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Laurel Grove

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

Laurel Grove Care Home provides accommodation and personal care for three people with learning disabilities.

This inspection took place on 24 June 2015. It was unannounced.

The service is required to have a registered manager, however there had not been a registered manager in place for over twelve months. 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. A manager was appointed and registered shortly after our inspection visit.

At this inspection, there were occasions when insufficient staff were deployed to ensure people were always safe. The provider's systems to check on the quality of the service were not always effective.

Summary of findings

The acting manager was familiar with the needs of the people using the service and staff felt supported by the management team. There were systems in place to enable people to give feedback on the service and their opinions were valued.

People using the service were protected from the risk of abuse because the provider had provided guidance to staff to help minimise any risk of abuse. Staff were recruited safely ensuring people were cared for by suitable persons. Risk assessments and care plans were in place to ensure staff followed guidance on how to keep themselves and people safe. Medication was administered as prescribed.

Decisions related to people's care were not always taken in consultation with them, their representative and other healthcare professionals, which did not ensure their rights were protected. Assessments of people's capacity had not been undertaken.

People were cared for by staff with the skills and knowledge to meet their needs, including how to support

people with their nutrition and hydration needs. Staff told us they tried to encourage healthy eating as part of a daily routine. People's other health care needs were met and they were supported to access other healthcare provision when required.

People told us the care staff were caring and kind. Staff knew people's individual preferences and life histories and were able to communicate effectively with them. Friendships were encouraged and we saw people had positive relationships with each other. People were listened to and had positive responses from staff.

People were able to make their views known and were supported to do so. They were able to participate in hobbies and interests they enjoyed. There had been no complaints received at the service since our previous inspection in May 2014.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we took at the back of this report.

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 not always safe.

Sufficient numbers of staff were not always available to care for people safely.

People were safeguarded from abuse because staff knew what action to take if they suspected abuse was occurring. Recruitment procedures ensured staff employed were suitable to work with people using the service.

Requires improvement



Is the service effective?

The service was not always effective.

The principles of the Mental Capacity Act 2005 were known and understood but were not always implemented effectively and important decisions did not always fully involve people.

People's health needs were met and they received the support they required in relation to eating and drinking. Staff had completed sufficient relevant training to meet people's individual needs.

Requires improvement



Is the service caring?

The service was caring.

People were treated with kindness and compassion. Staff were mostly aware of people's choices, likes and dislikes and this enabled people to be involved in their care and support. Staff respected people's privacy and dignity.

Good



Is the service responsive?

The service was not always responsive.

People were encouraged to express their views but were not always supported to participate in activities that they enjoyed.

There was a clear process to manage complaints, which people understood. There had been no complaints received at the service in the last twelve months.

Requires improvement



Is the service well-led?

The service was not well led.

Systems in place to monitor the quality of the service were not always effective. The manager was not registered with the Care Quality Commission, as legally required, at the time of our inspection.

Staff were clear about their roles and responsibilities and told us there was an open culture and they would not hesitate to raise concerns.

Requires improvement



Laurel Grove

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 24 June 2015. It was unannounced and was undertaken by one inspector.

Before the inspection, the 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. We also looked at all of the key information we held about the service, this included notifications. Notifications are changes, events or incidents that providers must tell us about.

We spoke with three people using the service, two care staff and the acting manager. We spoke with four external health and social care professionals and officers of the Local Authority.

We looked at two people's care records. We looked at a range of other records relating to the care people received. This included some of the provider's checks on the quality and safety of people's care. We also looked at three staff training records and medicines administration records.

Is the service safe?

Our findings

During our visit, we saw two staff were available to assist people in a timely manner when they required support. Some people using the service expressed behaviours that could cause risks to themselves or others. Staff told us there were occasions when there were insufficient staff available and they found it difficult to meet people's needs. They also felt their own safety was potentially compromised when they were working alone, particularly if they had to deal with behaviour that challenged.

