

Larchwood Care Homes (North) Limited

Laureate Court

Inspection report

Wellgate
Rotherham
South Yorkshire
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Date of inspection visit:
07 January 2020
10 January 2020

Date of publication:
21 April 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Laureate Court provides residential and nursing care for up to 82 people who are living with dementia and other mental health problems. The home has three units; Byron and Shelly both provide nursing care and Keats which provides residential care. At the time of our inspection there were 57 people using the service.

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

The provider had made improvements to ensure people's medicines and risks were better managed. The provider ensured safeguarding concerns were addressed effectively, which helped keep people safe. The provider had made improvements to make sure there were enough staff to meet people's needs and staff were recruited safely. The home was clean overall, although there was further room for improvement in this area. The provider monitored and , analysed accidents and incidents and this helped prevent recurrences.

The provider had made significant improvements to the environment, which meant the home was a nicer place for people to live in and was better adapted to suit their needs. Overall, the service supported people to maintain a good diet and hydration, and to maintain good health. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff, received good induction, training, supervision and support to help them carry out their roles effectively.

Staff come across as very caring and committed. There was continuity of care and staff had a good knowledge of people's needs and preferences. People and those close to them were involved in formulating their care plans. The service promoted people's rights and supported their cultural, spiritual and religious needs.

Staff assessed people's needs and, overall, people's care plan identified their individual needs well. Staff had a positive approach and knew how people expressed their feelings. Staff provided people with support to engage in activities and help them keeping links with and getting out into the community. We discussed further staff training around providing activities for people with advanced dementia and the registered manager addressed this straightaway. People's choices for their end of life care were recorded and reviewed. The registered manager dealt with any complaints in a fair and open way and used the information positively to improve the service.

The provider had made improvements in the audit used to monitor the safety and quality of service delivery and staff performance. However, these needed embedding into practice, and there remained room for further improvement. For, instance, some cleanliness and infection control audits needed to be strengthened. People, and those who were close to them, were regularly asked about their satisfaction with the service. It was evident the registered manager used people's comments and ideas to develop and improve the service. It was also evident that the team worked well in partnership with other professionals to provide a service that met people's needs.

Rating at last inspection and update

The last rating for this service was requires improvement (report published January 2019) and there were multiple breaches of regulation. 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 the provider had made improvements and was no longer in breach of regulations. You can read the report from previous inspection by selecting the 'all reports' link on our website at www.cqc.org.uk

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Laureate Court

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

On the first day the inspection was carried out by an inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day the inspection was carried out by two inspectors and an assistant inspector.

Service and service type

Laureate Court is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home is divided into three units, over two floors, with access provided by passenger lift.

The service had a registered manager, who, along with the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

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. 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 visited the service on 7 and 10 January 2020. We spoke with nine people and nine relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, area manager, two nurses, care workers and an activity coordinator. We also spoke with three visiting health and social care professionals. As some people found verbal communication more difficult we observed the interaction between people and the staff who supported them in communal areas throughout the inspection visit.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service including quality audits and improvement plans, accidents and incidents analysis and complaints records.

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 remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety.

Preventing and controlling infection

At the last inspection some areas of the home were not well maintained or kept clean. 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 this part of regulation 12.

- The provider had undertaken significant improvement, refurbishment and redecoration in the home
- Several areas of the home, including the bathrooms and toilets had been refurbished and re-equipped to very good standard. This had helped make these areas easier to keep clean -However, we identified malodour in some areas, including one person's bedroom and some soft furnishings in Byron unit.
- There was a readily available supply of personal protective equipment (PPE) and suitable hand washing facilities. We saw staff using protective equipment appropriately.

Assessing risk, safety monitoring and management

At the last inspection risk assessments lacked detail. 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.

- The provider had strengthened the audits used to evaluate people's care records. Overall, this helped to make sure any risks associated with people's care and treatment were identified and managed safely.
- In most cases, the provider had ensured risks associated with people's care and treatment were identified and managed. However, one person's risk assessments and care plan was unclear and included contradictory information in relation to their mobility and moving and handling needs. Although, most staff were aware of the person's needs, the home regularly used agency staff and there was an over-reliance on verbal updates of moving and handling information. This increased the risk that staff might not always have the information needed to meet the person's needs.

Using medicines safely

At the last inspection in December 2018 medicine management systems were in place. However, staff did not always follow these. 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 this part of regulation 12.

- The registered manager had addressed the issues highlighted at the last inspection and medicines were better organised, managed and monitored.
- People's medicines were stored appropriately, documented when received into the home and staff followed proper disposal procedures. Monthly medicines audits were completed and were effective in addressing and issues found.
- People were happy with the way staff supported them with their medicines. One person said, "[Staff] come regularly and bring my tablets and a drink of water."

