abilities. A relative we spoke with commented, "He is so well looked after."

Staff were positive about the support they received from the registered manager in relation to supervision and training. Staff told us and records showed that they were provided with the training they needed in order to support people effectively. This included first aid, infection control, food hygiene, fire safety, effective communication and positive behaviour support. A staff member told us, "The training is more than enough. It gives us the knowledge and there is always more to learn."

Staff gave us examples of how training had improved their working practices. For example, one staff member told us how a recent training course looking at supporting people living with dementia had been very informative and that they now understood dementia could also affect younger people.

In addition to this training, we saw that all staff had either completed or had recently enrolled in a nationally recognised vocational training such as the National Vocational Qualification (NVQ) and the more recent Qualifications and Credit Framework (CQF). These are recognised qualifications for care workers and senior care workers working in health and social care.

There was an up-to-date training matrix which detailed the date of staff training undertaken and the date that the training expired. Records showed that most staff were up to date with their refresher training.

Staff told us and records confirmed they received regular supervision and yearly appraisals. Staff told us that supervision was a positive experience for them and that they felt supported by the registered manager. One staff member told us, "It's to make sure I'm happy with things and you get to air your views about training and the clients."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf for 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.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager understood the relevant policies and procedures in relation to the Deprivation of Liberty Safeguards (DoLS) and had made appropriate applications to the local authority.

Staff understood the principles of the Mental Capacity Act and told us it was important not to take people's rights away and that they must offer as much choice to people as they could. The staff and the registered manager told us that everyone at the home had capacity to make day to day choices and decisions about

their care and gave us examples of when 'best interest' meetings had been undertaken when major decisions had to be made.

People told us that the staff did not do anything they did not want them to do. One person commented, "They do" when we asked him if the staff asked for his permission when offering care and support. A relative told us, "He is always consulted."

People told us they liked the food provided at the home. A relative we spoke with commented, "Oh yes, he likes the food." People told us they enjoyed food shopping with staff and that they chose the menus at joint meetings.

Every Friday people decided which takeaway they wanted. All the staff were responsible for cooking the meals and had undertaken food hygiene training. The kitchen had been inspected by the environmental health department and had received four out of five 'scores on the doors'.

People told us about their food likes and dislikes and staff were aware of their menu preferences. Staff also understood the risks associated with people's nutrition and hydration. This included making sure some people did not eat too quickly as they may be at risk of choking. Staff told us and showed us the relevant first aid responses if people did start to choke.

People were appropriately supported to access health and other services when they needed to. Each person's personal records contained documentation of health appointments, letters from specialists and records of visits. People and their relatives told us and records confirmed they had good access to health and social care professionals.

Relatives told us the staff and registered manager were very good at monitoring people's health and getting the appropriate healthcare professionals to visit them if required. A relative told us, "It's fantastic. Any problems are dealt with straight away. I'm always kept informed about health matters." Another relative commented, "I'm updated a lot, a hundred percent."

Everyone had an up to date 'hospital passport' which was a document that would be sent with the person if they had to go to hospital. This document contained important information about the medical and healthcare needs of the individual so staff at the hospital knew how best to care for that person.

Is the service caring?

Our findings

People and their relatives told us they liked the staff and that they were treated kindly and with respect. People were very relaxed with staff and it was clear from the friendly interactions between staff and people using the service that positive and supportive relationships had developed between everyone. Staff turnover was low and staff had a good understanding of people's likes, dislikes and life history. A relative commented, "They love him and he loves them."

People were able to express their views and make choices about their care on a daily basis. Throughout the day staff offered choices and asked people what they wanted to do. Staff understood how people communicated non-verbally and explained to us how they looked at people's facial expressions and body language. A staff member told us, "People communicate in different ways." People and their relatives told us that staff communicated effectively with them. One relative commented, "There's good communication. I'm always kept informed."

Regular house meetings took place. People discussed the menu, activities and had made suggestions about general improvements to the home.

