

Meridian Healthcare Limited

Lauren Court Residential Care Home

Inspection report

Shelley Road
Blacon
Chester
Cheshire
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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

About the service: Lauren Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The home accommodates up to 48 people and 46 people were living at the home at the time of our inspection.

People's experience of using this service:

People had their needs assessed prior to living at the home. They had comprehensive care plans that reflected their individual needs, preferences and routines. Care plans were reviewed regularly. Staff knew people well and had developed positive relationships with them. People told us staff understood their needs and were kind, caring and compassionate.

Safe recruitment procedures were followed and staff had all undertaken an induction along with training relevant to their role with refresher updates. Staff received support from the management team. The staff and management team worked closely with health and social care professionals and had also developed community links.

Risks to people had been clearly identified and guidance was in place to ensure that staff could minimise the risk. People were protected from the risk of harm and abuse. Staff felt confident to raise any concerns about abuse and had undertaken training.

Staff had access to and understood the importance of personal protective equipment (PPE). An infection control policy and procedures was in place and staff had undertaken training in this area.

People had access to a variety of activities within the home and in the local community. People spoke positively about the activities that had participated in. People were encouraged to maintain contact with relatives and friends.

Medication was managed safely by trained and competent staff. Medicines policies and procedures were available for staff along with best practice guidance.

People's privacy and dignity was respected and their independence promoted where possible. People told us their views were regularly sought regarding staff, meals, activities and environment.

The registered provider complied with the principles of the Mental Capacity Act (MCA) 2005. Staff understood and respected people's right to make their own decisions where possible, and encouraged people to make decisions about the care they received. Mental capacity assessments and best interest decisions were completed in line with the MCA.

Rating at last inspection: At the last inspection the service was rated Good (Report published October 2016).

Why we inspected: This was a planned inspection based on the rating of the last inspection.

Follow up: We will continue to monitor all intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Lauren Court Residential Care Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who used this type of service. Their area of expertise related to older people.

Service and service type:

Lauren Court is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced on the first day and announced on the second day.

What we did:

Our inspection considered all the information we held about the service. This information included notifications the provider had sent us, to notify us about important events which the service is required to send us by law. We also contacted the commissioners of the service to gain their views.

The provider had 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 any improvements they plan to make. This information formed part of your inspection planning document.

During the inspection we spoke with 11 people who were living at Lauren Court. We also spoke with five visiting relatives, the registered manager, two senior care staff, two care staff and the wellbeing coordinator who undertook activities both individually and in groups at the home.

We looked at three care files and a selection of medication administration records (MARs). We looked at other records that related to the monitoring of the service, five staff recruitment records, training records for all staff, resident and staff meeting minutes, as well as accident and incident records.

After the inspection the provider sent us some additional information about staff training, up to date policies and procedures and additional evidence for consideration as part of the inspection.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- An up-to-date safeguarding policy was in place and all staff had completed training and refresher updates.
- Staff told us they felt confident to raise any safeguarding concerns and were able to describe the procedure they would follow. One member of staff told us "I would not hesitate to raise a concern or whistle blow on a colleague to ensure people remain safe living here."
- People told us they felt safe living at Lauren Court. Their comments included "No worries here – I'm safe" and "I have a call bell in my room and staff respond quickly." A relative said "[Name] has a sensor mat at the side of the bed because he was falling a lot at home before he came here. He has only fallen once since moving here."

Assessing risk, safety monitoring and management

- Assessments were in place where areas of risk had been identified. These were in the process of being reviewed and updated to ensure they were person centred and included sufficient detail for staff to mitigate risk. 50% had been completed at the time of the inspection.
- Regular safety checks were undertaken on the environment and all equipment used.
- Each person had an up-to-date personal emergency evacuation plan (PEEP). Emergency checks were regularly undertaken and clear emergency procedures and contingency plans were in place should the home need to be evacuated.
- Fire safety risks identified by the fire service following a recent inspection had been addressed promptly.

Staffing and recruitment

- Recruitment procedures were safe. Pre-employment checks were undertaken.
- People were supported by staff that knew them well. Staff had a good understanding of their individual needs and how to keep them safe.
- Appropriate numbers of suitably qualified and trained staff were on duty to meet people's needs.