Staffing and recruitment

At the last inspection there were insufficient staff available to support people who used the service in a timely way. This was a breach of regulation 18 (Staffing) 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 18

- We found that overall, there were enough staff to provide people with safe care.
- Staffing levels were determined by a dependency tool which took the layout of the building and people's needs in to consideration. In addition, the registered manager had introduced an audit of how long it took staff to respond to people's call bells. This supported their analysis of the staffing hour needed to meet people's needs.
- Most people and relatives said there were enough staff to respond to people's needs in a timely way. Eight of the nine people we spoke with said there were enough staff and they did not have to wait long if they needed support. One relative felt the home was not short staffed, but staff were not always visible.
- There was a safe system for recruiting new staff. This helped to reduce the risk of the provider employing a person who may be a risk to people.

Systems and processes to safeguard people from the risk of abuse

- The provider had a system to ensure people were safeguarded from the risk of abuse.
- Most people said they felt safe living in the home. One person said, "I am well looked after. It is a safe place. I love it here."
- Most people's relatives felt people were safe. One person's relative said, "My relative is safe here and the staff are very good. I've been pleasantly surprised, because I think it's really good.". However, one relative raised a concern about their loved one's safety. We discussed this with the registered manager, who was managing the issues appropriately.

Learning lessons when things go wrong

- Effective accident and incident analysis was taking place, overall,
- The registered manager closely monitored and analysed accidents and incidents, including falls, and used the information to help prevent recurrences.

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

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

- People received a nutritious and balanced diet and were offered snacks and drinks throughout the day.
- One person's fluid intake record had not always been totalled, to help with monitoring their fluid intake. However, staff had taken appropriate action to meet the person's needs. This included making a referral for health care input.
- Eight out of the nine people we spoke with were satisfied with the quality of the food. One person said, "I don't mind what we have (for lunch) because it's usually nice."
- We discussed with the registered manager the use of adapted cutlery and crockery to help maintain people's independence.

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

- The provider established people's needs and choices and the assistance they required before admitting people to the home. Initial assessments showed any specialist equipment people needed to ensure appropriate arrangements were put in place.
- People and those who were close to them were involved in the assessment of their needs, and asked what they needed, liked and wanted.
- People's care plans showed their preferences and diverse needs were catered for. This included establishing people's cultural or spiritual beliefs. People were asked if they had any preference about the gender of the staff who would provide them with personal care.

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

- The provider had made significant improvements to the environment since the last inspection and these were ongoing.
- Most bathrooms, shower rooms and toilets had been refurbished and reequipped with suitable adaptations, such as specialist bathing equipment.
- There was wheelchair access throughout and dementia friendly touches had been included, with appropriate lighting and pictorial signs to help people find their way around.
- The registered manager told us they had plans to continue to enhance the environment for people living with dementia

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

- The service worked with other agencies to achieve good outcomes for people.
- Staff supported people to have access to healthcare services and with any medical appointments.
- People's health needs were clearly recorded in their support plans. This included information from a range of health care professionals. Care records demonstrated that staff followed any guidance issued by healthcare professionals to meet people's needs.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found the service was meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).
- People we spoke with told us staff asked for their consent to any care and treatment offered and respected their choices. One person said, "[Staff] always ask me if it's okay when they bring tablets, they don't just give them to me. They ask if I want them."
- We saw decisions were made in people's best interests, where people lacked capacity to make specific decisions themselves.
- Staff told us they had completed training in the MCA and training records confirmed this.

Staff support: induction, training, skills and experience

- Staff received training and supervision to fulfil their roles and responsibilities.
- Staff received training in all areas related to the needs of the people using the service, as well as the safety and quality of the service. Where staff were due training and updates, the provider had a system to ensure this was arranged in a timely way.
- A new role of Care Home Advanced Practitioner had been introduced. This role helped in providing personal care to people, and also supported the delivery of some nursing tasks. Since the last inspection five staff had successfully completed their training to complete this role safely.
- The home had a clear, comprehensive and useful induction for agency staff. This helped them to know what was expected of them and helped maintain a consistent service for people.
- Staff told us they received a very good level of support from the management team.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence;

- Overall, staff treated people with respect and were kind and caring, recognised when people needed support and engaged appropriately with people.
- Most feedback was that the staff were caring, considerate and respectful. One person said, "[Staff] are all smashing. I think they really care about us."
- Most relatives we spoke with told us they felt welcomed to visit their loved ones. One relative said, "The staff are all very nice. The atmosphere here is lovely. It's very relaxed and all the staff are kind and friendly." Although, one relative said they were not usually offered cup of tea, which did not make them feel very welcome.
- People told us that staff respected their privacy and dignity. However, in Byron unit we saw one person's bedroom door left ajar, when a staff member was providing care.
- Some people living in Byron unit did not look as clean and well-groomed as those living in Shelley and Keats. We also found one person had a worn and uncomfortable pillow on their bed. We discussed these instances with the registered manager. They took immediate action and we were confident they would ensure similar issues would not occur again.

