

Mr Desmond Shiels and Mrs Jacqueline Shiels

The Laurels

Inspection report

45 High Street
Market Deeping
Peterborough
Lincolnshire
PE6 8ED

Tel: 01778344414

Date of inspection visit:
22 September 2020

Date of publication:
11 November 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

The Laurels is a residential care home for people living with dementia. The accommodation is spread over two floors with the main communal areas situated on the ground floor. The home is registered to support up to 23 people. At the time of our inspection there were 17 people living in the home.

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

The design and decoration of the home was being amended to meet the needs of people living with dementia. Radiators which had been found to be too hot and exposed in communal rooms, had been covered to improve safety of people living at the service, and the rooms were comfortably warm. The registered manager and provider had worked to improve oversight of the service and had acted to address concerns and issues identified during our last inspection.

Systems and processes had been improved to identify and address risks with the environment or equipment people used. This meant that people were kept safe and risks reduced.

Managers understood the regulatory requirements of CQC, and staff were clear about their roles.

People living at the service told us they were happy and felt safe. A relative told us they had "Peace of mind" knowing their relative was well cared for and happy.

The registered manager knew people well. Staff felt well supported and understood the registered manager's vision for the service to be like home from home.

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

Rating at last inspection and update:

The last rating for this service was requires improvement (published 12 May 2020) and there were two breaches of regulation. These were Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

The inspection was prompted in part by notification of a specific incident. Following which a person using the service died. This incident is subject to a criminal investigation. As a result, this inspection did not

examine the circumstances of the incident.

We undertook a focused inspection to review the key questions of safe and well-led only.

The information CQC received about the incident indicated concerns about the management of choking risks. This inspection examined those risks.

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 corona virus and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe section of this report.

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 work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information, we may inspect sooner

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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 Care Act 2014.

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 one inspector. On the day of inspection there was a representative from the local authority at the service.

The Laurels is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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

We gave a short period notice of the inspection to ensure we were able to comply with the homes PPE requirements to ensure everyone's safety.

What we did before 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with three members of staff including the provider, a senior care worker, and a care worker.

We reviewed a range of records. This included six people's care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with three relatives and two further members of staff.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm. At our last inspection Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) 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.

Systems and processes to safeguard people from the risk of abuse

- Systems had now been put in place to demonstrate risks and safety were effectively managed. This included daily identification of any health and safety issues in people's rooms so they could be immediately addressed.

Assessing risk, safety monitoring and management

- Risk assessments had been put in place which were robust and provided guidance to staff on how to minimise risk and keep people safe. Risk assessments were regularly reviewed which meant people's changing needs and risks were identified. People's risk of choking had been re-evaluated and there were new risk assessments in place. Clear instructions on what people's needs were, were available in the kitchen for staff to follow. This meant people's risk of choking was minimised.
- People were supported to mobilise safely. Staff were placed in areas where people with greater risks of falls were seated. This meant staff were more visible to people and promptly supported those who required assistance walking.
- Radiators had been attractively covered, which kept people safe from harm such as burns, and improved the environment.
- People were supported by staff who were kind, caring and treated them as if they were a member of their family. People living at the service told us they were happy, and they felt safe. A relative said " We are very happy with the service (relative) has been there over six years. " They treat him well, he used to damage things he doesn't now. Staff know him, they know he doesn't like noise, they are very good". This person sits in a small lounge by choice and smiled and nodded at us when we asked if was "Happy".

Staffing and recruitment

- Employment records and processes had been reviewed and improved which assured us staff had been safely recruited.

Using medicines safely

- Medicines were stored safely. Improvements to storage practices and medicine records had been made. For example, all medicine records had photographs of people on them which ensured all staff even if unfamiliar with the person could administer medicines safely.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks could be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

We also signposted the provider to further resources and support that were available locally.

Learning lessons when things go wrong

- Lessons had been learnt and improvements made to practice. Where an incident had occurred, it was thoroughly reviewed, and new action plans, and risk assessments were put in place to ensure incidents did not happen again. All staff had been part of the learning and were able to better demonstrate their understanding of the need for softer diets for those with an identified risk of choking.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care. We were pleased to see plans had been put in place to address and improve the areas we had concerns about.

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

- People received better quality care. Reviews of people's needs had been undertaken to make sure measures were in place to keep people safe. The provider and registered manager now had processes in place to ensure reviews and audits were being completed regularly to make sure people received the best possible care and outcomes.
- Staff were clear about their roles and felt supported by the registered manager. Staff understood when and how to share information and concerns with management to ensure people received consistent, safe and effective care. One staff member told us "I think we have a really good team here, if we need anything our managers are really good and quite quick on sorting things when we need and show support when needed".
- The provider and registered manager were recruiting administration and training staff to address areas of short comings in the staffing team. This would ensure the improved work on care plans and audits could continue.
- Since the last inspection, quality assurance systems and processes had been reviewed. The provider had an action plan in place to drive improvements, but systems and processes needed embedding and sustaining in practice.
- We found people were supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible as decision specific mental capacity assessments and best interest decisions were more consistently being undertaken.

At our last inspection we had found breaches of regulation 17 (Good governance) 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 17.

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

- The provider was able to demonstrate their leadership during the past few months had been consistent, and staff told us working at the service was "Really good; we have a good rapport with each other". Staff were confident they were listened to and felt able to address any concerns with the provider and registered

manager.

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 provider was aware of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. Since the last inspection we found systems and processes had been reviewed which assured us principles were being followed.

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

- Relatives and staff told us they were consistently informed of being kept fully up to date with measures in place to keep people safe.

Working in partnership with others

- Improvements to working relationships with health and social care professionals had been made which was proving beneficial to people using the service. Further advances were planned with the introduction of an electronic box which would enable staff to electronically record and transmit people's temperature, pulse, and other measurements directly to the local general practice. This would ensure better access to treatment when people were unwell.