

Mrs M Mitchell

The Laurels

Inspection report

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Date of inspection visit:
12 September 2023
13 September 2023

Date of publication:
27 September 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Laurels is a residential care home providing accommodation and personal care to up to 11 people. The service provides care and support to older people some of whom live with dementia. At the time of our inspection there were 10 people using the service.

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

People were kept safe in the service by enough staff who knew them well and who had the right skills, experience and knowledge to look after them. People told us they felt safe receiving the service.

Policies and systems were in place to help protect people from the risk of harm, abuse, and improper treatment. Risks had been identified to both those people who used the service, and staff. Medicines were administered following best practice.

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.

People's needs were assessed including risks to people's health and the environment they lived in and they were monitored to ensure safety. The service was well maintained, clean and homely. Staff received training, guidance and support to do their job well.

The manager delivered an effective service because they worked in partnership with other health care professionals. There were up to date systems in place to monitor the quality of the service and any learning was identified and acted upon and the registered manager understood their regulatory responsibilities.

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

Rating at last inspection

The last rating for this service was good (published November 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Laurels on our website at 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.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service effective?</p> <p>The service was effective.</p> <p>Details are in our effective findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

The Laurels

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 was carried out by 1 inspector.

Service and service type

The Laurels 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. The Laurels is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

The provider was registered as an individual. They also managed the service and therefore were not required to employ an additional registered manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us

annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with 3 people using the service, 3 relatives, the manager and 2 care workers. We reviewed a range of records. This included 3 people's care records, 3 staff files, training records, incident records, environmental checks and quality assurance processes.

Is the service safe?

Our findings

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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had systems in place to safeguard people from the risk of abuse.
- Care workers had up to date training on how to recognise and report abuse and they knew how to apply it. One care worker told us, "If I suspected abuse was happening, I would inform the manager and contact the safeguarding team and the CQC, I would also complete and incident form as well."
- Information was displayed around the service to let people, family members and care workers know how to report abuse. An up to date safeguarding policy was in place.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service was assessed, monitored and well managed.
- People's risks in relation to a range of issues such as falls, not eating enough, choking, medication, wellbeing and moving and handling were assessed, and action taken to reduce those risks. One family member told us, "[Relative] is hoisted by 2 staff and [relative] is safe. They [care workers] know what they are doing."
- Care workers were aware of risks to people and took appropriate action. One care worker told us, "Risk assessments are very helpful, and we can read them to update ourselves. They show us how to support someone safely, so they do not get harmed in any way."
- During the inspection we saw the environmental checks were up to date and certificates were in place such as, checks on legionella, electrical testing and fire safety.

Staffing and recruitment

- The service had enough suitably qualified, competent, skilled and experienced staff. People told us they did not have to wait for care and we observed staff were attentive.
- The provider followed robust procedures when recruiting new care workers. This included reviewing applications, interviewing applicants, and confirming they were of good character. This was done by carrying out criminal records checks and checking employment histories. This meant staff were safe and suitable to provide care and support.

Using medicines safely

- People were supported by care workers who followed systems and processes to prescribe, administer, record and store medicines safely.
- Care workers received training around the administration of medicines and their competency was

assessed. One person said, "I feel safe in the service and we have our medication given to us at the right time."

- Guidance was in place to help care workers identify when people required medicines that were prescribed to be taken 'as required' (PRN).
- Regular medicines audits were in place to identify any gaps in the administration of medicines.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and care workers supported people to follow them. The service had good arrangements to keep the premises clean and hygienic.
- The provider was using personal protective equipment (PPE) effectively. Staff and visitors could access PPE as and when they needed to.
- 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 responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the current guidance.
- Family members could visit at all times. One family member told us, "I can visit at any time and the staff are used to me popping in and out, the doors are always open." Another said, "I can visit anytime I like I just call the service first, my [relative] has a lot of visitors."

Learning lessons when things go wrong

- There were systems in place for learning lessons when things went wrong.
- The provider had a policy for dealing with accidents and incidents. This made clear that any accidents or incidents should be recorded and reviewed. This was so lessons could be learnt and help to reduce the risk of similar incidents re-occurring.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant 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

- People's care, and support needs were assessed prior to using the service. Health and social care professionals provided referral information to the service and the manager carried out assessments to consider if the service could meet people's needs safely.
- The manager invited people to the service as part of the assessment process so they could see if they liked it. People had care and support plans that were personalised, holistic, strengths-based and reflected their needs, including physical and mental health needs.
- People, those important to them and care workers reviewed plans regularly together. One family member told us, "It's so amazing here I can just head off and walk away and know that everything is catered for [relative]."

