

# Methodist Homes Lauriston

## Inspection report

40 The Green  
St Leonards On Sea  
East Sussex  
TN38 0SY

Tel: 01424447544  
Website: [www.mha.org.uk/care-homes/nursing-care/lauriston](http://www.mha.org.uk/care-homes/nursing-care/lauriston)

Date of inspection visit:  
26 October 2022  
27 October 2022

Date of publication:  
16 November 2022

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Lauriston provides nursing and personal care for up to 60 people, some of whom lived with dementia. The home has three units over two floors. There were 36 people living in the home.

### People's experience of using this service and what we found

The provider's governance systems had improved since the last inspection in June 2019 and systems were being used consistently to drive improvement within the service. Improvements had been made, however were still areas that needed to be further developed to ensure people's safety and well-being. For example, there was a lack of clear and accurate record keeping regarding some people's hydration support. Fluid charts were inconsistently recorded which meant that staff may not be able to monitor their health and well-being effectively. The care plans on the nursing unit need to be further developed to ensure a holistic approach.

People received safe care and support by staff trained to recognise signs of abuse or risk and understood what to do to safely support people. People had care plans and risk assessments which meant people's safety and well-being was promoted and protected. We observed medicines being given safely to people by appropriately trained staff, who had been assessed as competent. The home was clean, well-maintained and comfortable. There were enough staff to meet people's needs. Safe recruitment practices had been followed before staff started working at the service. Accidents and incidents were recorded and lessons learnt to prevent re-occurrences.

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

The home had an effective management team which provided good leadership for staff and communicated effectively with people, relatives and professionals. The management team was approachable and visible to people, staff and visitors. Staff were positive about their roles and felt valued for the work they did.

The views of people who lived at the home, their relatives and staff were encouraged and acted upon by the management team. People and their relatives felt able to raise any concerns they had and were confident these would receive an appropriate response.

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

### Rating at last inspection and update

The last rating for this service was requires improvement (published 06 June 2019)

The provider completed an action plan after the last inspection to show what they would do and by when to

improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service on the 8 and 9 May 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe and Well-led, which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lauriston on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

**Good** ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Lauriston

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type

Lauriston is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Lauriston is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed the information we held about the service and the service provider. We looked at notifications and any safeguarding alerts we had received for this service. We sought feedback from the local authority and professionals who work with the service. Notifications are information about important events the service is required to send us by law.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 14 people who used the service and four family members about their experience of the care provided. We also spoke with eight members of staff, including the registered manager, deputy manager, head housekeeper, maintenance person and a selection of care staff. The area manager joined for the latter part of the inspection.

We reviewed six people's care plans, two wound care and tissue viability care plans and assessments and medicine records. We also reviewed five staff records in relation to registration, recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people were managed safely. Staff understood where people required support to reduce the risk of avoidable harm. For example, since the last inspection, forms were now used to document positional movement to prevent moisture lesions and skin damage. These documents were checked throughout the day by senior staff to ensure appropriate and timely care delivery.
- There was a clear wound care policy that was adhered to by staff. All wounds had a separate folder that contained photographs, body maps and treatment plans. These were well documented and up to date.
- Communal areas for people who were not able to call for assistance were monitored by a staff member at all times. This ensured support was given in a timely manner. Throughout the inspection all communal areas had staff supporting people. We also noted that people in their rooms were monitored every half hour and this was documented on their room file.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. This meant the provider could be confident that risks were mitigated.
- Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. People's ability to evacuate the building in the event of a fire had been considered and each person had a personal emergency evacuation plan (PEEP).
- There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.
- Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met. Care records showed how consent from people had been obtained and/or their capacity to make a decision assessed. Where necessary a DoLS application was completed if a person lacked capacity to make a decision about a specific restriction. For example, a person who walked with purpose and was at risk from falls, had a care staff member allocated to them throughout the day. Decisions made in people's best interests were recorded to show how the decision had been made in accordance with the legislation.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments included, "So much safer here than at home," "Staff are gentle and kind," and "I do feel safe here, I've never felt unsafe."
- Staff were aware of their responsibilities to safeguard people from abuse and any discrimination. Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident the management team would address any concerns regarding people's safety and well-being and make the required referrals to the local authority.
- A staff member said, "Safeguarding training is part of our must do training, we also get updates of any changes to the procedures." Another staff member said, "I would definitely raise any concern with my manager, she's very good and would take it forward."
- There was a safeguarding and whistleblowing policy which set out the types of abuse, how to raise concerns and when to refer to the local authority. Staff confirmed that they had read the policies as part of their induction and training.