The registered manager and staff understood about issues relating to equality and diversity and told us that they made sure no one was disadvantaged because of, for example, their age, sexuality, disability or culture. The Equality Act 2010 introduced the term 'protected characteristics' to refer to groups that are protected under the Act and must not be discriminated against. The registered manager understood the legal implications of this legislation.

People had access to an independent advocate and the registered manager gave us examples where people had used advocacy services when they needed someone to act on their behalf and speak up for their rights. This included support from Independent Mental Capacity Advocates (IMCA) who assist with issues related to the MCA (2005).

Staff gave us examples of how they maintained and respected people's privacy. These examples included keeping people's personal information secure as well as ensuring people's personal space was respected. People and their relatives confirmed that the staff were respectful and thought about their privacy. A relative told us, "They all treat him with respect."

Is the service responsive?

Our findings

Staff understood the current needs and preferences of people living at the home and this matched information detailed in their individual care plans as well as what people told us.

Care plans were person centred and gave staff clear and detailed information about people's needs, goals and aspirations whilst being mindful of identified risks to their safety. Care plans had been reviewed and updated where required and with the involvement of the individual where they had wanted to be included in this. This meant staff were aware of and had the most up-to-date information about people's needs.

People told us that they were happy with their care and that they were involved in making decisions about how they were being supported.

Reviews of people's care took place monthly and people and their relatives confirmed they were involved in these meetings. A relative told us, "We've just had a review. We sat around the table and had an in depth review." Another relative told us, "I've seen his care plan. It's a joint thing. We go through it."

People who used the service and their relatives told us they were happy with the various activities they took part in both outside and in the home. One person told us about a play at his day centre that he was rehearsing for. Each person had a daily activity plan which was discussed with them and updated at monthly care plan reviews. Staffing levels were adjusted to ensure people always had a staff member with them when they went out.

People told us they had no complaints about the service but said they felt able to raise any concerns without worry. Everyone said they would speak to the registered manager and information about how to make a complaint was available to people using the service and their relatives.

One relative told us, "[the registered manager] always looks into anything." Another relative said, "Any concerns are always looked into quickly. I did raise a concern and I was happy with how [the registered manager] sorted it." This meant that concerns and complaints were taken seriously, explored thoroughly and responded to in good time.

Is the service well-led?

Our findings

Staff were positive about working at Laurel House and told us they really appreciated the guidance and support they received from the registered manager. One staff member told us, "She cares about her staff as well as the service users." Another staff member commented, "She's very good, easy to speak to and approachable."

People who used the service and their relatives were also very positive about the registered manager and the way she managed the service. One person told us, "She's kind, she looks after me."

A relative told us, "There is a consistent approach to his care. [The registered manager] care's very much about the residents." Another relative commented, "She's on the ball. I can tell her absolutely anything."

People who used the service and their relatives told us the registered manager asked how they were and if there was anything they needed or if they had any suggestions for improvements. A relative told us, "Any problems are dealt with straight away."

We saw records of regular meetings organised for people who used the service. We saw that people were able to comment on the service and asked if they had any concerns or suggestions for improvements.

The registered manager used a number of different systems to monitor and improve the quality of care at the home. These included surveys for people and their relatives. The results of these surveys were collated and action taken to address any issues or concerns. A relative told us, "We filled out a survey with my relative. I have ample space to write down my views." People told us the registered manager took their views into account in order to improve care delivery.

Staff told us they could also comment on the way the service was run and gave us examples of suggestions they had made at staff meetings and at daily handovers. One staff member commented, "Yes, we have our say." Staff gave us examples of suggestions they had made in relation to meal times and activities.

The registered manager carried out regular audits including health and safety, staff training, cleaning, and care records. Environmental risk assessments and checks regarding the safety and security of the home were taking place on a regular basis and were detailed and up to date. This enabled the registered manager to continuously monitor the health, safety and well-being of people using the service, staff and visitors to the home.