Staff support: induction, training, skills and experience

- People were supported by care workers who had relevant training in evidence-based practice.
- The manager arranged for health and social care professionals to provide in house training to care workers in areas such as care planning and health related topics. A family member told us, "The staff are skilled for what I have seen so far."
- The service checked care workers' competency to ensure they understood and applied training and best practice. This happened through supervisions meetings, observations and staff meetings.

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

- People received support to eat and drink enough to maintain a balanced diet.
- People were able to eat and drink in line with their cultural preferences and beliefs. One family member told us, "The food is very traditional, it's the food [relative] likes and there's always a homemade birthday cake for people. The food is well prepared."
- Mealtimes were flexible to meet people's needs and to avoid them rushing meals. During the inspection we observed people having their meals at different times.

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

- People were supported to access health and social care services when required.
- During our inspection we observed the manager contacting the GP surgery for advice about a person. One family member told us, "[Relative] has all [their] medical appointments and the manager even came to 1 with me which was brilliant."

- The manager worked in partnership with health and social care professionals to plan and deliver positive outcomes for people. Information and guidance from health and social care professionals such as the visiting GP, dietitians, dentists, podiatrists and physiotherapists were documented within people's care plans.

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

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs.
- The home was pleasantly decorated, and people were supported to personalise their rooms. One family member told us, "[Relative] has a nice room and sometimes I go up there with [relative] and we watch TV." Another said, "Its great having the 2 living rooms as it makes it easier when relatives come to visit, we're not on top of each other."
- During our inspection we saw people, care workers and their family members enjoying spending time in the lounge areas.

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 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 MCA.

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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Care workers knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.
- Care workers had received training in the MCA and understood how to support people in line with the act. One care worker told us, "Mental capacity is about a person's understanding and knowing the information that is given to them and then making their own decisions, if they can."
- We saw the manager was working with the supervising body (the local authority) in assessing where people required applications to be made under DoLS.

Is the service well-led?

Our findings

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 good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The manager and care workers promoted a positive culture which supported people to live full lives. There was a strong emphasis on improving lives for people at the service and supporting them in the best way possible.
- People and their family members spoke positively about the care and support they received. Comments included, "The staff listen to the people who live here", "The service is so well managed, sensitive and inclusive of family", "Such an intimate care home, I have complete and utter piece of mind," and, "People have their own space, and their space is respected."
- The manager was active and involved in the day to day running of the service. Care workers told us they received relevant training and good support from the manager. One care worker said, "[Manager] is very approachable and I feel I can go to them with any questions I have."

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

- The manager understood their roles and responsibilities relating to the duty of candour.
- Since the previous inspection there had been no incidents that had occurred and would require a response that followed duty of candour.

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

- The manager had a comprehensive understanding of what was happening in the service. They knew about the care and support needs of people using the service and how care workers were meeting those needs.
- People, family members and care workers were positive about the way the service was managed. A family member told us, "I could recommend it to anyone, we all get to chat to each other (the relatives) and everyone seems to be happy it's a lovely intimate environment." Another said, "The service is well led the way [manager] is I can see this cascading down to the staff. Everyone's care is met."
- The manager had systems to monitor and assess the service provided to people. This enabled the manager to identify any shortfalls and address them. Audit checks for the service included home environment, medicines management, health and safety and infection control.

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

- The provider sought feedback from people and those important to them and used the feedback to develop the service.
- People their family members and care workers had varied opportunities to give feedback about their experiences of living and working within the home.
- One family member told us, "A relative will suggest something and [manager] will take it on board and also [the manager] will communicate important information to us." Another said, "[Relative] gets very sleepy and doesn't eat. [Manager] suggested [the person] had a nap mid-morning and [their] dinner a bit later and it worked [they] now have more of an appetite."
- People were offered a variety of activities to join in with during the day. One family member told us, "They have activities like keep fit which is tomorrow and bingo and karaoke."

Continuous learning and improving care

- The manager had a clear vision for the direction of the service which demonstrated a desire for people to achieve the best outcomes possible.
- The manager told us they continued to develop care records to be person centred and outcome focused. They told us this would enable them to evidence in a clearer way the support and outcomes they support people to achieve.
- The manager recognised the importance of regularly monitoring the quality of the service to help drive service improvements. Care workers had regular opportunities to discuss the service and share ideas in staff meetings and individual supervisions.

Working in partnership with others

- The service worked with a range of health and social care professionals to discuss people's health and social well-being and to ensure their needs were well met. Effective partnership working had been established with health and social care professionals such as local authorities, community mental health teams and GP's.
- The provider regularly attended local authority provider forums where they could learn and share best practice and initiatives.