Staffing and recruitment

- There were enough staff to support people safely. Staffing levels were assessed based on people's care needs. These levels were reviewed daily. This had ensured people's needs were met in a timely manner and in a way that met their preferences. We saw care delivery was supported by records that evidenced that people's care needs were being met.
- People told us, "Plenty of help, when I need it," and "I don't have any worries, staff keep me happy." Visitors to the home told us, "I visit regularly and have no concerns at all," and "Staff are always around and there is always staff in the lounge."
- We looked at five staff personnel files and there was evidence of robust recruitment procedures.
- The provider undertook checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
- Registered nurses are required to register with the Nursing and Midwifery Council and the provider had systems in place to check their registration status

Using medicines safely

- Medicines were stored, administered and disposed of safely. Medicines were ordered in a timely way.
- We asked people if they had any concerns regarding their medicines. One person said, "I get my medicines on time, if I have a pain, I can just ask for a pill," and "I have no concerns, the staff have taken over my medicines which was a relief, the worry has gone."



- Relatives confirmed their family members were supported to take their medicines as prescribed. One relative told us, "When changes are made, they do tell us, they keep us updated."
- Staff who administered medicines had the relevant knowledge, training and competency that ensured medicines were handled safely. This included senior care staff as well as registered nurses. We observed staff wearing 'do not disturb aprons', administering medicines safely to people ensuring that they were offered the medicines, given time to take them in the way that they preferred and signed for once they were taken.
- Protocols for 'as required' (PRN) medicines such as pain relief medicines described the circumstances and symptoms when the person may require this medicine. We saw that people had received pain relief when requested.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

At the time of the inspection there were no restrictions for relatives and loved ones visiting people. However, there had been some changes to where people were currently spending time within the home due to an outbreak of influenza.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded with details of what may have contributed to the incident. These details were also recorded on a central incident tracker, which enabled senior managers to review individual incidents and to identify any emerging themes.
- There was evidence that learning took place when errors occurred. For example, following a fall from their bed, staff had risk assessed lowering the bed for the person, and using a crash mat and sensor mat. Staff had also commenced 30 minutes checks to ensure they were safe.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement.

This meant whilst the service management and leadership was now consistent, there were areas that still needed to be developed to ensure safe, effective and consistent care.

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

At our last inspection the provider had had not operated effective systems and processes to make sure they assessed and monitored the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, there were areas identified that needed time to be developed.

- There were organisational quality assurance processes in place and were being used effectively to monitor and improve the service. The registered manager was committed to improvement and was open and transparent regarding the improvements needed and those that were on going. For example, care plans were an area that we identified as needing further development. This had already been identified by the registered manager and was being managed by the recruitment of senior and experienced nurses to lead in this.
- However, we found that some areas that had not been identified by internal audits needed to be improved to ensure consistent good care delivery. For example, fluid intake records for some people had been inconsistently completed and not accurately recorded and therefore not monitored effectively. Inaccurate fluid records had the potential to impact on peoples' health.
- We found inconsistencies in daily records. Staff recorded when people declined oral care, but did not update records to show oral care was offered later and accepted or again declined. For some people there were records indicating oral health care had been declined everyday during the month of October 2022. On talking to staff, we were informed that they did go back to offer further support, but had not documented it. The registered manager confirmed further training would be given and senior staff would be monitoring oral health going forward.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong: Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The manager had a good understanding of the regulatory responsibilities of their role and of the duty of

candour. There were policies in place to support staff to respond appropriately should anything go wrong.

- The provider had notified us of events that had occurred within the home so that we could have an awareness and oversight of these to ensure that appropriate actions had been taken. We have also received updates of situations that have kept us informed of outcomes for people.
- Staff spoke positively about the manager and described them as being "Very good, knows their stuff and approachable." They said that they would speak to them about any concerns they had and were confident that the action taken would be appropriate.

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

- People, their relatives, staff and professionals were given opportunities to provide feedback about the home through informal conversations, meetings and the complaints procedures. One relative commented, "My relative has been treated with kindness and dignity, the staff are great." Another one said, "Really am happy with the home and staff, my relative has settled in and I know they are safe and cared for, I can relax and not worry."
- The registered manager analysed the results of feedback from people to improve the service. For example, one relative said, "We had one concern, which related to care and this was immediately dealt with and we were kept informed."
- Staff told us they felt motivated and supported by management. One staff member told us of the support they had received from during recent changes to staffing, "It could have been difficult for staff coming in from the other home that closed, but we have adjusted and it's a really great team."

Continuous learning and improving care

- The manager understood the importance of continuous learning to drive improvements to the care people received. For example, at the last inspection, it was found that pain risk assessments were not used. This inspection found that pain risk assessments had been introduced for all people, staff had been trained to identify signs of pain in those who were not able to tell them. This had improved peoples' outcomes.

Working in partnership with others

- Staff and the manager understood the importance of partnership working and worked well with other professionals to meet people's needs.
- Staff worked closely with GPs, speech and language therapists, community rehab teams and occupational therapists to ensure people received the specialist support they needed. The provider had also formed links with a local hospice to provide support and guidance with people who were at the end of their lives.