We discussed staffing with the acting manager. They told us the ideal number of staff during the day was two. She told us staff had could call for assistance from other staff in the provider's nearby locations if necessary.

We looked at rotas for June 2015 and saw the number of staff on duty did not always meet the provider's optimum staffing levels. For example, on ten occasions during June there was one staff member on shift instead of two. Therefore people's needs may not have been met because insufficient staff were, at times, deployed.

People we spoke with confirmed they felt safe when being supported and that staff were kind. Our observations confirmed that people were assisted safely, for example, when being encouraged to participate in hobbies and in the kitchen.

People were safeguarded from potential abuse. There were clear procedures in place, which staff understood to follow in the event of them either witnessing or suspecting the abuse of any person using the service. Staff also told us, and records confirmed this, that their training in safeguarding vulnerable adults was up to date and they had access to the provider's policies and procedures for

further guidance. They were able to describe what to do in the event of any incident occurring and knew which external agencies to contact if they felt the matter was not being referred to the appropriate authority.

We saw when people showed signs of agitation, staff diverted their attention and offered one to one support. Risks to people were identified and well managed. We found clear guidance in care plans on how to safely support people when their behaviour challenged. We saw that guidance had been sought from relevant external professionals.

The provider had satisfactory recruitment procedures in place. All pre-employment checks, including references and Disclosure and Barring Service (DBS) checks were obtained before staff commenced working in the service. People were cared for by staff that had been robustly recruited to ensure they were suitable to work with people using the service.

The provider had systems in place to ensure people's medicines were stored, administered and recorded safely. No one we spoke with raised any issues about the way their medicines were managed. We saw people received their medicines when they needed them during our inspection. We saw medicines were stored in secure facilities and at correct temperatures, ensuring they were safe to use.

Staff told us, and records confirmed, training in how to administer medicines safely was up to date and that their competency to administer medicines was assessed. They knew what to do if an error was made and were clear about recording protocols.

Records were kept of medicines received into the home and when they were administered to people. The medication administration record (MAR) charts we looked at were completed accurately and any reasons for people not having their medicines were recorded.

Is the service effective?

Our findings

We found mental capacity assessments were not completed for each person receiving care, to meet with the requirement of the Mental Capacity Act 2005 (MCA). The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. We did not see an assessment on either of the records we looked at. This was not in line with the MCA code of practice, which advises that an assessment is carried out if there is any doubt about the person's capacity to make decisions. However, we saw there was information in risk assessments that was useful for decision making on complex issues. These had pictorial symbols to enable the person to understand. Where possible the person had signed the document to give their consent.

People were supported to make choices in their daily routines and were asked for their consent whenever they were able. We saw staff asking for people's consent to care or support throughout our inspection. We saw that records relating to consent were signed, dated and their purpose was clear. However, we found some important decisions were not always made with the person's consent. Three health and social care professionals told us that the service did not consult effectively with them and as a result important decisions had been made without people's full involvement. One told us the service had not acted in the person's best interests and said "The decisions made were not person centred." Another told us that decisions had been made about the person's future before their advice had been fully implemented, or any consideration for following the principles of the MCA if they lacked capacity to make the decision.

This was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Senior staff we spoke with understood the basic principles of the MCA and demonstrated an awareness of the Deprivation of Liberty Safeguards (DoLS). This is a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe. Staff had recognised when people may have been deprived of their liberty and had followed the

appropriate procedures to ensure this was lawful. An application had been made for one person who required an assessment for a DoLS authorisation and the outcome was pending at the time of our inspection.

People received care from staff who had the skills and knowledge to carry out their roles competently. Staff we spoke with told us they had information and training to understand the needs of people using the service. They described the training as good and said they had received training in how to manage behaviour that challenged. Training records showed staff were up to date with health and safety training and that they also undertook training in areas relevant to people using the service, such as nutrition and person centred care. Staff also told us they had the opportunity to undertake qualifications courses such as National Vocational Qualifications (NVQ).