Ensuring people are well treated and supported; respecting equality and diversity

- People's plans included information about their history, family and work life, what and who was important to them and their hobbies and interests. This helped staff to get to know people.
- The management team were keen to promote equality and diversity in the service. Staff sought to deliver care and support in a way that was non-discriminatory and promoted personal preferences.
- Staff asked people about the support they needed in relation of their diverse needs and this was included in their care plans. This included the support they needed with religious observance. The home had some contacts with religious groups in the local community who visited and spent time with people.

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

- We saw staff providing people with day to day choices and asking people their opinions.
- The service had a 'dignity champion', responsible for promoting people's dignity and respect throughout the home. There was a core staff team who knew people well, which helped provide people with continuity of care.
- People told us that they felt comfortable with the staff. One [person said, "I like all the staff. They are always ready to have a chat with me."

- People and those close to them were involved in formulating their care plans, although there was room to improve the evidence of their involvement in the monthly reviews of their care.

Is the service responsive?

Our findings

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

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'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

- At the last inspection in December 2018 not all care records we looked at contained up to date information required to assist staff in how to support people.
- At this inspection we saw people received the care and support they needed.
- Most people's care plans reflected their individual needs and preferences well.
- A visiting specialist health care professional spoke positively of the care provided by the staff team. They told us staff had been provided with specialist training to help them understand and engage with people living with dementia.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- At the last inspection, although people were involved in social activities and enjoyed a range of social events, at times, there was lack of social stimulation for some people.
- At this inspection we saw the provider had made improvement in the opportunities for people to engage in activities.
- There were two activity co-ordinators and this helped make sure people could engage in varied activities, six days a week. They were also supported by care staff in this, providing opportunities for social interaction and helping people to keep links with, and get out into, the community.
- People's plans included their individual cultural needs and their interests, and they were supported to undertake activities geared to their specific needs. For instance, attending a weekly event run by a local charity for people with visual impairment.
- As there seemed less engagement with some people, we discussed further training for staff in relation to providing activities for people with advanced dementia and the registered manager took action to arrange this immediately.

End of life care and support

- People's choices for their end of life care had been considered and were recorded and reviewed.
- Staff were aware of national good practice guidance for end of life care. The service had support from palliative care specialists when required. This included staff undertaking training with the local healthcare team to ensure they knew how to support people at this time in their lives.

Improving care quality in response to complaints or concerns

- The provider took complaints and concerns seriously and responded to in a fair and balanced way.
- There was a clear and accessible complaints process and people and their visitors knew how to make complaints. The complaints procedure was displayed around the home and in the main entrance area. There was also a suggestion box in reception for people to provide feedback and raise concerns.
- The registered manager showed us a record of complaints received. This showed the provider had taken appropriate action following each complaint. The registered manager informed us of one outstanding concern, which they were in the process of investigating.

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 remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At the last inspection in December 2018 systems were in place to monitor the service. However, these processes were not always effective and required further embedding in to practice. This was a breach 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.

- The provider had made significant improvement in the way the quality and safety of the service was audited. However, there remained a need to ensure the improvements were embedded into practice and were sustained.
- The audits completed in the home were in a clear format and well organised. They were effective in identifying and addressing most shortfalls and concerns. However, they had not picked up some issues we identified at the inspection. This included shortfalls in cleanliness.
- For the most part, incidents and concerns were managed and reported appropriately, although we found one incident had not been notified to us earlier in the year.
- Where we discussed areas where there was room for improvement, the registered manager was aware of most issues and either addressing them or developing strategies to address them. They acted to address issues in a very positive way.
- Staff we spoke with were clear about their roles and responsibilities.

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

- The registered manager had been in post since February 2018. They were passionate about the rights and comfort of people who lived at the home and was keen to promote person centred care. They were aware of their responsibilities and their duty of candour and promoted an open and honest culture.
- The culture was welcoming and inclusive of people's diversity and people, and those close to them were regularly asked about their satisfaction with the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The dates of residents' and family meetings were publicised on noticeboards and the provider regularly asked people to complete surveys about their experience of the service.
- The main themes of people's feedback were displayed in the entrance area, presented as, 'you said, we did. This helped to keep people up to date with what action was being taken as a result of people's comments.
- The registered manager undertook night visits on a regular basis to supervise and support night staff and carry out management tasks such as audits.
- Staff confirmed they were included in the running of the service through regular team meetings. They spoke warmly about the registered manager and told us they were approachable and supportive.

Working in partnership with others

- There were positive links with churches and school in the local areas.
- The registered manager had worked hard to develop and maintain positive links with health care professionals such as GPs and district nurses. This helped to ensure people were receiving the healthcare they needed.
- We received positive feedback from the healthcare professionals we spoke with. They told us staff in the service were familiar with people's needs, communicated well, sought healthcare advice and support appropriately and followed instruction and advice well.