Using medicines safely

- Staff that administered medicines had all undergone training and had their competency regularly assessed.
- People told us they got their medicines as prescribed. Their comments included "I get my medication with my breakfast", "I get my medication on time" and "The staff keep the tablets safe and make sure I get them as the doctor has said."
- Medicines policies and procedures, as well as good practice guidance was available for staff to support their practice.
- Each person had a medicines file that detailed their individual medicine requirements. Medicine

administration records (MARs) were consistently completed and regularly audited to ensure full completion. Any areas for development and improvement were identified and promptly actioned.

Preventing and controlling infection

- Infection control procedures were in place and all staff had received training to ensure they maintained a safe and clean environment for people to live in.
- Personal protective equipment (PPE) that included disposable gloves and aprons were readily available for staff to use.
- The home was clean and free from any offensive odours during our visit.

Learning lessons when things go wrong

- There were systems in place for the recording and monitoring of accidents and incidents at the home.
- These were regularly reviewed by the registered manager to identify any trends or patterns. Analysis was undertaken to identify any risks and to minimise future occurrences.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Systems were in place to assess and regularly review people's needs and wishes in line with best practice.
- People, their relatives and health/social care professionals had been involved in the assessment and planning of people's care before they moved in to the home. One person said "I have seen my care plan and I am happy with what is in it."
- Care plans reflected people's personal preferences and included clear guidance for staff to follow. One person said "I enjoyed talking about my life and saying all about what I like and enjoy as well as what I don't like. It has helped staff get to know me I think."

Staff support: induction, training, skills and experience

- All staff had completed an induction at the start of their employment. All agency staff undertook an induction checklist prior to working at the home.
- Staff had all undertaken training to meet the requirements of their role and to meet people's individual needs. Refresher updates were undertaken and staff were updating some of these at the time of our inspection. We received confirmation that these had been done after the inspection.
- Staff told us they had regular support through supervision, daily flash meetings and shift handovers at the home.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink in accordance with their personal preferences and assessed dietary needs.
- Most people spoke positively about the food and their comments included "The Sunday lunch is magnificent", "The food is very good – excellent in fact", "When I came to live here I was very underweight, I am now a healthier weight and its all down to how good the food is."
- Staff demonstrated a good understanding of people's individual dietary requirements. Guidance was available for staff within people's individual care plans and risk assessments.
- We discussed the importance of the full and consistent completion of food and fluid charts. These are used to record people's daily food and fluid intake. The registered manager immediately addressed this with the staff team.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to their GP and also other healthcare professionals as required. Records were held of healthcare visits to ensure staff held the most up-to-date information to support people.

- Staff worked closely with external agencies that included the commissioners of the service.
- People had access to local advocacy services if required to ensure their views were represented.
- Relatives told us that staff informed them promptly if there were any concerns that related to a person's health or well-being.

Adapting service, design, decoration to meet people's needs

- The layout of the building supported people's freedom of movement around the home.
- The home was attractively decorated and signage was in place to aid orientation for people.

Ensuring consent to care and treatment in line with law and guidance

- 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Where people did not have the capacity to make specific decisions, systems were in place to ensure they had maximum choice and were supported in the least restrictive way possible.
- When people were deprived of their liberty, the management team worked with the local authority to seek an appropriate lawful authorisation.
- Staff had received MCA training and understood they could not deprive a person of their liberty unless it was legally authorised. Staff described the importance of seeking a person's consent prior to undertaking and care or support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were treated with kindness, respect and compassion by staff. Their comments included; "The staff are nice and always caring" and "The staff are great." Relatives comments included; "The staff are absolutely brilliant, they really care" and "[Name] has excellent care." Recent compliments received included; "The staff settled my Mum into the home with dignity, friendliness and compassion" and "Staff are friendly, courteous, considerate and helpful."
- Staff had completed equality and diversity training and understood the importance of treating everyone as equals.
- People told us that staff had a good understanding of their preferences, needs and wishes. They said staff also knew their likes, dislikes and daily routines.
- People told us they received support from mostly regular staff that knew them well.