Staff told us they received regular supervision and found it useful. One staff member told us the acting manager was "really good" and that they were supportive. Records we saw confirmed supervision occurred approximately monthly.

People were supported to maintain good health and had access to other healthcare services as required. They told us they saw a doctor or nurse when required and our observation showed us staff had the skills to communicate with people effectively and understand any changes in their health needs. We saw one person was able to make their needs known by non-verbal communication and staff understood and interpreted their wishes correctly. They also received specialist input for their health condition. We also saw specialist health advice was sought where appropriate, for example, in managing behaviour that challenged. Care plans also contained information for staff on how to identify changes and any deterioration in people's health conditions and what action they needed to take. This ensured people's individual health needs were addressed.

We asked people about the food and drink available at the home. They told us they liked the food. One person told us, "I like fruit" and we saw fresh fruit was available. We observed the lunchtime meal and saw people enjoyed their food and that the meal provided was well balanced.

Is the service effective?

People were supported to maintain good nutrition. Staff told us they tried to encourage healthy eating as part of a daily routine. We saw that staff offered people a choice of drinks with their meal. Everyone was able to eat independently.

Due to the small number of people using the service, a choice of meal was not offered. However, an alternative

was made available if they did not like what was on offer. One person had a special diet and staff were knowledgeable about this and prepared the correct food accordingly. This ensured people's individual dietary needs were met.

Is the service caring?

Our findings

People were pleased with the support they received and the way staff treated them. One person told us “It’s alright here” and another said “It’s my home, my bedroom’s here, I’m staying here.”

Information received from the provider stated family members were encouraged to attend events and meetings at the service and that overnight stays with families were arranged. We saw people were supported to maintain relationships with family and friends. One person told us they had been away on holiday with a family member. We saw warm relationships and engagement between people using the service and staff. Friendships were encouraged and we saw people had positive relationships with each other. People were listened to and had positive responses from staff.

There was a relaxed atmosphere in the service. We observed staff communicating with people in a compassionate and patient manner. Staff offered people support and advice and joined in with general conversation with interest and humour.

We observed privacy and dignity being respected by staff when people were receiving care and support during our visit. For example, we saw staff knock on people’s bedroom

doors before entering. Staff were also able to give us examples of respecting dignity when supporting people, such as ensuring doors were closed when personal care was taking place.

We saw people were offered choices in their daily routines. Staff were able to describe how they offered choices to people, for example, meal options and what hobbies and events were on offer. We saw where people refused options, their choice was respected.

We found people were involved in planning their daily care and in reviews of their care. People’s plans of care had been discussed with and signed by the person they related to, where possible. We saw one person had written what they liked to do in their care plan.

The care records we looked contained information about the person’s past history, as well as information on people’s health and social needs. It included the person’s preferences, likes and dislikes. Care plans relating to all aspects of a person’s daily needs had been developed. One had been updated and reviewed regularly and the acting manager told us the others were in the process of being updated. We saw there was clear information available for staff on how to meet people’s individual needs, for example in how to manage behaviour that challenged.

Is the service responsive?

Our findings

People told us they liked the staff and we saw they were responded to appropriately. They were supported to participate in hobbies and interests they enjoyed, for example, gardening at the service, in going out in the local community and also trips further afield. One person told us they had “Been to the seaside.”

However, we found when there were insufficient staff on duty, some of the activities people enjoyed could not take place and were either postponed or cancelled. For example, when people wanted to go to different places, this could not be accommodated and they had to all go to the same place. The acting manager confirmed this sometimes occurred. Staff also told us they felt they could not always respond quickly to meet people’s needs when there were insufficient staff, which had the potential for peoples individual needs not to be met.

People received personalised care that was mostly responsive to their needs. We saw that care plans were updated in response to people’s changing needs to assist

staff in providing support to people in the way they preferred. We saw that positive changes had been made through these discussions with people, for example in relation to managing weight loss.