Supporting people to express their views and be involved in making decisions about their care

- Positive feedback was received at the last resident survey. 100% of people that responded said they were treated with kindness by staff. 100% responded that staff were caring, their privacy was respected and staff were polite and helpful.
- Resident meetings were held regularly. These provided people with an opportunity to express their views and participate in the development of the home.
- People told us they were fully involved in all decisions about their care and support. Reviews of people's care took place regularly.
- Staff understood people's individual communication needs and used appropriate methods when communicating with them.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. One comment included; "Staff always knock on my door before they come in and try and protect my dignity."
- Staff ensured people's confidentiality was maintained. Personal information was stored securely and only accessed by authorised staff. Information was protected in line with General Data Protection Regulations (GDPR).
- People's independence was respected and promoted. Staff told us they encouraged people to do as much as possible for themselves as they recognised how important this was.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had access to a range of activities within the home, local community as well as excursions.
- People's comments included; "Quite a lot goes on, we have singers, entertainers and visits from zoo animals", I have been on a couple of trips to the pub and also a museum in Denbigh which I enjoyed" and "I liked making the hot cross buns today. They tasted lovely."
- The Accessible Information Standards (AIS) were being met. The standards were introduced by the government in 2016; ensuring that people with a disability or sensory loss were provided with information in a way they could understand. Information was provided in appropriate formats as required.
- People were supported by regular staff that understood their needs and had written guidance available to them.
- Each person had a 'Remembering Together' booklet in their care plan that described their life story that included interesting and purposeful information. Staff told us these had really helped them get to know each person they supported.
- People's care plans were detailed and held sufficient information and guidance for staff to ensure they met people's personal preferences.
- Staff completed a written record of care and support offered and provided to people. These records reflected how people's needs had been met.

Improving care quality in response to complaints or concerns

- The registered provider had a complaints policy and procedure in place. People and their relatives told us they felt confident to raise any concerns or complaints they had. Their comments included; "I have no complaints but if I did I would speak to the manager" and "Any complaints we have had have been very promptly dealt with to our satisfaction."
- Complaints were investigated and responded to in line with the complaints policy.

End of life care and support

- People's specific wishes and preferences were recorded within their care plan documents.
- Appropriate health care professionals were involved in people's 'end of life' care plans.
- We found that staff understood the importance of providing end-of-life care that was tailored to each person's individual wishes and preferences. Staff described clearly how they supported people at the end of their life to have a comfortable, pain free and dignified death.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The staff and management team had developed positive relationships with the people they supported and their relatives.
- People received person centred care that was regularly reviewed with their involvement where possible.
- The staff and management team were committed to delivering care and support to meet people's individual needs and preferences to maximise their quality of life.
- The staff team had clear roles and responsibilities within the home that they understood.
- Policies and procedures to promote safe, effective care to people were available at the home. These were regularly reviewed and updated to ensure staff had access to best practice guidance and up-to-date information for their role.
- The ratings from the previous inspection were displayed at the home and on the providers website as required by law.

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

- The registered manager was clear about their responsibilities and were clear about the regulatory requirements of their role. They had notified the CQC when required of events and incidents that had occurred at the home.
- Effective quality assurance systems and processes were in place. Audits were consistently completed and areas for development and improvement highlighted and promptly addressed through action plans.

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

- Their were clear processes in place to obtain the views and opinions of people, relatives and staff about the home and provider. This information was used for future development and improvement.
- Staff told us they felt fully supported by the management team. They said they were confident any concerns or ideas they had would be listened to.

Continuous learning and improving care

- The registered manager and staff team received regular training and support relevant to their roles to ensure their practice remained up-to-date and safe.
- Learning was highlighted from the monitoring of accidents and incidents that occurred at the home and

actions were taken to mitigate or minimise future risks.

- Route, cause and analysis was consistently undertaken through the clinical governance process to ensure lessons were consistently learnt.

Working in partnership with others

- The registered provider had developed positive relationships within the community. Local junior schools visited to entertain the people living at the home throughout the year, older children undertook gardening tasks and teenagers visited to play music to people.
- Local churches visited the home to undertake holy communion, sing to people and they also invited people to visit their churches to enjoy afternoon tea.
- The registered manager and staff worked closely with other agencies to ensure good outcomes for people. This included working with health and social care professionals and commissioners so that people received person centred care and support to meet their individual needs.