We saw people were encouraged to maintain contact with family and friends if they wished. Staff told us that they had helped one person renew contact with a family member since using the service and another told us they saw a family member regularly. Records showed family contact details were available.

We saw there was pictorial information available to assist people to make a complaint or raise an issue. People told us they would talk to staff if they had any worries. One said “I’d tell [staff member].” We saw there was a copy of the complaints procedure in pictorial format in the care records we looked at and on display in the building.

We asked the acting manager about complaints. They told us the service had not received any formal written complaints in the last twelve months. The recording document confirmed this. They told us if any feedback from people was received, it would be addressed at the time and through meetings with staff and people using the service. However, any issues raised, such as concerns about activities or meals, were not recorded.

Is the service well-led?

Our findings

There was an acting manager in charge of the day to day running of the service. They were not registered with the Care Quality Commission. Managers registered with CQC are responsible for ensuring people receive safe care. 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. There had been no registered manager at the service for over twelve months.

We discussed this with the provider who sent written confirmation of managerial arrangements they would put into place at the service following our inspection. This included having a registered manager and ensuring there was a deputy manager in daily charge of the service. A manager was appointed and registered shortly after our inspection visit.

The provider had systems in place to monitor and improve the service provided. However, we found these were not being followed effectively. We saw there were audits of key areas such as medication, health and safety and financial record but these were not undertaken as specified. For example, the provider's policy stated health and safety audits should be undertaken on a monthly basis but the last one recorded was for March 2015. It was unclear whether or not any action had been taken to rectify any issues raised. For example, a monthly audit of the premises showed the same issue regarding replacement items had been raised since October 2014.

At our last inspection in May 2014, we found that there were ineffective processes in place to obtain feedback from people to help improve the service. This was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found this had improved. We saw feedback had been obtained from people using the service via satisfaction surveys and meetings.

People we spoke with told us they liked the staff and acting manager and were able to talk to them. One person said "I

would talk to [staff member]" if they wanted to make a comment or suggestion. We saw that people received appropriate and friendly responses if they raised queries with staff and the acting manager and were reassured by their response.

We saw people using the service were asked their opinions through surveys and discussions with staff at meetings. The most recent survey in June 2014 showed people were mostly satisfied with the service they received. Regular meetings for people using the service took place where views could be freely aired. The most recent meeting in May 2015 had discussed issues important to people including events and interests.

Staff told us they had meetings to discuss service related issues and that they could make suggestions to improve the service. One staff member said "We all have our own say." They told us their suggestions were listened to and gave an example of an activity room being developed following staff feedback.

The acting manager told us they had links with other community groups in the area such as places of worship and community centres. They also maintained professional contacts with relevant agencies such as the local authority, specialist health services and local medical centres. They told us they operated an open door policy for people and welcomed people's views and opinions. They told us their values included encouraging independence and wanting people to lead fulfilling lives. As a result of people's feedback, they were trying to increase the use of community facilities and go out on more trips.

The provider demonstrated good visible management and leadership. There was a senior management team in place to support the acting manager, including senior care staff and access to nurses and other managers within the provider's group of services. The acting manager described the support they received from the provider as useful and told us there was always access to other managers in the provider's group of services if they had any queries or concerns. We saw the staff team were well organised and were carrying out their duties efficiently. They were clear about what was expected of them and who to report any concerns to.

Is the service well-led?

Records showed that staff supervision took place and gave staff the opportunity to review their understanding of their role and responsibilities to ensure they were adequately supporting people who used the service. Staff told us this was useful and they were positive about their job role.

The provider notified the Care Quality Commission of important events and incidents affecting the service, as legally required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>The provider had not acted in accordance with the Mental Capacity Act 2005 when people lacked capacity to give consent</p> <p>Regulation 11 (1) (3)</p>